

FOCUS ON

Family Engagement in Comprehensive School Health Programming



Published: September 2024

Background

Family engagement in school health promotion activities is essential to promoting changes in health behaviours, and is recognized and encouraged by the World Health Organization School Health Promotion Framework.¹ More specifically, family engagement in the school setting is important for student success and social-emotional learning,² and is a protective factor for substance use and symptoms of poor mental health.³ Connecting the home, school and community environments supports the delivery of clear and consistent messages to students, while providing them with networks and extended resources to engage in healthier behaviours.^{4,5} Family-school partnerships and engagement contribute to more successful, sustained, and enhanced school efforts for health promotion, improved teacher-child relationships, and enhanced family self-efficacy, confidence, and skills.^{6,7}

For the purpose of this document and to be inclusive of the diversity of family models, the adult figure that guides a child and adolescent's upbringing and is involved in their social and emotional development will be referred to as "family." This includes any adult primary caregiver of a child's basic needs, and can include biological parents, other biological relatives, non-biological parents, or other adult figures. Research and practice have evolved to use the broader term of family; and engagement denotes a shared responsibility for designing and building a partnership between the home and the school.

Parent and family engagement in schools can be defined as adults in the school and community working together to support and improve the learning, development, and health of children and adolescents.⁸ It includes “behaviours that connect with and support children or others in their environments in ways that are interactive, purposeful, and directed toward meaningful learning and affective outcomes.”⁹ Although the importance of engaging families in the school setting is understood, gaps exist regarding best practices, approaches, and frameworks for engaging families to improve and enhance student health behaviours. There is a need to understand the common barriers and facilitators to engaging families in school-based health promotion programming. Understanding barriers to implementation and engagement on a wider scale can support educators and public health in developing synergistic strategies.¹⁰

Purpose

This Focus On aims to identify some of the best practices to engage families in the school setting, focusing specifically on barriers and facilitators to engagement, as well as some existing frameworks of successful family engagement strategies. This Focus On is intended primarily for public health practitioners working with schools on comprehensive school health promotion, but can also support the work of schools, educators, and community organizations trying to engage with families on child and youth health promotion initiatives. For consistency, comprehensive school health promotion programs, which might include interventions, policies, initiatives, programs, and others, will be referred to as “programs” in this Focus On.

Methods

Several comprehensive literature searches were conducted to identify and describe key frameworks, resources, and best practices to engage families in health promotion within the school setting. Published literature databases (MEDLINE, Embase, SocINDEX, PsycINFO, and ERIC) were searched using a strategy developed by Public Health Ontario Library Services that included concepts such as “families,” “schools/school engagement,” and “frameworks.” Six custom search engines were searched (Ontario’s Public Health Units, Canadian Health Departments and Agencies, US State Government Websites, International Public Health Resources, .Gov/.Org.Edu domains [US], and Google Canada). Finally, to ensure all relevant articles and resources were found, reference lists were scanned and additional searching was carried out based on relevant frameworks found in the grey literature. Detailed search strategies are available upon request from Public Health Ontario.

Two reviewers independently screened articles and online resources. Articles and resources were included if they described best practices for engaging parents/families for child/youth health promotion in the school setting, barriers or facilitators to engaging families in school health promotion, and/or existing frameworks, models or guides for successful school-based parent and family engagement strategies for child/youth health promotion. Articles were excluded if they did not address health behaviours or mental health topics, did not mention strategies, models or frameworks for engaging families in the school setting, were not in the kindergarten to grade 12 school setting, did not focus on the general population (e.g., targeted treatment or programs for students already exhibiting risky behaviours), or were not in English. Thirty-one (31) papers from the published literature and twenty-three (23) grey literature resources met the inclusion criteria.

Results

Of the 31 papers included, 13 were qualitative studies, nine were reviews, four were quantitative studies, three used mixed-methods, one was quasi-experimental, and one was a cluster randomized controlled trial. Studies employed a variety of methods to measure behavioural outcomes and to explore barriers and facilitators for family engagement in programs (focus groups, interviews, surveys). The resources included from the grey literature included websites describing relevant frameworks, research for their development, and accompanying guides and tools.

Programs to Engage Families in the School Setting

Building family components into comprehensive school health promotion programs can enhance their effectiveness by extending and disseminating education and information to families that are influential to behaviours in the home and community setting.¹¹ Their success, however, is dependent on the method and type of family engagement. The more passive approaches to engaging families (e.g., sending home brochures or letters, emails, listservs) are less likely to encourage families to become involved in school programming and tend to have a smaller impact on student health behaviours.¹² Comparatively, engaging families in more active or direct ways (e.g., school-wide fairs¹³, in-person cooking classes¹⁴, motivational interviewing¹⁵) has shown longer lasting impacts on health behaviours.¹³ Unfortunately, families often express that school-based programs requiring direct participation or attendance are not always feasible,¹³ due to time constraints, competing priorities, and other barriers (described below).¹³

Programs described in the published literature targeted a variety of health behaviours, including physical activity¹⁴⁻²⁸, sedentary behaviour^{9,22,27,28}, nutrition^{12,14-17,20,21,24-26,28-32}, substance use,^{21,33,34} and mental health.^{35,36} More than half of the programs included a direct family involvement component. For example, families were provided with personalized feedback (e.g., personalized letters with their strengths and weaknesses in parenting and relationships, as identified by their children),³³ in-person workshops,³³ one-to-one family support,³³ motivational interviewing sessions for parents,¹⁵ school-wide events (e.g., fairs,¹³ farmer's markets,¹³ family nights at school¹⁴), family homework to build on concepts learned in school,^{14,15} wellness councils to bring families and educators together to create activities for a healthier school,²⁰ facilitated topical discussions with school teachers,²¹ and guided student-parent curricular activities or events^{14,33} (e.g., nutrition lessons,¹² presentations to families¹¹).

Examples of more indirect approaches identified in the published literature included health information brochures or newsletters sent home to families,^{15,30,37} tip cards and posters with information on health behaviours,^{37,38} social marketing campaigns (e.g., weekly newsletters, postings),¹³ online or e-learning programs (webinars, online modules),³⁴ and virtual engagement (media messages, interactive materials).³³ Overall, programs that included direct family involvement were more effective at improving student health behaviours than those with indirect involvement.^{38,13}

Barriers and Facilitators to Family Engagement

Understanding the types of facilitators and barriers families experience engaging in comprehensive school health programming can support public health and other school stakeholders in selecting and structuring approaches to suit families' needs. Based on the reviewed literature and resources, barriers to family engagement in comprehensive school-based health promotion programming centred around six overarching themes: logistics, communication, program elements, sociocultural factors, perceived need for the programs or feelings of trust, and cost or access. Barriers related to logistics included time constraints,^{13,16-18,20,24,27,34} work and family schedules,^{21,23,25,39} transportation^{14,21,23,33,34,39} (especially for those residing far away from program locations), and childcare responsibilities.^{17,34}

Barriers related to communication included lack of information about opportunities for involvement,¹⁵ lack of guidance on how to communicate with the school,²⁴ dissatisfaction with communication modes or tones,^{9,33} lack of sensitivity in programmatic approaches,¹³ and insufficient information flow.^{15,25,35,39} Skepticism towards program elements or components,¹⁵ format of program materials,^{15,36} duration of the program/intervention,¹⁵ lack of tailoring programs to specific needs,^{15,25} use of stigmatizing messages related to particular health topics (e.g., obesity),⁴⁰ and lack of opportunities to engage¹² were also reported as barriers. Sociocultural factors, such as language barriers,¹⁵ lack of culturally-appropriate recommendations¹³ (e.g., foods), low feelings of belonging within the school community,¹⁵ and low parental self-efficacy (i.e., confidence in their ability to make a difference in their child's learning or behaviour) also emerged as common barriers.¹⁵ A perceived lack of need for particular health programs^{16,17,25,29,41}, negative parental perceptions of the programs^{15,18,19,31,33}, and lack of trust (e.g., safety concerns²⁴, vaccine hesitancy³⁵, perceived lack of evidence and research to justify the programming²⁵) also affected engagement. Costs associated with participation in activities and lack of access to community resources¹³ or nutritious food in the neighbourhood also hindered participation. Other identified barriers included influence of other family members (e.g., one family member buys candy to reward good behaviour).¹³ Educators also face barriers to engaging families or to developing positive family-school relationships, including lack of resources (e.g., staff time, funding)⁹, or a perceived lack of family willingness to participate.⁹

Facilitators to engaging families in comprehensive school health promotion included effective communication strategies through strong school engagement,⁹ schools demonstrating their commitment to putting in effort (e.g., kick-off meetings),⁹ shared decision making,^{15,36} and daily/frequent family interactions.³³ Family and child perception of a need for the program,¹⁷ along with factors related to trust and positive perceptions towards the school and/or the reputation of the institution associated with the program,²¹ enhanced and supported family participation. Program elements instrumental to facilitating engagement included tailored interventions to suit specific needs of the school population,¹⁵ cultural adaptation and integration,¹⁵ convenient scheduling of programs and/or the provision of meals,^{17,21,26} understandable and relatable content that is focused and interesting for students and their families,²⁴ and positive interactions and attitudes among families participating.¹⁵

Frameworks, Models or Guides related to Family Engagement

Comprehensive frameworks or models of family engagement were mainly identified in the grey literature, while much of the published literature pointed to Ecological Systems Theory⁴² or the Health Belief Model⁴³ to explain the importance of engaging families within schools. The frameworks and models highlighted in this section, while not exhaustive, are ones that best support either measuring or enhancing parent and family engagement in schools, and/or provide strategies to overcoming barriers and challenges to engaging families in the school setting. Frameworks, models or guides presented in this section include the Family-School-Community Partnerships Framework,² the Dual Capacity-Building Framework for Family-School Partnerships,⁴⁴ the Framework of Six Types of Involvement for Comprehensive Programs of Partnerships,⁴⁵ the Parents for Healthy Schools Framework,⁴⁶ and the Schoolwide Positive Behavioural Interventions and Supports.⁹

1. Family-School-Community Partnerships Framework

The **Family-School Partnerships Framework**² was developed to guide partnership building among families and schools. Core principles of effective family-school partnerships identified in the framework include recognizing parents/families as primary educators, understanding that learning extends beyond the classroom, leveraging the diversity and strengths of families and communities, and fostering strong partnerships through trust, respect, and collaboration. Schools, school communities, and partnerships

are most successful and flourish when the diversity and strengths of families are recognized, valued and leveraged, and when partnerships have the support of committed, collaborative and creative leadership. There are seven key dimensions to these effective partnerships, and within each of the dimensions there are a set of suggested strategies to support school communities in building their effective family-school partnerships. The strategies provide practical guidance to support work that is already being done in schools. The seven key dimensions include:

1. **communicating:** constructive and sustainable relationships, always using positive language to affirm the important role of families;
2. **connecting learning at home and school:** recognize valuable learning that occurs in the home and community;
3. **building community and identity:** recognize culture, traditions, values and relationships in the community;
4. **recognizing the role of the family:** understand that families are the primary educators and have an important and lasting influence on children's behaviours at school;
5. **consultative decision-making:** educators, families, and students are encouraged to collaborate on decisions and/or inform activities for the school community;
6. **collaborating beyond the school:** identify and partner with organizations and resources outside of the school with similar goals; and
7. **participating:** encourage active participation in developing, building and sustaining partnerships to support engagement.

Characteristics of effective family-school partnerships were outlined, including include schools being responsive to student and family needs and aspirations and considering them in purposeful co-design of programming with clear and shared goals. Schools and families must show a commitment to collaboration, with mutual trust and respect and equal valuing of the different roles involved in the partnership. Schools, families, and others involved in the partnership and engagement (e.g., Public Health) have a shared responsibility and influence, and must maintain open dialogue and effective communication. Finally, schools require the appropriate and adequate resources for these partnerships to succeed.

Accompanied by this framework is practical guidance for educators, school leaders, and others on implementing successful family engagement practices. Recognizing that all schools are unique in their community, setting, and context, there is no set way or universal approach for schools to adopt a culture of family engagement. Rather, the focus is on embedding the appropriate structures and providing necessary resources to sustain family engagement practices over the long-term.⁴⁷ [An implementation guide for school communities is available online;](#)⁴⁷ it includes activities, group exercises, and audit tools to help build engagement within school communities.

2. Dual Capacity-Building Framework for Family-School Partnerships

The **Dual Capacity-Building Framework for Family-School Partnerships**⁴⁴ (see Figure 1) depicts some of the greatest barriers (along with some solutions for overcoming) to developing effective family-school partnerships – capacity and training. Policies promoting family engagement assume that educators and families have the skills, knowledge, confidence, understanding and capacity to successfully develop and maintain these relationships. However, despite valuing these relationships, educators typically lack guidance and do not receive much training on ways to engage families. Families face barriers to engagement (many outlined above); particularly, low-income or non-English speaking families experience lower access to social capital and challenges understanding and navigating the school system.^{9,13,15,36}

Figure 1. Dual Capacity-Building Framework for Family School Partnerships

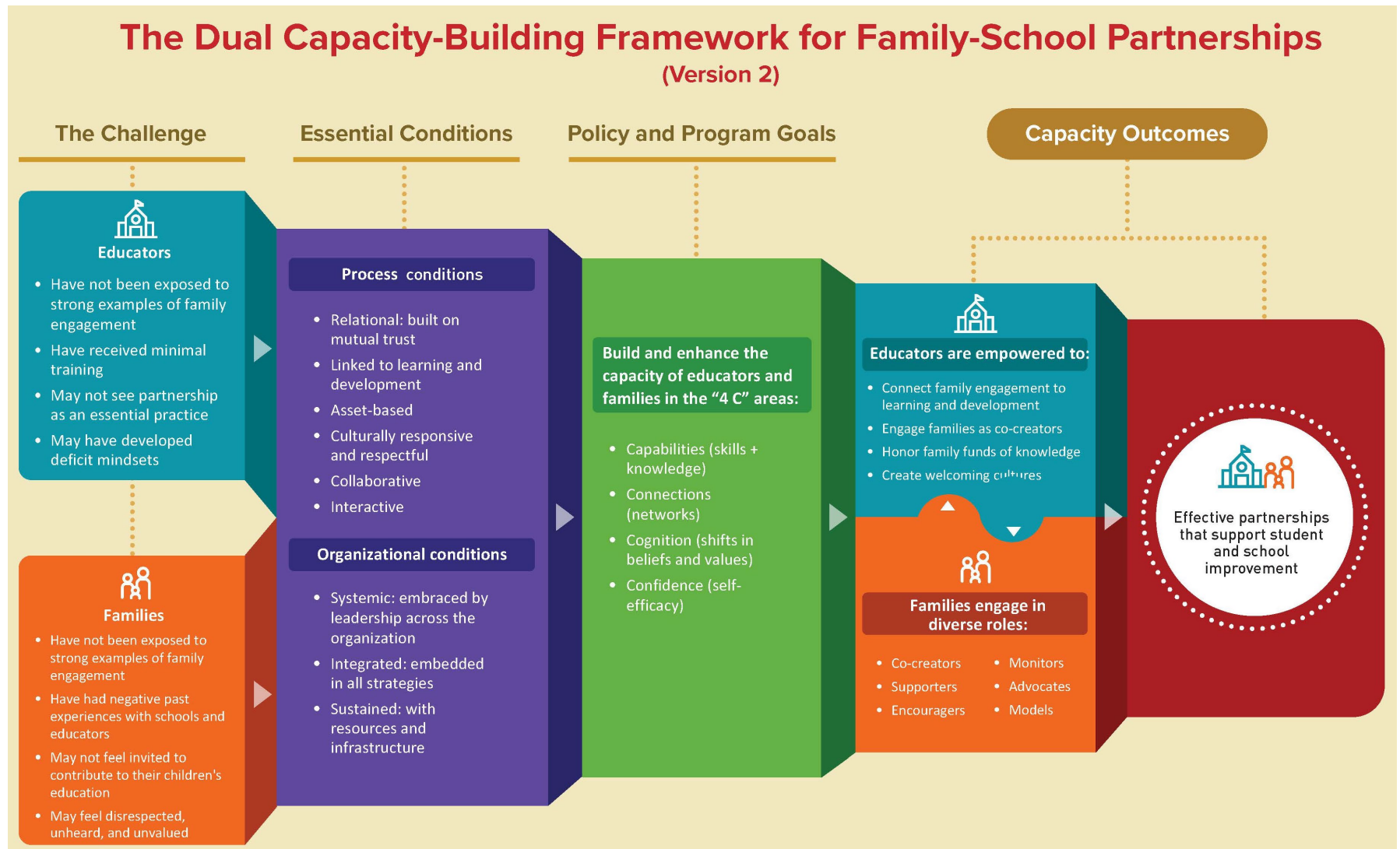


Image source: Mapp KL, Bergman E. Dual capacity-building framework for family-school partnerships [Internet]. Version 2. Cambridge, MA: Dual Capacity; 2019 [cited 2024 Jul 15]. Available from: <https://www.dualcapacity.org/>. Cited with permission.

The framework was designed for educators, policymakers, and researchers to cultivate effective family-school partnerships through suggested family engagement strategies, policies and programs, and lays the goals and necessary conditions to effectively engage families in ways that will improve student health, achievement and school improvement. The framework describes capacity challenges that must be addressed to support and foster effective home-school partnerships, as well as the conditions necessary to the success of family-school partnership initiatives and interventions. The focal intermediate capacity goals for family engagement policies and programs at all levels are provided, along with the capacity-building outcomes for schools, program staff, and families, all to achieve effective family-school partnerships.

The framework specifically emphasizes the dual approach and the importance of building both educator and family capacity by ensuring the essential conditions are met. The essential conditions are considered the building blocks for family engagement practice, and include both process conditions (day-to-day elements of effective practice) and organizational conditions (those that provide infrastructure for maintaining and embedding process conditions sustaining effective engagement practice). There are six process conditions necessary for effective family-school partnerships:

1. **Relational, built on mutual trust:** ensures respect, integrity, competence and personal regard. Relationships serve as the foundation for shared learning and responsibility, but are also an incentive for continued participation of families and staff.
2. **Linked to learning and development:** joint planning around learning goals, and investing in the authentic relationships with families and recognizing them as children's first teachers. For example, events at schools should be linked to the academic and developmental goals for students, rather than missed opportunities to enhance capacity of families and staff to collaborate and support learning.
3. **Asset-based:** recognition that families are capable of supporting student learning and development, and should be engaged as equal partners. This requires an examination of systemic and structural barriers and a reorientation of thoughts, away from judging and blaming families if strategies fail.
4. **Culturally responsive and respectful:** demonstrate awareness and understanding of cultural differences (e.g., race, ethnicity, language, other forms of identity) while valuing and affirming all diverse cultural perspectives.
5. **Collaborative:** educators and families work together, sharing expertise from both sides. This might include elevating voices of non-dominant families to address problems that matter most to them.
6. **Interactive:** many engagement strategies involve distributing information with no opportunities for co-learning, practice, or implementation; however, just disseminating information is not sufficient to drive substantive change in behaviours.

Along with the six process conditions, the framework outlines three essential Organizational Conditions for effective family-school partnerships:

1. **Systemic:** embraced by leadership across the organization, seen as important for system-wide improvement, purposefully designed as core components of educational goals such as school readiness, student achievement, and school turnaround
2. **Integrated:** embedded in all strategies, systems, structures, and processes across the school, including training and professional development, teaching and learning, curriculum, and community collaboration
3. **Sustained:** provision of resources and infrastructure

The program and policy goals in Figure 1 highlight outcomes that should emerge for both educators and families when they meet the Essential Conditions ("Capacity" is broken down into four components [C's]):

- **Capabilities:** knowledge and skills, including cultural competency and building trusting relationships with families; families understand student learning and the school system, as well as develop skills in advocacy and educational support;
- **Connections:** networks and social capital, strong, cross-cultural networks built on trust and respect, including family-teacher relationships, parent-parent relationships, and connections with community agencies and services;
- **Confidence:** levels of self-efficacy, a sense of comfort related to engaging in partnership activities and working across lines of cultural differences;
- **Cognition:** assumptions, beliefs, worldviews; a collective belief in the values of partnerships to improve student learning

Improvements in capacity across the four Cs can lead educators and families to work collaboratively and in supportive ways to empower educators to engage with families in a healthy, positive way, while encouraging families to engage in many different roles in the school setting. By meeting all of the essential conditions, and enhancing capabilities, connections, confidence, and cognition, schools are likely to reach their family and school capacity outcomes and to have effective partnerships.

3. The framework of six types of involvement/school-family-community partnership model

The **Framework of Six Types of Involvement for Comprehensive Programs of Partnership and Sample Practices (the School-Family-Community Partnership Model)**⁸ outlines strategies for family and community engagement to increase student success. The framework describes the six essential dimensions for student, family, and community engagement and partnership in schools. Dimensions emerged from Epstein's "overlapping spheres of influence,"⁴⁵ a theory that suggests that three contexts – the home, school, and community – act as overlapping spheres of influence on children. These spheres are mutually reinforcing (or undermining) and work collectively to influence student behaviours and education. The most effective partnerships, those that are most influential on students, are ones that recognize all spheres of influence and the way they interact. Through this School-Family-Community Partnership Model, users can help identify family and community engagement strategies that can be used in behavioural interventions, both in and out of schools. The Framework can support the development and implementation of a systemic approach to family-school partnerships, by ensuring a two-way partnership, co-developed by educators and families that work collaboratively. There are six types of involvement for comprehensive programs of partnership in schools:

1. **Parenting:** Family practices and home environments support "children as students" and schools understand the families
2. **Communication:** Educators, students and families design effective forms of communication (between school-to-home and home-to-school)
3. **Volunteering:** Educators, students and families recruit and organize parent help and support, and parents are counted as audience for student activities
4. **Learning at home:** Information, ideas or training are provided to families on ways to help students at home with homework and other curriculum-related activities
5. **Decision making:** the school includes parents in school-decisions, and develops parent leaders and representatives
6. **Collaborating with the community:** community services, resources and partners are integrated to strengthen school programs, family practices, and student learning and development

Tables outlining [sample practices and strategies, challenges and redefinitions](#) and expected results (for students, parents, and teachers) of these partnerships are available online.⁴⁸ The authors have also created an accompanying handbook with a comprehensive model of school-family-community partnerships exists, with suggestions to create school-based action teams to lead partnership initiatives, create action plans to outline partnership strategies and programs, evaluate quality and progress, and ensure continual improvement of the partnerships over time.⁴⁵

4. Parents for Healthy Schools Framework

Drawing from research across the United States, the Centers for Disease Control and Prevention (CDC) created their **Parents for Healthy Schools Framework** with [accompanying resources for best practices](#).^{49,50} There are three aspects of focus in the framework: (1) connecting with parents, (2) engaging parents in school health activities, and (3) sustaining parent engagement in school health. Importantly, family engagement must not be viewed as a linear process; the strategies to connect with families, engage in school activities and sustain engagement are not necessarily distinct.

1. **Connect:**
 - Make a positive connection with parents
 - Have a clear vision and mission statement that includes parent engagement
 - Create a welcoming and trusting environment
 - Ask parents what they want and need
2. **Engage:**
 - Provide a variety of activities and frequent opportunities to fully engage parents
 - Provide parenting support
 - Communicate with parents
 - Provide volunteer opportunities
 - Encourage parents to be part of decision-making
 - Collaborate with community
3. **Sustain:**
 - Address challenges to getting and keeping parents engaged
 - Appoint a dedicated team or committee to oversee parent engagement
 - Identify challenges that keep parents from being connected and engaged
 - Work with parents to tailor school events and activities to address challenges

In order to properly connect families and schools, there must be a collective understanding and recognition of the benefits and advantages of working together for learning and health. This can be accomplished through a shared school vision for engaging parents, and by ensuring this shared vision is communicated to the school community. Schools need to have the capacity to engage families and establish policies for family engagement.

The CDC created a [Toolkit for Schools](#) that lists key ingredients for a successful family engagement program, with ways to ensure all activities are matched to schools' local conditions and initiatives.⁴⁹ This toolkit applies an equity lens (e.g., types of equity-focused questions to ask when planning, implementing, and evaluating family engagement), along with strategies and tools to overcome challenges to engaging underserved and underrepresented families. This toolkit was designed based off of the Dual Capacity-Building Framework for Family School Partnerships Framework. Other resources are available on their website, including a [facilitator's guide for staff development](#) to promote parent engagement in school health as well as a [Parents for Healthy Schools e-learning module](#).^{52,53}

5. Schoolwide Positive Behavioural Interventions and Supports

The **School-wide Positive Behavioural Interventions and Supports (PBIS)** is a systematic and coordinated framework to support student behaviour and is implemented widely across the United States.⁹ Tier 1 of PBIS (i.e., the Universal approach) engages all families as collaborative partners (e.g., shared governance, engagement in procedures) and includes a set of systems and practices that include:

1. a school-wide leadership team,
2. efficient meeting structure and routine,
3. commitment from school staff,
4. procedures to monitor and use data,
5. and personnel selection, training, coaching and evaluation.

The practices include establishing, defining and teaching school-wide expectations, establishing classroom expectations, establishing and using strategies to encourage healthy behaviours and discourage less healthy behaviours, and establishing strategies to encourage school-family partnerships. An emphasis is placed on the importance of school climate and staff-family interactions, in addition to activities training and preparing staff for family engagement work.⁹ Some additional family engagement strategies associated with core features of PBIS build upon positive behaviour support approaches, extended to the home setting and to support engaging families in PBIS at school, and establish and strengthen connections between home and school settings.

Garbacz and colleagues use a basic conceptual model^{54,55} to show the conditions, contextual variables, core variables, mechanisms, and outcomes for family engagement research. Users are encouraged to add arrows and links between variables within the model to display the potential mechanisms under investigation. An important condition laid out is that there is emphasis at a high level (i.e., state or federal) on family engagement to support children, with context variables relevant for public health (e.g., creating a supportive atmosphere in the school to support family engagement, effective communication mechanisms, investment in family engagement to support children, defined roles for working with parents, data systems to screen and monitor student behaviour and family engagement).

Evidence-Informed Practices for Engaging Families in School Health Promotion

Recommendations for effective family engagement practice were found in both the published and the grey literature. Family engagement practices tend to be most successful when they are woven into the fabric of the school and embedded in all goals and initiatives for student learning and well-being. Key themes that emerged from the literature on best practices for engaging families in schools, that can be applied for public health to support comprehensive school health promotion include:

1. **Simultaneous participation and pursuit of goals:** Encourage families and children to participate together in health promotion activities, fostering commitments to change behaviour collectively.^{15,27,28,32,33} Encourage face-to-face family engagement through activities such as educational sessions, counseling, and family activities.^{15,27,28,32,33} Leverage pre-existing activities to host programs and meetings, those that families are already familiar with and/or attend, to not require additional time commitments from families.^{12,55}

2. **Regular communication with families:** Keep families informed of school health practices and programs through regular communication channels and follow-ups.^{15,20-22,24,26,33,35,56} Encourage schools to maintain clear two-way communication channels where families can receive information but also offer feedback and recommendations, stay in communication with schools and public health nurses/other staff. Create opportunities for constructive family discussions about health habits within the school and home environments.^{15,20-22,24,26,33,35,56} Additional communication between sessions (when programs run over multiple sessions) will support enhanced accountability.²¹ Encourage that schools offer volunteer opportunities for families as they can contribute to greater engagement and increase feelings of self-efficacy.^{20-22,24,26,56}
3. **Interact with families as equal partners:** It is important to build trusting relationships between educators, community partners and families, especially among families that have not historically been or felt engaged with the school.⁵⁷ Ways to build and enhance trust include listening to what matters most to families and demonstrating respect.^{35,57} Ensure that connection is done in a systemic, intentional way. Interventions that included a relational component (e.g., collaboration, school-to-home communication) had positive impacts on student mental health outcomes. Support networks that tap into family and community knowledge and expertise, help to solve problems, and share ideas, can also contribute to better engagement practices.^{2,21,44}
4. **Clear communication on roles and responsibilities:** ensure clarity in roles and expectations for all involved in school health promotion. Having clear communication can strengthen and motivate educators and families in their efforts to promote healthy behaviours.¹⁷
5. **Involve families in decision-making:** Include families in decision-making processes related to health behaviours at school, home and in the community, empowering them and enhancing their commitment to health promotion efforts.^{22,29,36} Involve parents in the decision-making process about the types of school programs (e.g., school breakfast options) to gain support and improve familiarity with the foods provided.^{22,29,36} Involve families in choosing topics of interest or need (e.g., Parent-Teacher Associations/Organizations, school health councils, school wellness teams, school health action teams), and in developing local school health policies, health and safety priorities or policies (e.g., drug and tobacco use prevention, food and beverages allowed at school parties).^{2,9,44} Families either need to perceive a need for the program or find the health behaviour topic to be interesting and of relevance for family engagement components to be effective.^{15,17,25,31} If the primary motivation for families to engage is to improve their child's learning and/or well-being, educators and public health can demonstrate the ways that family engagement can do just that.⁵⁸
6. **Provide education and support to families, based on local needs:** Offer educational resources and support to families, emphasizing the importance of the health topics being addressed through the school programming.^{22,28,35,41} Empower families with information, behavioural strategies, and support via social networking to promote healthy lifestyle behaviours among their children. Incorporate experiential education and active games into the school day, tailoring programs to local needs.^{22,28,35,41} A sense of self-efficacy in influencing children's behaviours can strongly influence whether families engage in programming. Incorporate a capacity-building strategy to strengthen and build knowledge, skills and confidence of families and school staff, and in the action team to lead and engage in partnership work.^{2,44}
7. **Collaborate with the community:** Engage with the broader community, including partnerships with universities and colleges and local health organizations on a regular basis to promote healthy behaviours.²² Ensure there are reporting and feedback processes, with direct links between any action teams and school boards/councils, curriculum, planning leaders and parent groups.²

8. **Tailor programming:** Customize programs or interventions to consider cultural diversity and socioeconomic factors, contributing to health equity. Ensure flexibility in program delivery to accommodate school schedules and academic priorities.^{14,15,17,23,33,36} Programs need to be compatible and adaptable, fit within the priorities and values of the school and community, and designed with flexibility to have local relevance.⁵⁹ Tailoring communication strategies to family needs, and cultural adaptation (to the local community and audience) are key components for success. This includes mapping the context and setting of the school community when designing interventions that incorporate family engagement components. Factors to consider include the cultural composition of the school community (e.g., languages spoken), school location (e.g., urban, rural, remote), and the key issues for families.
9. **Committed leaders:** leaders, educators, and public health familiar with research and practice in engagement and partnership are essential components of effective family engagement and can model relationship building and collaboration.² Ensure that school leadership and teachers make family engagement a priority, and truly work with and promote family and community engagement. This requires an investment in professional learning (and unlearning) to shift mindsets about families and to adopt an asset-based view and develop skills among both educators and families.⁴⁴ This could be accomplished by initially focusing family engagement efforts on staff development and training, or with the creation of senior-level positions dedicated to family and community engagement.
10. **Integrate family engagement into equity agendas:** ensure families feel welcome; ways to create welcoming and culturally-responsive and reflective environments include posting colourful signs in inclusive languages for the school community,⁶⁰ warm greetings and positive attitudes, or accessible translations or interpretation services available at meetings. Adjusting or tailoring programs to make them more accessible enhances families' trust and understanding, especially among those with different social or cultural backgrounds.
11. **Ensure good governance and adequate resourcing** to support engagement or partnership policies, related plans and capacity building strategies.² Create accountability mechanisms and measures for all involved; if family engagement is not a key performance indicator, it will not receive the necessary time or focus. Create and embed engagement or partnership policies that reference links between engagement and learning or behavioural outcomes, while also demonstrating the principles, dimensions and characteristics of effective partnerships.
12. **Create engagement or partnership action teams:** include school leaders, teachers, families, public health, and community members that work together on priorities, goals, and strategies to improve student health behaviours and outcomes. Offer these teams capacity-building strategies to help strengthen and build their knowledge, skills and confidence to lead and engage in partnership work.²
13. **Consider various types and methods for program delivery to increase participation, including the use of online technology.** Certain barriers, including time, costs, childcare or transportation might be overcome through delivery of programs virtually. Online programs offer higher fidelity since content online is standardized, and interactive elements can foster user engagement.⁴⁰

Equity Considerations

Given the potential disproportionality in school-family-community powers, family engagement should be seen as a core element of effective and equitable education and comprehensive school health promotion practices. Along with engaging families in culturally-responsive and meaningful ways, there is a need for educators and community partners, including public health, to recognize how historical and ongoing systemic inequities shape how families and communities experience and participate in formal spaces, such as schools. This includes centering the voices of family perspectives and expertise that allow for inclusive participation and integrating family engagement into equity agendas. Some equity considerations for public health when engaging families:

- Professional learning and capacity strengthening in anti-oppressive and cultural responsiveness for school staff, teachers and public health staff.
- Supporting schools to develop communications that are culturally-responsive and meet the needs of all families in the school environment. For example, ensuring that all written communications are prepared in multiple languages, and encouraging schools to provide interpretation services for families requiring them. Beyond direct communication, public health or other community partners can provide families (including newcomer and families where English is not their first language) with support to navigate the education system.
- Timing of engagement events and modes of communication should meet the needs of all families; engage in discussions about what works best for families (e.g., schedules, preferences for receiving information).
- Public health can lead or partner with schools and other trusted community partners and social service providers to share key messages
- Support the schools in creating formal structures, including family-led advisory committees, to help school staff learn more about how to create a shared understanding and system of support between schools and families.

The Dual-Capacity Building Framework for Family-School Partnerships addresses the importance of dismantling power dynamics between families and schools, and provides some good practices, some of which are highlighted throughout this Focus On. In summary, they recommend:

- Taking an asset-based approach and focusing on the strengths of families;
- Examining systemic and structural impediments to ‘solidarity-driven’ family engagement, rather than judging or assigning blame to families if strategies fail;
- Culturally-responsive and respectful approaches, exploring, respecting, and integrating practices and resources of diverse families as key elements of partnerships;
- Collaborative approaches, recognizing how histories and systemic inequalities shape how families and communities experience and participate in formal spaces and how patterns of inequities tend to insert themselves, despite good intentions;
- Ensure there is sustained infrastructure and resources; without this, equitable engagement will not be achieved or sustained in schools.

Limitations and Strengths

Most of the literature on family engagement in schools is focused on educational rather than behavioural outcomes. Since the search and inclusion criteria for this Focus On were specific to engaging families in school health promotion programming with a focus on behavioural outcomes, lessons learned from engaging families only for educational outcomes would have been excluded. The studies and resources that were included, both from the peer-reviewed and the grey literature, were quite heterogeneous, with different purposes, types of programs reviewed, and methods. For example, some of the programs identified through the literature review were parent support programs to encourage and improve student health behaviours, rather than health promotion programs with a parent or family engagement component. As another example, some program outcomes might have been limited by their delivery, implementation, or fidelity to program goals. For example, in Larsen's evaluation of *Building a Healthy Me*, some teachers reported that they did not assign all of the homework to their students, which might have limited the effectiveness of the family-child component.³⁰ The models, guides and frameworks presented in this Focus On were initially designed for educators and school leaders to better engage with parents and families in school communities, so their design was not specifically for public health or community partners. Finally, most of the research and the best practices presented in this Focus On is centered on earlier years of schooling (kindergarten, elementary school). Interactions between families and schools become more formal and less frequent as children get older, when teenagers and older students are more independent and are more likely to be influenced by their peers than family members.⁶¹

Implications for Public Health Practice

This section was informed by applying learnings from the Focus On in consultation with some Ontario Public Health Unit representatives. Some ways for public health to encourage and support facilitation of family engagement in comprehensive school health include:

- Understanding the importance of involving families and community members in decision-making about school policies or practices, public health practitioners might consider supporting school health councils, leading advisory boards or taskforces to collect family and community member input on planning and implementation of health promotion programs.
- Working directly with schools to reduce or remove barriers by providing flexibility in the timing of school activities and meetings, providing alternate ways for families to access (i.e., virtual, in-person, recordings), or understand information (interpreters and resources in multiple languages), and providing incentives to encourage family attendance (i.e., refreshments, if activities or meetings occur during evening meal times)
- Enhancing public health presence within the school community by attending regular meetings and organized school events with families, hosting discussions with families on ways to support healthy behaviours at home (e.g., family nights, wellness events), supporting the development of or leading community action teams to support school activities, and partnering with local community organizations to increase outreach to families. Public health school nurses (or other public health staff) can also support schools by providing ideas to reinforce health behaviour messaging and practices in the home and community environments by creating messages or activities for students to take home.

- Working with school staff, by advocating that families take on leadership positions to assist with decision-making or providing mentorship within the school, encouraging school staff and administration to use a variety of communication methods with families on health-related topics, encouraging school staff to create opportunities for families to share important aspects of their culture, providing sample activities that include and engage families, and discussing concerns with school staff related to family engagement.
- Ensuring a health equity approach to family engagement so that families from diverse backgrounds have opportunity for meaningful engagement within their school community. Public Health Units working with schools using a health equity approach (e.g., proportionate universalism; allocation of resources to the most equity-deserving communities; community development approaches) should consider the evidence-informed family engagement practices outlined in this Focus On to inform intentional family engagement strategies.
- Utilizing the frameworks, models, or guidelines presented in this Focus On in a way that fits the local school and community context, while also recognizing the incredible work that is already being done and can be built upon. For example, one of the Organizational Conditions required for effective family-school partnerships from the Dual Capacity-Building Framework is “integrated,” embedded in all strategies, systems, structures, and processes across the school, including training and professional development, teaching and learning, curriculum, and community collaboration. This is closely tied to both the Ministry of Health’s Comprehensive School Health Framework⁶² and the Ministry of Education’s Foundations for a Healthy School Framework.⁶³

Discussion and Conclusion

Although family engagement is positively associated with student academic, health and health behaviour outcomes, families face many barriers to engagement in comprehensive school-based health promotion programs. Creating strong family-school engagement and partnerships is a shared responsibility, where educators and community organizations including public health meaningfully engage families, while families actively seek opportunities to be involved in supporting children’s learning and development. While substantial barriers to engaging families in school programming exist related to logistics, communication, program elements, sociocultural factors, perceptions and trust, and cost/access, the information presented in this Focus On (e.g., evidence-informed practices and frameworks) to provide guidance for public health to work together with schools to overcome many of these barriers.

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Acknowledgements

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Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Family engagement in comprehensive school health programming. Toronto, ON: King's Printer for Ontario; 2024.

ISBN: 978-1-4868-8199-4

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