



Co-Creating Well-Being

Engagement Guide

About the Engagement Guide

This Engagement Guide walks you through what you'll need to consider in the data collection phase of the Co-Creating Well-Being project. We've simplified it into **4 key steps**:

Build a Foundation

Develop a Plan

Iterate

Practice and Learn

The Guide also includes an appendix with key information to help guide decision-making as you develop your engagement plan.

Designing Community Engagement

From the outset be clear about why you are engaging people. Community engagement works best where it is an ongoing process enabling relationships and trust to build and strengthen over time. Individual engagement events should be planned and designed with this in mind and aim to contribute to the overall goals of the engagement process.

Co-Creating Well-Being will connect with a variety of participants, including babies, children, caregivers, and service providers who have experienced or support people who have experienced trauma and toxic stress. Insights collected through this engagement will inform. Results will also be provided in a way that participants can provide feedback, clarity, and support in Phase Three of the program and service co-design.



Empower

Ask citizens to make the decision



Collaborate

Work with citizens to identify feasible solutions and make a joint decision



Involve

Engage citizens in a two-way rapport and consider their input in decision-making



Consult

Ask citizens for their feedback and consider the information provided in decision-making



Inform

Inform citizens of their rights and responsibilities and of decisions taken to strengthen the public understanding and create public awareness

Project Definitions:

Co-Creating Well-Being:

Co-Creating Well-Being: Supporting Children and Families Through Trauma is a multi-year, three-phase initiative by the Health Foundation of Western and Central New York, the John R. Oishei Foundation, the Peter and Elizabeth Tower Foundation, the Ralph C. Wilson Jr. Foundation and the Chautauqua Region Community Foundation. Co-Creating Well-Being is exploring what is possible when we create solutions with children and families impacted by toxic stress and trauma, rather than for them.

Trauma Informed Care and Approaches:

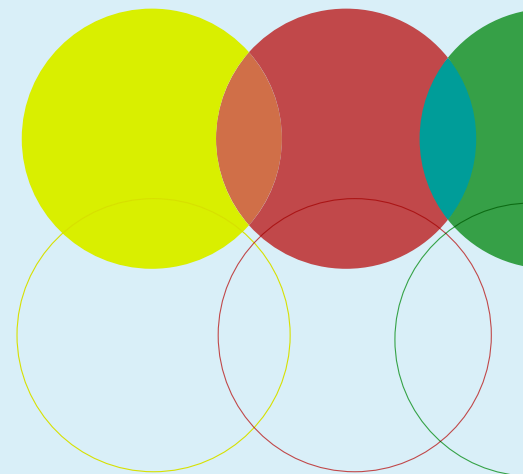
A program, organization, system, or person that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and daily life in ways that can help to actively resist re-traumatization.

Additional information on Trauma-Informed Care Values and Principles can be found in the Appendix (Page 29).

Diversity, Equity, and Inclusion:

As we work to engage individuals, families and communities as active participants in their health and well-being, it is critical to ensure that we obtain feedback from the diversity of people and families we serve (e.g. geography, age, gender, race, socioeconomics, origin, family structure, etc.) as well as the diversity of thought. Knowing that particular groups have often been excluded from decision-making and equitable distribution of resources; inclusion requires attention and effort to make sure all voices are heard.

It is also important for us to recognize any assumptions and bias we may carry into our work and interactions with others, and be deliberate about our thoughts, words and actions and the power they carry to either empower or marginalize others.

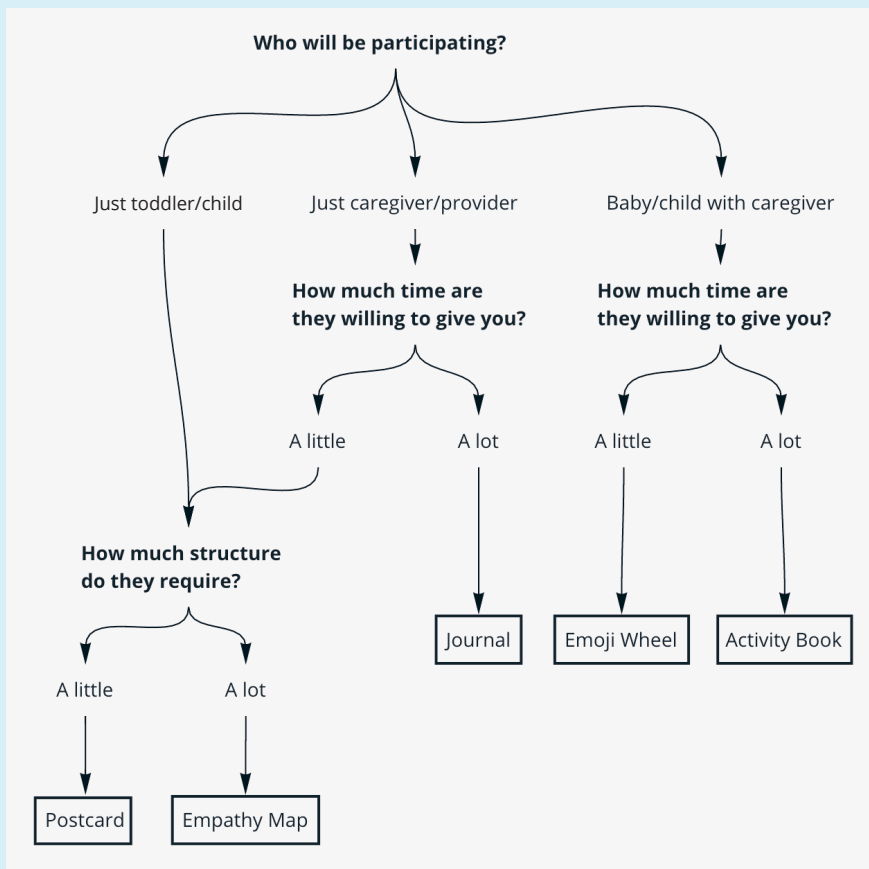


Coaching and Support

If you need coaching or information on Trauma Informed Approaches or Diversity, Equity, and Inclusion, please email: ccwb@hfwcny.org
For coaching or support with Human-Centered Design, email: coaching@overlapassociates.com

Co-Creating Well-Being Engagement Tools

As part of Phase One, you were introduced to three important light-touch engagement tools. In Phase Two, you were introduced to two deeper engagement tools. To help you identify the best tool to use in a given situation, you may find the following decision tree helpful in guiding your thinking. These tools are available online as a resource for you to utilize.



The term "caregiver" here includes parents, informal caregivers, and service providers. Remember—this is just a guide to get you started!

1

Build a Foundation

These questions are designed to help you build a foundation on which you will build your engagement plan. Your responses here provide good context when sharing your plan with others.

Foundational element

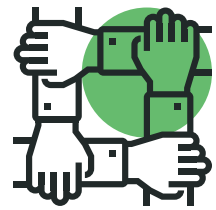
Response

What is the greater purpose in collecting data from babies/ children, families, and care givers experiencing toxic stress and trauma over the next several weeks?

Who will benefit from these efforts?

How do you see these efforts impacting the identity of your organization?

Why are you gathering perspectives from children, families, and caregivers over the next several weeks?



Questions to ask yourselves:

- Who is at the table when creating our engagement plan?
- Who is missing from the table?
- How might we bring in those voices?
- How might we build opportunity for emotional safety?
- How might we be transparent about our intentions and processes?

Foundational element

Response

What are the values or qualities that you and your organization will bring to your data collection efforts?

What skills and capabilities do you and your organization already have related to data collection?

What skills and capabilities will you and your organization need to build?

What Trauma-Informed and Diversity, Equity, and Inclusion principles and practices are most important for your organization?

2

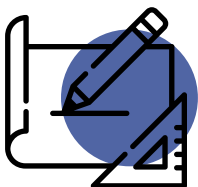
Develop a Plan

These questions are designed to help you flesh out particular areas of your engagement plan. They respond to content covered during the training and serve here as a reminder to use promising practices as you develop your engagement plan.

Who to engage over the next several weeks?

A few considerations:

- Think about the safety, well-being, and privacy of participants. Balance out the risks and benefits of those involved.
- What are your assumptions about the participants with whom you will collect data?
- Who do we need to consult and how might we find them?
- Am I involving people because they are essential to the work or because they are easy to involve?
- How do I ensure diverse representation? (e.g., caregivers, service providers, babies/children, urban, rural, across cultures, race, gender, ethnicity, etc.)



Criteria	Name	Organization/ Group	Location	Which trauma-informed care (TIC) and diversity, equity, and inclusion (DEI) practices were addressed?
Who wants to be involved?				
Who has already been engaged or has contacted us?				
Are there existing groups or networks that regularly meet who may want to be engaged?				
Are there any existing groups or networks that you would want to convene?				

Criteria	Name	Organization/ Group	Location	Which trauma-informed care (TIC) and diversity, equity, and inclusion (DEI) practices were addressed?
<p>Are there service providers with whom you have contact that may want to be involved?</p>				
<p>Are there families and babies/children who come in regularly who may want to be involved?</p>				
<p>Are there families who don't access your service that may want to be involved? Can you go to where they are going to be anyway?</p>				

Implementation Plan

Use the decision tree on page 4 as you determine the most appropriate tool(s) to use in this plan.

Remember to intentionally build in transparency, choice, and collaboration into your implementation plan.

Participant group engaged or event	# of people	Which tool (s) will be used?	What resources (new or existing) are needed?	Proposed timeline

3 Iterate

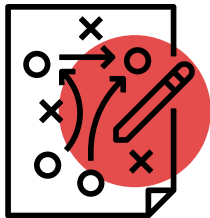
Feedback is incredibly important in the human-centered design process. Use the next few pages to capture insights and learnings from others as you share your engagement plan with them.

During Training Session:

Instructions:

Group A: Take 5 minutes to share your draft engagement plan with a partner. Ask Group B each of the four questions from the Feedback Grid below and take notes. **Switch roles.**

Group B: Take 5 minutes to share your engagement plan with a partner. Ask Group A each of the four questions from the Feedback Grid below and take notes.







Have you considered TIC and DEI principles and practices?

It's important to involve people of and from the communities you're serving, you may want to partner with folks or organizations whose demographics match your target audience or the people often missing from engagement.

Testing with staff and colleagues is great, but there should be a focus on sharing the engagement plan with an actual client or two for feedback on the approach.

Feedback Grid

Tell us what you think

<p>Like</p> 	<p>Improve</p> 
<p>Questions</p> 	<p>New Ideas</p> 

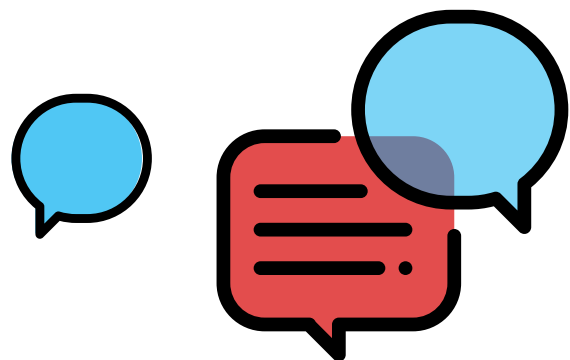
After Training Session

Instructions

Share your draft engagement plan with some of your colleagues and other diverse groups of people when you return to the office. You can ask people questions directly and record their responses or give them a Feedback Grid to fill out on their own.





Remember that in terms of insights uncovered, the difference between asking zero people and asking one person is infinite!

Are you embodying TIC and DEI principles and practices?



Feedback Grid

Tell us what you think

<p>Like</p> 	<p>Improve</p> 
<p>Questions</p> 	<p>New Ideas</p> 

4

Practice and Learn

To support your engagement efforts, each organization will have access to two process coaching support calls with Overlap Associates. Coaching offers process support and guidance related to human-centered design tools and approaches.

To set up your coaching call, email **coaching@overlapassociates.com**.

For more information related to working in a trauma-informed way, or incorporating a diversity, equity, and inclusion lens, email **ccwb@hfwcny.org**.



Engagement Reflection

So you just collected data using a Co-Creating Well-Being engagement tool...

What did you do?

What went well?

What was challenging?

What did you learn?

What is the impact on your research plan?

Coaching Session # 1

What is the very best use of this coaching session for me?

Why is that important?

How would I know if I was successful by the end of this coaching session?

Coaching Session #2

What is the very best use of this coaching session for me?

Why is that important?

How would I know if I was successful by the end of this coaching session?

In the Moment Tips for Engagement

Before:

- If you don't know the client already, introduce yourself
- Share why you are collecting data and how the information will be used
- Share approximate amount of time needed
- Ask for consent and share that the participant can skip questions or stop the interview at any time
- Creating a safe space means helping your participants know: what you are collecting, how you will use it, and disclose what the data is being used to inform
- Consent is important. When working with babies and children, this consent comes from the parent or guardian
- Ensure participants know that their information will be confidential

During:

- Ensure that the participant knows that there are no wrong answers
People are experts in their own experience!
- Begin with easy questions and earn trust before building to more challenging questions
- When working with children, find a simple way to get the prompt across and write down what the child is saying word-for-word
- Avoid questions that you sense will cause distress
- Respect boundaries, including questions participants would like to skip
- Be curious
- Meet people where they are at, and remember they can share as little or as much as they are comfortable
- Be present
- Listen deeply
- Defer judgment

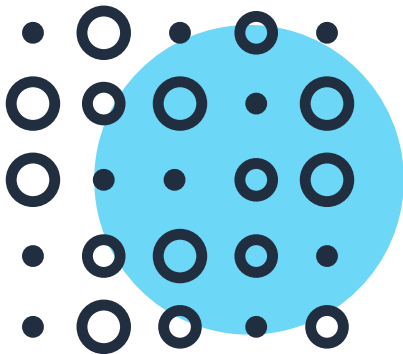
After:

- Say thank you
- Reiterate how the information will be used

Working with Data

A few considerations

- It is important to report participant perspectives in their own words. Try to avoid 'filtering' or 'paraphrasing' through your own view of the world. Just take word-for-word notes.
- Remember that you can gain a tremendous amount from just a one or two word answer; all answers have some relevance.





Tool Submission

Co-Creating Well-Being uses a core set of engagement tools to connect with babies/children, their caregivers, and other early childhood stakeholders. These tools include postcards, empathy maps, journals, emoji wheels, an activity book, and feedback grids.

Completed engagement tools should be sent in a package to the Health Foundation for Western and Central New York (Co-Creating Well-Being). The Foundation has offices in Buffalo (726 Exchange Street, Suite 518, Buffalo, NY 14210) and in Syracuse (431 E. Fayette Street, Suite 250, Syracuse, NY 13202).

Tools can also be scanned and emailed to the project team at ccwb@hfwcny.org

In your package, please also include a few notes from the reflection on your research process found on the next page. This will provide important additional context for the Co-Creating Well-Being team.

Reflecting on the Research Process

Reflection Question	Response
<p>What did you do during the data collection process?</p> <ul style="list-style-type: none">• Tools used• Locations visited• Individual/group/combination	
<p>What was a high point in the data collection process?</p>	
<p>What was a low point in the data collection process?</p>	
<p>What was a turning point or major learning in the data collection process?</p>	
<p>Where did you struggle with implementing trauma-informed community engagement practices?</p>	
<p>Where did you struggle with diversity, equity, and inclusion practices?</p>	
<p>What are your next steps? What would you do differently next time?</p>	

Appendix

Trauma-Informed Care Values and Principles

Safety

Ensuring physical and psychological/emotional safety

- Prioritizing safety as understood and experienced by those served
- Promoting safety in interpersonal interactions and physical environment
- For people who use services: “Safety” generally means maximizing control over their own lives
- For providers: “Safety” generally means minimizing risk for clients as well as themselves

In practice:

- Respecting privacy
- Making common areas welcoming
- Engaging in ongoing dialogue about what physical & emotional safety mean for clients & providers alike

Trustworthiness & Transparency

Consistent and clearly defined roles and tasks, and strong interpersonal boundaries

- Providing accurate information about the organization's processes and programs
- Conducting organizational operations with transparency
- Maintaining respectful, professional boundaries with staff and those served

In practice:

- Making sure people really understand their options
- Being authentic
- Directly addressing limits to confidentiality



Peer support

“Peers” or “trauma survivors,” refer to individuals or family members of children with lived experiences of trauma

Key qualities of peer support:

- Voluntary
- Respectful
- Reciprocal
- Empathetic
- Non-judgmental

In practice:

- Organization facilitates opportunities for support groups, online forums, peer mentorship, etc.
- Organization provides adequate opportunities for provider support & supervision

Empowerment, voice, and choice

Recognizing and building upon the strengths of those involved in the organization, and those served

- Prioritizing client needs and perspectives
- Fostering a belief in resilience - organizations’, communities’, and individuals’ ability to heal from trauma
- Role of staff as empowered facilitators, rather than controllers, of recover

In practice:

- Cultivating self-advocacy skills in those involved in the organization, and those served
- Skill-building in response to client goals

Collaboration and mutuality

Commitment to meaningful power-sharing and decision-making

- Recognizing that healing happens in the context of relationships
- Attending to leveling power differences between staff with different roles in an organization (e.g. supervisory, clinical, administrative, and housekeeping staff)

In practice:

- Encouraging clients to share in decision-making, choice, and goal-setting
- Using therapeutic modalities that promote self-directed growth

Gender, Cultural, and Historic issues

Moving past cultural stereotypes (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.)

In practice:

- Offering services in accordance with client gender preferences
- Valuing the healing potential of traditional cultural connections
- Incorporating policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served

Questions to incorporate related to diversity, equity and inclusion:

- Does the **diversity** of our research team and feedback group represent the diversity of the people we serve?
- Are we utilizing an **equity** lens to ensure all individuals and families we serve have the opportunity to provide feedback - especially those who have traditionally been underrepresented and may have faced individual, community and societal barriers and discrimination?
- How does our organization and process support **inclusion** of all types of individuals and families to feel welcome and that they are respected, informed, valued and empowered to give us feedback?

Community-Based Participatory Research Principles:

1. Recognizes community as a unit of identity
2. Builds on strengths and resources within the community
3. Facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities
4. Fosters co-learning and capacity building among all partners
5. Integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners
6. Focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health
7. Involves systems development using a cyclical and iterative process
8. Disseminates results to all partners and involves them in the wider dissemination of results
9. Involves a long-term process and commitment to sustainability
10. Openly addresses issues of race, ethnicity, racism, and social class, and embodies “cultural humility”
11. Works to ensure research rigor and validity but also seeks to “broaden the bandwidth of validity” with respect to research relevance

*reference: <https://www.policylink.org/sites/default/files/CBPR.pdf>

Design Research Glossary of Terms

bias – is the negative evaluation of one group and its members relative to another; and/or prejudice in favor of or against one thing, person, or group compared with another.

Explicit Bias where a person is aware of his/her evaluation of a group, believes that evaluation to be correct, and has the time and motivation to act on it. Implicit Bias is unintentional and even unconscious.

design (n.) – a sketch, model, or plan of something made or to be made.

design (v.) – do or plan (something) with a specific purpose or intention in mind.

design research – a subset of tools that are found in both the domain of design and traditional research processes used to uncover themes, insights, and new connections and solutions not previously considered.

diversity – the representation of all our varied identities and differences—collectively and as individuals.

engagement – an activity or series of activities involving interaction, listening and note-taking, with the goal of learning from this sample of people to uncover insights about their experience and the larger community.

equity - seeks to ensure fair treatment, equality of opportunity, and parity in access to information and resources for all.

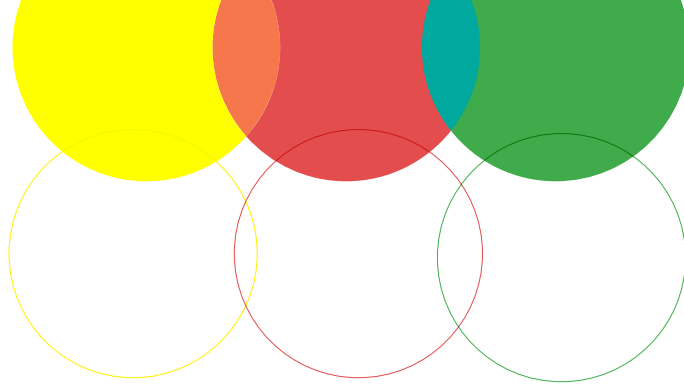
human-centered design – an approach to problem solving that aims to understand the people using a product or service. This understanding helps designers create new, or change existing, products and services that make more sense to the people using them.

ideation – a process of generating lots of ideas for addressing a certain question or problem statement.

inclusion – builds a culture of belonging by actively inviting the contribution and participation of all people.

iteration – the act of repeating a process. Designers make multiple iterations when they're designing new things with the goal of learning as much as possible each time, and adjusting the design to make it better.

open research – the process of sharing research results with a broad population with the goal of furthering its impact.



prototype (n.) – a model of something, traditionally used as a tool for explaining how something works and for eliciting feedback.

prototype (v.) – the act of creating a model(s) of a proposed solution(s).

quantitative research – root word quantity. Information that can be counted and measured. Helps us work out who, where, when, how often.

qualitative research – root word quality. Information expressed through themes and insights. Helps us work out what and why.

service design – a process involving activities of planning and organizing people, infrastructure, communication and material components of a service in order to improve its quality and the interaction between the service provider and the people being served.

stakeholder – any person, group of people, or organization that could be affected by the expected change (e.g. client, staff, funders, government, etc.).

synthesis – the process of observing, organizing, and framing data to better understand the themes and insights that lie within.

test – an activity in which people are asked to interact with prototypes and tell the researcher(s) what they think, which parts seemed easy to understand, which parts felt confusing, their ideas for how to make the next prototype even better, etc.

user – a person who actually interacts with the final product or service in some way. There may be multiple users in the mix. For services, people trying to access services are considered users, and so are the service providers.



Learn more at: [hfwcnny.org/
program/co-creating-well-being/](https://hfwcnny.org/program/co-creating-well-being/)