Summer 2023

Family Voices EN ESPAÑOL Magazine

FAMILY VOICES®

Shared Stories

Parents from the network share their lived experiences as advocates

Outreach

Partner with faith organizations to support the community

Mental Health

Supporting college students includes knowing the sings of depression and where to get help

EN ESPAÑOL

We are thrilled to launch the virtual publication, Family Voices En Español. This is a project that we have wanted to bring to the Family Voices Hispanic Affinity Group (FVHAG) for a long time. We envisioned this publication as an opportunity to share content, articles, stories and resources from the Hispanic/Latino families and family leaders to the Family Voices network.

Family Voices En Español will have two issues a year, and it will be shared virtually. Articles and stories have been developed in collaboration with families and family leaders of the FVHAG and/or the network. We are committed to hearing the Latino voice, highlighting the work each of you does in our community, and sharing lived experiences, knowledge, and passion nationwide.

We hope this issue is the beginning of fresh collaborations, additional informative resources, and new connections.

We present Family Voices En Español.

- Roseani & Vanessa

Contents

En Español

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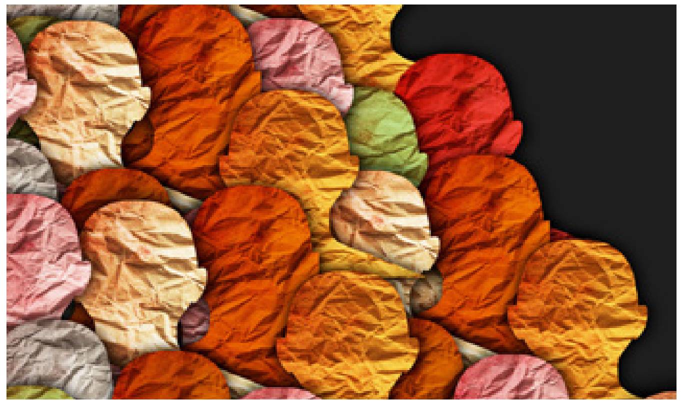
About The Family Voices Hispanic Affinity Group (FVHAG)

FVHAG promotes community engagement, leadership, and support to the Spanish-bilingual family leaders in every state who are working with the Hispanic/Latino families of children with special health care needs. FVHAG is a network of Hispanic/Latino leaders engaged with Family Voices who connect with other leaders nationally, share resources, and support each other.

The Hispanic Affinity Group started when Hispanic/Latino family leaders in our network expressed that they wanted new ways to connect and share knowledge. The success and support of the Hispanic Affinity Group has been an amazing opportunity for Family Voices to hear from families who speak Spanish as their primary language and to serve these families more effectively.



The Family Engagement and Leadership in Systems of Care (FELSC) grant will continue to support this group.

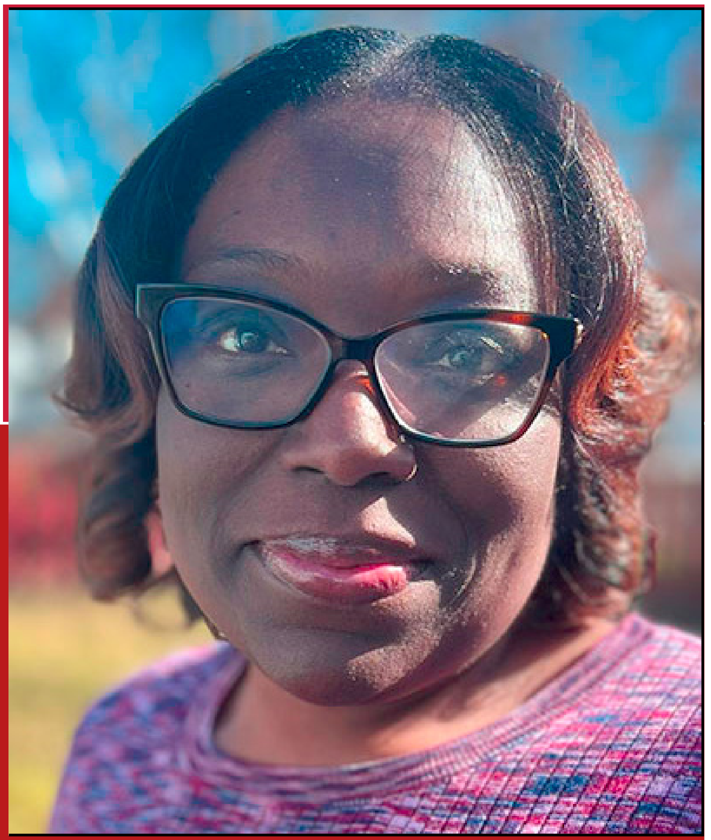
If you would like to join the email list and be part of the group, please send an email to enespanolmag@familyvoices.org.

News & Announcements

Family Voices has a new Executive Director!

In May 2023, Allysa Ware, PhD, MSW, was selected unanimously by the Board of Directors to be the next leader of Family Voices.

Allysa was Interim Executive Director after Nora Wells retired in March. We are grateful for the legacy left by Nora, and we are very excited for what Allysa will bring to our organization, our network and the families we serve with her extensive experience in family engagement, systems change and commitment to equity and diversity.



Congrats, Dr. Allysa Ware!

About us

Family Voices, Inc. is a national family-led organization of families and friends of children and youth with health care needs (CYSCHN) and disabilities.

Family Voices has a weekly newsletter called The Flash that gives information about upcoming events, announcements and news happening throughout the nation with the F2Fs, Affiliate Organizations, and our partners.

GET SUPPORT IN YOUR LOCAL COMMUNITY

Learn more about Family Voices projects and where to find your local Family-to-Family Health Information Center or Family Voices Affiliate Organization at familyvoices.org.

For F2Fs or Family Voices Affiliate Organizations, visit the F2F Portal or FVAO Portal to sign up for The Flash newsletter.

Featured Leader

Doris Maldonado

"Using My Life Experiences to Serve Others"

MY STORY – THE EARLY DAYS

I am the daughter of Puerto Rican born parents that migrated to NYC during the emergence of air travel that led to the largest wave of migration of Puerto Ricans to New York City in the 1950s, known as "The Great Migration". Puerto Ricans were the first Hispanic group to move to New York City in large numbers and faced language access and citizenship inclusion, discrimination in schools, housing, employment, gang violence and medical equity.

After having my brother, my mother attempted to become pregnant again until I was conceived 15 years after my brother, making my arrival a geriatric pregnancy.

Two days after my birth, I was diagnosed with a congenital heart defect that could affect my daily living with developmental and physical impairments that were likely to continue indefinitely. I dealt with limitations that required me to have a combination of special supports that are lifelong or extended duration. My mother died blaming herself for all my disabilities because of her insistence on having a daughter.

Born and raised in NYC, I've lived in PR, CA and reside in CT. I am a Certified Teacher, employed by PATH CT as their Statewide Bilingual Health Information Specialist, Certified Community Health Worker and Public Policy Liaison and serve as the Project Advisory Committee Leader for the Family Voices project on language access in healthcare (PEALS).

WHAT MOTIVATES ME

I am passionate about using my privilege and lived experience to provide a voice for those who have no choice, while disproving myths and biases - proving people wrong! I also want diversity, equity and inclusion to be intentionally inclusive of access. When 1 in 4 of us are impacted by a disability and we have federal laws protecting those rights, why have our rights remained optional?

Our lives matter. We make a difference. We are the difference – not "the different".
It's my essence and defines me because I was raised among proud veterans and stories, learning about the Boriqueneers, who led by example and taught me about the civic duty to empower our rich community and culture with pride and presence. We've inherited not only the pallet of earthly skin tones, historical legacies and fierce loyalty, but also the obligation to protect those values and our lifeline. We can only do that with intentional collaboration that mirrors the examples shared in areítos predating social media: community in family ∞ family in community.

WORKING WITH FAMILY VOICES NATIONAL

With Family Voices, I've had the humble honor to participate in many language access endeavors nationally, while providing caregiver, educator and personal experiences as a Latina with disabilities. I have served in various cultural competency, plain language and language access projets such as the language access Project Advisory Committee Leader, Got Transition's Advisory Group, and work with partners at CDC, AAP, and NACHW . I have also served as a Public Policy Liaison for my state F2F.

I've held leadership roles where I have proudly championed Family Voices as founder of Alpha Sigma Omega Latina Sorority, Inc., appointed by the Governor and serve as the first Latine Chair of the Developmental Disabilities Council (a federally funded state agency), the first Latine Chair of the Accessibility and Inclusion Ministry for Unitarians, the first Latine Founding President of a Special Education Parent Teacher Association, the first Latine born with Disabilities President of NAMI CT, the first Latine Chair of Keep the Promise Coalition, Community of Practice for Support Families of Individuals with Intellectual & Developmental Disabilities Co-Lead, member of the Crisis Standards of Care Advisory Council, Children in Placement, Inc., statewide bilingual Guardian ad Litem, Department of Developmental Services Cultural Competence Linguistics LifeCourse Ambassador, Emergency Support Function-15 Disability & Diverse Community Task Forces, Department of Children & Families Regional Advisory Council, Husky 4 Immigrants (Medicaid) Research Committee, PCORI Building Capacity to Improve ICU Communication Together Steering Committee and Solutions for Patient Safety Children's Hospitals Working Together to Eliminate Harm Steering Committee. I have also served as a statewide bilingual counselor for survivors of domestic violence and court interpreter, statewide support and interpreter for families (regardless of immigrant status) at planning and placement/504 meetings and probate courts.

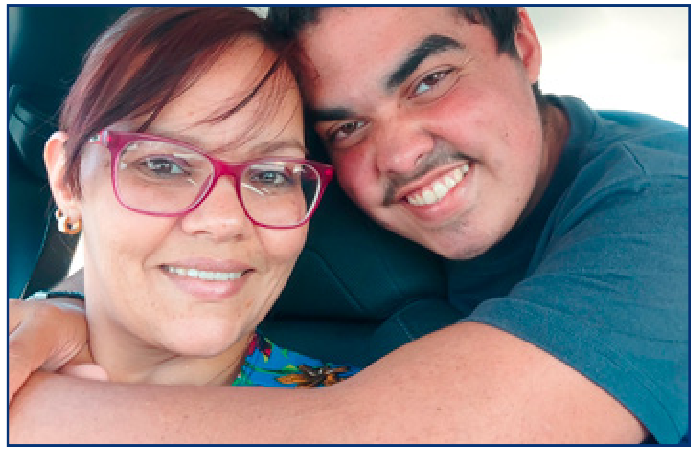
My service has afforded me the honor to receive Connecticut's Top 50 Hispanics award, Honor a La Mujer Hispana award, to have been featured in The Connecticut Historical Society's "Common Struggle, Individual Experience: An Exhibition About Mental Health" and the Mental Health CT Let's Face it Campaign: it's no one-size fits all when it comes to our wellbeing, and in various editorials and interviews...
and I'm barely touching the surface!

> *"Bilingual family leaders like Doris from the Family Voices network, are essential collaborators to help connect Hispanic/Latino families of CYSHCN with services and support".*
> *– Vanessa Rodriguez*

Shared Stories

FOCUSING ON FAMILY SUPPORT AND QUALITY OF LIFE

Saúl & Evelyn Seda – Parents of Ryan Matos, an 18-year-old from PA
Diagnosis: Autism, hypotonia, Crohn's, colitis, heart failure, HDD, enlarged vessel



Receiving the news of Ryan's diagnosis was a painful moment. When he was born, he had sepsis, and the doctor told us to prepare for his death. The news of becoming parents went from being a celebration to a difficult and confusing moment for our entire family.

We deal with many barriers every day. Because of Ryan's chromosome dilation condition – he is missing Q35 – his body and his needs are constantly changing.

We feel that as parents we should have had a better and clearer understanding of his condition, its symptoms, and what it would mean to Ryan and our family.

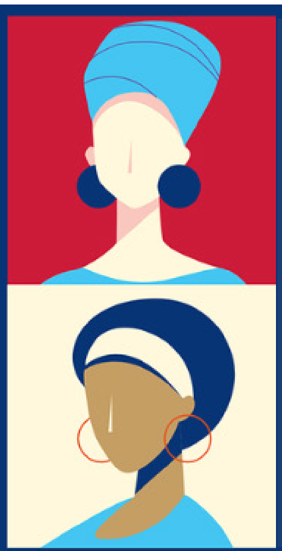
Unfortunately, no one explained or gave enough information that would have helped us better prepare as parents. When Ryan was born, we were living in Puerto Rico and it was difficult to understand everything, find providers, or connect with support or treatment that would help him. Our family needed support to face everything that his diagnosis involved. We moved to the United States in hopes of finding treatments and providers that would connect us with resources and allow us to have a greater understanding of his development and the opportunity for him to live to the fullest, even within the limitations of his condition.

CONNECTING TO RESOURCES

When I think about what could help other families like ours, now I can say that communities must be more connected to resources, information and people who can guide us to the benefits that could help our children have access to a better quality of life. We need more professionals who understand our situations; their help provides hope and solutions. It needs to be easier for parents to find those places that will help our children learn and grow. During our process, we have received a lot of support at the school, since Ryan has been in special education classrooms and has participated in support groups there.

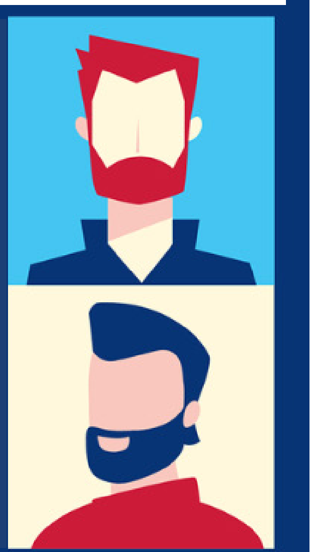
Our advice to other parents like us, who are first-timers facing the news of a new diagnosis, is that nothing happens accidentally. We believe God gives special children to special parents and that we must continue giving one hundred percent for the development and benefit of our children.

What makes us happy as parents is that even with our son's limitations, he has the strength to continue and be able to prepare for his future.



Promoting Equitable Access to Language Services for Families of Children and Youth with Special Health Care Needs (CYSHCN)

Learn more at familyvoices.org/languageaccess



Family Leaders' Experience

THE ROAD TO SERVE THE COMMUNITY

Ivanka Carbajal, from Perú, currently lives in Newark, DE, works at Autism Delaware and as an independent interpreter (English/Spanish)

GETTING STARTED ON WORKING WITH FAMILIES

Since I moved to Delaware many years ago, I have been working and helping the Latino/Hispanic community. Upon arriving in Delaware, I began working as a court interpreter and with the Division of Family Services (child protection). After a few years, I started working as an interpreter within the school districts for special education meetings. The experience of interpreting in schools was the first step that led me to my current job at Autism Delaware. I saw the need in the Latino/Hispanic community in Delaware and decided to dedicate myself to supporting and advocating for families and children. I got a contract with DDDS (Division of Developmental Disabilities Services), and then the position as the "Bilingual Family Navigator" opened and I knew it was for me.

FINDING MEANING IN THE WORK I DO

As a Hispanic/Latina, I recognize every barrier that families have to overcome due to their immigration status and language barrier, among others. Families of children with disabilities face significant challenges connecting with services, providers and support. Apart from these barriers, many times schools/agencies do not have Spanish-speaking staff, and the interpreters used are not always certified. This leads to families not fully understanding their rights or realizing the needs of their children.

My priority is to build a community of Latino/Hispanic families in Delaware that can come together and be stronger. There is such a great need for so many things: resources, access to services, especially in Sussex County (Southern Delaware), and families need to know that they are not alone. I always tell families that I can't promise that the road will be easy, but I can assure you that you won't have to walk alone.

We offer in-person support groups in New Castle County and Sussex County, DE. We also have a group formed through the platform Slack; this has come to be a great alternative because it helps families stay in communication with me and with each other. We encourage everyone to help us outreach to other families to keep the group growing and increase support for families across the state.

HOW TO REACH FAMILIES

One of the things that has worked for me to be effective in my work has been being a Latina/Hispanic, representing the community that I intend to serve, speaking like them, being able to identify in them some of the barriers that I or members of my family have suffered. Most of the families I work with are referred by other families, and that speaks volumes about the trust they have in our services.

Some recommendations I can share with leaders who would like to support Latino/Hispanic communities are:

- *Be transparent* – tell families what you can and cannot do for them.

- *Have empathy* – always try to put yourself in the families' shoes to be able to understand their fears, concerns, doubts, and situation.

- *Be committed* – set up goals with families and assist them during the process until completion.

A Taste of Home

POLVORONES BORICUAS

by Margie Hernández

When I moved to Delaware in 2015, I was looking for ways to earn some income, because I have a medically complex child and needed to work from home. The opportunity came and I started to bake sweets, including the polvorones- which were a total success and it's one of the favorites among my clients.

INGREDIENTS

½ cup of butter
1 cup of sugar
½ cup of vegetable shortening
1 egg
2 ½ cup all-purpose flour
Guava paste or sprinkles.

INSTRUCTIONS

Preheat the oven to 350°F.
In a bowl, beat the butter and vegetable shortening, then add the sugar little by little. Add the egg. When all are mixed, add the vanilla.

Once all these ingredients are mixed, add the flour little by little to prevent lumps from forming; this is done at low speed.

After all the ingredients are mixed, take the mixture and form small balls and place them on a tray over parchment (waxed) paper. Press with a finger in the middle, creating a small hole. In the hole, you can add the "sprinkles" or the guava paste, according to your taste.

Keep space in between to keep them from sticking to each other.

Put the tray into the preheated oven (350°F), and bake them for 10-15 minutes.

When you see a golden color around the edges, take them out and let them cool for 10 minutes.

The Polvorones Boricua are ready!
I hope everyone can learn how to make them and enjoy them as much as my clients!

BREAD PUDDING

by Maribelis Arroyo

I recently started my homemade cooking business called "Sabor De La Isla", Puerto Rican food. I started cooking because it allows me to do things for others and I love how they enjoy every meal I make. I love to combine new flavors and explore other dishes from other countries. I enjoy and have passion for cooking. Cooking it's my therapy!

INGREDIENTS

1 Pound Sandwich Bread
1 Cup Fresh Milk
1 Can Condensed Milk 14oz
1 Can Evaporated Milk 12oz
6 beaten eggs
1/2 cup butter
1 tsp Vanilla
1 tsp cinnamon
Raisins (Optional)

INSTRUCTIONS

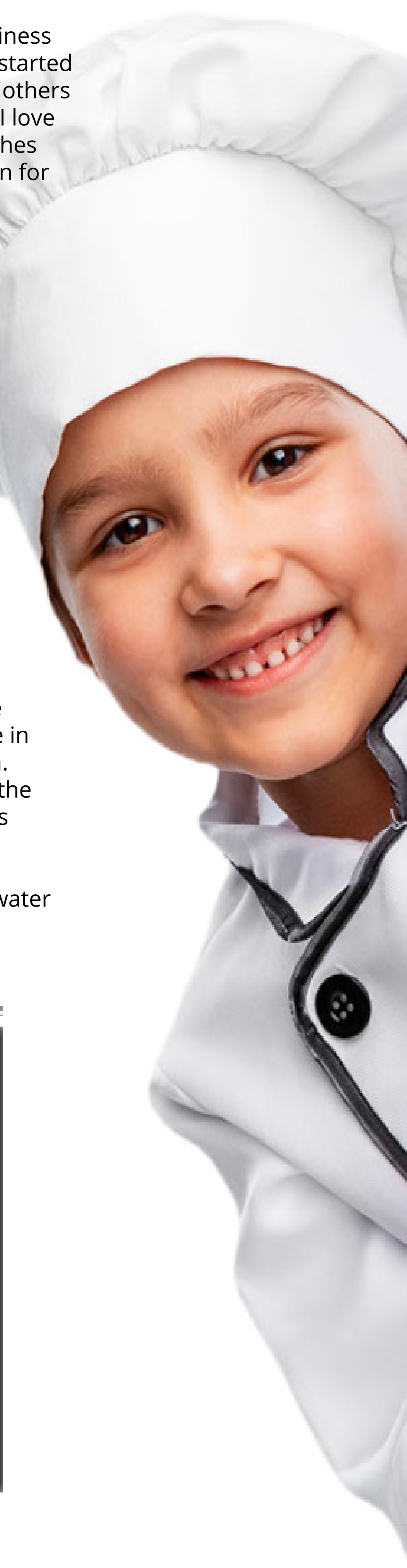
Cut the bread into small pieces.
Pour into a container and mix well the condensed milk, evaporated milk, fresh milk, butter, eggs, vanilla and cinnamon.
Then add the bread, beat everything until it mixes well and let it rest for 15 minutes.

CARAMEL

1 cup sugar
1 cup of water
Juice of half a lemon

Prepare the caramel. Put the sugar, water and lemon juice in a mold; let it boil until brown.
Add the bread mixture over the caramel and sprinkled raisins throughout the mixture.

Bake at 350° in bain-marie (water bath) for about 1 hour.



INDICATORS OF DEPRESSION IN COLLEGE STUDENTS

Mariel Cabrera Cancel has a master's degree in psychology with a specialty in Counseling. She currently coordinates educational services for students in the first SSS-D program at a university institution in Puerto Rico. She has seen firsthand the struggles of young people to become independent, rediscover themselves, make mistakes, and get over themselves. "There is a lot to do for the students, and I want to be with them when they need me.

Mariel is the mother of two young people, ages 16 and 19. She defines her daughters as her great teachers. One of them with multiple disabilities, for whom she dedicated herself to the defense of people with functional diversity. She was even director of the Training and Information Center for Parents of Puerto Rico (IDEA), for eleven years. Her other daughter, who is twice exceptional, led her to discover art, sports, and the challenges of fighting anxiety. Mariel enjoys spending time with her family and visiting the beautiful beaches of her island.

In the time I have been working for the student community at the post-graduate level, I have observed that they face great challenges in managing their emotions. They struggle between the desire to be part of a group and the tendency to isolate themselves, meeting their academic goals, and balancing the expectations of their families and their own. I thought that by offering services to students with functional diversity in a university setting, I would find most students with learning challenges and attention disorders, but this is not what most afflicts them. The biggest challenge is balancing their emotions to overcome the demands that the university and the rest of their life circumstances present them.

Becoming a university student is an achievement that comes with many changes and great challenges. Most of the time, it involves a transition from adolescence to adulthood and for many, it can be accompanied by economic difficulties and relational conflicts. All these changes are sometimes precipitating factors for depression, which is a common illness but can become severe and interfere with the ability to work, sleep, study, eat, and enjoy life. Depression is caused by a combination of genetic, biological, environmental, and psychological factors (Pan American Health Organization, 2021).

Both families and professionals must alert our senses to detect early indicators of depression in university students. It is important to be ready to support them. Studies from the National Institute of Mental Health of Finland recommend watching for the following warning signs:

- Irritability manifested by the coexistence of feelings of sadness with moodiness and apathy.
- Altered sleeping and eating habits.
- Constant exhaustion with difficulty concentrating.
- Poor academic performance.
- Loss of interest in sports and socialization activities.
- Backaches and headaches.
- Recurrence of the use of drugs or alcohol as palliative.
- Weight loss.
- Suicidal thoughts.

Roy Boorady, MD, psychiatrist of young people and adolescents at the Child Mind Institute, argues that the processes and changes experienced in college can become triggers for young people with a predisposition to depressive states. Some even face conflicts over how they should now relate to their family at home and have difficulty establishing relationships with their new partners. Given all these changes and challenges, Dr. Boorady states that with young people facing new environments (such as a new city and even a new country) lacking the structure and academic and emotional support to which they were accustomed, it is not a good time to discontinue pharmacological treatments that are being effective.

Both parents and helping professionals must support young people who face this wonderful stage of great change – changes that can become emotionally destabilizing. We can help them navigate these new paths in the healthiest way possible.

RECOMMENDATIONS FOR COLLEGE STUDENTS TO COPE WITH DEPRESSION

We can guide them to take some precautions and warn them of important issues to consider. If young people have faced depression before college, they must know that universities have health professionals who can help them. They should contact campus mental health resources before starting college to find out whom to turn to and what to expect if they need help.

Some recommendations for college students who need to cope with depression include:

Sleep: Commit to respecting your sleep time. Often, college students don't get enough rest because of social commitments, stress, and wanting to study longer.

Avoiding alcohol use and substance abuse: Substance use and alcohol exacerbate symptoms of depression.

Eat well: Add healthy foods instead of junk foods, simple foods that do not require preparation and are easy to transport. Seasonal fruits, almonds, and walnuts are ideal foods for university students.

Set healthy boundaries: Depression can make you feel worthless or guilty. Feeling that way makes it hard for us to say no or set boundaries in our self-interest. Setting good boundaries is like setting good goals. This may mean going for a run and going to bed early instead of going to a party with a friend.

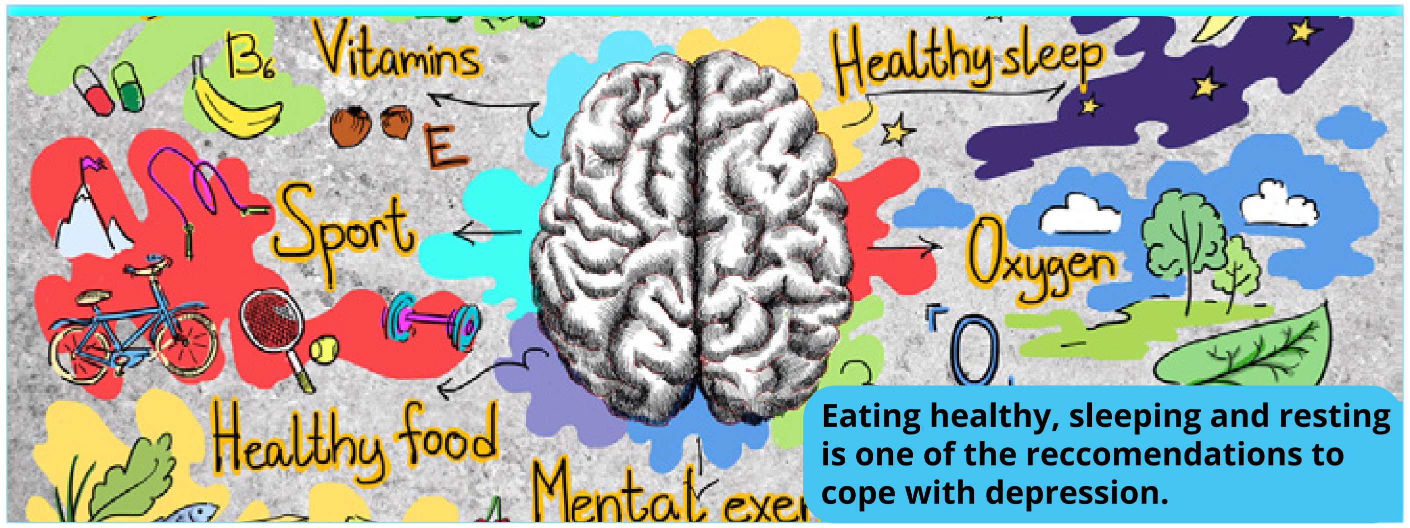
Spend time in nature: Lots of research supports eco-therapy. Up to 30 minutes in a green setting has been shown to have a positive impact on mood, and many college campuses boast beautiful green spaces within easy reach. Setting aside a time once a week can have a significant impact on mental health.

Connect with positive people: Spending time meeting new people and developing friendships can help. Stress can exacerbate symptoms of depression, so it is important to know that social connection can reduce the impact of stress.

Assistance or emotional support animals: The company of support animals can relieve loneliness, and help with depression, anxiety, and some phobias. It is advisable to inquire about the policies of the university to know the requirements to have an assistance or emotional support animal, in compliance withcurrent legislation such as ADA.

REFERENCES

- paho.org | Depression
- Stanislaus State | Depression in College Students
- National Rehabilitation Information Center | What is a service animal and what is a support animal?



Eating healthy, sleeping and resting is one of the reccomendations to cope with depression.

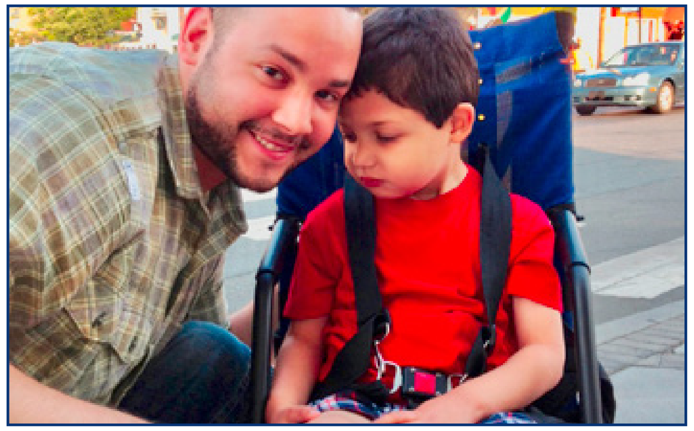
Shared Stories

LEARNING TO CONNECT AND SHARE MY STORY

Processing the news of David's diagnosis was a very long process. David was diagnosed with DiGeorge Syndrome and Congestive Heart Failure. Receiving the news from the doctor felt just like the "Welcome to Holland" poem by Emily Perl Kingsley. Parenthood was the trip you never planned but the journey you will continue. When David was born, as a first-time parent I was filled with dreams. I pictured us playing basketball, teaching him how to ride a bike or how to drive, having what people refer to as a "normal" life. For years, I was in denial and did not accept his disability.

A NEW NORMAL

Coming to accept his diagnosis did not come organically. Acknowledging that this was our "normal" helped me move from the "why my child?" to "this is my child." I started to participate in workshops and connect with other families facing similar circumstances. All these helped me embrace our own situation. I got more involved with support groups to learn more about David and his diagnosis. In the beginning, it was a roller coaster of emotions to overcome blame, shame, guilt, and denial.



Amado R. Veloz – parent of David

However, by connecting with other parents, I discovered how to be the parent that he needed, instead of the father I wanted/dreamt to be.

Sharing my story has given me the opportunity to support other male parents who sometimes feel isolated, or feel that their feelings are underestimated. I want to help parents realize that celebrations, milestones, achievements, playtime, laughs, hugs, kisses, will still happen, and it will surpass every dream you had about having a child. Parents of medically complex children are not guided by the standards of society, but by the needs of the family and their children. We have no how-to manual to pass on to others, to teach them how to become better parents; we use our circumstances and experiences to guide and support them.

The power of the stories of a parent leader can change the live of families facing similar circumstances.

If you want to share your story, send it to enespanolmag@familyvoices.org

Margie Hernandez
Parent of Jadiel
Diagnosis: Lennox Gastaut Syndrome, Trisomy – Chromosome 1-13, Cerebral Palsy, Quadraplegic.

When I received the news of Jadiel's diagnosis, I did not even know what they were telling me. I did not comprehend anything that was said to me about his condition. My first language is Spanish, and at that time my English was limited and I did not understand much. I was so confused by everything that I did not even dare to ask what was going on with my son. The doctors pulled up a paper and showed me drawings of what my son had. They told me he had a chromosomal disorder (Trisomy on the Chromosome 1 and 13). Over time, I was able to understand more about my son's diagnosis, because I searched for information online.

We face so many barriers every day. The lack of assistance caring for my son is one of the most evident. We struggle to get nurses to help take care of him. My child needs 24-hour care due to his constant seizures, and the nurse shortage makes it challenging for everyone in my family. I have a 6-year-old child who doesn't understand what is happening with his older brother, and he requires the same level of attention while he is growing up.

We spent so many days at the hospital that sometimes I feel that I am missing my younger child's childhood, milestones, and activities. As a parent, it's very difficult to express the feeling of guilt because you must choose either going to the hospital or staying at home.

THE HEALTH OF THE CAREGIVER

There are many sleepless nights, which have affected my health. I currently suffer from high blood pressure due to lack of rest and sleep. I also suffer from anemia because as a caregiver I dedicate myself 100% to my children and I have neglected my health to the point that I even forget to eat. Another barrier we face is the lack of medical equipment such as a patient lift to be able to lift and move Jadiel, get him out of bed, put him in his wheelchair, bathe him, etc., and not having an appropriate vehicle to transport him to his medical appointments. Being a caregiver has a high impact on my mental health as well. You find yourself in immense loneliness, because you lose friends and family, and you feel that everyone has abandoned you and your child. Few people reach out to you asking how you feel or if you need anything; sometimes they assume that because you have done this for several years everything is under control. There is poor support while you spend long hours in a hospital, and the hospital personnel don't always understand that. To be able to maintain myself mentally healthy and busy, I pray, read the Bible, listen to Christian music with messages that build hope and faith. I also use all my remaining energy and the little time available with my younger son, who is the greatest therapy and help I can receive in the midst of my journey as a parent of a child with special health care needs.

When you have a child with health problems like my son, you don't feel happiness. It is living in constant agony and despair because you will never know what's next. You try to enjoy the time to the fullest because you don't know when his next relapse will be or until when God is going call him, as he was borrowed from God. I feel satisfaction when I see my son's great strength during every crisis through his health condition. As a parent I have the satisfaction of seeing all that I can manage to do for him and for him, knowing that he is not alone, that mami is there with him.

WHAT FAMILIES NEED TO THRIVE

It would be a blessing to have more financial help for so many expenses involved in having a medically complex child, such as assistance with bills that are never taken into consideration, for example, medical equipment used for Jadiel makes our electricity bills higher. Also, we would appreciate more hours for nursing and more staff available to cover those hours.

I would tell other parents to look for a lot of information, ask as many questions as you need, not to remain silent. Read, soak up all the information possible, and to know your child's diagnosis well so you fully understand the diagnosis and get to know your child better. Be willing to help other parents in similar situations, and share your knowledge and experiences. This way, you can become an advocate and fight for the rights of your child. But above all, live one day at a time. Enjoy every minute next to your child because our children are angels on loan, and we don't know when God will ask to call them back.

HOW TO COLLABORATE WITH FAITH ORGANIZATIONS TO SUPPORT THE COMMUNITY

Ramon Rivera
Director of Ministry
Education (Spanish),
Anderson University

The Christian Church is an institution that has been present in society for more than two thousand years, and although it has faced changes and challenges at different times, the main objective remains the same: to serve God and the community. One way the Church can accomplish this is through partnerships with nonprofit organizations, serving as an intermediary and connector between the organizations and the community. In my role as Senior Pastor of Hispanic congregations and theological educator, it is a priority for me to promote the active involvement of the church leadership in the community. When we look to grow or establish a church, we take into consideration the demographics in that region.

The physical structure is strategically established in communities representative of the members and the leadership of the faith organization. The purpose, in addition to carrying the faith content, is to be a resourceful support for its members, their families and the community.

The church has an important role in society. In many communities, the church is seen as a center of support and guidance for people and is often a place where community activities and events take place. Considering this, we can see how the church sometimes becomes the first resource that families turn to for help, support, information and, at critical times, a place to look for hope and answers. But how can churches and organizations or agencies work together to be more effective in serving the community?

CHURCHES CAN BE GREAT PARTNERS

Churches can work with organizations to identify the needs of the community. Since they have experience working with people in difficult situations, they can offer valuable information on the needs identified in the community. For example, if there is an increase in the number of people requesting food in an area, the church may work with a food bank to ensure that these people receive the help they need.

In the same way, organizations that provide specific services such as mental health, assistance to children and youth with special needs, health, immigration, and others should consider communicating with the church leadership to begin connecting members and their families with services offered by these organizations.

Churches can provide a space on their premises for organizations to hold activities, meetings, and any other events that promote the services and programs they offer to members and families in the community where the church is located. In this way, the churches become a meeting point and link between the community and the organizations.

WORKING TOGETHER ON OUTREACH

Another important aspect of collaboration between churches and organizations is the possibility of working together for outreach, awareness and education. Churches collaborate as an intermediary in outreach to families by helping disseminate information about the services offered by the organizations. By publishing in their newsletters, websites and social networks, churches can share information. They can also offer workshops and training that promote support and empowerment of each individual and the community.

Collaboration can help reduce duplication of efforts and resources. It facilitates access to a community that occasionally is identified as challenging to reach. Working together could in a certain way guarantee that the needs identified in a community are covered in an effective way.

Family Voices has many opportunities for bilingual family leaders within the organization’s projects.

Contact enespanolmag@familyvoices.org to learn more!

Keep in mind that there is a relationship of trust and credibility between the member, the family and the leadership of the church; it is extremely important that the organization that intends to collaborate with this entity honor and validate this relationship, so that the community is receptive and supportive of the initiative. Here are some basic tips for an effective collaboration:

· Recognize the community and possible limitations. Keep in mind that in churches we find families that may have language limitations, do not have documentation, they are not legally present, have a non-typical household composition and some may have minimal level of literacy.

· Do not make promises.

> The church has an important role in the society as it is the first place many families go looking for support.

· During outreach activities, try to send a representative who identifies with the community and speaks the same language.

· Make an appointment with the church leadership during office hours and not during hours of worship or faith services.

· Provide basic information about your services and explain how they benefit members, families and the community.

· Be sensitive to the culture and their beliefs.

· Promote activities that meet the needs of the community.

· Listen to the leadership and communicate with them directly.

· Do not attend services or worship for the purpose of connecting with members.

· Provide answers instead of questions. Solutions instead of problems.

· Distribute informational materials in the native language and contact information.

Identifying a trusted messager is key to connecting with the faith organization leaders.

Meet the Family Voices Pets

Staff share their fur-babies. Enjoy and learn more about your friends at the National office.

I love my kitties!! They are, Emi (white) and Griffy (gray). They live in Massachusetts now, but Emi is a southern belle from South Carolina and Griffy is a city cat from the Bronx (NY).

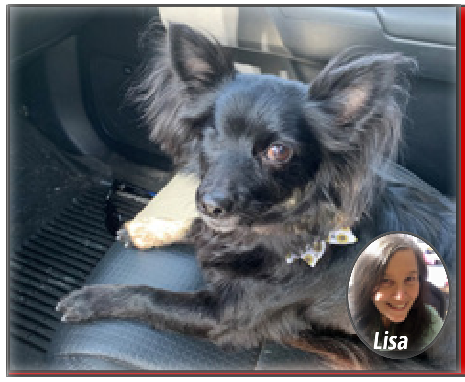
Owner: Ashlee Richey
Digital Operations Manager

Top one is Fluffy and Violet, they are crested geckos (originate from New Caledonia, a set of islands in between Polynesia and Australia). Cresties don't always do well living together, but these two are in love with each other, it's adorable!

Owner: Clarissa Hoover
Data Lead

Lucas Rouse he is a 3.5 yrs Goldendoodle. Named after Luke Skywalker from Star Wars, Luke likes to eat ice, popcorn and meaty treats. He also loves to snuggle with his family and ferociously barking at other humans passing his house.

Owner: LaToshia Rouse
Project Director



This is Rocko. He is 7 years old and has been with me for a little over a year. He is a Schipperke and Papillon mix and is about 11 pounds. He enjoys kayaking and camping. He is my best buddy.

Owner: Lisa Maynes
Project Director

His name is Azabache, goes by "Aza" - he was found in Boston and is at least part Maine Coon but he is a small guy.

Owner: Ian Whitney
Digital Operations, Web and Design Lead

Her name is Audi. She is a 4.8lbs 2 years old Chichuahua who loves to bark, play with her toys, go for a drive and watch "90 Day Fiance".

Owner: Vanessa Rodriguez
Project Coordinator

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Connect with other family leaders and refer families to their local F2F or FVAO.
Learn more at:

familyvoices.org

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