

Strategies for Engaging  
**Youth** and **Families** with  
**Lived Experiences**



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JUVENILE AND FAMILY COURT JUDGES

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This Technical Assistance Brief is a publication of the National Council of Juvenile and Family Court Judges (NCJFCJ). The NCJFCJ wishes to acknowledge that this material is made possible by 2018-CT-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or the NCJFCJ.

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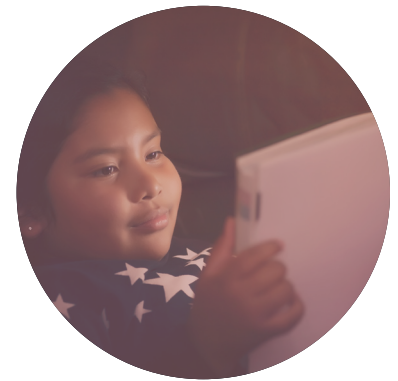
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## Reaching Out To and Engaging Those With Lived Experiences

Juvenile and family court professionals should work to positively impact the children and families involved in the justice system. Engaging people who have past involvement in the juvenile and family justice system can positively impact future children and families by ensuring that policies include a person-centered approach. People with lived experiences are those who have gone/are going through certain circumstances, such as being involved in foster care, the juvenile justice system, substance use, etc. These individuals have valuable firsthand experience that can inform policy decisions in a positive way. In addition, it is important to **bring diversity to representation and deepen engagement** of those with lived experiences. Table 1 highlights several strategies that can be used to effectively reach out to people with lived experiences and engage them as partners.



**Table 1: Strategies for Reaching Out to People**

Youth With Experiences In Foster Care Or In The Juvenile Justice System	
<b>Engagement strategies</b>	Reach out to: <ul style="list-style-type: none"> <li>• Child welfare stakeholders to identify youth who have an interest in community activism or show an interest in improving the system</li> <li>• FosterClub or other local or state specific organizations that support this kind of work</li> <li>• Juvenile probation officers, correctional officers, and other frontline staff to identify youth who want to share their perception of and experience in the justice system, even if the youth is in custody/placement</li> </ul>
<b>Possible role in system change/improvement</b>	Although young, youth can provide valuable feedback about service delivery. Consider asking youth to: <ul style="list-style-type: none"> <li>• Serve on stakeholder committees</li> <li>• Advocate or assist in funding efforts</li> <li>• Share their story</li> <li>• Mentor other youth</li> </ul>
<b>Training/resources needed or offered</b>	Provide: <ul style="list-style-type: none"> <li>• Orientation about system/policy change</li> <li>• Opportunities to observe stakeholder meetings</li> <li>• For youth involved in the juvenile justice system access to a lawyer to discuss legality of participation (what should and shouldn't be said)</li> <li>• Training on public speaking, activism, and policy development</li> </ul>
<b>Considerations for working with this population</b>	Building trust will be a major part of the engagement process with these youth. If the youth is under 18, get parental/caregiver consent. There may be confidentiality and legal barriers that need to be addressed prior to participation. If the youth is involved in the justice system and has an active case open, the youth needs to be assured that participation will not affect the youth's case. The youth likely hasn't had exposure to this kind of work, so role development is important. Be clear about what you intend to do with any information gathered during stakeholder meetings and make sure anything said is confidential and will not result in sanctions or other legal harm.

## Parent/Caregiver With Substance Use Disorder (SUD)

<b>Engagement strategies</b>	<p>Reach out to:</p> <ul style="list-style-type: none"> <li>• Treatment providers, case managers, or probation officers to help identify persons interested in this type of activism/community involvement.</li> </ul>
<b>Possible role in system change/improvement</b>	<p>Parents/caregivers with an SUD can provide valuable feedback on how systems can perpetuate and prolong the harmful effects of addiction. If your court/jurisdiction is addressing SUD addiction, consider asking people to review and provide feedback on policies that impact their path to recovery such as:</p> <ul style="list-style-type: none"> <li>• Removal of children from a parent with SUD</li> <li>• Drug testing</li> <li>• Visitation limits</li> <li>• Access to treatment</li> <li>• Engagement in hearings</li> </ul> <p>Parents/caregivers with an SUD can also:</p> <ul style="list-style-type: none"> <li>• Serve on stakeholder committees</li> <li>• Provide peer recovery support</li> <li>• Advocate for additional funding</li> </ul>
<b>Training/resources needed or offered</b>	<p>Provide:</p> <ul style="list-style-type: none"> <li>• Orientation about system/policy change</li> <li>• Opportunities to observe stakeholder meetings</li> <li>• Training on public speaking, activism, and policy development<sup>1</sup></li> </ul>
<b>Considerations for working with this population</b>	<p>Consider stage of recovery. People with an SUD need to be able to participate without being triggered. Stigma is a big barrier when involving persons with SUDs, so be careful about the language used during stakeholder meetings (e.g., positive vs dirty drug screen). Because SUD treatment is considered private health information, participants need to give permission for their names to be shared as interested participants. Consider offering child care services for meetings, as well as creating a safe space for people. These groups are diverse, so be intentional about engaging people with different backgrounds and experiences when recruiting.</p>

## Youth With Substance Use Disorder

<b>Engagement strategies</b>	<p>Reach out to:</p> <ul style="list-style-type: none"> <li>• Caseworkers (e.g., child welfare, treatment providers)</li> <li>• Juvenile justice intake/probation officers</li> </ul>
<b>Possible role in system change/improvement</b>	<p>Youth who have a current or past SUD can share input and experiences about:</p> <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Juvenile Drug Treatment Courts</li> <li>• Diversion</li> </ul>
<b>Training/resources needed or offered</b>	<p>Provide:</p> <ul style="list-style-type: none"> <li>• Orientation about the court's efforts in policy change</li> <li>• Observation of meetings</li> <li>• Training on public speaking, activism, and policy development</li> </ul>
<b>Considerations for working with this population</b>	<p>Must receive parental/caregiver approval if under 18. As with adults, stigma of those with an SUD is a real barrier—inclusivity and power-sharing are important. Youth may need basic information so they can understand their role.</p>

## Child Of A Parent/Caregiver With Substance Use Disorder

<b>Engagement strategies</b>	<p>Reach out to:</p> <ul style="list-style-type: none"> <li>• A family court judge or case worker who may know youth who have spent much of their lives in the family court system due to parental drug use</li> <li>• Community and after school types of programs, which could be other ways to engage these youth</li> <li>• These youth can be those involved with foster care or those that do not have experience with child welfare matters</li> </ul>
<b>Possible role in system change/improvement</b>	<p>Children who have a parent or caregiver that has an SUD can share input and experiences regarding:</p> <ul style="list-style-type: none"> <li>• Family time or visitation with parents while in foster care</li> <li>• Removal from a parent with an SUD</li> </ul> <p>These youth can also:</p> <ul style="list-style-type: none"> <li>• Serve on stakeholder committees</li> <li>• Share their story</li> <li>• Mentor other youth</li> </ul>
<b>Training/resources needed or offered</b>	<p>Provide:</p> <ul style="list-style-type: none"> <li>• Orientation about system/policy change</li> <li>• Observation of meetings</li> <li>• Training on public speaking, activism, and policy development</li> <li>• A mentor or advocate to work with the youth, prep, and debrief</li> </ul>
<b>Considerations for working with this population</b>	<p>Must receive parental/caregiver approval if under 18; youth may need basic information so they understand their role.</p>

## Individuals With Mental Health Needs

<b>Engagement strategies</b>	<p>Reach out to:</p> <ul style="list-style-type: none"> <li>• Mental health treatment providers</li> <li>• Mental health advocacy groups, such as NAMI, Mental Health, America, and others</li> </ul>
<b>Possible role in system change/improvement</b>	<p>Individuals with mental health needs can share input and experiences about:</p> <ul style="list-style-type: none"> <li>• Co-morbidity of mental health needs with juvenile justice involvement, child welfare involvement, and/or SUD</li> </ul> <p>Individuals with mental health needs can also:</p> <ul style="list-style-type: none"> <li>• Serve on stakeholder committees</li> <li>• Provide peer support</li> <li>• Advocate for additional funding</li> </ul>
<b>Training/resources needed or offered</b>	<p>Provide:</p> <ul style="list-style-type: none"> <li>• Training on public speaking, activism, and policy development</li> <li>• Community outreach training</li> </ul>
<b>Considerations for working with this population</b>	<p>Medical information, such as a mental health diagnosis, is confidential and only the individual can share this information with others; must have parental/caregiver approval if under 18.</p>

<b>Individuals Who Have Experienced Domestic Violence (DV)</b>	
<b>Engagement strategies</b>	<p>Reach out to:</p> <ul style="list-style-type: none"> <li>• A family court judge or case worker who may know people with DV lived experience</li> <li>• DV survivor advocacy groups</li> <li>• Past DV perpetrators who may be able to offer some insight as well; if there are particular individuals who would be suitable for participation, reach out to family court judges and caseworkers who may know someone</li> </ul>
<b>Possible role in system change/improvement</b>	<p>Individuals with DV lived experience can share input and experiences about:</p> <ul style="list-style-type: none"> <li>• Removal of children from a home experiencing domestic violence</li> <li>• Some judges view DV survivors as failing to protect their children. There is a move in the field to see DV survivors as harmed parties, as well as their children. DV survivors with lived experience can help with this change</li> <li>• Protection orders</li> <li>• Access to services/shelters</li> </ul> <p>These individuals can also:</p> <ul style="list-style-type: none"> <li>• Mentor others who have survived domestic violence</li> <li>• Serve on stakeholder committees</li> <li>• Advocate for additional funding, which can include funding for counseling, mental health, substance abuse, and medical/dental</li> </ul>
<b>Training/resources needed or offered</b>	<p>Provide:</p> <ul style="list-style-type: none"> <li>• Training on public speaking, activism, and policy development</li> <li>• Community outreach training</li> </ul>
<b>Considerations for working with this population</b>	<p>If the person is a survivor of DV, extra care should be taken to ensure privacy or anonymity. These individuals may not be willing to share publicly (for fear an abuser will find them, shame, or other reasons), but they may be willing to take part in closed meetings. With that being said, every person is different. Some survivors may feel strengthened by sharing their story and others may feel shame. Some may need time to heal and can share only after they have done some healing. Make sure there is an individualized approach in place. It is also important that perpetrators of DV and survivors of DV are not included in the same meetings, so that survivors can feel safe. This can be complicated for those who are both perpetrators and survivors.</p>

## Additional Considerations for Engagement

Engaging people and diversifying representation is imperative, but it is equally important to be strategic, proactive, and empathetic throughout the engagement process. When integrating people with lived experiences into decision-making roles, it must be done in a respectful way that is not tokenistic or exploitative.<sup>2</sup> Here are 10 considerations when working with those in your jurisdiction:<sup>3</sup>

1. Commit to engaging those with lived experiences
2. Create a culture of inclusion
3. Host accessible meetings
4. Create opportunities for engagement
5. Eliminate the financial barriers that might prevent participation
6. Consider paying these individuals for their time
7. Take the time to build trust
8. Share power by opening up decision-making processes
9. Provide training and mentoring opportunities
10. Diversify representation and deepen engagement

The information in this resource offer some examples of how to engage people from different groups; however, it is not an exhaustive list. Court professionals are encouraged to consult with individuals about what works best for them (e.g., meeting place, time) in order to create a trusting and more equal partnership in which people with lived experiences are considered a part of the team. This will also help create accessible meetings in which barriers to participation, such as childcare and transportation, are eliminated. Each individual with lived experience has a different viewpoint and unique background to draw from, and juvenile and family court professionals should take these into consideration. Inclusion will look different for every person. Some people may be able to take part in seated meetings, while others may be comfortable sharing their experiences only through surveys, listening sessions, interviews, or committees.

## Resources

The above information is meant to serve as an introduction to the topic of reaching out and engaging those with lived experiences, but it doesn't cover all of the different aspects and nuances of the subject. Please visit the links below and do some further research in order to educate yourself on the different strategies for engaging these individuals and why it is so important:



- [Strategies for Authentic Integration of Family and Youth Voice in Child Welfare](#) (Capacity Building Center for States, 2019)
- [Engaging People With Lived Experience: A Guide for Including People in Poverty Reduction](#) (Homer, 2019)
- [System Approach Workbook: Valuing People with Lived Experience](#) (Canadian Centre on Substance Abuse, 2013)
- [Engaging People With Lived Experience for Better Health Outcomes: Collaboration with Mental Health and Addiction Service Users in Research, Policy, and Treatment](#) (Smith, 2009)
- NTA Policy on Involvement of Users and Family Members (National Treatment Agency for Substance Misuse, 2008)
- [Guide for Developing a Consumer Experience Framework](#) (New Zealand National Quality and Risk Managers Group, 2012)
- [Strengthening Your Voice: A Public Speaking Guide for People With Lived Experience of Problems With Prescription Pain Medication](#) (Centre for Addiction and Mental Health, 2013)
- [Compensating People With Lived Experience: Highlights from the Literature](#) (Feige & Choubak, 2019)

Special thanks to NCJFCJ's Cheri Ely, Mark Funkhouser, Melissa Gueller, Judge Karen Howze, Adrea Korthase, Michele Robinson, Wendy Schiller, Andrew Wachter, and David Wohler for their help with reviewing this document.

## Endnotes

- <sup>1</sup> <https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-In-Our-Own-Voice>.
- <sup>2</sup> Smith, C.R. (2009). *Engaging People with Lived Experience for Better Health Outcomes: Collaboration with Mental Health and Addiction Service Users in Research, Policy, and Treatment*. Retrieved from [https://www.researchgate.net/publication/260589695\\_Engaging\\_People\\_with\\_Lived\\_Experience\\_for\\_Better\\_Health\\_Outcomes\\_Collaboration\\_with\\_Mental\\_Health\\_and\\_Addiction\\_Service\\_Users\\_in\\_Research\\_Policy\\_and\\_Treatment](https://www.researchgate.net/publication/260589695_Engaging_People_with_Lived_Experience_for_Better_Health_Outcomes_Collaboration_with_Mental_Health_and_Addiction_Service_Users_in_Research_Policy_and_Treatment).
- <sup>3</sup> Homer, A. (2019). *10—Engaging People with Lived/Living Experience and Poverty: A Guide for Including People in Poverty Reduction*. Retrieved from <https://www.tamarackcommunity.ca/hubfs/Resources/Publications/10-Engaging%20People%20With%20LivedLiving%20Experience%20of%20Poverty.pdf>.



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