WHY DO WE HAVE A MODEL OF CHILD & FAMILY-CENTRED CARE (C&FCC)?

The SickKids Model of C&FCC was developed to build on SickKids’ previous success in the delivery of C&FCC and to provide a base from which to continue to advance C&FCC across the organization. Aligned with the vision to be recognized worldwide as a leader and innovator in C&FCC, and led by a project team located in the Centre for Innovation & Excellence in Child & Family-Centred Care (the Centre), the model is available for use and testing at SickKids and beyond.

WHAT WILL WE USE THE MODEL FOR?

The Model is intended to help define C&FCC for everyone at SickKids. By describing key elements and outcomes in the process of care and how these relate to each other, a model can promote a shared understanding of C&FCC and help illustrate and guide excellence in C&FCC in a way that is easily understood. This model will help SickKids in the design, implementation and evaluation of clinical practice, administration, research, and education initiatives.

HOW WAS THE MODEL DEVELOPED?

The Model was developed with input from many important sources of information and through a participatory process. The model builds from previous depictions of family-centred care, most notably that of the Institute for Patient and Family-Centred Care (2004) and is informed by the most current evidence in the field.

The graphic and text were reviewed by many children, families and staff at SickKids who participated in both formal and informal consultations. The Children’s Council and the Family-Centred Care Advisory Council played an important role in shaping the model, providing feedback and helping to make changes, from its early inception, to final completion.

WHAT ARE THE KEY PARTS OF THE MODEL?

The Model positions the child at the core, and a priority in everything we do. The family is adjacent to the child to portray the centrality of the family to the child’s life. The Model illustrates that children and families experience delivery of health CARE at SickKids through: Clinical practice, Administration, Research and Education. The community and health system are where SickKids interacts locally, nationally and internationally to shape and support health care service delivery among relevant stakeholders and providers. Respect, communication and partnership are depicted as three essential elements to include in the process of delivering C&FCC. Finally, the model portrays that C&FCC can influence and impact positive outcomes for children and families by promoting optimal health, ensuring patient safety, achieving health equity and maximizing the patient experience.

WHO DOES THE MODEL APPLY TO?

The Model is intended to help guide anyone working, volunteering, learning or otherwise participating in the mission of SickKids. For some, the application of the Model will be obvious as it is used; for example, to design projects, spaces and interventions. For others, it will guide us to make good choices about how we care for children & families and what we use to measure our success in advancing C&FCC.

HOW CAN I USE THE MODEL?

The plan is for all of us at SickKids to be aware of and understand how to use the Model to advance C&FCC. Consultation services are available through The Centre for Innovation and Excellence in C&FCC to get you started thinking about and using the Model in everyday work and practice. Toolkits & worksheets will be available that provide more detail about each of the key parts of the Model and what questions you may ask or things you may consider as you integrate components of the Model in: Clinical practice, Administration, Research and Education.
The Model is comprised of:

**SYSTEMS**

The CHILD is at the core and of primary importance. The child (infant/toddler/school-aged child/adolescent) deliberately appears prominent in the model to emphasize the need to provide focus on the child in the delivery of C&FCC. This is reflected by relative size, bold colour and core positioning among the other systems.

The FAMILY is central to everything we do. The family system is near and blends with the child system to portray the centrality of family to the child experience. Family may include all those identified by the child and family as close to and engaged in the care and support of the child (e.g. parents, siblings, grandparents, friends, other social supports).

CARE at SickKids is experienced by children & families through engagement in Clinical practice, Administration, Research and Education.

**ELEMENTS**

EMBRACING the unique strengths, vulnerabilities, and values of children and families through the delivery of CARE that is personalized and compassionate.

**COMMUNICATION**

Promoting mutual understanding with children and families by listening, information sharing, and validating in the process of CARE.

**PARTNERSHIP**

Engaging children and families, according to their preference, through authenticity, collaboration, and participation in all aspects of CARE.

**OUTCOMES**

- Promoting OPTIMAL HEALTH requires that CARE focus on quality of life, growth and development, symptom control, successful treatment of acute and chronic illness, and the optimal well-being of children and families (e.g. sibling adaptation, caregiver sleep, family coping, etc.).
- Ensuring PATIENT SAFETY requires that every effort is made to minimize harm and optimize outcomes to ensure that children and families receive the safest and highest quality of possible CARE.
- Achieving HEALTH EQUITY requires that each child and family is honoured in a way that results in CARE that is just and fair (e.g. equitable access to high-quality services).
- Maximizing PATIENT EXPERIENCE requires that children and families feel personally supported and ideally perceive excellence in CARE.

The COMMUNITY AND HEALTH SYSTEM is where SickKids interacts beyond the organization, locally, nationally and internationally, to inform, shape and support health-care service delivery among other partner agencies and relevant stakeholders/providers.