SOCIAL RETURN ON ENGAGEMENT™

DEVELOPED BY:
ASPEN FAMILY AND COMMUNITY NETWORK

2020

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This project was inspired and initiated by CEO, Shirley Purves and has continued with the support and dedication of herself and the team at Aspen Family & Community Network.

The Social Return on Engagement project and report represents the historical work of Aspen Family & Community Network, and will be used and reflected in the new merged entity moving forward.

INTRODUCTION

This framework is grounded in the following statement:

"MEANINGFUL ENGAGEMENT IS A CATALYST FOR INDIVIDUAL AND SOCIAL CHANGE."

Many people who read that may nod in quick agreement; others may say, "hold on, there's more to it." While there is more to creating change in individuals, communities and society-at-large, Aspen believes that meaningful engagement at the practitioner and individual and/or group level can be a spark for significant change in individuals, families and communities. This is a hypothesis, but one that Aspen feels strongly about.

In order to start testing this hypothesis, this framework was developed in order to identify and describe what Aspen means by "meaningful engagement," and to provide guidance on how to apply its principles and practices. Our claim is that meaningful engagement - driven by self-awareness, reflection, mutuality, trust and connections - can create strong working relationships. We believe that these working relationships lead to goal achievement, and can produce transformative experiences for the individual and the practitioner, families and communities.

This framework is developed from practice-based and local knowledge of meaningful engagement and its potential for change, and it is supported by relevant academic literature. All aspects of this framework have been identified by Aspen staff – through focus groups, lunchroom conversations, team discussions, interviews and SROE™ committee deliberation. This framework is Aspen's story of how meaningful engagement can have significant individual and social returns.

WHY IS ENGAGEMENT IMPORTANT?

The way I see it is that the positive outcomes of early engagement are the quick goals that we can achieve, for example, getting someone housing. The impact of deeper engagement, where there is a strong working relationship, is that at some point they can say: "now I have a home." There's a difference.

-An SROE™ Committee Member

We already know that successful engagement in our working relationships is a key predictor of positive outcomes for the individuals, families and communities. Engagement is foundational in relationship building and in the therapeutic alliance. In community development, change can only occur when the community is ready and participating actively in the change process.

Here is what we know from the literature about how meaningful engagement can change lives:

- Families who are positively engaged in services increase their confidence in their ability to affect change in their lives (Ingoldsby, 2010).
- There is an increase in coping skills to address life stressors (i.e., job and financial concerns, relationship conflicts, health problems, worries, and issues related to receiving social services) (Ingoldsby, 2010).

- In couples therapy, Feedback Informed Treatment significantly improved couples' psychological functioning and decreased separation rates (Winkeljohn Black, Owen, Chapman, Lavin, Drinane, & Kuo, 2017).
- Therapeutic empathy, a core component of positive therapist-client engagement, strengthens a client's ability to hold and process their experience (Gibbons, 2011).
- Initiatives that utilize community engagement approaches support a myriad of positive benefits on those who participate. Individuals experience physical and emotional health and well-being, self-confidence, self-esteem, and individual empowerment (defined as a feeling that they are useful to others, and are able to express ideas) (Attree, French, Milton, Povall, Whitehead, & Popay, 2011).

Creating opportunities for meaningful engagement in community can increase likelihood that projects or solutions will be widely accepted and create more effective solutions. It can also lead to groups and communities who feel ignored gaining greater control of their lives and their communities. Finally, there is an increase in networks and trust in communities, which in turn can increase people's interest and motivation to work together towards a goal and achieve success (Bassler, A. et al. 2008).

Engagement is the foundation that all of our work stands on. Moreover, to successfully engage individuals and communities is to ensure our work is person-centered. This approach is based on the premise that people are naturally motivated to move towards self-actualization, and that a practitioner's role is to provide the core conditions to tap into, strengthen or restart growth potential (Tursi & Cochran, 2006).

THE OBJECTIVE OF THIS FRAMEWORK

This framework, co-created by Aspen SROE™ committee members, hopes to provide inspiration and guidance for practitioners who want to add to their professional 'tool-box', increase their professional sense of self, and provide insight into how they can 'show-up' to engage their clients in more meaningful ways.

This is by no means a "how-to manual." This is a guiding set of principles and practices that a practitioner can reflect on and consider how they can influence their professional use of self. The following statement is key:

This framework does not shift your work or the job responsibilities.
It is meant to guide you in the ways you can develop your approach to your work.

This framework is fundamentally rooted in anti-oppressive practice. We understand that the systems and structures we work in, and the ones our clients navigate on a daily basis, will continue to exist until they fundamentally shift. Until then, this meaningful engagement approach can occur within these structures and systems. It is within the practitioner's power to shift how they work with people, in order to best support them.

This framework draws its philosophy from "anti-oppressive practice," a social work approach developed by Lina Dominelli in the 1990s.

Anti-oppressive practice is a person-centered philosophy that embodies:

- An egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people's lives;
- A methodology focusing on both process and outcome;
- A way of structuring relationships between individuals that aims to empower users by reducing the negative effects of social hierarchies on their interaction and the work they do together.

HOW DOES THIS FRAMEWORK FIT WITH OTHER ASPEN FRAMEWORKS?

You may be wondering how the framework fits within Aspen's overall service delivery model. This framework is meant to be a supporting guide, one that will strengthen the application of the other approaches and frameworks that you are familiar with. Listed below are several that are integral to Aspen's service delivery.

FRAMEWORK OR APPROACH	SHORT DESCRIPTION
Feedback-Informed Treatment (FIT)	Clients' and community members' ongoing feedback and input about their progress, needs and working relationship with the staff and organization are central to services.
Trauma-Informed Practice (TIP)	A strengths-based framework grounded in the understanding of and responsiveness to the impact of trauma, and emphasizes the physical, psychological and emotional safety of individuals, and that creates opportunities for client voice and choice.
Sustainable Livelihoods Framework	A holistic, asset-based framework for understanding poverty and the work of poverty reduction.
Natural Supports Framework	Strategies to help people actively draw on family and community relationships and transition away from service and professional dependency.
Asset-Based Community Development	Emphasizes strengths, connections, citizen leadership and its recognition that individual gifts become powerful when they are connected together.
Strengths-Based Approach	A service delivery approach that focuses on an individuals' self-determination and strength.

This SROE™ framework, where the focus is on what meaningful engagement is and what it has the potential to do, is a supporting document to every single one of the approaches listed in the previous table. This is about reflecting on the process of the working relationship, as much as achieving the goals laid out for it. This will become clearer as you work through this framework.

WHAT IS IN THIS FRAMEWORK?

The SROE™ Framework is broken into the following sections.

PRINCIPLES

The set of assumptions that we believe to be true about meaningful engagement and its potential.

- People define who they are; programs and services do not.
- Relationships of mutuality are the foundation of our work.
- Practitioner self-awareness is a guiding light.

OBJECTIVES

The ways a practitioner can understand if there is meaningful engagement and are working towards a collaborative and strong working relationship.

- See the whole person or community
- Build trust
- Form connections
- Transform through individual and community energy

Within each section, there are tools to help make connections between the concepts and the work that you do.

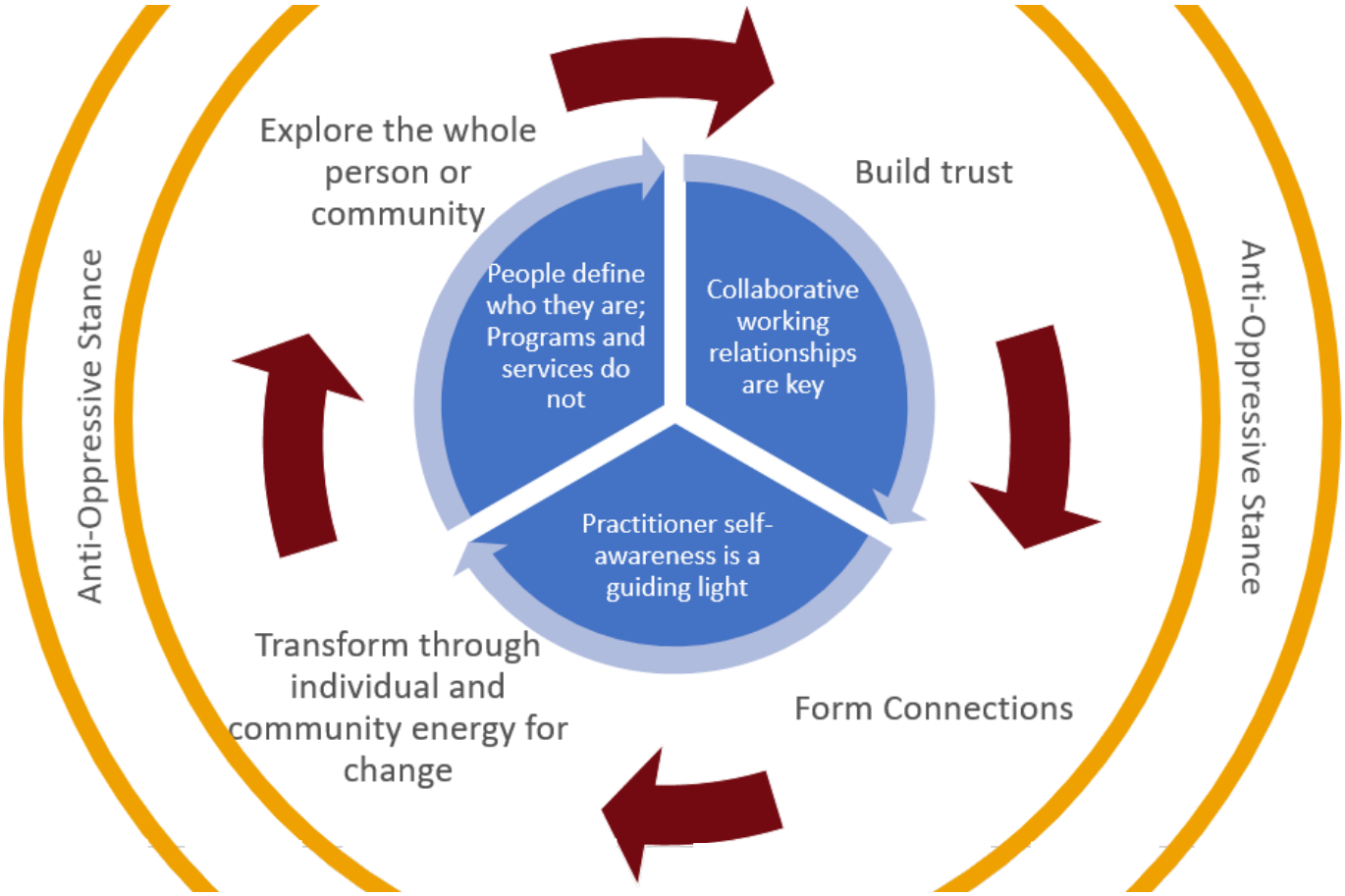
Reflection Questions: Self-reflection is a critical tool for growing your practice and your ability to engage more deeply with a broader range of people. Reflection questions presented here are one way of focusing your attention on self-awareness and how you bring your values and beliefs into your work.

Practitioner Behaviours: As you will see, there is no step-by-step manual for creating engagement. However, we share examples of some behaviours that could exemplify each principle or objective to build connections between the ideas here and the things you do as part of your practice. As you reflect, consider situations where a given behaviour might be disengaging, rather than engaging.

Practice Examples: Aspen SROE™ committee members have gathered real-life stories from fellow colleagues, all of which depict meaningful engagement principles and practices. Although each example is chosen to illustrate a specific objective and the practices that led to that objective, in each story you can see all of the principles and objectives at work.

We encourage you to try out some of the reflection questions in this framework to explore the stories, principles, objectives, and your own practice more deeply.

PRINCIPLES AND OBJECTIVES:



ASPEN'S SOCIAL RETURN ON ENGAGEMENT™ FRAMEWORK

Engagement Principles

These are the assumptions that we believe to be true about meaningful engagement and its potential.

1. People define who they are; programs and services do not.

WHAT IT MEANS

We value people's sense of identity – who they are, what they believe, what they value, and what they understand to be the challenges they face. We approach our work with cultural and spiritual nuance and understanding.

The formal processes that guide our work and ensure that we operate with accountability to our own values and mission have an important purpose within service. However they cannot and should not define our approach to a unique person. These processes can be disengaging precisely because they approach a person not as they define themselves, but as the program has defined the hypothetical service user. We should use formal processes as guideposts for our work, but not as a formula or recipe; when we approach a person, we have to understand how they define themselves first.

Empathy is a core factor in being able to see clients as 'whole people' or 'a whole community'. Having an empathetic attitude is related to the ways in which one thinks about and values different aspects of the working relationship, the client, and/or oneself and one's role as a practitioner (Gibbons, 2011). Empathy is a 'whole-person' way of knowing.

When people define who they are, practitioners should prepare to value all aspects of the individual and community's identity. The physical, emotional, social, spiritual beliefs and values components of their 'whole-self' are all put in focus. In practice, this means one works to identify the strengths and protective factors that can support a person or community along in their service pathway. In particular, incorporating spiritual and cultural activities into services is a way in which to support more effective interventions (Gone, 2011). This may be more critical for certain populations of clients, such as Indigenous clientele. Practitioners should be aware of the role spirituality plays for an individual, and should seek out input from local Indigenous learners, healers, and elders where appropriate (Stewart, 2009).

In groups and communities, this principle shows up in the way that the practitioner is seeking the insights and wisdom of the people who are living together in a common geographical space or affinity community. Instead of assuming to know the issues that face them, or the ways they want to change their community, a practitioner who wants to engage individuals in a meaningful way would ask a simple question:

"What's important to you?"

Highlighting the importance of culture and spirituality and/or meaning-making is crucial when we commit to understanding the whole person. There is a continuum of approaches to working effectively across cultures.

CULTURAL AWARENESS

An attitude that includes awareness about differences between cultures (Koptie, 2009).

CULTURAL SENSITIVITY

An attitude that recognizes the differences between cultures and that these differences are important to acknowledge in health care (Koptie, 2009).

CULTURAL COMPETENCY

An approach that focuses on practitioners attaining skills, knowledge, and attitudes to work in more effective and respectful ways with Indigenous patients and people of different cultures (Anishnawbe Health Toronto, 2011; National Aboriginal Health Organization, 2009).

CULTURAL HUMILITY

An approach to health care based on humble acknowledgement of oneself as a learner when it comes to understanding a person's experience. A life-long process of learning and being self-reflexive (Tervalon & Murray-Garcia, 1998).

CULTURAL SAFETY

An approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. Practitioners are self- reflective/self-aware with regards to their position of power and the impact of this role in relation to patients. "Safety" is defined by those who receive the service, not those who provide it (Anishnawbe Health Toronto, 2011; National Aboriginal Health Organization, 2009)

REFLECTION QUESTIONS

1. Where do you see yourself as of today?
2. Where would you like to see yourself?
3. What do you need to do to meet that goal?

2. Collaborative working relationships are key.

WHAT IT MEANS

The working relationship between the individual or group and the practitioner should be co-created. We collaborate on goal identification and attainment. We listen when someone says: "Here is what is important to me." We handle challenges directly and early on.

> It is the ability of clients and workers to overcome bureaucratic barriers, socio-economic gaps and relations of authority between helper and helped, as well as the depth of the emotional distress the clients were mired in, that turned the bond into something special and complex. In cases where it was feasible, the bond was a basis that brought about changes in the lives of clients in the course of the intervention. **As a result of the bond, the clients experienced a sense of relief from the weight of their distress and reported changes in their self-image and in their family relations.** – Cigal Knei-Paz , 2009, p 186

Collaborative approaches are important to good outcomes, as sharing power can be both a facilitator and outcome of empathy (Dyche & Zayas, 2001). Spending time developing mutual goals is important for structuring shared power. When practitioners ask clients for feedback, research shows that the services and subsequent outcomes increase (Esmiol-Wilson et al., 2017). This is likely because the focus becomes on the client goals and outcomes, as opposed to focusing on the type and treatment provided.

Feedback-Informed Treatment: How FIT improves outcomes (through relationships).

One of the main service frameworks at Aspen is the Feedback Informed Treatment model. FIT has proven to be a successful service approach that develops stronger therapeutic relationships more quickly, thus improving individual outcomes. Here are some highlights from a key study on FIT:

- Using client feedback supports the practitioner in being more empathic and developing a stronger therapeutic relationship.
- FIT tools provide a platform for a practitioner to engage in an on-going systematic alliance and progress monitoring, which supports increased collaboration between clients and practitioners.

REFLECTION QUESTIONS

1. When it is difficult, what makes it difficult for you to receive feedback?
2. How do you want your feedback to be received and how can you embody this for others?
3. What challenges arise when service is designed to fit the person, instead of asking the person to fit the service?
4. How can you address these?

In community and group settings, collaboration is key and it only occurs with the forming and maintenance of strong relationships. This is what symbolizes community development work, and differentiates it from community-based work. Whereas community-based work is characterized by agency's power to make decisions, define the problem and specify outcomes and timelines, community-development work is defined by more meaningful engagement of residents and characterized by the following (Australian Institute of Family Studies, 2017):

- Power relations between agency and community members are constantly negotiated.
- The problem or issue is first named by the community, then defined in a way that advances shared interests of the community and agency.
- Finally and perhaps most importantly, the desired outcome is an increase in the community members' capacities, and a change at the neighbourhood or community level.

3. Practitioner self-awareness is a guiding light.

WHAT IT MEANS

Our attitude is that we, as practitioners, can grow in our meaningful engagement with individuals. Personal reflection is as essential as other professional skills.

A client-centered practitioner is someone who has a deep understanding of themselves and is able to present themselves in an authentic way (Joseph, 2004). Being with clients as a fellow human being, where authentic thoughts and feelings of both participants are shared, is an important factor for building more open and genuine relationships (Freedberg, 2007).

It has been found that the practitioners' value systems affect their ways of viewing their clients. Sometimes, we derive the causal explanations of a person's situation from various sources of information, including our own experiences and culture (ethnic, racial, gender, etc.).

Specifically in regards to working cross-culturally and with Indigenous clients, all practitioners, regardless of cultural identity, should learn their own colonial histories and clarify their own values, assumptions, and beliefs regarding health and wellbeing. This awareness can help inform practitioners about where their own understanding fits with a client's paradigm of health and wellness (Stewart, 2009).

> Self-awareness is a process of reflexive awareness in which the [worker] is cognizant of how their self may contribute to their perception and experience of their interaction with the client as well as the behavior of the client. Furthermore, reflexive awareness is a process in which social workers are enriched through being open to include the client's worldview into theirs as they seek to understand the client. – Yuk-Lin, 2005.

The development of self-awareness is an ongoing process. It is a purposeful venture into examining one's own values, beliefs, and identity. Aspen encourages reflective practice, using supervision and reflective time to explore the questions in this framework as well as other questions about professional identity and practice, so that we can be better prepared to respond, rather than react, in moments that require our judgment. Mindfulness is another effective technique to increase self-awareness. It focuses attention to the present moment or experience, while eliminating judgment and enhancing patience, concentration and attention. It can also help to maximize emotion regulation and reduce negative thoughts.

KEY OBJECTIVES OF THE SROE™ FRAMEWORK

WHAT ARE WE TRYING TO ACHIEVE?

SEE THE WHOLE PERSON OR COMMUNITY

- When we see the whole person or community, then we better understand their point of view
- When we better understand their point of view we understand more about what will ...

BUILD TRUST

- When we build trust, a person or community will share more of what matters to them
- When we understand what matters to them we can...

FORM CONNECTION

- When we have a real connection:
- We see ourselves through others' eyes and the strengths that they see in us
- We can accomplish things together - whether large goals, small goals, or learning to navigate our relationship
- When we gain a new perspective on ourselves and what we have accomplished, then we may...

TRANSFORM

- As we form connection we see our own capabilities differently
- We gain energy from seeing new possibilities
- Believing that we can achieve something different, and with renewed energy, we can accomplish the changes we want

Relationships matter. The currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people.

-Bruce Perry and Maia Szalavitz (2006)

Services are an organized way of responding to needs. No program is created to meet the need of a single individual! Services are, by and large, created to solve problems that many people have, or that an entire community is believed to have. Yet services do not create changes; people and communities make the changes that lead to their problems being solved or their needs being met. While services provide key resources to facilitate change, engagement is the process by which we support and hold space for individuals, families, and communities to make these changes for themselves.

Through our exploration of how engagement looks and feels at Aspen, the things we do to create engagement, and the impacts we see as a result of engagement, we came to see an iterative process. Although we know it will take time to truly understand who we are working with, we begin by setting aside preconceived ideas about how our interaction will go, and engage in behaviours that will allow us to see the whole person or community. We practice trustworthiness and build on what we know about the people we are working with to create trust. With trust, people and communities share more of what matters, and we respond to them in ways that are authentic to ourselves and to our understanding of who they are; we reflect back to them the strengths and capabilities that we see, and they do the same for us. In this way we develop a genuine connection. We come to understand ourselves and our role through their eyes and they, in turn, may see themselves through our eyes. Through the navigation of this connection, we each experience changes to our understanding of ourselves, and to the skills we use to interact. These new views open up new possibilities, and these possibilities generate a spark of energy to fuel our work and transform what we are capable of together. As we come to understand one another we direct our mutual resources to the purposes, large or small, that matter to the person we are working with. These four objectives may happen in large ways over the course of months of service, or in a small way during the first moments of a meeting. Looking back at the path that generated the transformation and energy, we understand even more about the whole person and begin the process again, deepening our engagement.

The behaviours we use to achieve these four steps are familiar, and yet we adapt our specific approach in response to the people and communities in front of us; an approach that has worked well in the past may not be right the next time. We are always referring back to our principles and to the key engagement objectives that we hope to achieve to find the practice that will help us increase engagement – with the end goal of not being needed at all. Examples of behaviours are provided to help provide texture and context to the practices that lead to these objectives, not to limit them or provide a recipe for achievement. No single behavior will always be appropriate to engage every person or community .

OBJECTIVE 1. SEE THE WHOLE PERSON OR COMMUNITY

DEFINITION

Meaningful engagement is possible only when individuals and communities are understood as a whole – not just their presenting issue. Understanding several aspects of the individual and communities – their background and culture, their understanding of the issue and of themselves, their beliefs and spirituality, their capacities and strengths leads the practitioner into engaging with the them in a way that is meaningful for them. This is not a just a phase; it must be revisited throughout the working relationship as values and understanding can shift.

PRACTITIONER BEHAVIOURS

Inquisitive - "I ask questions and look for different understanding and perspectives."
Exploratory – "I am interested in context, both within the environment and within the person or community themselves."
Genuinely Curious – "I don't know everything and will always be learning."
Open and Transparent – "I am honest about my scope and limits, and will not hide anything from the person I am working with."
Warm and Approachable – "I know my body language and tone is important, and can affect how people read me."
Reflective – "What assumptions have I made about myself, the community, or the need? How do I see them? Do I know how they want to be seen? How does this person or community want to be supported?"

SUPPORT FROM THE LITERATURE

Exploring a range of factors that are relevant to families can be helpful in strengthening the bond between service providers and families, as well as reducing obstacles to engagement (Ingoldsby, 2010). For example, supporting families' steps to initiate services, understanding and addressing families' expectations about services, and being aware of daily stressors can help practitioners in using a "whole person" approach to services (Ingoldsby, 2010; Staudt, 2007).

Using a cultural relational approach is particularly important when considering the concept of 'exploring the whole person' (Brassart, Prevost, Betrisey, Lemieux, & Desmarais, 2017; Freedburg, 2007; Gone, 2011). This means paying particular attention to the diverse cultural and sociopolitical contexts that impact each person's developmental and relational experiences in the world (Freedburg, 2007). Incorporating cultural orientation is a way in which to build rapport and engagement with services (Gone, 2011). Exploring the natural helping tendencies of a culture should be conducted before utilizing theories or specific therapeutic approaches (Stewart, 2009).

At the community level, exploring the whole community is key to sustaining change. As the issues facing communities and populations are too complex to be solved by one group of individuals, it requires the voice of many. When residents are involved in identifying and developing solutions to challenges that affect them, they create solutions that make sense. The Asset-Based Community Development Approach is an excellent example of how to approach this phase.

ABCD: How Asset-Based Community Development focuses on the community, not the issue.

By focusing on the strengths and assets of a community, we can take the attention away from viewing communities as in-need of something, and put it on the values and dreams instead. You can see the shift in the following two scenarios:

WE CAN ASK:

- What are the needs of your community?
- What needs to change in your community?
- What are the barriers to creating change?

OR WE CAN ASK:

- What are the strengths and assets of our community?
- When was a time you felt our community was at its best?
- What do you value most about our community?
- What is the essence of your community that makes it unique and strong?

REFLECTION QUESTIONS

1. Do you sense a difference?
2. How might this difference influence what you learn?
3. How the community sees you?
4. How you see the community?
5. The changes that are possible?

ASPEN PRACTICE EXAMPLE #1:

We seek to learn about the values and meaning that housing has in people's lives, and learned from many Indigenous families that "family first" might be a more appropriate mandate than "housing first." This shows up in a lot of different ways, but one of the things that our program had adapted to accommodate a bit better was funerals. These ceremonies are so important, families often travel back to a home community when there is a funeral, and travel and contribution costs often mean rent isn't paid. We tried to honor the importance of these ceremonies by accepting them as a key need and allocating funding as needed to help cover the family's costs. Seeing this recurring pattern, funeral costs became built into the "structure" of the program and our usual way of working – a way of meeting a cultural need that, in itself, was at risk of becoming a rigid and codified response to meeting the unique needs of people.

We were challenged as a program to remain flexible, responsive, and engaging when an Indigenous family asked us if we could provide financial support to buy a wedding gift and clothes to attend a wedding celebration in her home community. From the perspective of the program, these were categorized as wants rather than needs. From an engaged perspective, seeing the whole person, we could see this family very much needed to connect and to contribute to the celebration, and to maintain reciprocity and belonging within their family through an important event. From a trauma-informed perspective, we had to think hard about a structure we had grown accustomed to that facilitated peoples' connections with their communities in sorrow and grief, but not in joy.

The decision to support the family in attending the wedding ultimately did not take that much time or effort, or require any real restructuring on the part of the program. The worker advocated for the support and the support was approved in the moment. What stood out about the situation was how the request seemed at first, unusual; it threw into perspective how accustomed we were to seeing clients' needs through the lens of housing, and how important it is to keep engaging with them to understand the meaning of home, of sustainability, and of what they value.

The Definition of Indigenous Homelessness authored by Jesse Thistle (2017) has provided a much more multidimensional look at what "home" and "homelessness" mean in Indigenous communities.

ASPEN PRACTICE EXAMPLE #2:

Julia is the head of a Spanish speaking family who entered into our program. One member of our team was challenged to find a way to communicate and build trust with Julia in our collective pursuit to find housing. The worker used Google Translate for a basic communication method, but it did not provide the essence of the personalities involved nor did it provide the nuances necessary to form a meaningful connection. In order to create improved communication, an interpreter was asked to come in for the initial meeting. The same interpreter was requested for each subsequent meeting so that a deeper bond could be created between them all and meaningful engagement could begin.

By investing in the translator we started to convey our genuine interest in understanding what Julia had to say. We were able to learn not just that she was a custodian, but that she felt her job was meaningless and unappreciated. Our team member shared some of her own background - that she was also a housemaid for a number of years, and that she thought the job was valuable and purposeful. By making space for each person in the interaction beyond the housing search, we were able to create familiarity and a bond. Julia continued to work and engage with us, and subsequently moved from shelter into a home with a very successful tenancy. She became stable and independent aside from the financial support she needed from us to pay her utilities, but when she found affordable housing she was secure and confident enough to graduate from our program. We connected Julia with an additional Aspen staff who speaks Spanish and who works out of Heart of the Northeast, which is close to where this family lives, so if she needs anything in future she can communicate these concerns in her own language.

With making every attempt possible to meet a family 'where they're at' with good communication and the commonality of a shared experience (custodial work), Julia felt empowered, she felt like she mattered, and so meaningful engagement was achieved and a successful conclusion reached.

OBJECTIVE 2. BUILD TRUST

DEFINITION

Trust is the individual and community's belief that the practitioner will care for their interests, and will facilitate a meaningful process that supports the achievement of the goals that were co-created. Often, trust is the first defining condition that individuals and communities describe as essential for their short-and long- term engagement.

PRACTITIONER BEHAVIOURS

Reflective Listening – "I hear and understand you, and I want you to know that."

Validation – "I recognize and accept your thoughts, feelings and meaning about what you're facing."

Actions are Consistent and Congruent – "I mean what I say and say what I mean."

Consistent Check-ins – "I am not going to assume that things are always going well, so I will check in."

Authenticity – "I know who I am, and I will work with you from that place."

Flexible and Transparent with Personal Boundaries – "I understand what I am comfortable with, but I also know my limits."

SUPPORT FROM THE LITERATURE

Trust is foundational to engagement with individuals and communities (Gaebel et al., 2014). When they have a high degree of trust with the practitioner, client satisfaction will be higher and achievement of positive outcomes is more likely (Gaebel et al., 2014; Manso & Rauktis, 2011). Fostering trust and safety is a not a linear process, but rather, a combination of a wide range of elements such as accurate empathy, reflective listening and validation, as well as developing authenticity to the relationship (Tsai et al., 2019).

This may mean being more flexible with personal boundaries, in order to allow a degree of deeper authenticity (Ungar & Ikeda, 2017). Professional boundaries are in the foreground of any practitioner and individual/community relationship. They are meant to safeguard against power imbalances and the potential for discrimination and exploitation, as well as create some distance to discourage bonds based on personal, sexual, religious, financial or business-orientation. Often, they adopt a restrictive and artificial barrier that may not be in congruence with the organization, worker, or client values and realities. They often underestimate the place of inter-subjectivity, care and concern in relationships. It has been argued that the difficulty of balancing the need to relate to clients and the ideals of professional behavior can make the position of human service provider untenable when placed in the traditional notion of professional boundaries, especially when they extend into social and community spheres.

Some models have been developed to promote connection and the use of self, rather than separation and professional distance. It is the responsibility of the worker to take the lead in the formation of an effective and ethical relationship, but the development of boundaries needs to include client participation. Here is an example of one:

Impermeable/non-negotiable boundary

Permeable/negotiable boundary

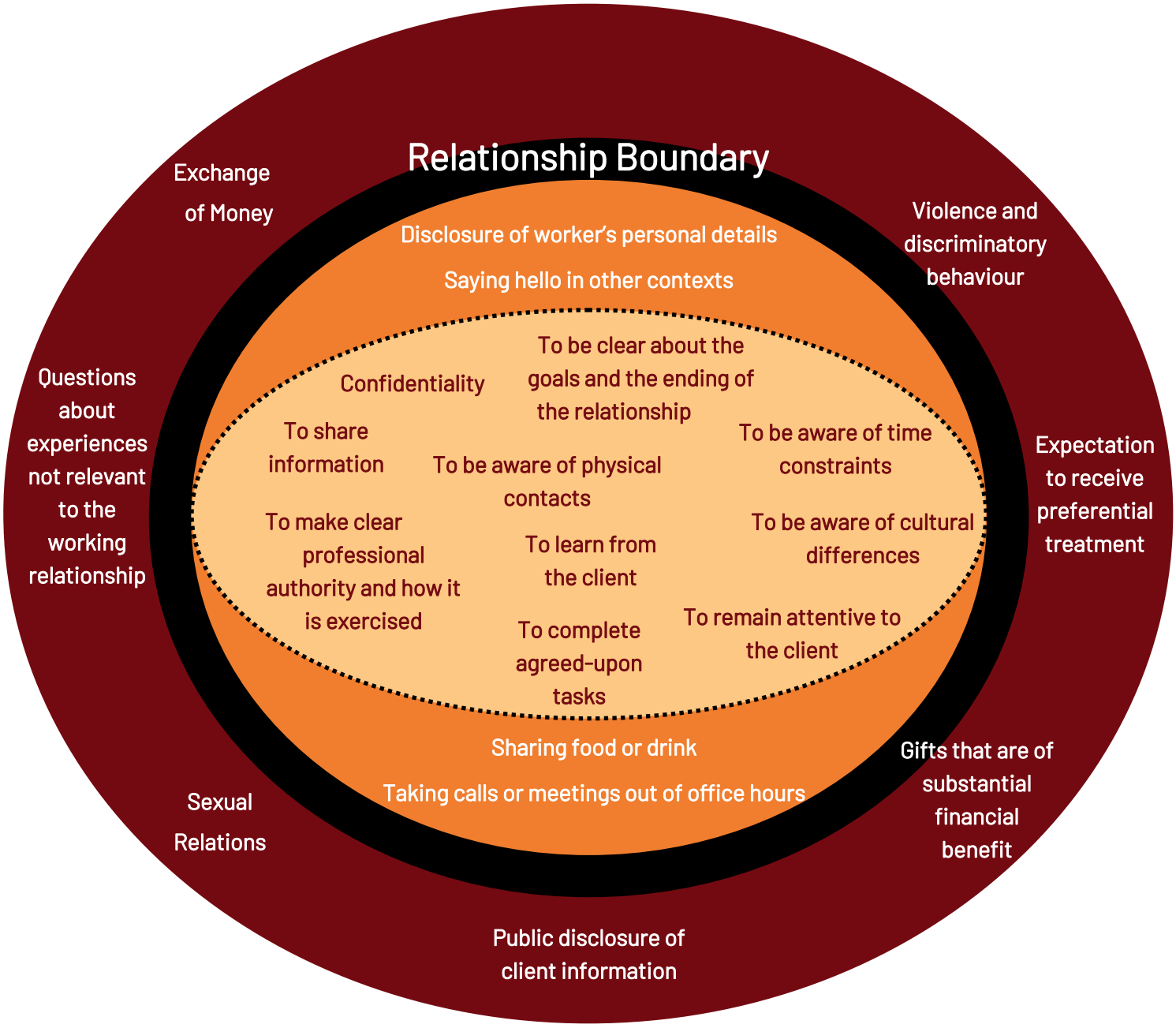


Figure 1 – Re-conceptualization of Professional Social Work Boundary (O'Leary et al. (2013).

REFLECTION QUESTIONS

1. The example above is just one framework for identifying boundaries. What boundaries noted above do you agree with?
2. Are there any that you disagree with?
3. What boundaries are most important to maintain as a professional?
4. Are there situations where those boundaries might increase the imbalance of power or decrease safety, rather than the reverse?
5. In what situations is it appropriate to be flexible with a boundary?
6. In what situations must you maintain a boundary, even if its impact is problematic?
7. What do you think about "Questions about experiences not relevant to the working relationship" being in the outer circle? What are the pros and cons of this placement?

ASPEN PRACTICE EXAMPLE #1:

Door-knocking is a community engagement strategy that is often found to be only partially successful. Workers typically bring their organization's agenda with them and arrive with notepads and sometimes surveys. During one door knocking day, Aspen's worker asked his partners if they could work differently – not bringing any notebooks or surveys and focusing only on learning what kinds of information would be helpful to share with the residents, demonstrating that they are open to seeing the whole person and not just particular interest areas. They went out in a team of one male and one female to support residents' sense of safety.

Although many residents were somewhat hostile at first because of experiences with scammers or unsafe situations, the Aspen worker remained calm and relaxed and explained that they were just there to share information; through this and other safety considerations, they were able to build trust. During their first trip, they were only able to get to a few houses because each resident ended up engaging in 10-15 minutes of conversation about the neighbourhood, often focusing on safety. The worker asked residents if they might like to meet up to have a conversation just to talk more about it, and many said they would. The intention was to make sure that the conversation was always about the residents and not about the organizational agenda. Out of a total of fifty homes they visited, and flyers inviting people to a welcoming conversation, six residents attended an initial group conversation.

The worker started by focusing on a trauma-informed introduction, safety, and group rules to help foster trust in the group. Using humor, he modeled how difficult group dynamics could be navigated in a light way, and many members of the group picked up on this and used humor themselves during the meeting to refer back to group ground rules. One resident mentioned that they were very quiet and might not speak during the meeting. The Aspen worker validated their presence and emphasized that their presence alone demonstrated their leadership. The Aspen worker noted that the conversation gained energy and momentum, and residents ended up staying and talking together for 45 minutes after the meeting was scheduled to end.

The person who had said they might not speak did end up contributing during the meeting. The residents said that they were interested in continuing the conversation, and agreed to invite some other community stakeholders (organizations) to participate.

While some community organizations wanted to attend the first meeting and bring forward their own questions, the worker emphasized that any professionals would need to be invited into the group by the residents. He also let them know his way of working, which was to avoid formal surveys and note taking and to focus on resident interests first, facilitating conversations to stay on topic while allowing for residents to follow the "flow" of the conversation. Building trust with these stakeholders was important as well.

At the second meeting, a few community stakeholders were invited and participated in the conversation. During the meeting, the resident who had identified themselves as quiet gave some critiques to an organization about their communications in the neighbourhood, advocating for their own perspective. Another resident stayed late and the worker engaged with them further, asking for their feedback – the resident shared their reaction to one of the other organizations present. The worker emphasized that "if at any point you feel uncomfortable, let me know – I have got your back." He was impressed that the resident already felt comfortable to share their feelings about the meeting. All of the residents said they would come to another meeting.

ASPEN PRACTICE EXAMPLE #2:

A client, Bella, was referred to Children's Services and Aspen's In-Home Support after initially trying to access another service at a different organization. Bella was transparent with the Aspen worker that she was "voluntold" to enroll herself in programming and was not interested in in-home services. The worker responded with humour – she said, "I guarantee you're gonna love me, but if you don't, you can just kick me to the curb." She built trust by not attempting to convince the client the service was necessary, but by showing up with her authentic personality and sense of humour, and by being transparent about the voluntary nature of the service.

The worker used Circle of Security® , which is a group-based model in which it is important for members to share their own parenting experiences. As part of her practice the worker shared her own parenting experience. This mutual sharing is an important part of working through Circle of Security® in a one-on-one setting. Although Bella at first re-emphasized that she did not have any parenting concerns, the worker continued to be transparent and curious, sharing what Children's Services had identified as "the issue" and asking Bella what her perspective was about it. The worker validated her as a mother and as a learner when the Bella brought up meaningful examples of the concepts they were discussing in Circle of Security®, focusing on her strengths in making connections and in supporting her children. The worker also engaged directly with the children and felt that when Bella saw that she engaged well with her children, trust and engagement was strengthened.

The worker saw that the Bella, who had FASD, was doing well with discussing Circle of Security®, but had a harder time translating the concepts into her day-to-day parenting. The worker helped connect the children to speech therapy and other supports to build their resources. Although she didn't see as much transformation as she hoped, the worker did see that Bella made an important leap when looking at the results of her child's developmental assessments, which showed the child needed support with fine motor skills. Prior to engaging, the mother had relied on television to help keep the kids entertained. Through the discussions in the

program regarding the importance of a parent's engagement, in addition to the child's need to practice some of these skills, Bella bought several mazes and coloring supplies, playing with her child to help her engage in these activities. This was something she hadn't done before attending the In-Home Support program.

OBJECTIVE 3. FORM CONNECTIONS

DEFINITION

A strong working relationship between practitioner and individuals and communities goes beyond the initial intent of the engagement. The practitioner is focused on building connections as much as they are focused on meeting goals. Stronger connections lead to more embedded shifts in several aspects of the individuals' lives, as noted in the introduction of this framework.

In this key objective, even more than others, the practitioner behaviors that deepen the connection will be unique to the relationship that is being formed. Some examples are below.

PRACTITIONER BEHAVIOURS

Pay attention to and respond to client's preferences, beliefs, and ways of interacting.

Empathy – *"I know that you're experiencing hardship, and I feel it too."*

Positive Regard – *"I support you, whether you are expressing 'good' or 'bad' behaviours or emotions."*

Connect individual with resources that show understanding of the concerns that matter most – *"I have access to information and resources that I want to help you access."*

Reflect the Best – *"I see you through the lens of your strengths and accomplishments, and treat you as such."*

Navigating together the differences between the scope of service and the clients' priorities – *"I understand my scope of work and the skills I have, and I will be honest about that. If need be, I can refer you to someone who can help, if I can't."*

Foster Autonomy – *"I believe you can achieve something. I will work with you until you do it on your own."*

SUPPORT IN THE LITERATURE

The quality of the practitioner-client relationship is paramount to engagement and successful outcomes (Winkeljohn Black et al., 2017). Displaying an attitude of openness and receptivity is important to developing a strong connection with clients (Miller & Bargmann, 2016). Using client feedback can support practitioners in being more empathetic and developing stronger service connections more quickly (Esmiol-Wilson, Partridge, Brandon, Kollar, & Benning-Cho, 2017). Unconditional positive regard is necessary in order to facilitate the client towards self-actualization (Joseph, 2004).

Working in situations where there may be difficulty, disruption or perceived resistance does not mean that meaningful engagement has not worked or should not be pursued. As a matter of fact, a strong bond, regardless of the status of the goal achievement, may in itself be an achievement that can stand on its own (Knei-paz, 2009). Empathy becomes more critical in these situations, even when practitioners may become frustrated and disappointed with the clients they are working with.

Empathy is a key concept and professional skill in various helping disciplines, and particularly helpful when dealing with difficult professional situations. Personal attributes and abilities, such as a perceiving sensory cues and underlying meaning, increased understanding, and well-developed self/other-awareness, contribute to the practitioner's capacity to be empathetic when working with clients (Mullins, 2011).

ASPEN PRACTICE EXAMPLE #1:

The organization received a referral to work with a young woman, Kim, who was six months pregnant. Kim did not have stable housing and was couch surfing at the time. Her goals initially were around securing stable housing, stable income and education. She was using marijuana and drinking regularly while pregnant and had lots of guilt around that. Beyond that, Kim was struggling with numerous other issues (mental abuse, substance abuse, deep depression and her partner was verbally and emotionally abusive).

With all that was going on for Kim, the Aspen worker recognized that she was overwhelmed and took the time to hear her story. She viewed Kim as a whole person, not just focusing on the presenting issue. The worker recognized that Kim was genuine, honest, very motivated to change - and inspirational in her persistence in finding ways to make changes in her life. It was easy to be a cheerleader for Kim even though there were complex presenting issues to deal with.

The worker was very empathetic when the client disclosed personal information and talked about her depression, anxiety, frustration, etc. The worker focused more on the feelings rather than Kim's behaviour. Understanding who Kim was as a person as well as the circumstances that led to some of her more challenging choices, the worker was not simply non-judgmental in her actions – she was truly touched by Kim and used her non-judgmental approach as well as her genuine appreciation of Kim to help build a strong connection based on mutual respect. This relationship created a strong trust between Kim and her worker. It made her feel safe and allowed her to work at her pace.

Several months later Kim gave birth to a girl – she expressed that she felt like she mattered because her daughter needs her. Children's Services took custody of the child and wouldn't return her daughter until Kim did safety planning around her addictions and using her natural supports if she were to relapse. Kim was very motivated to get her daughter back and this became a concrete goal she had with the program and with her worker – but there were other changes that made it possible. Her worker saw that Kim's self-esteem was noticeably better. Kim was able to use some of the skills that she had used in building a strong connection with her worker - she understood her own boundaries better, was more able to recognize verbal and emotional abuse and was more able to set boundaries with her partner. She had the confidence to advocate for herself to get her daughter back but was also quite comfortable asking for support from her Aspen worker when needed. Kim achieved her planned goals with Aspen program and the goals Children's Services had set for her. Her daughter was returned, which made her feel a sense of accomplishment and purpose.

OBJECTIVE 4. TRANSFORM THROUGH INDIVIDUAL OR COMMUNITY ENERGY

When meaningful engagement is cultivated throughout, the result is a working relationship that shifts from 'transactional' to 'transformational'. This transformational kind of approach is built around the assumption of non -intervention, where the purpose is to reflect what the client is saying rather than directing it (Tomori & Bavelas, 2007). The individual generates solutions as they seek and/or define meaning for themselves (Joseph, 2004). People engage with services when they have a change that they would like to see. Through our connection, we can spark small changes in how we see one another; through our understanding of the changes the person or community wants to see for themselves, rather than the changes we might want for them, we are able to reflect back the small yet meaningful changes and solutions they have already made. Recognition of their own capacity is energy that people feel when they can identify goals or change that they want to see, and can view it as a challenge they can master and dive deeper into their commitments to make that change.

The Social Return on Engagement™ Framework is built from the idea that through meaningful engagement and experiences of change, people and communities transform as their self-efficacy and self-confidence increases. This can, in turn, contribute to a renewed energy to build relationships and create change in other parts of their lives.

WHAT IS SELF-EFICACY

Self-efficacy encompasses broad beliefs about one's capacity to successfully handle situations and accomplish tasks (Bandura, 1997). This social cognitive theory proposes that reactions to stress depend on levels of efficacy. It posits that individuals with higher self-efficacy experience less disruption when faced with stressors, due to their belief that they have the resources to cope with adversity. It is a strong predictor of physical and mental-health related outcomes.

"In order to succeed, people need a sense of self-efficacy, to struggle together with resilience to meet the inevitable obstacles and inequities of life."

-Albert Bandura

GROUP-DERIVED EFICACY

Self-efficacy encompasses broad beliefs about one's capacity to successfully handle situations and accomplish tasks (Bandura, 1997). This social cognitive theory proposes that reactions to stress depend on levels of efficacy. It posits that individuals with higher self-efficacy experience less disruption when faced with stressors, due to their belief that they have the resources to cope with adversity. It is a strong predictor of physical and mental-health related outcomes.

SELF- OR GROUP-DERIVED EFICACY LOOKS LIKE

- Belief that you have some control over some aspects in your life, and that you can impact these areas in a positive way
- Viewing challenging problems as tasks to be mastered
- Developing a deeper interest in the activities in which they participate and see around them
- Forming a stronger sense of commitment to their interests and activities
- Recover quickly from setbacks and disappointments

> "Self-efficacy is the belief in one's capabilities to organize and execute the sources of action required to manage prospective situations."
>
> -Albert Bandura

Take the following two examples. Can you identify the difference?

TRANSACTIONAL WORKING RELATIONSHIP

When a goal is set, and the only interaction is to deliver a service to meet that one goal. "I/we need something, therefore you can give it to me/us."

TRANSFORMATIONAL WORKING RELATIONSHIP

When the emphasis is strengthening the relationship between the client and practitioner, so that the individual feels they are working towards a goal in partnership. "I/we need something, and I/we can achieve it with your support."

In the second example, the ownership for change rests with the person making the change; the practitioner is a partner, not a provider. The person making the change is acting with self-efficacy.

WHAT CONTRIBUTES TO A SENSE OF SELF-EFFICACY?

There is a significant contributing factor to an individual and group's sense of self-efficacy: their perception of family and social supports, networks and friendships (Cristobal et al. 2018; Shakespeare-Finch, J. et al., 2015; Deane, K. et al., 2017; Raknes, S. et a;, 2017; Vardaman, J.M. et al, 2012); and the influence of a role model to observe and who emulates their own level of self-efficacy and positive beliefs (Bandura, 1997).

As outlined in some of the areas in the prior practice steps, a positive regard and authentic approach not only create more meaningful engagement, but they can be the exact behaviors one needs to see in order to emulate them.

How can you tell that self- or group-derived efficacy is changing?

On the part of the individual, this change can be identified as:

- Increased sense of autonomy
- Increased sense of ability to overcome challenges
- Increased trust in service-providers

On the part of communities, this change can be identified as:

- Increased trust and safety between group members and neighbours
- Increased value of diversity and sense of belonging
- Increased activity in community and civic spheres

For practitioners, this change can be identified as:

- Increased self of professional efficacy
- Increased cultural learning
- Increased reflection on use of professional self
- Increased sense of personal growth

HOW DOES A SENSE OF EFFICACY CONTRIBUTE TO TRANSFORMATION AND ENERGY TO GROW?

It's a pretty simple premise: If people believe they can do something, they more likely will. And if they do something that benefits them, they will continue to 'practice' that change in other parts of their lives.

ASPEN PRACTICE EXAMPLE

Kelly was a young mom with a baby from one of our programs. She was released from prison after several years. She was struggling to stay sober, however her motivation to stay clean was to have custody of her baby.

We were engaged in a research project about how we could use the Medicine Wheel in our practice. When asked, Kelly agreed to participate in the project as a way to share her story in hopes that it could help others who had struggled with some of the issues that she had. We would use the four parts of the Medicine Wheel (physical, emotional, mental and spiritual) each meeting we had with her, as a way of assessing her needs and progress. We would fill in the areas of progress, or areas she needed to work on.

In the beginning we asked her what she likes to do in her spare time. We also asked what gives her motivation, passion, and satisfaction in the Spiritual Realm (beliefs and values). She said she had learned to make Star Blankets while she was incarcerated and it was something she really enjoyed, and that she was able to make a bit of extra money to provide for her daughter and herself.

Aspen was able to provide an honorarium in the form of gift certificates to a fabric store so that Kelly was able to get whatever supplies she needed to make more quilts. Kelly said she found the quilt making to be an important connection to her culture and her spirituality – something that reminded her of her roots and the importance of balance in her life. Quilts are time consuming and painstaking to make, and community members and members of the public told her how beautiful hers were; the demand for quilts was often higher than she had time or energy to keep up with. She had a second baby, and said it was frustrating trying to do the quilts while looking after a newborn and with her older daughter under foot. Her support worker advocated for her and she was able to put her child in daycare twice a week so she could attend appointments or work on her quilts.

Kelly appreciated working on the quilts but was running into some practical concerns. She wanted to move to a safer area where her ex-partner would not know where she lived, and the housing program supported her with her move. She had added many personal touches so it would be a home for herself and her daughters. By providing her support in what she felt she needed she began to cover the other areas of her life, and was experiencing some success.

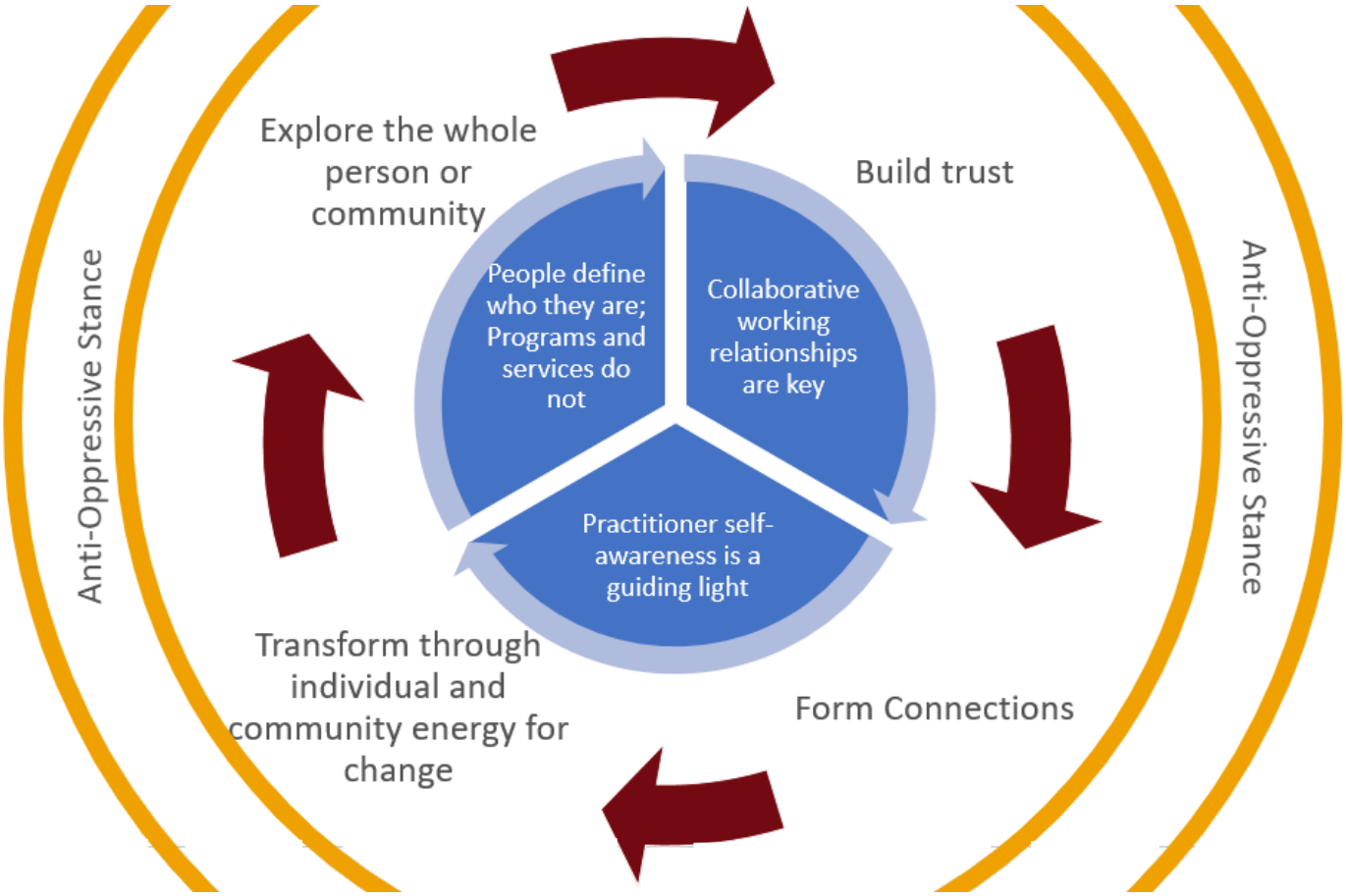
There was a research meeting that the Aspen worker was not able to attend. It was to continue to fill in the different areas of the Medicine Wheel. There was discussion around the table of who would do this. Kelly volunteered to do this herself, and she was able to fill the four sections of her life, and what she needed to work on for the next month. Using the Medicine Wheel instead of a standard service plan format was much more meaningful to her, and she led many discussions about the challenges she had in bringing her wheel into balance and the goals she had to do that.

At the completion of the research project, Kelly had great success in bringing spirituality into the forefront of her life and taking steps to bring her wheel into balance through ceremony, education, quilting Star Blankets, time with her children and family, and other elements that were important to her. At a celebration for her accomplishments, her sister attended and spoke movingly of how proud she was of the changes that Kelly had made in her life.

We later commissioned Kelly to make a small star blanket with Aspen colors. It is currently on display in one of the Aspen meeting rooms.

CONCLUSION

The principles and objectives outlined in this framework support a simple, yet powerful, claim. When practitioners meaningfully engage the people they are working with – whether individuals, groups or communities – this can promote a sense of self - and group- efficacy that can contribute to a host of changes in people's lives.



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