The shifting model of the family council in long-term care

Drawing on the principles behind the Ontario long-term care family council framework and the Council Effectiveness Tool, an output of UBC Research on the effectiveness of councils in long-term care. concepts (particularly the distinction between *staff-supported* and *family-led* councils), the goal is usually not to eliminate staff involvement but to gradually shift ownership of the council to families.

The challenge for care homes and councils is commonly described as: families are willing to attend meetings, provide feedback, and participate in discussions, but few want to serve as chair, secretary, or executive members. If the home waits until volunteers emerge naturally, independence and self-directed meetings may never happen.

1. At ILTCCABC, our regional associations have begun to reframe the goal: Independence ≠ no staff support

Many homes mistakenly think the transition is from:

Staff-run → Family-run

The more successful progression is:

Staff-led → Staff-supported → Family-directed

The council can become independent even if staff continue to provide administrative support.

For example, staff can:

- Book rooms
- Send meeting reminders
- Manage virtual meeting links
- Print agendas
- Arrange refreshments

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while families:

- Set priorities
- Determine agenda items
- Decide what recommendations to make
- Select spokespersons

The key question is: **Who decides what the council talks about and advocates for?**

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2. Create a "shared leadership" model

Instead of asking families to become Chair immediately, create smaller, lower-risk leadership roles.

Examples:

Traditional Role	Alternative Role
Chair	Meeting host for one meeting
Secretary	Note reviewer
Executive member	Topic lead
President	Family spokesperson

Many family members will say "I don't want to be Chair," but will agree to:

- introduce a discussion
- welcome attendees
- report on a specific issue
- facilitate one agenda item

These are leadership activities without the intimidating title.

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3. Use rotating facilitation

One of the most effective transition strategies is rotating facilitation.

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For example:

Month 1:

- Staff facilitates.

Month 2:

- Staff open the meeting.
- Family members lead one agenda item.

Month 3:

- Family member co-facilitates.

Month 4:

- Family member facilitates while staff attends only as a resource.

This gradual transfer of responsibility often feels safer than asking someone to suddenly become Chair.

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4. Build a Family Council Steering Group

Rather than recruiting a full executive, recruit 3–5 interested family members willing to:

- meet briefly before each council meeting
- identify priorities
- review agenda topics
- decide on recommendations

This spreads responsibility.

Many families will agree to:

"Help plan four meetings a year"

when they would never agree to:

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"Serve as Chair for a two-year term."

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5. Focus on issue leadership instead of governance leadership

Families are often motivated by issues rather than governance.

Examples:

- Dining
- Communication
- Recreation
- End-of-life care
- Staffing concerns
- Admissions and transitions

Ask:

"Who would be willing to help lead discussion on dining?"

rather than:

"Who wants to be Vice-Chair?"

People frequently volunteer for topics they care about.

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6. Have staff deliberately step back

If staff currently:

- set the agenda
- lead discussion
- answer every question
- write recommendations

families will naturally remain passive participants.

Staff can begin asking:

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- "What would families like on next month's agenda?"
- "Would someone like to facilitate this discussion?"
- "What recommendation would the council like to make?"

The role shifts from leader to resource person.

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7. Consider a co-chair transition period

A useful intermediate step is:

Family Co-Chair + Staff Liaison

for 6–12 months.

The family member does not carry the entire burden.

Responsibilities can be split:

Family Co-Chair:

- opens meetings
- sets priorities
- communicates family perspectives

Staff Liaison:

- logistics
- meeting preparation
- follow-up support

Over time the family member assumes more responsibility.

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8. Stay connected with former family members

One overlooked source of leadership is former caregivers whose relatives have passed away or moved.

These individuals:

- understand the home
- are no longer overwhelmed by caregiving demands
- often have more capacity to volunteer

Many highly effective councils have relied on former family members to mentor current members and provide continuity.

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9. Measure independence differently

A council should not judge success solely by:

- having a Chair
- having an executive
- having formal elections

Instead, ask:

1. Are families identifying priorities?
2. Are families comfortable raising concerns?
3. Do recommendations come from families?
4. Is the home responding to those recommendations?
5. Do families feel ownership of the council?

If the answer is yes, the council is already becoming more independent, even if staff still provide substantial operational support.

10. A realistic model for a home with low volunteerism

If these 9 tips resonate with you and your council, we recommend taking the 10th step: PLAN

In the first Year 1

- Staff continues logistical support.
- Create a 3–5 person Family Council Steering Group.
- Rotate meeting hosts.
- Use issue-specific volunteers.

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In the second Year 2

- Elect or identify a family co-chair.
- Staff become liaison rather than facilitator.
- Steering Group sets agendas.

By the third Year 3

- Family co-chair (or rotating family facilitators) leads meetings.
- Staff attend when invited, primarily as a resource and to respond to council recommendations.

This approach recognizes the reality of modern caregiving: many family members want a voice and influence, but not a formal governance role. Independence is achieved not when staff disappear, but when families control the council's priorities and decision-making, with staff providing the infrastructure that keeps participation easy.

Do you, your care home, your families have further questions about developing an active and effective family council? Call The Regional Association of Family Councils in your area. We have 5 regional associations, each serving a separate health authority region.

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