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## CHAPTER 9

# Implementing Family-Guided Values in Preschool Programs

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In this chapter you will find information on the following topics:

- Developing a family-guided preschool team process
- Supporting family participation
- Evaluating family satisfaction
- Circle of inclusion resources

### **Developing a Family-Guided Preschool Team Process**

Family members are an integral part of their child's team and they ultimately make the key decisions about his/her preschool program. In addition to their responsibilities to their child, they also have tremendous contributions for the program overall. However, today's families are busy! They are facing opportunities and rewards, challenges and time constraints, resources and barriers that few (if any) could have guessed would be a part of life in the '90's. These experiences aren't unique to families of children with disabilities, but rather an integral part of everyday family life. Many families spend considerable time and energy meeting the needs of their children and simply surviving the day. Families of children with special needs may also be facing additional stresses in meeting their commitment to their children, jobs, and community. Program personnel often question how to ask families to do one more thing, such as sit on an advisory committee or attend a stakeholders meeting, yet families report a commitment to participation at all levels in their child's program whenever possible.

Making your program family-guided is an ongoing, day-to-day consideration

for every decision made about the program in general and each child specifically. To assist your team's reflection on the level of commitment and implementation of family-guided principles, it is helpful to systematically review the process and procedures a child and family encounter from their first contacts to their final transitions. Following is a process to guide your team's systematic review.

- 1) Identify the specific program components or steps in which the family and child participate. Some typical components will include:
  - Referral and initial contacts
  - Eligibility evaluation and programmatic assessment
  - Individualized Education Plan (IEP) development
  - Program implementation
  - Annual review
  - Transition to school program
- 2) For each program component, identify the typical activities that occur for the family and the team. For example:
  - Referral and initial contacts
    - Referral processed; team member assigned as contact
    - Family contacted; steps to program eligibility described
    - Intake procedures completed and shared with team members
      - \*child and family concerns
      - \*permission for evaluation
      - \*release(s) of information
    - Schedule for future visits completed
  - Eligibility evaluation and programmatic assessment
    - Team administered evaluation(s) undertaken
    - Eligibility determination completed; reports written and shared
    - Discipline specific measures undertaken as needed

- Programmatic or curriculum based assessment completed with team input
  - Records reviewed
- 3) After the routine activities in each program component have been identified, begin discussing as a team:
- What roles and options do we provide for families within each activity; and
  - What decision does the family need to make regarding this activity. For example, see the matrix on the following page. Note, for the evaluation component the program can provide periodic reviews with the family in a written or verbal format, at a team meeting or through a service coordinator. The family decides which format, or combinations of formats, is most appropriate for them. The team has implemented the family guided values by offering choices and respecting the family's decision.
- 4) After you have completed the process for each program component, use the matrix you have developed to assist your team to:
- communicate effectively about an individual family's choices and decisions,
  - consistently implement family-guided practices by serving as a friendly reminder, and to
  - evaluate your program.

Choice and Decision Making Matrix		
Evaluation		
Activities	Family Decisions	Choices
•Three & nine month reviews	•Format  •Who receives	•Written + verbal •Written •Team reviewed •Service Coordinator  •Family •Birth to three staff •Cooperating programs •Physician •LEA
•Six month review	•Status of current document	•Rewrite completely •Revise -Add outcomes -Revise outcomes -Revise services -Change staff
•Twelve month review	•Who will participate, location, time	•Birth to Three staff •Family •Friends •Staff from other agencies •Formal support •Veteran parent

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Choice and Decision Making Matrix		
Transition		
Activities	Family Decisions	Choices
•Development of transition outcome	•What role to play  •When to develop  •Who will be included	•Coordinator •Visitor •Observer •Informant  •Family preferred time •Initial IFSP •6 months prior to age 3 •90 days prior to age 3  •Mom •Dad •Preschool staff •Veteran Parent •Early intervention staff •LEA staff •Integration Consultant
•Implementation of transition	•What options to consider  •When to transition	•Community settings •ECSE options •Continuation of 0-3 •No further services •Other agencies •Combination of above  •Age 3 •Team decision •Services are completed
•Follow-up activities	•Activities to include	•Program evaluation •Team meeting

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It is also important to evaluate how families are involved beyond their child's program in systems capacities such as advisory committees. Many families are not involved only because professionals have not been effective in collaborating with them. Consider the following questions, reprinted from Essential Allies: Families as Advisors when your team discusses families' involvement. There are countless ways that families can serve as advisors.

- Grant reviewers
- Members of task forces

- Advisory board members
- Co-trainers for preservice or inservice sessions
- Paid program staff
- Paid program or policy consultants
- Mentors for other families
- Participants in a needs assessment process
- Reviewers of audiovisual and written materials
- Group facilitators
- Witnesses at hearings
- Advocates
- Participants in focus groups
- Members of committees hiring new staff
- Fundraisers
- Participants at conferences and working meetings
- Participants in quality improvement initiatives

Below is a list of some ways to receive input from families informally and for brief periods of time.

- Convene focus groups of families as specific issues arise.
- Hold a monthly family/staff coffee hour.
- Ask families to "host" a professional-in-training for dinner.
- Solicit family input in community and program needs assessments.
- Include families on site visit teams to other programs.
- Hold brainstorming sessions with families before developing educational materials.
- Have families review drafts of all written materials.
- Include a family panel during orientation for new staff.
- Conduct follow-up phone calls with families after transition.

- Ask families to assist in developing transitioning materials.
- Develop, with families, a parent satisfaction survey.
- Develop a "breakfast (or lunch) with the director" program for families.
- Keep a suggestion book in the waiting room, so families can record their ideas.

## Supporting Family Participation

Many family members are interested in participation in a variety of activities critical to the success of inclusion efforts. However, sometimes families need to be recruited. They may not know how to be involved or what they could offer until the program reaches out to them. To facilitate meaningful involvement of all families consider the following strategies:

- 1) Develop and maintain a broad view of participation.
- 2) Foster the value of family participation on your team. Recognize family members as assets—not tokens. Include them as colleagues with expertise, not just as a parent or just a consumer, but rather as a collaborator with common goals and critical expertise.
- 3) Provide leadership training for family members. Consider as appropriate the benefits of one-to-one and/or parent-to-parent support. Provide a mentor of the parent's choosing in the beginning stages to share information.
- 4) Include family members in the agenda. They have talents and experiences that the team can use beyond being a parent of a child with a disability.
- 5) Tailor written materials to families. Use non professional terminology, examples and personal experiences.
- 6) Address the unique needs of families from under represented groups:
  - collaborate with established community organizations to make contacts and identify mentors;
  - provide translators if needed; and

- compensate family members for expenses incurred if necessary.
- 7) Help family members share strategies they have used to meet challenges. Encourage the family to share stories that support the success of their efforts.
  - 8) Invest in the family members as experts and leaders by supporting their participation at conferences and workshops where they can acquire information and develop new skills.
  - 9) Be aware of parental burn-out and actively seek method to prevent any one parent assuming too much for too long.
  - 10) Schedule meeting times so working family members can attend. Invite more than one parent from a family. A spouse or partner, a grandfather or an aunt, or a family friend can provide insight from another perspective for the group and provide support or transportation for the primary caregiver.
  - 11) Develop innovative and “normalized” strategies to help families overcome transportation barriers. Encourage car pooling, provide taxi or bus coupons, or rent a vehicle for a family when asking them to drive a distance. Provide transportation expenses “up front” for the family rather than asking them to wait for reimbursement.
  - 12) Arrange meetings for families in locations where children can be involved in activities with other children, such as at a child care program, community recreation center, or at the YMCA. Consider holding meetings at times or places that family members have other appointments such as at WIC or health clinics. Attend to personal comfort. Arrange comfortable chairs and refreshments.
  - 13) Always remember to use group process strategies that foster involvement of family members, but that give them options for determining their own level of participation—how much and when.
  - 14) Make the meeting time count. Instead of minutes, develop action plans that specify who will do what and when. This will help the family see the value of

their participation.

- 15) Vary the format of the meeting from the traditional staffing or business meeting approach. Include an educational component to some of the meetings. Develop a focus group discussion on an issue or concern.
- 16) Increase personal contacts with family members. Follow up with a phone call, or a thank you note or letter.
- 17) Evaluate the stakeholders or staff meeting including the family's participation. Ask their opinions about what works and what doesn't. Respect their opinions and feedback.

Due to a variety of logistics and social reasons, we most often find mothers rather than fathers at the team meetings and involved in school programs. Following is a list of strategies targeted specifically to involving fathers developed by James May. Involving fathers is important for all children and programs and should not be neglected in inclusive programs.

- 1) As an agency, carefully design programs, brochures and newsletters which appeal to fathers. Watch the language used; it is attractive, appropriate, engaging? Consider the time and nature of the programs offered (i.e., do you have early morning, late afternoon, Saturday IEP conferences?)
- 2) Mass mailing produces limited results—too anonymous. Do 1:1 as much as possible, both on the telephone and person-to-person. Meet for a cup of coffee, a lunch together—whatever seems appropriate.
- 3) Invite dads into the therapy classroom and day care centers. Have special events specifically oriented towards fathers and their unique needs (i.e., "Pops and Tots Night"). Make the programs "hands on" as much as possible. Encourage involvement; let them teach/share what they know, and help them develop new parenting skills.
- 4) Take the children to the fathers. If appropriate—bring the children to the work

- site. Or plan a field trip day where dad can accompany the group with his child.
- 5) When calling home, do not always ask for the mother. Make a point to ask for dad too or engage him when he answers the phone. Help him be increasingly responsible for the well being of his child. Encourage both parents to be active participants in decisions regarding the child's welfare.
  - 6) In regards to the above, do not let dad off the hook. Request his presence; personally ask him to be at a conference or meeting. Show him places he can be involved with his child. Do know you are going to hit some stone walls here, but it can be accomplished! So often how you make the original contract with the family during intake sets the tone for the father's involvement, or lack of it. Expect dad to play an active role in the child's service delivery plan.
  - 7) Encourage mom to encourage dad. Ask her what it would take for dad to be more actively involved with his child. Cite research showing the value and impact of fathers being involved parents (Brazelton, Pruett, Cummings)
  - 8) Have specific programs for fathers only. Speak to the practical and real issues so important to men (financial matters, education, vocational options, etc.) Develop a "core group" of 3 or 4 men who will take responsibility for the group and its success. Give them group skills and resource assistance. Having an active, ongoing fathers' group is a means of providing men personal support and educational awareness in a "safe" setting. Men supporting other men can be a powerful vehicle for change. As a staff, always refer men to the group and the dads who run it.
  - 9) Sponsor meetings organized and chaired by fathers. Have male professionals speak. Help break down the old myth that only women work in the special education field.
  - 10) Remember that men often come together through social occasions. Do not assume social events are of little or no value. They allow men to share ideas in a

relaxed manner, as well as build trust for future meetings. Consider sponsoring a barbecue, a trip to the zoo or swimming pool, or an evening of Monday night football with pretzels and pop.

- 11) Have a staff in-service training directly focused on fathers. Share information about men, have a dad speak, consider ways the staff can further assist men in better engaging with their special needs children. As a staff, actually role play some of the identified concerns. Take it beyond theory. Anticipate problems and identify concerns indigenous to your agency, area and parent body; have answers ready for them.
- 12) Make sure that fathers are part of a well thought out program of services for the entire family. Do not make the mistake of having a dad's group and assuming that is enough. All staff need to see fathers as critically important to the well being of the child. Men need to be involved at all levels of service delivery.
- 13) Consider evening or weekend classes in parenting specifically aimed at fathers. Find out what they need to learn rather than assume any one curriculum is correct. If possible, have those classes run by men trained in the field of early childhood education. Pay particular attention to single parent dads and minority fathers, often neglected populations.
- 14) Offer a dad a ride to a session; give a dad the feeling he is not alone, that there is someone he can count on.
- 15) Work to gain television and newspaper coverage. It is often easy to access, and it will bring excellent results. Have a follow-up story done whenever possible. Reporters love to have firsthand father interviews, including pictures (father-child interaction).
- 16) Help men find "means of ownership" for the group. Have them be responsible for making coffee, calling speakers (if inclined to do so), sending out reminder letters, setting up chairs, running an activity, etc. Make their involvement appro-

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priate and helpful.

- 17) Strategically involve men in recruiting other men to the group, through 1:1 contact, visitation to agencies, calls to prospects, etc. Fathers recruiting other fathers is credible and effective.
- 18) Appeal to the practical, pragmatic side of men by completing a project (e.g., building therapy blocks, making switches, starting a horticulture garden, developing a resource guide, having a clean up day, etc.).
- 19) Have name tags with father's and child's name on it—in big bold print. This helps new dads join in, relax and lessens the “embarrassment factor” regarding names.
- 20) Avoid group stagnation through repetitious discussions, “moan and groan” sessions, lack of things to do. Ask the men for suggestions, get feedback about the group, always let them know it is their group.
- 21) Be aware of the developmental nature of groups. Do not force ideas or feelings; know where your group is in its growth. Patience is a key.
- 22) Create a norm of confidentiality for the men. What transpires in the group must stay in the group.
- 23) None of the above will ever replace simple friendliness, concern, and a chance to speak and be listened to. They are the hallmarks of any successful group. Each of us needs to feel understood and appreciated.

Another emerging role for family members is that of "training partners" or co-instructors for staff development activities. Family members are key to the success of delivering training to new community sites and new staff at old sites. There are many ways families can be involved. Consider the following:

- **Determining training needs.** Families can help determine training needs of providers by participating in focus groups, surveys, interviews, or brainstorming sessions.
- **Designing and producing training programs.** Families should be invited to

participate in the development of the training design. They can brainstorm activities, produce media and materials, and review and comment on drafts of curricula and materials.

- **Conducting training programs.** Families can be involved in many ways—conducting programs independently or as co-trainers; participating on panels; being available as information resources; offering a consumer's point of view.
- **Receiving training.** Families should be invited to attend when training sessions are offered. Families and providers can better understand each others' roles when they spend time together in learning activities.
- **Evaluating training.** Families can help evaluate training programs by attending pilot sessions, reviewing materials, and conducting pre- and post-training surveys.

#### KEY PRACTICES

- **Involve families who represent a wide range of experience.** Include those who are currently receiving services, as well as "veteran" parents. Strive to include families who represent a diversity of viewpoints, as well as a variety of racial, ethical, and cultural backgrounds.
- **Make the process accessible.** Mutually convenient times and places for training are essential. This may mean that training is held outside traditional work places and business hours.
- **Pay families for participating.** Offer families reasonable payment for developing, conducting, reviewing, and evaluating training programs, as well as reimbursement for child care, travel, and other expenses.
- **Offer supports.** Offer to help families acquire skills needed to participate in the development and delivery of training. Other useful supports might include clerical services, work space, and photocopying.

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## Evaluating Family Satisfaction

The success of a preschool program should be evaluated both continuously (formatively) and at a designated time (summatively) to provide team members with opportunities to review progress, modify existing programs, implement new programs, and to celebrate success. Family members again are integral to this evaluation process. Many different approaches to evaluation are available and frequently used by programs. Team meetings for a child are excellent avenues for evaluating a child's progress and the effectiveness of the teams interactions. Programs may also want to consider specific evaluation procedures directed toward family members to assure their input. One measure that looks specifically at evaluating the family's perception of their participation is the Family Centered Program Rating Scale (See Chapter 9 appendix).

## Circle of Inclusion Resources

Many resources to facilitate family involvement are included throughout the manual in addition to those in this chapter. The following list will assist you to review their utility for your program.

- Selecting a Program for Your Child (see page 22)
- Transportation Checklist (see page 27)
- Parent Questions Before 90 Day Meeting (see 38)
- 90 Day Meeting Summary (see page 38)
- Parent Questionnaire (for assessment) (see pages 62 and 63)
- Parent Inventory (for transition) (see pages 142 and 143)
- MAPS (see page 108)

## FAMILY-CENTERED PROGRAM RATING SCALE PARENT'S SCALE

There are lots of different ways programs can serve families of young children with special needs. Which ways are important to you? How well do you think this program is doing? Your response to these questions will help us evaluate this program and plan improvements.

Directions: Each statement on this rating scale finishes a sentence which begins with the words at the top of the section. For example, statements in the first section begin with:

### IN THIS PROGRAM . . .

All of the statements in the first section finish this sentence. There are four sections; each section has a different beginning. Read each statement and mark it two times:

# 1

Tell how well your program is doing on each item. Circle the letters that most closely tell us your opinion about how your program is doing.

P = Poor  
OK = Okay  
G = Good  
E = Excellent

# 2

Tell how important the item is to you, personally. Circle the letters that most closely tell us how important this item is to you.

NI = Not Important  
SI = Somewhat Important  
I = Important  
VI = Very Important

### *Start Here*

#### A. IN THIS PROGRAM . . .

1. meetings with my family are scheduled when and where they are most convenient for us.

P	OK	G	E	NI	SI	I	VI
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2. the information staff members give my family helps us make decisions about our child.

P	OK	G	E	NI	SI	I	VI
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3. someone on the staff can help my family get services from other agencies.

P	OK	G	E	NI	SI	I	VI
---	----	---	---	----	----	---	----

4. services can change quickly when my family's or child's needs change.

P	OK	G	E	NI	SI	I	VI
---	----	---	---	----	----	---	----

**A. IN THIS PROGRAM . . .**

How well does your program do this? P = Poor OK = Okay G = Good E = Excellent	How important is this to you? NI = Not Important SI = Somewhat Important I = Important VI = Very Important
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5. services are planned with my family's transportation and scheduling needs in mind.

P OK G E	NI SI I VI
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6. someone on the staff can help my family communicate with all the other professionals serving us and our child.

P OK G E	NI SI I VI
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7. the program administer makes my family feel comfortable when we have questions or complaints.

P OK G E	NI SI I VI
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8. the IEP, or IFSP (Individualized Family Service Plan), is used as a "plan of action."

P OK G E	NI SI I VI
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9. there is a comfortable way to work out disagreements between families and staff members.

P OK G E	NI SI I VI
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**B. THE PROGRAM . . .**

10. helps my family when we want information about jobs, money, counseling, housing, or other basic family needs.

P OK G E	NI SI I VI
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11. gives the other children in my family support and information about their brother's or sister's disability.

P OK G E	NI SI I VI
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12. gives us information on how to meet other families of children with similar needs.

P OK G E	NI SI I VI
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13. offers special times for fathers to talk with other fathers and with the staff.

P OK G E	NI SI I VI
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14. offers information in a variety of ways (written, videotape, cassette tape, workshop, etc.)

P OK G E	NI SI I VI
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**B. THE PROGRAM . . .**

15. helps my family expect good things in the future for ourselves and our children.

How well does your program do this?  
 P = Poor  
 OK = Okay  
 G = Good  
 E = Excellent

How important is this to you?  
 NI = Not Important  
 SI = Somewhat Important  
 I = Important  
 VI = Very Important

P OK G E

NI SI I VI

**C. STAFF MEMBERS . . .**

16. are available to go to doctors or other service providers with my family to help ask questions, sort out information, and decide on services.

P OK G E

NI SI I VI

17. help my family learn how to teach our child special skills.

P OK G E

NI SI I VI

18. give information to help my family explain our child's needs to friends and other family members.

P OK G E

NI SI I VI

19. help my family plan for the future.

P OK G E

NI SI I VI

20. don't ask my family about personal matters unless it is necessary.

P OK G E

NI SI I VI

21. respect whatever level of involvement my family chooses in making decisions.

P OK G E

NI SI I VI

22. don't rush my family to make changes.

P OK G E

NI SI I VI

23. help my family feel we can make a positive difference in our child's life.

P OK G E

NI SI I VI

24. give my family time to talk about our experiences and things that are important to us.

P OK G E

NI SI I VI

25. are honest with my family.

P OK G E

NI SI I VI

26. create ways for my family to be involved in making decisions about services.

P OK G E

NI SI I VI

### C. STAFF MEMBERS . . .

How well does your program do this?

P = Poor  
OK = Okay  
G = Good  
E = Excellent

How important is this to you?

NI = Not Important  
SI = Somewhat Important  
I = Important  
VI = Very Important

27. give my family clear and complete information about out child's disability.

P OK G E

NI SI I VI

28. tell my family what they have learned right after our child's evaluation.

P OK G E

NI SI I VI

29. don't act rushed or in a hurry when they meet with me or with my family.

P OK G E

NI SI I VI

30. don't ask my family to repeat information that is already on file.

P OK G E

NI SI I VI

31. don't tell my family what we need or don't need.

P OK G E

NI SI I VI

32. help my family feel more confident about working with professionals.

P OK G E

NI SI I VI

33. give clear and complete information about families' rights.

P OK G E

NI SI I VI

34. give my family clear and complete information about available services.

P OK G E

NI SI I VI

35. help my family feel more comfortable when asking for help and support from friends and other family members.

P OK G E

NI SI I VI

36. regularly ask my family about how well the program is doing and what changes we might like to see.

P OK G E

NI SI I VI

37. offer to visit my family in our home.

P OK G E

NI SI I VI

38. offer ideas on how my family can have fun with our children.

P OK G E

NI SI I VI

**C. STAFF MEMBERS . . .**

How well does your program do this?  
 P = Poor  
 OK = Okay  
 G = Good  
 E = Excellent

How important is this to you?  
 NI = Not Important  
 SI = Somewhat Important  
 I = Important  
 VI = Very Important

39. treat my family as the true experts on our child when planning and providing services.

P OK G E

NI SI I VI

40. give my family clear and complete explanations about our child.

P OK G E

NI SI I VI

41. help my family learn how we can help our children feel good about themselves.

P OK G E

NI SI I VI

42. don't overwhelm us with too much information.

P OK G E

NI SI I VI

43. get to know my family and let us get to know them.

P OK G E

NI SI I VI

44. help my family use problem-solving skills for making decisions about ourselves and our children.

P OK G E

NI SI I VI

45. give information that helps my family with out children's everyday needs (feeding, clothing, playing, health care, safety, friendship, etc.).

P OK G E

NI SI I VI

46. help my family see what we are doing well.

P OK G E

NI SI I VI

47. respect differences among children, families, and families' ways of like.

P OK G E

NI SI I VI

48. ask my family's opinions and include us in the process of evaluating our child.

P OK G E

NI SI I VI

49. are friendly and easy to talk to.

P OK G E

NI SI I VI

50. help my family feel more confident that we are experts on our children.

P OK G E

NI SI I VI

**C. STAFF MEMBERS . . .**

51. enjoy working with my family and child.
52. help my family to have a normal life.
53. explain how information about my family will be used.
54. give my family information about how children usually grow and develop.
55. help my family see the good things we are doing to meet our child's needs.
56. consider my family's strengths and needs when planning ways to meet our child's needs.

How well does your program do this?  
 P = Poor  
 OK = Okay  
 G = Good  
 E = Excellent

How important is this to you?  
 NI = Not Important  
 SI = Somewhat Important  
 I = Important  
 VI = Very Important

P OK G E

NI SI I VI

P OK G E

NI SI I VI

P OK G E

NI SI I VI

P OK G E

NI SI I VI

P OK G E

NI SI I VI

P OK G E

NI SI I VI

**D. MY FAMILY . . .**

57. is included in all meetings about us and our child.
58. receives complete copies of all reports about us and our child.
59. is an important part of the team when our IEP, or IFSP, is developed, reviewed, or changed.

P OK G E

NI SI I VI

P OK G E

NI SI I VI

P OK G E

NI SI I VI

**COMMENTS**

What things about your child's program make it especially helpful and welcoming to your family?

What are ways in which your child's program could be more helpful and welcoming to your family?

Murphy, D. L., Lee, I. M., Turberville, V., Turnbull, A. P., & Summers, J. A. (1991). Family-centered program rating scale. Beach Center on Families and Disability, University of Kansas: Lawrence, KS