



Caring Community Collaborations:

A Model for Working

with

Individuals and Families

with

Complex Needs

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Introduction

This model was developed by the Dunluce Collaborative as a response to the identification of Afghani families living in Dunluce with complex needs and isolated from their community. It was founded on a desire to provide a holistic and supportive community based response to supporting these specific families in their healthy development as well as assisting the neighbourhood to reach out to and include these families.

The 6 Phases of the Caring Community Collaboration Model

1. Identify the need.
2. Determine who will be involved in the implementation of the model and their roles?
3. Engage in ongoing interactions, communication and follow up between families and service providers, ie: group meetings, individual meetings with service providers, phone communication and email.
4. Provide a “Circle of Support” for families utilizing information, education and social activities and events to complement the meetings.
5. Resolution of specific issues.
6. Community building. ie: identify natural leaders, link the community existing resources, create opportunities for involvement and community events.

1. Identify the need:

- What makes this population or family’s needs “complex” ie: population characteristics etc.
- Degree of isolation, neighbourhood sense of belonging etc.
- Identify the number of families you can realistically work with at one time.
- Identify the specific families that will be part of the Model.
- Identify strengths of this population, ie: natural leaders, commitment to community, cultural practices, skills and abilities etc.

2. *Who is involved in the implementation of the model and their role?*

Co-coordinator. Role includes:

- Manage the complex web of service providers at the table and those working behind the scenes to ensure ongoing communication happens outside the actual meeting times.
- Coordinate on-going communication and funneling information to appropriate sources that need the information to provide effective service.
- Assist with community linkages and referral leads for community support.
- As new family and community needs emerge, invite new service providers to the Circle of Support.

Service Providers that believe working collaboratively to address family and community needs is an effective way of delivering service. Role includes:

- Approach the work with cultural humility with a desire to gain cultural competence.
- Attend the circle of support meetings.
- Take responsibility to do ongoing work with the individuals and/or community.
- Involve other service providers and community leaders.
- Utilize reflective practice techniques to monitor each members growth and development.

Family Liaison Worker (could be cultural liaison worker). Role includes:

- Identify families in need.
- Support families to get to the meetings, and implement action plan.
- Provide moral support.
- Provide translation if needed.
- Assists service providers in understanding any cultural issues, circumstances they should be aware of.

- Advise service providers how their services and programs would be more attractive to the population.
- Educate other members about the larger issues and needs of this population.
- Identify leaders within this population.
- Link community leaders with community services and supports.

Community Builder. Role includes:

- Identify resources which would assist the population to participate more actively in their community.
- Link the population to existing resources and community leaders.
- Identify roles for natural leaders within their neighbourhoods.
- Nurture the development of natural leaders, skills, and abilities.
- Support the ideas/plans that the population has identified as meaningful for them and assist in their implementation.

3. Engage in ongoing interactions, communications and follow-up including:

- Group meetings with families
- Group meetings between service providers
- Individual meetings between service providers and families
- Phone communication
- Email
- Relationship building
- Reflective practice

4. Provide a “Circle of Support” with activities to complement meetings:

- Relationship building activities such as sharing food taking into consideration dietary/ cultural needs, meeting in places that are not in government based environments, attending activities organized by the identified population.

- Offer information and education opportunities for gaining awareness and knowledge of services.
- Link with key community service providers and/or community leaders
- Acknowledge community strengths and successes.
- Celebrate achievements.

5. *Resolution of Issues:*

- Individuals and /or Families express that their needs are being or have been met and leave the “Circle of Support.”
- New Individuals and /or Families are invited to attend regular collaboration meetings.
- Identified populations express their sense of belonging within their community.

Expected Outcomes

For Families:

- Families feeling more welcomed, cared for, supported, heard, and respected as they address their identified issues.
- Families/individuals are able to achieve their potential.

For Service Providers:

- A more caring, effective and efficient way of working together as service providers to support individuals, families and communities with complex needs.
- Service providers become more knowledgeable about the multiple issues a family/community may be dealing with.
- A more effective and efficient way of using existing resources is created and duplication is reduced.
- Service providers are able to practice in a more holistic manner from the “heart”.

For Community:

- A long term impact where all persons feel cared for, sustain a sense of inclusion and belonging within a community, and have the ability to reach their potential.

Foundational Principles Required to Implement the Model

It was determined that the following three foundation principles are key to making this caring collaborative model different and unique from other the traditional approaches to service delivery.

1st Foundational Principle - Genuine care and concern demonstrated by:

- Structuring the meetings and providing the service in the context of accommodating the family and not the service providers.

This includes:

- Choosing a location within the individuals' and/or families' community that is easily accessible by walking or public transportation with good bus operational hours, easy parking.
- Choosing a community meeting outside of government institutions and agencies to remove some of the fear and stigma associated with "government".
- Contacting and inviting service providers that would be amenable to solving "complex" needs using a collaborative approach; being flexible in interpretation of organizational mandates and going the extra mile to help the client.
- Service providers adopting a caring and helping philosophy – "look till we find a support or service that can help the individual or family". "No" is not an option.

2nd Foundational Principle - Respectful interactions demonstrated by:

- Hearing an individual's or a family's story from their perspective, and having the individual or family identify and verbalize what they need.
- Paying close attention to cultural sensitivities such as selection of food, inter-familial community dynamics, and communication protocols.

3rd Foundational Principle - Responsive interactions demonstrated by:

- Creating a "Circle of Support" to holistically address the needs identified by individuals, families and service providers.

- Inviting the compliment of service providers that would be able to address identified issues.

4th Foundational Principle - Community building approach demonstrated by:

- Viewing individuals, families, communities and identified populations as an integral part of their community.
- Recognizing it takes a village to raise children.

5th Foundational Principle - Sense of belonging is inextricably tied to health.

- An inclusive community is a healthy community.

Process & Procedures

- **Roster of Service Providers**
 - A roster of service providers will be identified and expected to attend regularly scheduled monthly meetings. If there are no families scheduled to attend in a given month the meeting may either be cancelled or go ahead to discuss promising practices, ideas to support family situations brought to the table and/or trends which need to be addressed within the community building aspect of the model.
- **Referral Process**
 - Any member of the roster may refer a family to the process. They will do so by sending an email to the roster of members prior to the scheduled meeting to give a basic introduction to the family. They will introduce the family at the meeting and remain as the “Family Coordinator” for their family throughout the process.
- **Meeting format**
 - The first hour of the meeting will be for service providers to discuss trends and issues they are seeing or particular strategies or ideas they wish to consult with colleagues about.
- **Educational Opportunities**
 - As common trends and issues arise educational opportunities will be provided to families as a response where appropriate.