

# Parent Advisory Group (PAG)

Date: March 19, 2025 Time: 7:00 to 8:30 p.m.

# **Meeting Minutes**

### Welcome, Online Meeting Protocols and Introductions

PAG Executive Committee Members Christianna Clinton and Janel Waterman and DCYF Community Engagement Team Emily Morgan welcomed attendees and initiated introductions.

Children's Trust Fund Alliance (CTFA) Manual Co-Creation Work | CTFA, Lead Senior Associate of Parent Partnerships Kara Georgi and PAG Executive Committee provided an update on the PAG manual development.

- What is something you wish you would have known when joining PAG?
  - If it weren't for other parents in this group, I wouldn't have likely joined. A panel of parents would be helpful (during recruitment) and having a conversation with someone like us.
    - I was freshly in my recovery when I joined, and it is a little confusing just reading what it is. I would prefer a Q&A also.
  - Effectiveness of our roles.
  - What was it?
  - How can I make a difference in this group?
  - Where does my information go?
  - What is our goal/ purpose?
  - What do we work on?
  - o What impact could I have on this committee?
  - Adding a glossary of terminology (added at the bottom).
- It could be helpful to have a guide for the acronyms as they come up and you can have space to fill in.
- This where are bios will be correct?
  - Yes, the bios will be located on the webpage and within the handbook.
- Can there be a way for new advisory members to ask current members questions? For example, could an executive committee (EC) member answer their questions?
  - Generally, all questions are received through the community engagement inbox and then Emily connects with who is best to respond. We don't want to create too much additional work for our EC members as well, but could ask for volunteers to meet with potential members.
- You could also consider having a pool of mentors that could be available to potential or new members.

- Actively involve current PAG members in the recruitment process as well (flyers to share with others, social media, in community, etc.). Hold an info session (virtual open house) for potential members.
- What is the point of recruitment?
  - The purpose of recruitment is to bring together diverse lived experiences from Washingtonians across the state.
- Where do we fit DCYF's structure?
  - We have many advisory groups; some are legislatively mandated and some are not. This one is not, but we believe that parents/caregivers' opinions matter and want to have parent and caregiver input on DCYF programs and services.
- I've completed a lengthy application 2 years ago, and again last year. Do I have to do it again?
  - The recruitment process and application are every 2 years.
    - That question is a perfect example of what we are hoping the handbook can help with.
- Where do we submit our bios?
  - Can email to Soraya (<u>Soraya.ayoubi@dcyf.wa.gov</u>) or Emily (<u>emily.morgan@dcyf.wa.gov</u>) and we will follow up.

Integrated Eligibility & Enrollment (IE&E) | Health Care Authority IE&E Senior Product Owner, Kydee Franck and IE&E Business Policy & Operations Analyst, Cres Perez provided a brief overview on a collaboration with parents and caregivers on user testing a mobile friendly selfservice portal for Washington families.

- The group watched the below videos before sharing questions.
  - o Integrated Eligibility & Enrollment Modernization Slides
  - o <u>IE&E Modernization Video</u>
  - o Future of IE&E Video
  - o MyWABenefits Introduction Video
- What questions come up for you as you watch the videos?
  - If only a child in the family has benefits, can the parent have access? Do we need permission if the child is older than 13?
    - Must be at least 16 years old and depends on the eligibility of the case (case by case needs).
- How will you get the word out to let them know that it's available? Is there an outreach or communication plan in place?
  - There will be press releases, social media posts, and marketing materials making their way to community partners. We'll be sure to share a timeline when those will

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happen. Thank you all for letting us share with you, and we're so excited for more engagement!

Family Practice Model (FPM) | DCYF FPM Administrator Regina McDougall provided an update on Family Practice Model, practice profiles and guidance for DCYF workers and feedback and development. PAG members shared feedback related to the practice profiles.

#### FPM Presentation Slides

## Create space for collaborative engagement- Feedback and Responses

- Go through lived-experience training.
- People are human triggering to go to the office.
- Domestic violence situation.
- Relive the trauma tell information in front of everyone (especially in front of child).
- Trauma caused by the office even if you are not the one who initially caused it. It might not be you but going to the office generally.
- People who navigated the system that should be the first point of contact when someone enters.
- Peer navigation is important.
- Check your bias at the door.
- Looking for help but not considered a victim but also someone to blame.
- Workers have a fixed mindset that you are a bad parent.
- Acknowledge that it is a stressful time for the family reinforce that they are here to help you.
- They already have a predetermined plan in place is a disserve to parents.
- Re-harms parents and causes distrust.
- Gets in the way of building rapport.
- "Ways to create hospitable environment" doesn't fully say how, top of mind for me: power dynamic. I'm hopeful at some point in their work they get training on power dynamic, assumptions/biases, being on the caregiver side is intimidating – social workers have a lot of power to impact your life, more focus on prep convo – not just physical/practical readiness: tone/attitude/approach to disarm people who may be nervous or afraid, so they are conscious of the need to not carry assumptions/have an open mind. I think that is missing from this piece.
- Be prepared to ask the family something about themselves, you may not actually know everything it is better to ask questions than to assume it evens out the playing field and lets the family know you want to hear what they have to say.

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- That is a great point to ask questions. I saw collaborative engagement for that to be true you need to ask the family what their goal is for your time and engagement, it should be a shared goal not just coming in with an agenda served up on a platter.
- If you are asked a question, you don't know the answer to tell them you don't know and actually get back to them with the answer. It is not only more helpful, but it is an opportunity to model vulnerability and share that with you.
- I know how I don't want to feel. I don't want to feel judged, like they are viewing me as a problem to be solved. It really bothers me when they act like you are just a problem because you come from a different background or culture or were raised differently. It isn't wrong because it is different.
- Having handouts may be helpful as well. It mentions that they are sharing info on who they may interact with and details about the process. A handout on that could be helpful.
- Probably a lot of social workers (SW) come from the middle class, and don't have an understanding of a lot of the situations they are coming to and they are considered the enemy and policy in a lot of situations and communities.
- I feel there is a step missed, which is the preparation of making that call to set up an appt.
  - o Introduction
  - Suggestions for meeting places
  - o Suggestion for the parent or family to bring someone they trust
  - Asking if there is anything that would be helpful for the SW to bring provide suggestions (handouts, interpreter, snacks, etc.)
  - What I would bring regardless:
    - fidgets
    - coloring books
    - sensory items
- Avoid surprises meaning what? Examples would be great because the initial phone call is probably a surprise.
- What can and cannot be shared. I personally would provide or create a worksheet of
  what can be shared with the family and provide it to them maybe they even have a
  place for them to take notes if they want. For the topics that can't be shared, I would
  explain why transparency isn't about what you share, it's also explaining why you can't
  share certain information. This is critical in building trust and rapport.
- Outline of the Steps and Roles of others

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- A visual of the people that will be party to the case with details of their role to provide for the family.
- Steps for the process could be visual with a brief explanation that should be given to families - with the understanding or notation that the process can fluctuate. Simple and sweet.
- Gathering information, such as a worksheet that the family can fill out. The family should get a copy of this and this will help guide questions, concerns, or provide information.
- I spoke about the need prior to meeting families (especially for new social workers) to check their biases and judgments at the door, while teaching compassion and empathy. I feel that there are some key educational components that aren't taught in the social work programs and are something that should be addressed and taught on the job such as: active listening, compassion, empathy, Substance Use Disorder (SUD), abuse, trauma informed, ACEs (Adverse Childhood Experiences), and behaviors.

## Be inclusive of all supports and family members- Feedback and Responses

- I've been thinking about it and the only thing I can think of is to be open to various life traumas and family issues. Don't let the single story define your views on life. They must build upon knowledge be open to understanding community, culture, traditions.
- Don't take things personally. Understand that if there is resistance, you must work to earn trust or find someone else so there is less resistance. Get help from your peers if you need it.
- There is close-mindedness stay curious to get to the root of issues.
- Don't be stuck to the script.
- To truly help families filter information to what you only need to know. You cannot expect trust based on experiences of past harm you must earn it.
- Once trust is broken it is hard to mend. Not everyone is the same.
- When you are not surrounded by your immediate family consider natural supports as "family".
- Trauma informed approach breaks out what it means. It means that someone understands where trauma is coming from (themselves and others) and having that awareness when interacting with families.
- Should not limit who family identifies as support.
- For your own wellbeing.

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- Chosen family -those people who you feel connected to (auntie or grandma) show respect (cannot call someone by their first name) and cultural understanding from the community the family/youth are in.
- Eliminating them causes people to run away or feel isolated.
- "It is worth the time and effort to build a foundation for case management that is relational." How do clients know that this is supposed to be happening? And even the family practice model do families get anything about this as a working agreement and this is how we are approaching this and hope for our time to be for buy in and accountability. I would appreciate the thoughtfulness that the state is taking to be better. There's a lot of mistrust so for people to know there is thought behind trying to improve interaction.
- Keep in mind the communication some people have disabilities, neurodivergence, language differences, it doesn't mean someone is dumb as a rock. When I lost my hearing people started talking to me like I dropped 40 IQ points, and it was really harsh.
- I thought this was pretty good. I didn't have anything that I would add. I'm glad that this is the direction and that they are getting the room to do this.
- A member mentioned knowing/understanding of different cultures. How does one demonstrate respect? What does that look like and whose respect are we demonstrating? There is a difference between respect and being respectful.
- Learning from the family, such as having specific questions that are culturally responsive, and trauma informed would help here. The family, even the youth can fill this out. This puts the family or youth in the driver seat, while the social worker (SW) is the guide, which sounds like this is an illustration that is being posed here.
- If the family or youth do not have any natural support, this is something that needs to be thought of on what to do next. It has to be very intentional, as there are many who become isolated and don't have natural support.
- For the "Relational" portion that should be a training by itself. Teaching what this means and what it looks like, then practice it and apply it (in teaching settings and in real life with support). You must have both for it to be effective in the daily work.
- Feedback for the third paragraph: "A plan that includes support from other people". Is the goal to have the family's natural support help in the process of a plan for the family? Is everyone together working on this plan? This is confusing. I would say show what this looks like.
- Create a panel for folks (like us) to talk with the social workers during the training process.
  - $\circ$   $\;$  And provides a reason why this group is important.

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