

CO-LEARNING

ALAMEDA COUNTY'S APPROACH TO DEEPENING PARENT AND PROVIDER PARTNERSHIP IN EARLY CHILDHOOD MENTAL HEALTH



MARCH, 2015
PREPARED BY BRIGHT RESEARCH GROUP
FOR EARLY CONNECTIONS



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Executive Summary

Current practice in early childhood mental health is based on research showing that trusting relationships between parents and providers model healthy attachment and, by doing so, strengthen the bonds between parents and young children with behavioral and social-emotional challenges. At the same time, building trusting partnerships between parents and providers in public systems is much more complicated than it seems. When parents do not feel their voice is valued they may miss more appointments and are less satisfied with their care. Young children with social emotional and related developmental challenges go without needed services and supports, and are less likely to be ready for school.¹ **Co-learning is an innovative approach to bringing parents and providers together to build their capacity to partner as peers through co-creating the tools that support the wellness of young children and their families.** This report describes the model, contributions, and impacts of Co-learning, as it has been innovated over a two year period in Alameda County's early childhood system of care.

Co-learning emerged from Early Connections, an initiative funded by the Substance Abuse Mental Health Services Administration (SAMHSA) to promote a more family driven, culturally and linguistically responsive early childhood system of care. Co-learning is generating significant interest in Alameda County and nationally, showing great promise as an effective workforce development, family engagement and leadership strategy for developing more authentic parent and provider partnership. These authentic partnerships are critical for engaging the knowledge, lived experience and strengths of family members, and pivotal in supporting the young child's well being.

Co-learning benefits young children and families because it creates a more genuine relationship between provider and family member. This leads to a greater level of shared trust and mutual generosity—shared responsibility and equal engagement. And this strengthened partnership is a beautiful model of a healthy relationship for young children and families.

–Program Supervisor, Early Childhood Mental Health Consultation and Treatment Program, Alameda County Behavioral Health Care Services

CO-LEARNING PRODUCTS AND RESOURCES: STRENGTHENING WORKFORCE DEVELOPMENT AND PARENT ENGAGEMENT

Through a Co-learning approach, parents and providers practice partnering as members of a 'Co-learning Team,' where they jointly plan and create culturally and linguistically responsive trainings, practices, events and resources. Through the experience of developing 'products' parents and providers work across the divides of power and privilege and the limited and traditional roles they often experience in the system. These co-created "products" are used by early childhood agencies and parents to strengthen early childhood workforce development and parent engagement. Examples of products and resources co-produced through Co-learning and disseminated in Alameda County include:

- **Clinical intern curriculum and training on parent engagement** for interns at UCSF Benioff Children's Hospital Oakland's Early Intervention Services and Center for the Vulnerable Child.
- **Bilingual workshops for parents and providers** on Impact of Trauma on Parenting, and training on Positive Discipline.
- **Revision of curriculum for UCSF Benioff Children's Hospital Oakland's Irving B. Harris Early Childhood Mental Health training** adapted for Family Support Professionals.
- **Community wellness and parent engagement events.**

- [Bilingual video on Co-learning](#) used to train clinical interns and service providers in collaborative approaches to partnering with parents in service delivery and planning. Recipient of the Gold ECCO Award by SAMHSA for Excellence in Community Communication and Outreach. (thecolearningproject.com)
- [Local and national presentations on Co-learning](#).

CO-LEARNING: TRANSFORMING ORGANIZATIONAL PRACTICES AND WORKFORCE DEVELOPMENT

As organizations experience Co-learning through membership in a Co-learning Team or accessing Co-learning products, they begin to have new conversations about how they engage and partner with families. [In this respect, Co-learning yields a benefit that extends beyond the individual parents and providers that are a part of a Co-learning Team.](#) The reach of Co-learning's impact extends to changes in organizational policies and practices, workforce development and training, and parent leadership. Examples include:

- [Changing clinical practices](#) to support sharing the young child's diagnosis with their families.
- [Changes in staff training manuals](#) towards promoting more family-friendly language in treatment plans.
- [Changes in clinical supervision and clinical practice](#) encouraging clinicians to seek out parents in developing the treatment plan and coming up with solutions for the child.
- [Changes in criteria used to select clinical interns](#) in UCSF Benioff Children's Hospital Oakland's Early Intervention Services (EIS) and Center for Vulnerable Child programs, prioritizing a candidate's capacity for humility, comfort with not knowing and the ability to tolerate being vulnerable.
- [Jointly training parents and providers](#) on early childhood related topics at Early Head Start (Brighter Beginnings and Through The Looking Glass).
- [Parents and providers creating and co-teaching parent engagement](#) modules to (post graduate) clinical interns. (UCSF Benioff Children's Hospital Oakland).
- [Championing Co-learning approaches](#) in early childhood service agencies.
- [Use of Co-learning video](#) in graduate programs and in the workforce to train in collaborative practices with families.

PARENT AND PROVIDER IMPACTS

In addition to the system and organizational changes described above, the impact on providers and parents who are a part of Co-learning Teams is transformative:

PARENT OUTCOMES:

- Strengthened family protective factors including: parental resilience, social connections, concrete support, and knowledge of parenting and child development.
- Increased access to information about early childhood mental health, child development, parenting and the systems of care.
- Increased capacity to communicate with providers and bring their family perspectives.
- New leadership skills.
- Group facilitation and training skills.

For parents and family-members, the benefits of Co-learning include increased protective factors, which are the foundation of the research-based, Strengthening Families framework. Equipped with a deeper understanding of child development and early childhood mental health and experiences partnering with providers as peers, parents have greater capacity to communicate their needs and perspectives when seeking or receiving services for their children.

Parents seek more information, ask more questions and question the responses they receive from providers. In partnering with providers, parents access more information and can better understand their options in making choices for their child.²

PROVIDER OUTCOMES:

- Increased workforce capacity to partner with families.
- Group facilitation and training skills.
- Leadership in advocating for family driven practices and policies within their own organizations.

In partnering with providers, providers experience their own shift in perspective—more authentic partnering with families is not only desirable, it is necessary. This shift is embodied by a separate question that many providers come to ask themselves- *do we provide to families what I would want for myself and my own family?*

The early childhood mental health field is built on the premise that young children’s well-being must be supported within the family context.³ When parents play a role in designing and planning for services, services are more responsive and supportive to their needs.⁴ Co-learning is a promising strategy for helping organizations to operationalize their values in engaging the lived experience and expertise of parents to support early childhood wellness.

Introduction

The early childhood mental health field has been at the forefront of integrating a relationship-based approach to the delivery of services to young children, recognizing that young children's well-being must be supported within the family context. These relationships are critical to helping families develop secure and positive attachment with their children.⁵ In descriptive literature related to infant and early childhood mental health this is often referred to as the parallel process. The idea being that the provider's relationship can impact the relationship that the family is building with their child. The supportive relationships between supervisors and providers are another layer of the parallel process.⁶ Co-learning builds on this framework, suggesting that as providers and parents experience new ways of partnering in a Co-learning context, they will apply these skills and approaches to their relationships in delivering services, therefore positively impacting outcomes for young children.

While the early childhood mental health field has traditionally promoted collaborative approaches with families, building authentic partnerships between parents and providers is much more complicated than it seems. Provider trainings usually exclude family members as they are often not part of the paid workforce. The pace of clinical work and the constraints of the billing structure make it hard for organizations to find time and space to partner with families in new ways. Unexamined biases and deficit models are prevalent. Internal and external professional pressures to "diagnose, treat, and change," can be very strong. Further, not all individuals working in the early childhood system of care have adequate training, support, or agency vision to work in a more collaborative manner with families.

Home visiting programs are a primary way services are delivered to young children and their families in Alameda County. In the intimate environment of the home, establishing trust early on becomes all the more important. When families are not engaged in trusting relationships with providers, it comes at a cost to the child, as well as the family and system. Young children go without the supports they need, treatment plans do not reflect parents strengths and expertise, satisfaction with services decreases, leading to increased cost to the system as a result of missed appointments and a longer duration of treatment.

Co-learning offers an approach responding to the need for parent engagement and trusting parent provider relationships. By bringing parents and early childhood service providers together outside of their traditional roles, they learn how to partner as peers and to develop resources and tools that promote new ways of engaging with parents. Through this process of co-creation, providers and parents develop greater trust and come to see each other as resources and assets, co-planning and designing workforce development and parent engagement resources in the early childhood system.

Family Driven Care:

Families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children.

–The National Federation of Families

“When providers are not able to engage families in trusting relationships, young children go without the supports they need, treatment plans do not reflect parents strengths and expertise, satisfaction with services decreases, leading to increased costs to the system as a result of missed appointments and a longer duration of treatment.”

–Early Connections, Program Director, LCSW, Alameda County Behavioral Health Care Services

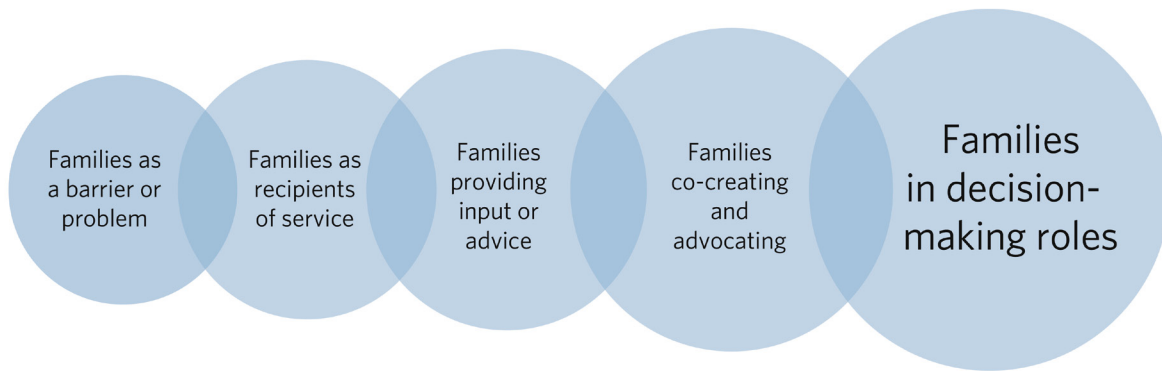
When parents play a role in designing and planning for services, services are more responsive and supportive to their needs.⁷ Co-learning is aligned with the principles of *Co-production*, a broader movement to change the way public services are delivered. Co-learning also has potential value to systems of care looking for new ways to engage parents, families and consumers.⁸ Research on mental health services that have been co-produced by consumers and service providers points to increased social networks, decreased stigma, new skills, and better ability to navigate services independently.⁹

“Co-Learning is a process of bringing families and providers together to experience each other in different ways. Working on something together creates co-learning, ... Co-learning is about taking people out of their normal professional service roles where they have different roles and responsibilities.”

–Early Childhood Mental Health Provider

Co-learning builds on the over 25 year history of the Family Movement towards moving the mental health field from viewing parents as the cause of their child’s issues to active participants in their treatment, policy development and systems change. Through participating in Co-learning, parents gain leadership skills, peer support, and access to information about early childhood development. When providers view family partnership as essential to promoting child well-being, they begin to champion family-driven practices in the organizations and systems in which they have a role. Organizations are equipped with new champions, resources and processes for operationalizing the principles of family-driven care. For example, an agency’s participation in Co-learning can lay a strong foundation for effectively integrating a Family Partner (peer support professional) on their staff in a way that recognizes the expertise a Family Partner brings. In this respect, Co-learning builds organizational and system capacity to integrate and value the expertise of families in new ways.

CO-PRODUCING SERVICES WITH FAMILIES: THE SPECTRUM



Early Connections

Funded by a Substance Abuse Mental Health Services Administration (SAMHSA) system of care grant in 2009, Early Connections was established as a collaborative effort of Alameda County Behavioral Health Care Services, First 5 Alameda County and United Advocates for Children and Families. Early Connections promotes the well-being of young children 0-5 experiencing - or at significant risk for - social, emotional, behavioral, or related developmental challenges and their families. Building on the existing early childhood system of care, Early Connections promotes parent and provider partnerships in strengthening the services, supports, environments, and policies that will positively impact young children and their families.

HISTORY OF THE EARLY CONNECTIONS FAMILY MEMBERS AND PROVIDERS CO-LEARNING COLLABORATIVE

Through Early Connections, parents and providers began coming together in new ways, creating shared governance structures, integrating peer support professionals (Family Partners) into early childhood provider organizations, and developing family leadership programs. The Training Action Team, an Early Connections workgroup comprised of parents and providers, formed the Early Connections Co-learning Collaborative in 2012.

A key goal in Early Connections' countywide strategic plan is for providers and parents to collaborate as equal partners in the areas of services, supports and policy. Early Connections adopted Co-learning as a core strategy for establishing a cultural shift towards family-driven care, policies, programs and practices. The strategic plan emphasizes the advancement of Co-learning across Alameda County's early childhood system of care. Early Connections contracts with early childhood service agencies to support the establishment of Co-learning Teams and support the parent stipends, childcare, and operating costs.

Methodology

This evaluation explores the preliminary impacts of Co-learning on parents, providers, and organizations that were a part of the Early Connections Family Members and Providers Co-Learning Collaborative and other Co-learning Teams in Alameda County that grew out of the Co-learning Collaborative. Evaluation methods include provider and parent surveys, interviews, focus groups, structured check-ins with the project coordinator and Collaborative meeting observations. Bright Research Group, an independent evaluator, conducted the evaluation.

Limitations: Response rates to all research activities ranged between 75%-100%, there were fewer than 20 participants across the three Co-learning teams in Alameda County that participated in the evaluation (Early Connections Co-learning Collaborative, Brighter Beginnings Co-Learning Planning Team, and the UCSF Benioff Children's Hospital Oakland Harris Co-learning Planning Group). The evaluation findings presented here should be viewed as preliminary, as the sample size for provider and family member surveys is not large enough to draw conclusive statements about the impact of Co-learning. The broader impact of tools, training, and resources (such as the Co-learning video or early childhood workshops) on organizations that accessed these resources, was not studied.

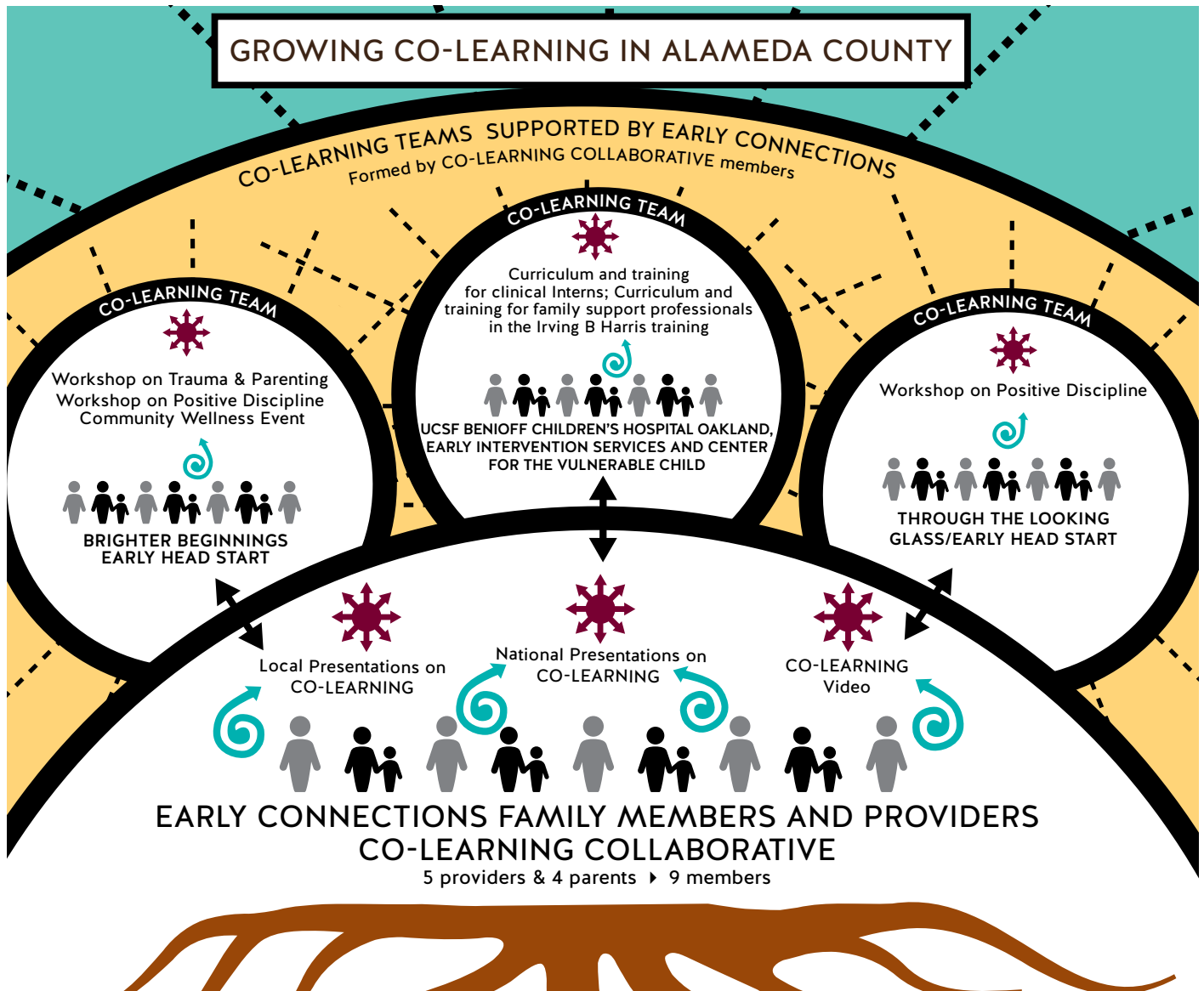
EVALUATION ACTIVITY	TIME FRAME	NUMBER (N)	PERCENT
Pre-Assessment Interviews	June 2012	9	100%
Post-Assessment Interviews	November 2012	9	100%
Brighter Beginning's Focus Group #1	November 2012	6	75%
Brighter Beginning's Focus Group #2	September 2013	11	80%
UCSF Benioff Children's Hospital Oakland Focus Group	December 2013	5	60%
Fidelity and Readiness Tools	January 2014	N/A	N/A
Family Member Survey	April 2014	8	90%
Provider Survey	April 2014	11	90%

Findings

Co-learning is intended to influence organizational and system level changes towards practices and policies that engage parents more fully as partners in service delivery and planning. This report begins with a description of Co-learning's broader contributions and impacts on organizations and the early childhood system of care. The second half of this report describes the individual parent and provider level outcomes for those that have participated in a Co-learning Team.

System Impacts and Contributions of Co-learning

The Early Connections Family Members and Providers Co-learning Collaborative was established in 2012, serving as an incubator for organizations interested in learning how to adapt Co-learning to their own organizations. The Co-learning Collaborative achieved its goal to create a successful Co-learning process with parents and early childhood service providers that could be replicated or modified by other organizations throughout Alameda County. Since its inception, three additional Co-learning teams have been formed and adapted at organizations providing early childhood services.



Over the past two years, the Early Connections Family Members and Providers Co-learning Collaborative has developed and practiced the Co-learning approach and provided support to Co-learning Teams. Early Connections has developed resources to support integration of Co-learning in early childhood agencies and the system of care, including Co-learning readiness assessment tools for organizations considering adapting Co-learning.

HOW DO CO-LEARNING TEAMS WORK

Co-learning Meetings: Providers and parents participate in facilitated Co-learning Teams, which meet monthly over a minimum of six months. Co-learning meetings include intentional connecting activities that create a bridge and foster mutual understanding between families and providers. At the meetings and through subgroup meetings, parents and providers jointly identify trainings, resources, events, that can be developed by and benefit from the joint expertise of both. Parents and providers then work together to plan and develop these “products”. Through this intentional, facilitated structure, time and practice of “co-learning” and “co-creation,” providers and parents share the knowledge and experience that each brings, ask new questions, explore unexamined assumptions and biases, and respectfully challenge each other.

Partnering as Peers: Through Co-learning meetings, there is an un-learning of the traditional role of providers as “experts” and family members as “recipients of service.” Even providers who were well trained in early childhood collaborative processes have found the Co-learning process to be one that deepens understanding and builds new skills. Family members learn more about the organizational policies and funding constraints that mandate specific practices and limit provider’s ability to deliver services in a more family-driven way. Providers gain a deeper understanding of family member experiences within the system of care and increased respect for their expertise, which in turn leads to a greater commitment to family driven practices and policies.

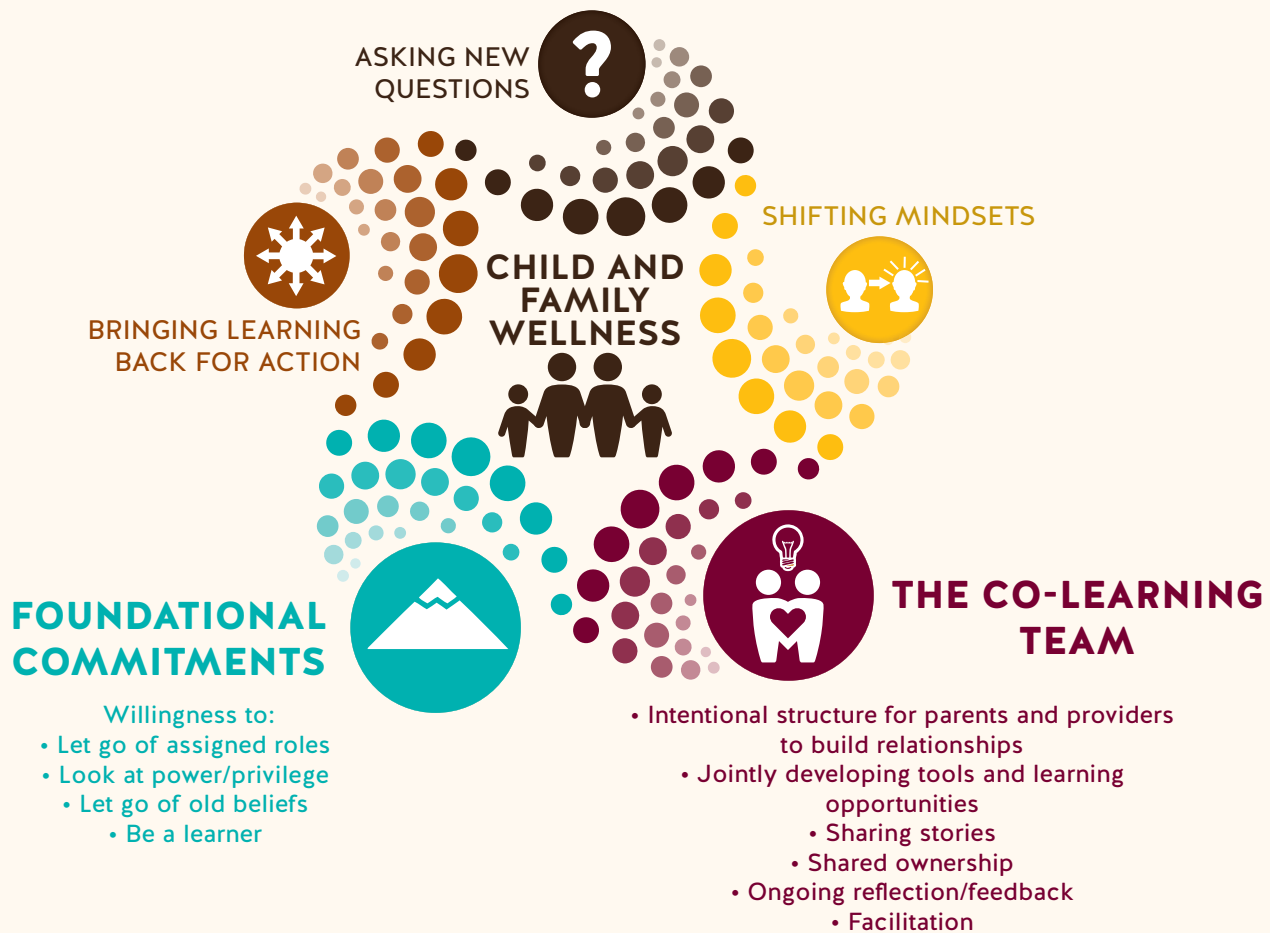
“I welcomed hearing people’s experiences, after I worked through my own defensiveness that the kinds of things family members were talking about wouldn’t happen on my watch. A breakthrough for me is how we help people who are new to this work with family engagement. New staff, who are at the beginning of their careers lose a lot of families in the beginning and that feels bad. It is not what we want.”

–Clinical Director, Early Childhood Mental Health, UCSF Benioff Children’s Hospital Oakland

“I learned... don’t judge a book by its cover. Providers have so much bureaucracy, limitations, boundaries that are set by other powers that be that limit their participation in these kinds of things.”–Parent

Championing Co-learning and Bringing Learning Back: A core concept of Co-learning is bringing learning back for action. As providers participate in a Co-learning team, they come to re-examine their organization’s practices and become champions for new ways of engaging parents. Several have established Co-learning teams within their own organizations. This transformation is depicted in the visual below.

CO-LEARNING CORE ELEMENTS



CO-LEARNING'S IMPACT ON ORGANIZATIONS AND SYSTEMS

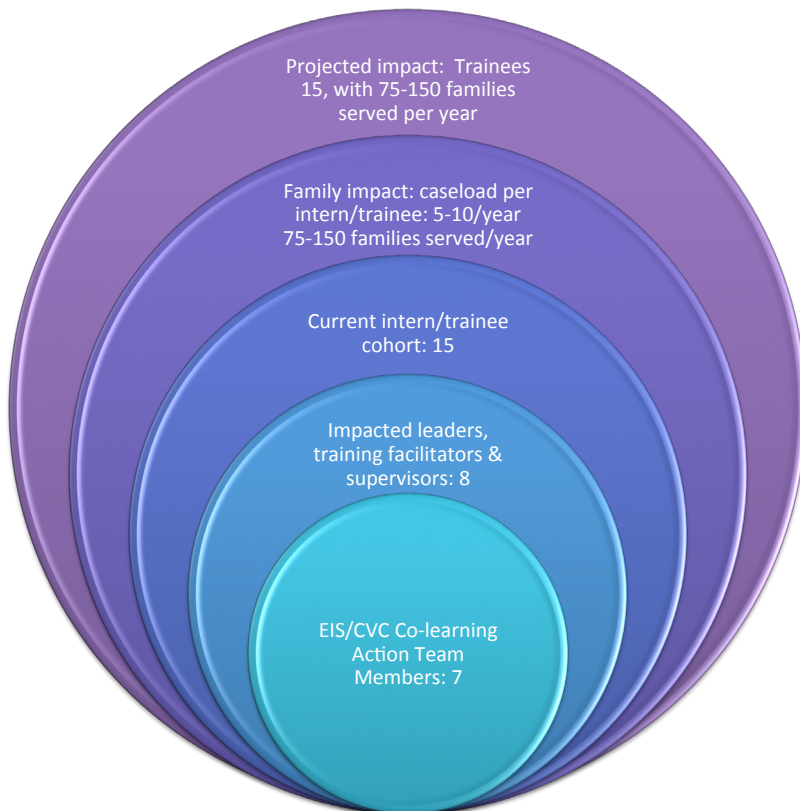
Co-learning Products and Resources: Strengthening Workforce Development and Parent Engagement: Through the experience of developing ‘products’ parents and providers work across the divides of power and privilege and the limited and traditional roles they often experience in the system. For example, when the Brighter Beginnings Co-learning Planning Team developed a workshop for parents and providers on the impact of trauma in parenting, parents had a role in constructing the workshop so that it reflected the preferences, norms and needs of Latino, Spanish-speaking families in the Fruitvale district of Oakland that it serves.

These co-created “products” are used by agencies and parents to strengthen early childhood workforce development and parent engagement. Examples of products and resources co-produced through Co-learning and disseminated in Alameda County include:

- **Clinical intern curriculum and training on parent engagement** for interns at UCSF Benioff Children’s Hospital Oakland’s Early Intervention Services and Center for the Vulnerable Child.
- **Bilingual workshop for parents and providers on Impact of Trauma on Parenting**, and training on Positive Discipline.
- **Revision of professional development curriculum** for UCSF Benioff Children’s Hospital Oakland’s Harris Early Childhood Mental Health training adapted for Family Support Professionals.
- **Community wellness and parent engagement events.**
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- **Local and national presentations on Co-learning.**

Changes in Organizational Practice and Workforce Development: As organizations experience Co-learning, through membership in the Early Connections Co-learning Collaborative, accessing Co-learning products, or establishing their own Co-learning Team, they begin to have new conversations about how they engage and partner with families. As depicted in the visual below of UCSF Benioff Children’s Hospital Oakland’s Co-learning Team in early childhood mental health, Co-learning yields benefits that extend beyond the individual parents and providers that are a part of a Co-learning Team. The reach extends to development of the workforce in that program and the numbers of parents served.

Current and Future Impact of the
Early Intervention Services/Center for the Vulnerable
Child Co-learning Action Team Project
Phase I 2014



“In the past, a primary factor in choosing who to accept into our training program included selecting those students who demonstrated academic excellence, eagerness to learn, and other more typical elements of any intern/trainee selection process. This year, because of the influence of the Co-learning Action Team, our selection process gave preference to applicants that demonstrated qualities like humility, comfort with not knowing and the ability to tolerate being vulnerable. These are qualities identified by our family members as central for providers to have in order to invite and create a positive and collaborative relationship with a parent or caregiver.”

–Early Childhood Mental Health Provider,
Center for the Vulnerable Child, UCSF Benioff
Children’s Hospital Oakland

Prepared by the EIS/CVC Co-learning Action Team, UCSF Benioff Children’s Hospital Oakland (March-September 2014)

CHANGES IN ORGANIZATIONAL PRACTICES AND POLICIES IN AGENCIES WITH CO-LEARNING TEAMS:

- **Changing clinical practices** to support the sharing of the child’s diagnosis with parents.
- **Changes in staff training manuals** towards promoting more family-friendly language in treatment plans.
- **Changes in clinical supervision and clinical practice** encouraging clinicians to seek out parents in developing treatment plan and coming up with solutions for the child.
- **Changes in criteria used to select clinical interns** in UCSF Benioff Children’s Hospital Oakland’s Early Intervention Services (EIS) and Center for Vulnerable Child programs, prioritizing a candidates capacity for humility, comfort with not knowing and the ability to tolerate being vulnerable.
- **Joint training of parents and providers** on early childhood related topics at Early Head Start (Brighter Beginnings and Through The Looking Glass).
- **Parents and providers creating and co-teaching parent engagement** modules to (post graduate) clinical interns.
- **Championing Co-learning approaches** in early childhood service agencies.
- **Use of Co-learning video** in graduate programs and in the workforce to train in collaborative practices with families.

Impact of Co-learning on Parents and Providers

In addition to the system and organizational changes described above, providers and parents who are a part of Co-learning teams also benefit. This section summarizes the impact of Co-learning on the attitudes, behaviors, and skills of parents and providers that participated in one or more of the Co-learning Teams included in the evaluation.

PARENT PERSPECTIVES AND OUTCOMES

For parents the benefits of Co-learning include increased protective factors, access to information about early childhood development and the system of care, and family leadership skills.

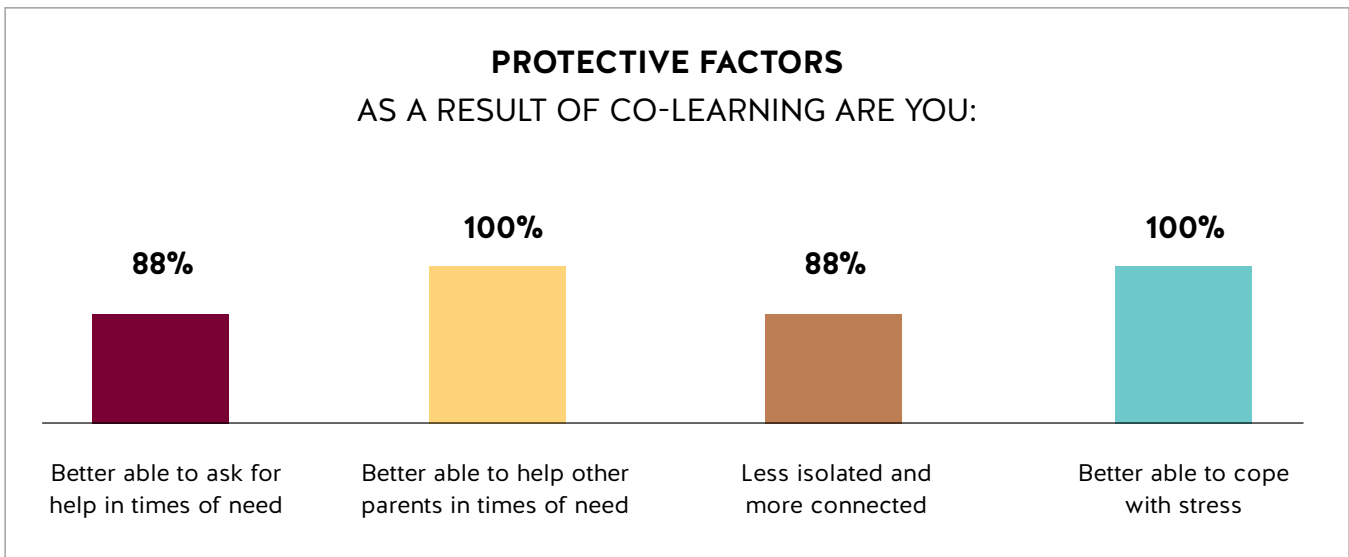
PROTECTIVE FACTORS

Protective factors are a cornerstone of the Strengthening Families approach and are defined as factors that promote family strengths and optimize healthy development.¹⁰ Co-learning addresses the following protective factors:

- parental resilience
- social connections
- concrete support in times of need
- knowledge of parenting and child development

“I breathe more. I take time out for myself; I listen to music. My husband raises his voice and I take a deep breath. I’m more relaxed and I’ve applied what I learned to handle both my husband’s and my child’s tantrums in a different way.”

–Parent



Source: Parent Co-Learning Survey, 2014. N=8

“One family member explained that participating in our group created a feeling of both pride and belonging more than in any of the many recovery, mental health and support groups she has attended. She stated she was deeply touched to discover more about “the humanness of providers” through her relationships with the providers in the group. She described the group as a place she loved to come, and that it was helpful to her feelings of self-esteem, confidence as a parent and commitment to recovery.”

—Early Childhood Mental Health Provider, Center for the Vulnerable Child, UCSF Benioff Children’s Hospital Oakland

Co-learning brings parents together in a safe space, where they can give and receive peer support and develop social connections. Having an opportunity to share personal stories and develop relationships with other parents and providers results in an improved sense of well-being for parents, decreasing isolation, increasing connectedness and improving parenting. These outcomes are consistent with the literature on mental health services that are co-produced.¹¹ For parents who had been marginalized or not heard when interacting with public systems, having the opportunity to be heard and to hear the acknowledgment from providers has had a powerful impact.

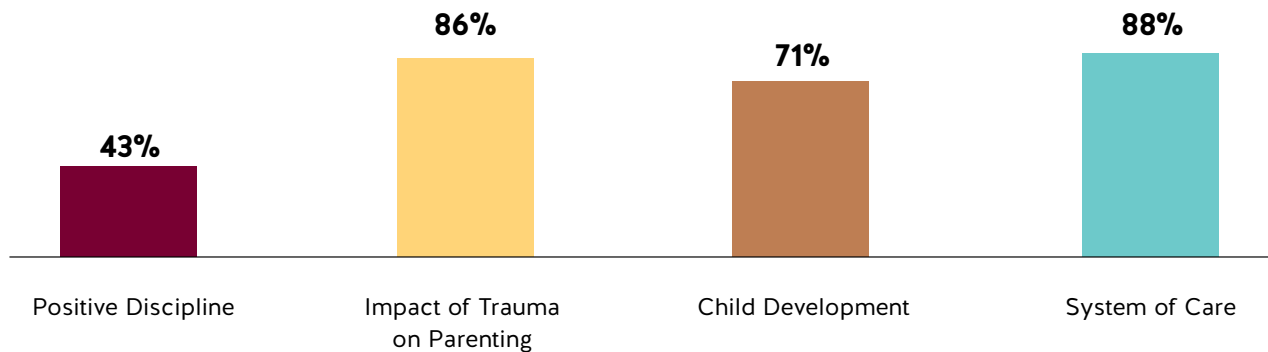
Parents with the Brighter Beginnings Co-learning Team, reported that they are taking better care of themselves and their families after developing and co-teaching trainings on positive discipline and the impact of trauma on parenting. One parent joked that her husband asked her what happened in those meetings because she was always so happy and calm when she came back. Family members also benefited from accessing the knowledge of clinicians in navigating the system and learning more about the constraints of the early childhood mental health system.

ACCESS TO INFORMATION ON EARLY CHILDHOOD DEVELOPMENT AND THE SYSTEM OF CARE

Parents gain access to new information about early childhood development through sitting in the same room as providers and developing and attending trainings. Because parents are part of creating the content and instructional approach, products are more aligned with the cultural and linguistic preferences of their community than a traditional workshop developed without parental insights might be.

ACCESS TO INFORMATION

WHAT EARLY CHILDHOOD TOPICS DID YOU LEARN ABOUT THROUGH CO-LEARNING?



Source: Parent Co-Learning Survey, 2014. N=8

“For me it’s about increasing my knowledge about the system of care. I’m learning a lot about the practices, therapists, clinician’s fears, trauma. With this knowledge, I can help my community, not only my child.” –Parent

Parents who have been a part of Co-learning spoke about being able to enter into new kinds of relationships with providers. Equipped with a deeper understanding about child development, mental health, and treatment options, parents have different conversations with providers, asking for more information, and questioning the responses they receive. When parents have more information and can partner with providers they can better understand their options and make choices for their child.

AS A RESULT OF BEING A PART OF CO-LEARNING,
WHEN COMMUNICATING WITH PROVIDERS, DO YOU....

- Ask more questions of providers **88%**
- Feel more comfortable asking for the information **88%**
- Question the answers received from providers **88%**
- Offer own perspective on what is needed **88%**

Source: Parent Co-Learning Survey, 2014. N=8

FAMILY LEADERSHIP

Co-learning did not set out as a family leadership approach. An important, yet unexpected outcome of Co-learning for parents is new leadership capabilities. By taking on roles as peers with providers in the development of materials and trainings, parents are acquiring curriculum development, public speaking, meeting facilitation, evaluation, and communications skills and competencies. Parents and providers are co-presenting Co-learning at local and national conferences and making presentations to other organizations about Co-learning, in addition to co-facilitating trainings.

Co-learning parents are diverse in their prior leadership experiences- some bring decades of experience in the family-driven care movement, while others have strong passion for the work, but few formal experiences working with groups. Regardless of their starting place, Co-learning is proving to be an effective strategy for preparing parents to serve in other leadership roles outside the team. One parent found employment within a provider organization, while another joined a School Site Team as her young children moved onto kindergarten.

“Before I so respected what the provider is doing with my child. I wanted them to help address my child’s issue. I thought the provider was all powerful and I was a little, small family member fighting for my daughter’s rights. Now, I know that sometimes the provider doesn’t have the answer. . . Parents do not know that providers can’t provide a single magic solution to the child and fix them. Now I am the co-pilot with the provider. I feel that I am very important.” –Parent

FAMILY LEADERSHIP

AS A RESULT OF CO-LEARNING DO YOU/HAVE YOU ...



Source: Parent Co-Learning Survey, 2014. N=8

PROVIDER PERSPECTIVES AND OUTCOMES

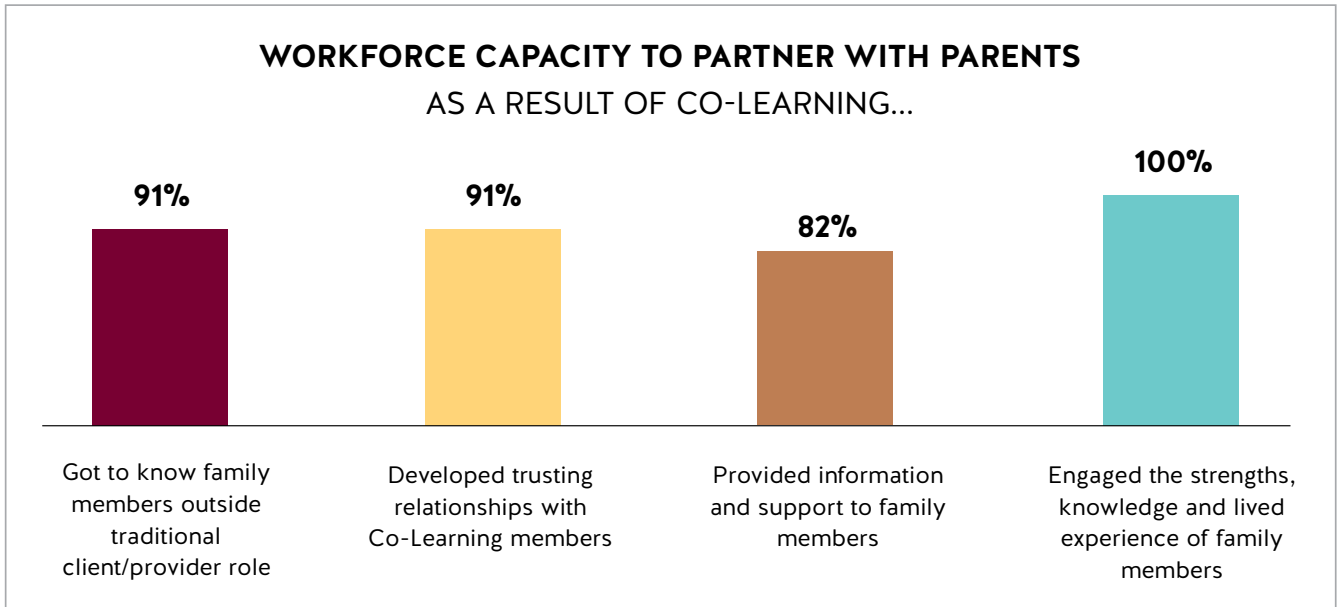
For providers, the core outcomes of Co-learning include increased capacity to partner with parents, serving as a champion for parents as partners and decision makers in planning services and supports within their own organization, and new skills related to training and facilitation, which are described in detail below.

DEEPENED WORKFORCE CAPACITY TO PARTNER WITH FAMILIES

Through Co-learning, providers experience their own shift in perspective—more authentic partnering with families is not only desirable, it is necessary. This shift is embodied by a separate question that many providers come to ask themselves- *do we provide to families what I would want for myself and my own family?*

As organizations think about how to prepare for bringing in parents in staffing roles, such as a Family Partner or peer support professional, Co-learning is an approach that can be adapted to train and prepare provider organizations for these changes. For example, the evaluation of Early Connections Family Partner effort identified the need to strengthen communication between clinicians and Family Partners by preparing clinicians to work with a Family Partner, by providing cross-training, sharing office space, and co-presenting cases.¹²

“Co-learning has made me think about things differently. When I read treatment plans, I think about how the family will experience the language and I ask myself, ‘how would you feel if this was written about your child?’” –Provider



Source: Provider Co-learning Survey, 2014. N=11

PROVIDER LEADERSHIP: CHAMPIONING FAMILY DRIVEN POLICIES AND PRACTICES

Co-learning not only generates deepened support for family friendly practices and more authentic partnering, but also is a strategy for creating champions for change within early childhood mental health agencies. By participating in Co-learning, providers come to fully embrace the belief that nothing should occur for families without

“I hoped to gain multiple perspectives on working with families. I came in thinking I had a family lens, but there were many things that I just didn’t think of. There are things that have been instrumental that impact how I supervise and think about my work with families.” –ECMH Provider

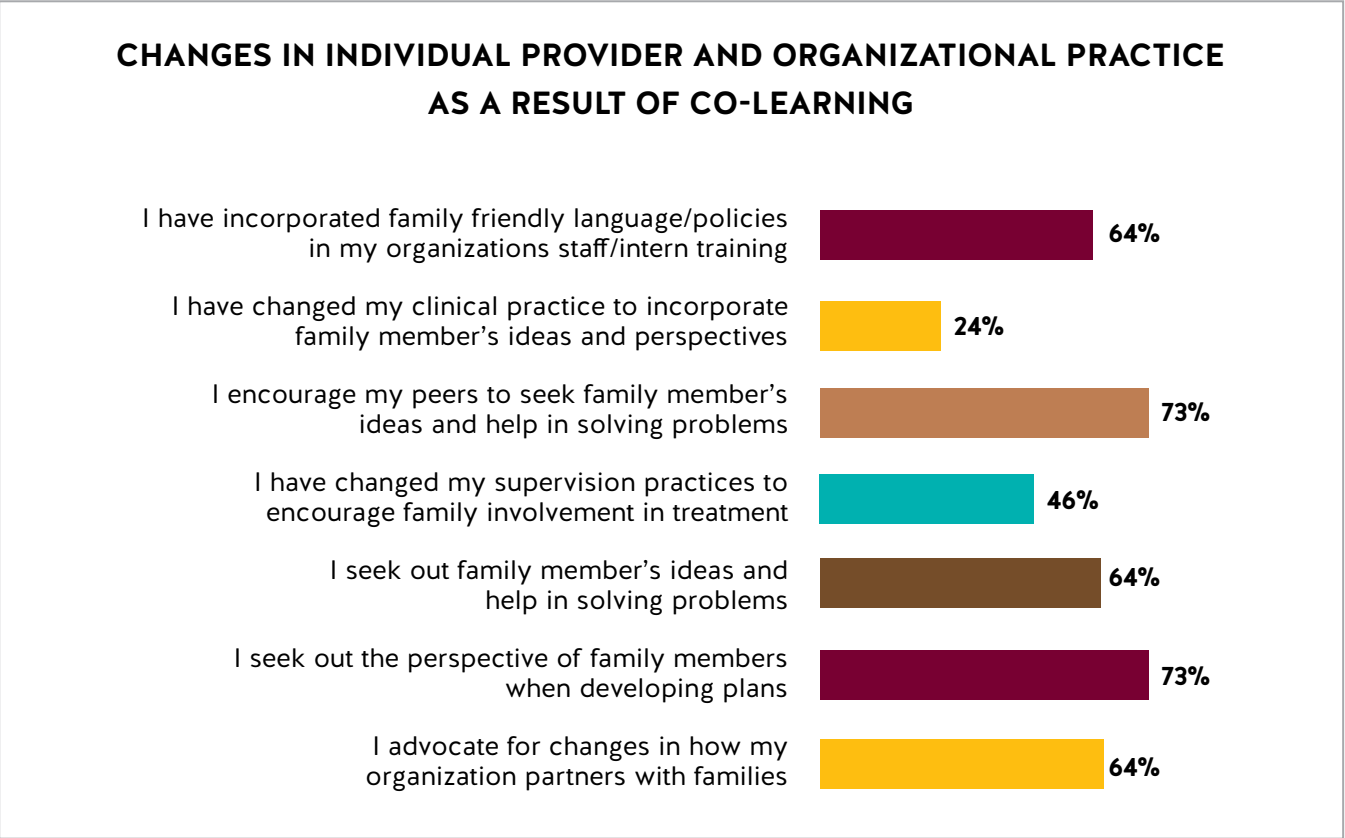
them at the table. With this new or strengthened perspective, providers re-examine their own practice and work to change organizational policies, practices and constraints that get in the way of authentic partnering with families at their own organizations. Changing organizational practices or offering a training for staff or parents has the potential to impact a greater number of families and children outside the number that participate in a Co-learning Team.

BECAUSE OF CO-LEARNING, I

	YES	SOMEWHAT
Changed the way I partner with family members	55%	45%
Changed the way my organization partners with families	36%	54%

Source: Provider Co-learning Survey, 2014. N=11

Some of the changes in provider and organizational practices include advocating for new ways of partnering with families and seeking out parents’ perspectives to solve problems, such as those described below. Changes in clinical practice were less frequently reported. These results suggest that Co-learning is a promising strategy for generating the desire and capacity for deepened family partnership within early childhood mental health agencies.



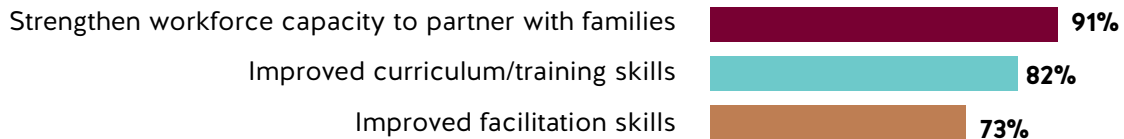
Source: Provider Co-learning Survey, 2014. N=11

PLANNING, TRAINING AND FACILITATION SKILLS

Moving away from a traditional provider/client relationship towards a co-productive one requires new skills and abilities that formal provider education programs do not generally touch on. For example, being a part of Co-learning requires a willingness to look at power and privilege, an openness to sharing and hearing personal stories, and be willing to engage as “co-experts.” Parents and providers also share ownership for facilitating portions of the meeting, completing tasks in and out of meetings, and producing Co-learning products that reflect the voice and expertise of both parents and providers. Through Co-learning providers develop strengthened capacity for family partnership, curriculum and training skills and facilitation skills, as captured below.

“For me, the biggest impact on my work is that there is so much paper work and things that need to get done. I get used to solving problems on my own. I realized that I don’t need to solve them on my own. I should go to families and the people we work with that are impacted by the decisions. We should be making them together.” –ECMH Provider

NEW PROVIDER SKILLS AS A RESULT OF CO-LEARNING



Source: Provider Co-learning Survey, 2014. N=11

Conclusion

Co-learning set out to test an innovative approach to parent provider partnering. Co-learning is yielding beneficial outcomes on several levels. At the Co-learning Team level, parents are gaining access to information about early childhood development, experiencing strengthened protective factors, and developing leadership skills; providers are deepening their capacity to partner with parents; acquiring training and facilitation skills, and serving as champions for family driven practices and policies within their own organizations. At the systems level, Co-learning provides resources and tools to the early childhood system of care that promote more collaborative approaches to working with parents, which in turn generate changes in organizational practice and workforce/training. Early Connections has developed organizational readiness assessment tools to support the expansion and adoption of Co-learning across a range of community and organizational cultures.

Alameda County children’s system of care builds on and benefits from a strong commitment to building collaborative relationships with parents. In determining whether to further invest in innovative workforce development approaches, the costs that come with failing to engage parents meaningfully in services should also be weighed. Young children may go without the services that would support their well being; treatment plans may not reflect parents’ knowledge and expertise and as a result, treatment goals take longer to achieve. Parents miss more appointments and are less satisfied with their care when they do not feel that their voice is valued. When young children with mental health challenges go without needed services and supports, they are less likely to be socially, emotionally and academically ready for school.¹³ Co-learning is a promising strategy for helping organizations to operationalize their values around engaging the lived experience and expertise of parents to support early childhood wellness.

Endnotes

- 1 “Improving the Readiness of Children for School – A Discussion Paper for the Policy Matters Project.” Kagan, S. and Spencer, E. Center for the Study of Social Policy. February, 2003.
- 2 Center for the Study of Social Policy, “The Protective Factors Framework.”
- 3 “Family Driven Care- More than a Good Idea.” Spencer et. Al. Journal of Canadian Academy of Child and Adolescent Psychiatry. August, 2013.
- 4 Ibid.
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- 6 “The Parallel Process in Psychotherapy Supervision.” McNeill, B. and Worthen, V. Professional Psychology: Research and Practice 1989, Vol. 20, No. 5, 329-333.
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- 8 “From Passive Consumers to Active Co-Producers: The Role of Co-Production in Public Services.” Bovaird et. Al., July 21, 2011.
- 9 “Co-Production in Mental Health, A Literature Review.” Slay, J. & Stephens, L. (2013). London: new economics foundation
- 10 Center for the Study of Social Policy, “The Protective Factors Framework.”
- 11 “Co-Production in Mental Health, A Literature Review.” Slay, J. & Stephens, L. (2013). London: new economics foundation
- 12 “Family Partner Integration Interviews Summary.” First 5 Alameda County, April 24, 2013.
- 13 “Improving the Readiness of Children for School – A Discussion Paper for the Policy Matters Project.” Kagan, S. and Spencer, E. Center for the Study of Social Policy. February, 2003.