



## Promoting the inclusion of infants and young children with disabilities in child care

Participant Module

**Individualizing for Families**



Philadelphia Inclusion Network a program of  
Child and Family Studies Research Programs at  
Thomas Jefferson University  
130 S. 9<sup>th</sup> Street, 5<sup>th</sup> floor  
Philadelphia, PA 19107  
[cfsrp@jefferson.edu](mailto:cfsrp@jefferson.edu)  
<http://jeffline.tju.edu/cfsrp>

April 2005

Notes:

# Session: Individualizing for Families

## OVERVIEW

### What this workshop should accomplish:

Families carry out many activities that support the growth and development of their children. Some of the traditional family functions are made more complicated when a child has a disability or development problem. Child care staff who understand families and respect their attitudes and values can both support and build collaborative relationships with families.

### From this session, participants should gain understanding about

- i Describe families from the perspective of their strengths
- i Recognize how to engage families in conversation
- i Describe ways of building partnerships with families
- i Identify ways to help families collaborate in solving problems, address issues/concerns, and share their own concerns and priorities

Notes:

## BACKGROUND

The typical American family is thought of as consisting of a mother and father and children. Any other type of family structure has been viewed by many people as "deviant" or "different" from this standard. But, families of today are organized in so many different ways that this traditional or "standard family" is seldom the rule. Many children are being raised by single parents -- most often mothers but sometimes single fathers or single grandmothers. Other children are being raised in homes where extended families live together, where mothers, and sometimes fathers, live with grandparents or aunts and uncles or other family members. Some families consist of several generations living together in the same household. Whatever the way in which families are organized, their role is critical in the care and nurturing of their children.

Families are defined in many ways. Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support.

A family is a culture unto itself, with different values and unique ways of realizing its dreams. Together, our families become the source of our rich cultural heritage and spiritual diversity. Our families create neighborhoods, communities, states, and nations (Shelton & Stepanek, 1994).

The functions of families are described in various ways but

**Notes:**

generally include: (a) economic, providing the funds that allow the family to meet its financial needs; (b) health and safety; (c) recreation; (d) socialization; (e) education and parenting; and (e) spiritual. Families carry out these functions in different ways with family members providing a variety of different roles. In one family, the responsibility of bill paying may be taken on by the mother; in others, the father may pay the bills. One adult may take responsibility for cooking or child care while the other works. When extended families live together, all family members may share responsibility for various activities. Single parents often have to take on all family responsibilities including working or obtaining the money needed by the family to live. Child care staff need to gain an understanding of how individual families carry out their roles and functions since families of children for whom they provide care may have different structures, attitudes, beliefs, or values than child care staff. Talking with families, sharing positive information about their child(ren), and involving parents in the child care program are some ways that child care staff may use to learn more about the families of the children for whom they are providing care. Knowing more about families helps child care staff to gain respect for families, and the strategies they use to carry out their roles and functions, as well as to view families in terms of their strengths.

**Family Expectations**

Child care staff are partners with families in the care and education of children. This means that staff care for children in ways that are in accord with the values, preferences, beliefs, and culture of each family. Families have different expectations for child care. Some willingly choose for their children to be cared for in a child care

**Notes:**

center (or in other types of child care), selecting the quality group experiences that they expect their children to receive. Others feel guilty about "putting" their children into child care and do so because they need the services the program provides. Most families chose child care, not on the basis of the program or its staff, but for convenience, location and affordability. Few parents will know what to expect from child care -- what their roles should be or how to best relate to child care staff but most want their children to be cared for safely and in ways that allow their children to enjoy child care experiences. Child care staff can do a lot to give parents opportunities to become involved in whatever ways best suit the family and, in doing so, build effective partnerships with families.

**Family Strengths**

Communicating with some families may be difficult due to a variety of factors. Other families may seem "deficient" in caring for their children or in even functioning as a family. When families have a child with a disability, the child with a disability may be viewed as contributing negatively to the family -- causing stress within the family due to increased caregiving demands or limited developmental skills or behavior issues. It can be easy to begin to see families such as these in terms of their "weaknesses" -- what families don't do ("I have talked to the mom many times about referring John for an evaluation but she never follows through." "She doesn't seem to care that Jolita is not eating when she is here. I asked her to bring in special food for Jolita so that she will eat, but only once did she bring some food for snack." "We have a lot of parenting education programs that we offer, but Mrs. Harris never

**Notes:**

comes although she could definitely learn something in this area").

All families have strengths. Learning about how they manage in their situations (whatever those situations are) can help child care staff respect families and focus on what families are able to do. ("I have talked to the mom many times about referring John for an evaluation but she doesn't seem to have time right now to make the calls. We talked together and decided that I would make some initial calls so that she has only one number to follow-up on." "We offer parenting programs but LeRoy's mother is not able to attend because of when they are scheduled and her own work schedule. She is balancing a lot since she is working and caring for her own two children and her sister's two children. I videotaped the sessions and she has been watching them at home.")

Weaknesses or "deficiencies" in families are usually identified when families either have characteristics or ways of functioning that are different from our own. How we might see a situation or believe that we would act in particular circumstances is not necessarily the "norm" or "right way." By communicating and having conversations with families, we can learn about the ways that they use to successfully parent children. We can learn, for example, that parents who do not seem to be available or who do not seem to care about their child(ren) are actually busy with other activities and demands of which we were unaware until we talked further with them.

**Family Partnerships**

Forming partnerships with some families is easy but with other

**Notes:**

families may be more difficult. Some families may not speak English (or may not speak well enough to be comfortable communicating in English). Other families may appear to be disinterested in their children or may not seem to be caring for their children responsibly. Most often, situations such as these arise when parents are not raising their children in ways seen as "best" by child care staff or when families do not communicate or interact with child care staff in ways they expect. It is important for child care staff to ensure that children's health, safety, and well being are not being endangered. Focusing on the child's emotional relationships with the family can help teachers learn about different ways in which children's needs can be met in different family situations.

To form effective partnerships with families, child care workers can:

**Communicate effectively with families** -- encourage families to communicate information about their child(ren) and their priorities, preferences, concerns. Communication may be verbal (through conversation) or written (by asking families to complete short information forms) or both.

**Work with families to jointly solve "problems"** or address issues, priorities, and concerns in ways that are compatible with family resources, values, and beliefs. Always ask "How can \_\_\_\_\_ be accomplished?" so that the emphasis is on figuring out ways that an issue may be successfully or positively addressed.

**Respect families as experts** because most families are aware of what their children like -- or don't like --to do, their eating and

### Notes:

sleeping patterns, the ways in which their children adjust to different situations, or successful (or unsuccessful) ways that families have used in various situations. Parents can tell you, for example, ways that they have used to get their children to eat particular foods, what they are doing for toilet training, how they address temper tantrums, etc. or activities that motivate their children. Families can be a wealth of helpful information when engaged in conversations that allow them to easily share this knowledge.

**View families as team members** especially when children may be involved with a number of professionals. Children with disabilities or delayed development may be involved with special teachers or therapists, nurses, psychologists or paraeducators (such as Therapeutic Support Staff -- TSS's), or people of other disciplines in addition to out of home child care. Some of these professionals may visit and work with a child while the child is in child care. Others may interact with children in outpatient treatment centers, special programs, or family homes. Parents have a lot to contribute about their children and the ways in which particular issues may be addressed. They play a key role as the central member of teams of people who may be involved with their child.

**Create opportunities for family participation** in the child care program. These include ways for families to communicate and share ideas as well as ways that they can contribute to the program. A variety of ways need to be available in order to allow families to choose those that are possible for them. Children are typically enrolled in child care when families are working, but even busy families are interested in participating in their child's care and education when a variety of options are available.

## Notes:

**Conversations with Families**

Talking *at* families is always easier than talking with them in a two way conversation where all participants are sharing information and learning from each other. Professionals, including child care staff, often want to give families advice or tell them negative or concerning things about their children. These advice-giving or one-way types of communication may occur quickly when parents are bringing their children to or picking them up from child care or through short written messages or by phone. Typically, these types of "conversations" are "needs-driven" in that child care staff may have a need to share something or find out something. Interactions may inadvertently represent child care staff as "experts" (and parents as less than expert) and these communications may shut families off from meaningful conversations or interchanges.

Conversations with families will occur many times during child care -- at drop off and pick up, through scheduled parent conferences, by phone, through visits with families in their homes, in the neighborhood, through written communications like daily send-home reports, or other formal or informal ways of communicating. Child care staff should create both physical and social environments that support conversations. Physical environments should be comfortable and respect a family's privacy. Sharing information out in the hall at drop off time when the corridor is full of parents and children does not respect the privacy of an individual family. Assign classroom assistants to monitor greetings so that a teacher and parent may share quiet conversation together without the bustle of other families and children. Or, schedule a parent conference at a time convenient both for the child care provider and

### Notes:

the parent so that time is set aside for communication.

The social environment needs to allow families to feel "safe" enough to communicate as much as they want in an open and honest way. This means that their communication may not result in any penalties (i.e., you will not treat them differently when you have learned about a particular situation, concern, or event) or judgments about how they are living and raising their children. They must trust that their information will be respected and not shared with others (i.e., you will not stand in the kitchen and talk about the parent or what they told you). They must feel that the information shared will help improve their child's situation -- not result in a child's being dismissed from child care -- but rather result in their child's performing even better in child care.

Some families may be reluctant to share information due to a variety of reasons. Their cultural views about teachers and education may have taught them not to form an equal partnership with someone they respect as a "teacher" or they may be shy or they may not really want to get into everything that you might be interested in knowing about. Adults, for example, often have great curiosity and many questions about children with disabilities -- how they got what they have, what is being done, will the child ever get better, is the child expected to live long, how the parent feels about having gotten a child with a disability. Parents get tired of repeating the same information again and again and again -- particularly when sharing the information does not really affect the way in which their children will participate in child care activities and routines. Other families may have difficulty with English or may feel that what they know is not important (and is secondary to what the child care

**Notes:**

professionals may know). Still others may feel that child care staff are criticizing their child(ren) or do not like their child(ren).

Starting any conversation with positive comments about a child's accomplishments, special talents, or positive qualities helps families and child care staff develop trusting partnerships.

Everyone likes to share funny stories about children!! Expressing concerns so that families may contribute information is helpful, also. Instead of saying "Robert really had a hard time today. I'm wondering if he was sick yesterday or what?" is not as positive as saying something like "I'm wondering what kind of a weekend Robert had. He seemed a little quiet in school today."

The most important thing is to listen, listen, listen!!! This may be very difficult if families are not talking or if getting your point across is difficult. Nodding your head, saying "placeholders" like "uhuh" or acknowledging parent communications with non-judgmental phrases such as "that's interesting" or "tell me more" or "it sounds as though you are worried..." can help families continue to communicate and can prevent you from talking too much. Remember that you are trying to learn a family's perspective on a situation -- not "force" your way of thinking onto the family.

### **Problem Solving Teams**

A critical aspect of partnerships is that "two -- or more -- heads can be better than one"!! Many issues arise in providing care for young children. Coping with these issues and concerns may challenge all adults -- parents, family members, and child care staff alike!! Adults may feel as if there is no solution, or may feel as though they

**Notes:**

have tried everything they know and nothing has been successful. Adults may cope by "blaming" the child or child's family for the difficulties being encountered. When child care staff and parents work together, even the most challenging issues can be addressed successfully. Defining the problem, thinking of as many solutions as possible (even seemingly "crazy" or non-workable ones), picking some solutions that seem best to try, trying them out, and knowing when they are successful or not so successful provides partnerships with strategies for success. The question is never something like "Is it possible for \_\_\_\_\_" but rather is one of "How can we\_\_\_\_\_."

Notes:

# Session Outline

**I Welcome the Group**

**II What Families want from Child Care**

**III Ways of Including Families**

**Break**

**IV Communication & Problem Solving**

**V Summary/Clean-up**

## **Families - - - - -**

**are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support.**

**A family is a culture unto itself, with different values and unique ways of realizing its dreams; together, our families become the source of our rich cultural heritage and spiritual diversity. Our families create neighborhoods, communities, states, and nations.**

# Family Strengths

Communicating with some families may be difficult due to a variety of factors. Other families may seem "deficient" in caring for their children or in even functioning as a family. When families have a child with a disability, the child with a disability may be viewed as contributing negatively to the family -- causing stress within the family due to increased caregiving demands or limited developmental skills or behavior issues. It can be easy to begin to see families such as these in terms of their "weaknesses" -- what families don't do ("I have talked to the mom many times about referring John for an evaluation but she never follows through." "She doesn't seem to care that Jolita is not eating when she is here. I asked her to bring in special food for Jolita so that she will eat, but only once did she bring some food for snack." "We have a lot of parenting education programs that we offer, but Mrs. Harris never comes although she could definitely learn something in this area").

All families have strengths. Learning about how they manage in their situations (whatever those situations are) can help child care staff respect families and focus on what families are able to do. ("I have talked to the mom many times about referring John for an evaluation but she doesn't seem to have time right now to make the calls. We talked together and decided that I would make some initial calls so that she has only one number to follow-up on." "We offer parenting programs but LeRoy's mother is not able to attend because of when they are scheduled and her own work schedule. She is balancing a lot since she is working and caring for her own two children and her sister's two children. I videotaped the sessions and she has been watching them at home.")

Weaknesses or "deficiencies" in families are usually identified when families either have characteristics or ways of functioning that are different from our own. How we might see a situation or believe that we would act in particular circumstances is not necessarily the "norm" or "right way." By communicating and having conversations with families, we can learn about the ways that they use to successfully parent children. We can learn, for example, that parents who do not seem to be available or who do not seem to care about their child(ren) are actually busy with other activities and demands of which we were unaware until we talked further with them.

## **Case Scenarios - How will I communicate with the family?**

**Johnnie is a twenty six month old child in your classroom who you noticed has a vocabulary of three understandable words. Johnnie does not indicate wants, he is just beginning to finger feed, and he will attend to an activity for extended period of time. Johnnie complies with simple one step directions. Johnnie has two older siblings ages four and six and a younger sibling who is seven months.**

**Sarah is an eleven month old child with wide eyes and is always smiling. Although all the other infants are sitting, rolling and crawling you have noticed that Sarah lays on her back most of the time and needs someone to help her roll or sit up. Sarah's mother and father feel like everything will be okay because their pediatrician said so - "just give her some time". However, you are concerned that Sarah is not moving around like the other infants in your room.**

**Every day for lunch Monique has the same thing in her lunch bag; bread with butter, some chips and a treat - usually cake or a donut. You notice that Monique has been eating less and less over the past week and has only been interested in the chips. However, she has been reaching for food that the other toddlers have in their lunches. The staff in your classroom are concerned that Monique is not getting enough to eat and that she is not getting enough healthy nutrition at lunch.**

# COMMUNICATING WITH FAMILIES

**Before communicating with families,  
ask yourself a few simple questions:**

- i What is it I want to convey to the family?
- i What is it I want them to do?
- i What am I going to do?
- i How will this benefit the child?

**When you are communicating with Families**

- i Listen
- i Avoid placing blame
- i Avoid labeling the child
- i Accept family concerns as important
- i View family observations as true
- i Talk in everyday language
- i Present concerns without blame
- i Follow-up

# Real Life Stories

## Story #1: What to do about Tunisha

### Miss Marla (Teacher)

Every day Tunisha would be brought to day care by someone different -- sometimes her grandma, sometimes her mom or her sister, the uncle -- even different next door neighbors. She came at all different times -- sometimes as early as 7:30, sometimes as late as 10:00. She seldom spoke -- often going without saying even one word for the whole day. Other days she would speak in short sentences, words, or by pointing and making noises. She did not seem to understand directions or know what to do when the class was changing activities. She seemed to be slower than the other children but when Miss Marla, the teacher, stood back and watched, she saw that Tunisha was following the lead of the other children. Miss Marla was worried about this little girl -- she was almost four years old and not only did not talk but also didn't interact with other children well. She had seen Tunisha's mom Lolly just one time about a month ago but she was rushing, rushing. Now, as she turned around, Lolly was walking slowly in the door. "Oh, good," Miss Marla said to herself, "I've got to tell this mom about her daughter so she can get Tunisha some help."

### Lolly, Tunisha's Mom

Lolly didn't know whenever she would get done with this training program. Some days she felt real done -- like she would never finish. Doing this training and working part-time plus caring for Tunisha and her sister's 8 year old son, Randolph, made her feel like she needed an extra week -- each and every week. If it weren't for her mom, neighbors, and other folks, there is no way she would manage getting Tunisha to school. Thank heavens that Randolph could get to school on his own. Lolly didn't think that Tunisha much cared for school. When Lolly came home each day, Tunisha begged not to go back and talked and talked about how mean the other kids were -- "just how mean could a bunch of 3 year olds be", Lolly wondered. Lolly thought that she needed to talk with Tunisha's teacher but she just hadn't had even a moment of time to make even a phone call. Tuesday, she had to call in sick to her night job and pick Tunisha up from school because nobody could get her. When she walked in the building, a woman said to her, "You're Tunisha's mom, aren't you? I am Tunisha's teacher and I have really been wanting to talk with you."

### Mrs. Hawthorne, Supervisor

Tunisha's teacher had been talking to you for weeks now trying to figure out what to do with this little girl. It was clear that Marla really cared about Tunisha and, by working together, you and Marla had thought up some ways to encourage Tunisha to talk and interact more with the other children. But, no matter what you suggested or what Marla tried, nothing seemed to be working and Marla seemed to be getting more and more concerned about Tunisha -- it was like there wasn't anything that this child could do right anymore -- Marla was seeing her as just one big bundle of concerns. This afternoon, Marla found you in your office doing the scheduling for tomorrow, and excitedly told you that Tunisha's mom had come to pick her up and that Marla wanted to seize this opportunity to talk with her about Tunisha and school. She asked you to join in the meeting and said that everyone could sit in the back of the room and that the aide could watch the few kids who were waiting to get picked up.

**Story #2: William needs a special program****Kathy, Teacher for the five year old/Pre-K Room**

William had been attending the Happy Friends nursery school since he was three years old. His mom brought him to school every day and sometimes hung around to help in the classroom. A wonderful parent, William's mom was the one who organized the holiday events and even got a lot of other families together to plan and put in a really gorgeous playground. Kathy thought about William's mom Cindy every time she took the kids out to play. How lucky Happy Friends was to have a mom with so much energy and commitment to children. The other teachers talked about William a lot. He just didn't seem to be learning his letters or to read and he still was unable to count even though he was almost five and a half years old. William had difficulty expressing himself in talking, often getting excited and moving his hands around and saying words that nobody else could understand. William's four year old room teacher had told you that he was "not where he should be" and she had worked individually with William trying to help him learn to write his letters and numbers. His "slowness" became apparent during the first weeks he was in your room but when you mentioned this to Cindy, all she said was "teachers are expecting children to do way too much too early. William is doing fine." Later, when you spoke with her and William's dad, Bill, at the parent-teacher conferences, neither one seemed concerned. "Boys are always slow," Bill said. "In fact, my mom says that I didn't even really catch on to reading until I was almost in third grade." You understand that these parents are in denial about William's slowness, and you have arranged a meeting so that he can get evaluated and referred to early intervention. You are really worried about what will happen when William goes to kindergarten next year and know that he needs to have some sort of special class or he will never learn.

**Cindy, William's Mom**

You have been really pleased with how William gets along with other children -- he has so many friends in your neighborhood, at Sunday school, and when he goes to Happy Friends. He loves school and looks forward to every day -- even this year when he has been going to school from 9:00 to 2:30 in the afternoon. Happy Friends has been a great place for William and you have been pleased with what he has gotten -- even this year when he has a teacher who is really over-focused on teaching the kids academic skills. You often think that Kathy wants to be a first grade and not a pre-k teacher because what she seems to know how to teach and seems to want to teach is first grade material. It's not like you don't know -- you were a teacher yourself until William's older brother Harry was born and you decided to be a stay-at-home mom. But -- you really haven't said too much because even though William doesn't yet make all his letters or write his numbers or read, he doesn't seem bothered and Kathy doesn't seem to be demanding stuff from William. Why move him now when he is only going to kindergarten in a new school in the fall, anyway. Kathy has asked again for another conference about William and you figure that once again she is going to tell you what he can't do but its OK with you to go and listen once again -- it only wastes a little bit of your time and you don't want the school to think that you are not a caring mom.

### **Hilary Stewart, Happy Friends Director**

You have worked with Cindy many times in the numerous projects that she has undertaken for Happy Friends. In fact, you know that there will be an opening on the Advisory Board this spring and you are planning to appoint her to the Board. She has contributed so much to the school and you know that she loves Happy Friends -- she has told you many times how many people she recommends the school to and how happy she is with what William is getting at Happy Friends. William's teacher has had a lot of concerns about how William is doing in her classroom and recently she has spoken with you about the fact that she thinks that William is really a "special ed kid" -- probably a slow learner or mentally handicapped. You find this hard to believe but recently you have observed William and he is not doing what the other children in the classroom are doing in terms of academic skills. Now Kathy has arranged a meeting with Cindy and has asked you to participate, something that you don't normally do as the program Director. You have always encouraged your teachers to have open communication with families but Kathy wants you to be there so that Cindy might really listen to what Kathy has to say about William. You have told Kathy that it is good to have communication with families and that you will attend the meeting but that you will do so as an observer. "It is important for you to be compassionate and to learn what is important to this family. I don't want you diagnosing their child or giving William a label. You are a teacher -- not a doctor."

### Story # 3: Baby Philip Goes to Day Care

#### **Debbie, Infant Day Care Staff**

You have cared for loads of babies -- you have been an infant care worker for five years -- but you have never cared for a child with Down syndrome -- Philip is the first child with a disability that you have ever known. At 8 months old, he doesn't seem too different from the other babes in your care although he is a bit like a rag doll and he isn't sitting up yet by himself or even trying to crawl. A physical therapist comes once a week and rolls him around on a big ball. He laughs and laughs (but doesn't sit). The PT has showed you how to do this with Philip and actually you play this game with a lot of the other babies. They all seem to love being rolled around on the big ball but most of them can sit on the top of the ball with you holding them just a little and Philip can't even though the PT tells you that this activity is for improving his muscles and getting him to sit. You have asked Lenora, his mom, about this and she has said that she hopes you do what the PT says to do. What really worries you is that Philip is so small and he doesn't seem to eat well. Lenora has agreed to meet with you on Friday when she comes to pick Philip up so that you can talk about how Philip is doing. You hope to bring up the eating when you have this conference.

#### **Lenora, Philip's Mom**

You are so happy that Philip is in a good child care center. It was horrible to have to go back to work full-time and even more challenging to find a day care program that would take a child with Down syndrome. But it was a definite and unexpected pleasure for Philip to get Debbie. She cares about him as if he were her own child. And Philip does not seem to be suffering from spending so much time in day care. Debbie seems to do everything the PT says to do and Philip seems to be progressing in the way that other children with Down syndrome do. You hope this is enough since you really have no options about his care. Debbie has planned a meeting with you on Friday and you are looking forward to attending so that you can tell her how much you appreciate what she is doing for Philip.

#### **Mrs. Johnson, Infant-Toddler Lead Teacher (Supervisor)**

Debbie is such a hard worker. You really argued with Mildred when she said that you had to take this baby with Down syndrome because the program was not allowed to exclude children with disabilities. But, Debbie latched onto Philip right away and has not been intimidated a bit because he is mentally retarded nor has she objected to working with his therapists. At this point, Debbie really knows a lot more about how to care for Philip than you do although you try to support her when she gets frustrated (which is seldom) and provide her with ways to get more information when she needs it. Philip is so little that virtually nothing different than what is done for the other infants has been required. Debbie has asked to have a meeting with Philip's mom and you are attending because your center's policies and procedures do not allow a staff person to meet with families without the lead teacher or director being present.

# Example of a Communication Form

What \_\_\_\_\_ did today \_\_\_\_\_  
(Child's Name) (Date)

I ate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and slept: from \_\_\_\_\_ to \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

Today we:  
\_\_\_\_\_  
\_\_\_\_\_

I especially enjoyed:  
\_\_\_\_\_  
\_\_\_\_\_

My diapering/toileting report:  
\_\_\_\_\_  
\_\_\_\_\_

Tomorrow we are planning to:  
\_\_\_\_\_

I generally felt:  
\_\_\_\_\_  
\_\_\_\_\_

Extra Notes: \_\_\_\_\_  
\_\_\_\_\_

## Strategies for Successful Problem Solving

- Step 1:** Define the problem or issue -- what exactly is (or is not) happening?
- Step 2:** Always focus on solutions -- how many can be identified?
- Step 3:** From all the solutions identified, decide which ones are feasible, make sense to try (in terms of available resources), or seem reasonable. Identify several so that if the first one does not work as well as expected, that other ones can be tried.
- Step 4:** Determine a plan for how the solution will be tried -- what? who? when? where? anything special needed? how will we know this is working?
- Step 5:** Try out your plan -- hopefully it will result in success but, if not, try your second solution -- or your third, etc.

## Problem Solving Teams

A critical aspect of partnerships is that "two -- or more -- heads can be better than one"!! Many issues arise in providing care for young children. Coping with these issues and concerns may challenge all adults -- parents, family members, and child care staff alike!! Adults may feel as if there is no solution, or may feel as though they have tried everything they know and nothing has been successful. Adults may cope by "blaming" the child or child's family for the difficulties being encountered. When child care staff and parents work together, even the most challenging issues can be addressed successfully. Defining the problem, thinking of as many solutions as possible (even seemingly "crazy" or non-workable ones), picking some solutions that seem best to try, trying them out, and knowing when they are successful or not so successful provides partnerships with strategies for success. The question is never something like "Is it possible for \_\_\_\_\_ " but rather is one of "How can we-----."

# Building Partnerships with Families

- C            Communicate with Families–Have Conversations!**
- C            Work Jointly to Solve Problems**
- C            View Families as Team Members**
- C            Create Opportunities for Family Participation**

## Family Partnerships

Forming partnerships with some families is easy but with other families may be more difficult. Some families may not speak English (or may not speak well enough to be comfortable communicating in English). Other families may appear to be disinterested in their children or may not seem to be caring for their children responsibly. Most often, situations such as these arise when parents are not raising their children in ways seen as "best" by child care staff or when families do not communicate or interact with child care staff in ways they expect. It is important for child care staff to ensure that children's health, safety, and well being are not being endangered. Focusing on the child's emotional relationships with the family can help teachers learn about different ways in which children's needs can be met in different family situations.

## To form effective partnerships with families, child care workers can:

**Communicate effectively with families**-- encourage families to communicate information about their child(ren) and their priorities, preferences, concerns. Communication may be verbal (through conversation) or written (by asking families to complete short information forms) or both.

**Work with families to jointly solve "problems"** or address issues, priorities, and concerns in ways that are compatible with family resources, values, and beliefs. Always ask "How can \_\_\_\_\_ be accomplished?" so that the emphasis is on figuring out ways that an issue may be successfully or positively addressed.

**Respect families as experts** because most families are aware of what their children like -- or don't like --to do, their eating and sleeping patterns, the ways in which their children adjust to different situations, or successful (or unsuccessful) ways that families have used in various situations. Parents can tell you, for example, ways that they have used to get their children to eat particular foods, what they are doing for toilet training, how they address temper tantrums, etc. or activities that motivate their children. Families can be a wealth of helpful information when engaged in conversations that allow them to easily share this knowledge.

**View families as team members** especially when children may be involved with a number of professionals. Children with disabilities or delayed development may be involved with special teachers or therapists, nurses, psychologists or paraeducators (such as Therapeutic Support Staff -- TSS's), or people of other disciplines in addition to out of home child care. Some of these professionals may visit and work with a child while the child is in child care. Others may interact with children in outpatient treatment centers, special programs, or family homes. Parents have a lot to contribute about their children and the ways in which particular issues may be addressed. They play a key role as the central member of teams of people who may be involved with their child.

**Create opportunities for family participation in the child care program.** These include ways for families to communicate and share ideas as well as ways that they can contribute to the program. A variety of ways need to be available in order to allow families to choose those that are possible for them.

## Ideas for Family Participation

- Daily Communication at Greeting or Closing
- Take-Home Reports
- Family Notebooks
- Classroom volunteers
- Special visits to help with parties or perform or talk with children
- Story Time reader
- Special Events such as field trips
- Open Houses
- Children's birthday parties
- Parent conferences
- Home Visits
- Planning meetings
- Contributing materials (for art, etc..)
- Advisory Board of Program
- Parent education/meetings
- Family meeting groups
- Special activities (building the playground)

## REFERENCES & RESOURCES

- Allred, K.W., Briem, R., & Dunst, C.J. (1998). Collaboratively addressing needs of young children with disabilities. Young Children, 53(5), 32-36.
- Bailey, D.B. (1987). Collaborative goal-setting with families: Resolving differences. Topics in Early Childhood Special Education, 7(2), 59-71.
- Bailey, D.B. (1991). Issues and perspectives on family assessment. Infants and Young Children, 4(1), 26-34.
- Bailey, D.B., & R.J. Simeonsson. (1988). Assessing needs of families with handicapped infants. Journal of Special Education, 22, 117-27.
- Bromwich, R. (1997). Working with families and their infants at risk: A perspective after twenty years of experience. Austin: Pro-Ed.
- Brown, W., Thurman, S.K., & Pearl, L.F. (1993). Family - centered early intervention with infants and toddlers: Innovative cross-disciplinary approaches. Baltimore: Paul H. Brookes.
- Campbell, P.H., Strickland, B., & LaForme, C. (1991). Enhancing parent participation in individualized family service plan. Topics in Early Childhood Special Education, 11(4), 112-124.
- Campbell, P.H. (1995). A Guide for individual family service planning in Pennsylvania: A resource for families and professionals. Harrisburg: Pennsylvania Department of Public Welfare, Office of Mental Retardation.
- Dodge, D. T. & Bickhart, T. S. (1998). Preschool for parents. Washington, DC: Teaching Strategies.
- Dunst, C.J., Trivette, C.M., & Deal, A. (1988). Enabling and empowering families. Cambridge: Brookline Books.
- Dunst, C.J., Trivette, C.M., & Deal, A. (1994). Supporting and strengthening families. Cambridge: Brookline Books.
- Exceptional Parent magazine. (This monthly magazine is available on most newsstands in major bookstores (e.g., Barnes & Noble) or can be ordered through subscription. Issues focus on specific topics (such as siblings, adaptive equipment, early intervention) and always include stories that parents (or other family members such as grandparents, brothers & sisters) write about their child with a disability.)
- Hammer, T. J. & Turner, P.H. (1996). Parenting in contemporary society. Boston: Allyn & Bacon.
- Hanson, M.J., & Lynch, E.W. (1992). Family diversity: implications for policy and practice. Topics in Early Childhood Special Education, 12, 283-306.
- Hildebrand, V., Phenice, L., Gray, M., & Hines, R. P. (1996) Knowing and serving diverse families. Columbus, OH: Merrill/Prentice Hall.
- Lamorey, S., & Bricker, D.D. (1993). Integrated programs: Effects on young children and their parents. In C.A. Peck, S.L. Odom, & D.D. Bricker (Eds.). Integrating young children with disabilities into community programs: Ecological perspectives on research and implementation (pp. 249-70). Baltimore: Paul H. Brookes.
- Lynch, E.W. & Hanson, M.J. (1998). Developing cross-cultural competence: A guide for working with young children and their families. (2nd Ed.). Baltimore, MD: Paul H. Brookes.
- McWilliam, R.A., Lang, L. Vandeviere, P., Angell, R., Collins, L., & Underdown, G. (1995). Satisfaction and struggles: Family perceptions of early intervention services. Journal of Early Intervention, 19, 43-60.

Miller, L.J., Strain, P.S., Boyd, K., Hunsiker, S., McKinley, J., & Wu, A. (1992). Parental attitudes toward integration. Topics in Early Childhood Special Education, 12, 230-246.

O'Brien, M. (1997). Inclusive child care for infants and toddlers. Baltimore: Paul H. Brookes.

Peck, C.A., Carlson, P., & Helmstetter, E. (1992). Parent and teacher perceptions of outcomes for typically developing children enrolled in early childhood programs: A statewide survey. Journal of Early Intervention, 16, 53-63.

Shelton, T. & Stepanek, J.S. (1994). Family-centered care for children needing specialized health and developmental services. Bethesda: ACCH.

Winton, P.J. (1988). The family-focused interview: An assessment measure and goal-setting mechanism. In D. Bailey & R.J. Simeonsson, Eds., Family assessment in early intervention(pp.185-205). Columbus, OH: Merrill.

Winton, P.J. (1993). Providing family support in integrated settings: Research and recommendations. In C.A. Peck, S.L. Odom, & D.D. Bricker, (Eds.), Integrating young children with disabilities into community programs: Ecological perspectives on research and implementation (pp. 65-80). Baltimore: Brookes.

Winton, P.J., & D.B. Bailey. (1993). Communicating with families: Examining practices and facilitating change. In J. Paul and R.J. Simeonsson (Eds.), Children with special needs: Family, culture, and society, (pp. 210-30). Orlando: Harcourt Brace.

