



MISSISSIPPI
EARLY
CHILDHOOD
DEVELOPMENT
COALITION

Family-Driven Practice Toolkit

Learn about the **guiding principles** of family-driven practice as well as ideas for **implementation**, including **specific examples** and **resources**.

This toolkit was created
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What is family-driven practice?

Family-driven practice means that families have the primary role in decisions regarding their children as well as the policies and procedures governing the well-being of all children in their community, state, tribe, territory and nation.* This includes, but is not limited to:

- Identifying their strengths, challenges, desired outcomes/goals, and the steps needed to achieve those outcomes/goals;
- Designing, implementing, monitoring, and evaluating services, supports, programs, and systems;
- Choosing supports, services, and providers who are culturally and linguistically responsive and aware; and
- Partnering in decision-making at all levels.

*Note: This definition is the nationally accepted definition from the National Federation of Families. It is also used by the American Academy of Child and Adolescent Psychiatry and the Substance Abuse and Mental Health Services Administration.

Guiding Principles of Family Driven Practice*

When family-driven practice is implemented, families and youth, providers, administrators, and policymakers accept and support willingly and enthusiastically shared decision-making and responsibility for outcomes, as evidenced by the following:

- Families and youth share and have access to accurate, understandable, and complete information necessary to set goals and to make informed decisions.
- Families define their family composition and family decision-makers, whether biological, adoptive, foster, sibling, or surrogate family voice advocating on their behalf.
- Families and family-run organizations engage in peer support to reduce isolation, achieve short-and long-term family goals, and strengthen family capacity and voice.
- Families and family-run organizations provide direction for policy decisions that impact funding, supports, and services, including the right of families and youth to have meaningful voice at the individual and policy level.
- Providers, agencies, and systems take the initiative to change policy and practice from provider-driven to family-driven.
- Providers, agencies, and systems embrace family-driven practice, by allocating staff, training, support and resources to adequately fund and sustain family-driven services for children, youth and families, and the work of family and youth run organizations.
- Community attitude change efforts focus on removing barriers and eliminating bias and discrimination.
- Communities value and celebrate the diverse cultures of children, youth, and families and work to eliminate disparities.
- Communities recognize that culture is an ever-changing dynamic and are responsive to the cultural and linguistic needs of all children, youth, and families.

*Note: These guiding principles are from the [National Federation of Families](#).

Why is family-driven practice important?

Research done as a part of the Mississippi Thrive! Child Health & Development Project showed the following:

- Families were not experiencing ease in navigating early childhood mental health system.
- Families were not consistently experiencing family-centered care across race and children's disability status.
- Families were not consistently receiving information about developmental milestones across race, children's disability status, parents' education level, and health insurance type.
- Families were not consistently receiving information about developmental screenings across children's disability status and parents' education level.



How can we engage in family-driven practice?

One place to start is by turning the principles of family-driven practice into questions:

- Do you and your organization make sure families have access to accurate, understandable, and complete information necessary to set goals and to make informed decisions?
- When families say what they want, do you listen to and act on those preferences?
- Do you and your organization accept how families define their family composition and who their decision-makers are, whether biological, adoptive, foster, sibling, or surrogate family voice advocating on their behalf?
- Are you and your organization working with families and family-run organizations to support family peer support to reduce isolation, achieve short-and long-term family goals, and strengthen family capacity and voice?
- Do you and your organization actively partner with families and family-run organizations so they can provide direction for policy decisions that impact on funding, supports, and services, including the right of families and youth to have meaningful voices at the individual and policy level?

- Do you and your organization take the initiative to change policy and practice from provider-driven to family-driven?
- Do you and your organization embrace family-driven practice, by allocating staff, training, support and resources to adequately fund and sustain family-driven services for children, youth and families, and the work of family and youth run organizations. Does your organization's budget reflect this commitment?
- Do you and your organization see community attitude changes such as a focus on removing barriers and eliminating bias and discrimination as a result of your commitment to family-driven practice?

Here is a family-centered care self-assessment tool for medical settings from Family Voices that could be adapted for your organization.

For individualized support with specific questions, refer to the resources on page 14 of this toolkit.



Family-Driven Practice: Moving from Theory to Real World Situations

Family-driven practice can be easier to understand in theory than to practice in reality. Below we describe a situation that could make those working with a family feel conflicted or confused about how to respond in a family-driven way. We also share some steps to remain family-driven in situations such as this.


The Situation: A grandmother brings a 3-year-old child to a family practice, asking for an autism diagnosis. The provider doesn't suspect autism and believes that the most helpful thing they could do is help the grandmother understand that their child doesn't have autism.

Here are some steps the provider can take to remain family-driven in this situation:

1. Start with self-reflection.

- Before responding, check your own reactions.
- Are you compelled to “correct” the grandmother?
- Are you worried about the child's well-being or misuse of diagnosis?

Recognize that these thoughts can shape your tone and approach. Family-driven practice begins with managing your own perspective first.



2. Consider that you may not have the full picture.

- Even if autism seems unlikely to you, you may be missing context.
- The family has lived expertise in regard to the child.
- You are seeing only a snapshot.

Approach the situation with curiosity rather than certainty.

3. Seek to understand the family's perspective.

- Ask open respectful questions such as:
 - “Can you tell me what led you to think about autism?”
 - “What have you been noticing at home?”

The goal is not to challenge but to understand and convey respect for the family's reasoning and journey.

4. Clarify what the family means.

- Families may use terms like “autism” or “neurodivergent” differently than clinicians.
- Make sure you're talking about the same things before responding.

5. Focus on what the family wants for their child.

- Shift the conversation from the specific diagnosis to the bigger picture.
 - “What are your biggest hopes for your child right now?”
 - What kinds of supports are you looking for?”

Even if you disagree on diagnosis, you can align on goals.

6. Acknowledge the family's expertise and perspective.

- Ask about their journey, letting the family know that they can share to the extent that they want.
- Acknowledge that they see things you don't.
- Validate their perspectives, even if your interpretations differ.

7. Share your professional perspective transparently.

- After listening offer your view clearly and respectfully.
 - “I understand why autism is on your mind. Based on what I'm seeing, I'm not currently identifying autism, and here's why....”

Avoid dismissing their concerns. Frame it as a difference in interpretation, not a correction.

8. Provide options and information.

- Share the resources and information you can offer them, such as:
 - developmental screening or further evaluation
 - referral to a specialist
 - early intervention services

Explain the reasoning behind each option in language the family understands.

9. Let the family decide next steps.

- Respect the family's role as the primary decision-maker for their child's care.
- Ask: “What steps would you like to take next?”
- Respect their choices, even if they don't align with your recommendations.
- Ask about potential barriers and any supports needed.

10. Check in with the family.

- Periodically ask:
 - “Do you feel heard?”
 - “Am I understanding your perspectives correctly?”

Being family-driven doesn't mean agreeing with everything. It means:

- Self-reflecting first
- Listening to understand
- Respecting the family's role as the primary decision-maker for their child's care
- Sharing your expertise
- Working in partnership, even when perspectives differ



Photo courtesy of MS Forum For the Future, Built for Babies Campaign and Rory Doyle

What does family-driven practice look like in the Mississippi Early Childhood Development Coalition (ECDC)?

Families are included in all coalition work.

- There are no separate committees for families.
- When family members who are not paid for their work in the early childhood system join, they are offered a stipend of \$25/hour to allow for them to be compensated for their expertise and to fully engage.
- Our community agreements emphasize that we value the expertise of everyone. Families don't have to necessarily share personal struggles to contribute to the coalition; they can share their expertise based on things that have worked well for them when navigating the early childhood system & their recommendations for what could work better.

There are various ways members can participate in coalition activities.

- Membership of the ECDC is open to the public.
- All members who have been active in the coalition for six months are invited to apply to join the planning team.
- Once you are a member of the planning team for one year, you can run for co-chair.
- Any member can form and lead a working group.
- Any member can be a Spotlight Speaker and share about their expertise in the early childhood system at one of our full coalition meetings.
- Any member can share announcements or questions with the full coalition.
- There are no membership fees.

The coalition offers various training opportunities.

- Members participate in an onboarding process, during which they are introduced to family-driven practice.
- Members receive family leadership or family-driven practice training annually from Families as Allies.



Members can share input in a variety of ways.

- Members can provide feedback during each meeting, on surveys, and via an anonymous form on the members-only webpage any time. Planning team members review this feedback and take findings back to coalition members for clarification and support in developing action plans to shape the coalition's work.
- Meetings are typically virtual and rotate between morning and evening times each month to accommodate different schedules of members.
- We strive to provide virtual options for in-person meetings, with specific facilitators who adapt activities for virtual participants to allow folks from all parts of the state to engage.

There are a variety of ways for members to connect and engage.

- Members agree to explain acronyms and programs they mention so everyone can understand what is being discussed.
- Relationship-building activities and tools are developed and implemented to encourage members learn more about one another.
- Members can continue conversations between meetings by using the private Facebook group or connecting with other members individually using the directory.
- Members are connected regionally to engage in local work together.

What supports are available as we engage in family-driven practice?

Involve families from the very beginning of a project. Include funds in project budgets to compensate families, just as organization staff are compensated for their involvement. If you are involved in a grant writing project that affects families, contact [Families as Allies](#) for support.

Contact [Families as Allies](#) to learn more about family-driven practice trainings for your group.

Subscribe to the [Families as Allies newsletter](#) to learn about training opportunities, events, public meetings, and more.



How will you use this toolkit?

Brainstorm some things you can do this week, month, and year to increase family-driven practice in your organization and/or community.

[Let us know about your plans here.](#)



Stay in touch!



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Facebook: [Mississippi Early Childhood Development Coalition - ECDC](#)



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YouTube: [@MississippiECDC](#)



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