



FAMILY-DIRECTED ASSESSMENT GUIDANCE

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Introduction

This document is designed to assist providers in achieving Best Practice scores on the Family-Directed Assessment Observation Tool. Using a collaborative approach with stakeholders, the Baby Watch Early Intervention Program (BWEIP) established quality performance measures that will most positively impact Utah’s Part C State-identified Measurable Result (SiMR).

The document is organized into seven sections. Sections two through six include general guidance to increase the Early Intervention Provider’s (EI Provider) knowledge about the family assessment process including recommended practices and the central role relationships play in successful service provisions. Section seven includes the measurement tool and multiple examples to clarify expectations.

Overview of a Family-Directed Assessment

Providers engage families when they listen to the family’s story, facilitate conversations using clear and useful language, and permit families to describe their concerns, priorities, and aspirations for their child. Through dialogue, providers can learn about the unique routines and activities that make up a family’s day-to-day life, their needs, individual circumstances, customs, values, traditions, and support systems. Without obtaining detailed information about the family’s day-to-day life, the IFSP cannot support the naturally occurring activities embedded within the family’s routines/activities.

Providers should ask families if there are other important people or caregivers the child spends time with and in what settings. For children in childcare, it is important to gather information about the childcare routines. Providers must partner with childcare professionals to learn about the child’s behavior, relationships, knowledge, skills, and functional performance both at home and at the childcare facility.

When applicable, the EI Provider will assure families that they can support their needs in addition to those of their child with special needs. This requires the EI Provider to grant families permission to reflect on how their lives have changed with the addition of their child with developmental delay or disability. In addition, it requires providers to explain to families how every step of the IFSP process is individualized for their unique circumstances.

Early intervention builds upon the resources and supports that are naturally occurring for infants, toddlers, and their families. Providers should engage in a conversation with families to identify the people and resources that are currently being used or could be called upon to assist their child and family. The information shared with providers must be summarized, using the family’s words, under the Concerns, Priorities, and Resources sections of the IFSP:

Concerns	Summary of challenges, difficulties, or worries
Priorities	Statements of what the family would like to achieve
Resources	Both informal (friends, extended family, neighbors, etc.) and formal (religious organizations, primary care physician, financial support, etc.) that the family is able to draw upon and finds helpful

During the family-directed assessment, providers must demonstrate:

- Empathy for family conflicts or challenges related to their child and family
- Respect for the individual strengths of family members
- Early identification and support of emotional or behavioral concerns

- Respect for the role of family culture in understanding variations in social-emotional behaviors (e.g., self-regulation, independence, etc.)

- Respect for family values through a culturally sensitive assessment process

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- Openness to learning about a family’s cultural beliefs and a willingness to suspend one’s own values and beliefs

Relationship-Based Interactions

Relationships are the foundation for all the work we engage in. Loving, nurturing relationships enhance a child’s emotional development and mental health. When conducting family-directed assessments, parents may mention concerning behaviors that their child exhibits. The following parent interview questions may *guide* initial exploration of social-emotional concerns:

- What is your child’s challenging behavior like for you and what have you tried?
- How do you think your child feels when he is engaging in this behavior? Why do you think he feels that way?
- When, where and with whom does your toddler behave in this way?
- Have there been any changes at home that might help us better understand how your child is feeling?
- What has typically happened before the behavior and how do you respond after?
- How does your child’s behavior make you feel? Has the behavior impacted the parent-child relationship?

Children develop and grow within the context of nuclear and extended family relationships. Parents have diverse styles of interacting with their children. These differences are largely influenced by the nature of the parental relationship with their child, including the parent’s childhood experiences. A family’s ability to support their child’s social-emotional development is also affected by the degree to which parents receive practical help and support from family and friends. Social isolation, which includes the absence of emotional support and hands-on assistance, contributes to parental stress that makes it difficult for parents to meet their child’s ongoing needs. Families who experience multiple stressors may have compromised coping mechanisms, making it difficult to sensitively and consistently respond to their child.

Infants and toddlers influence relationships with the family system. Variations in personality and temperament affect parent-child interactions and can directly impact the quality of growing relationships. During a family assessment, providers must listen to and respond to the stresses, stories, and histories of parents. When parents feel their emotional needs are being met, they are more capable of meeting the emotional needs of their child. Likewise, when providers focus on both the child’s and the parents’ needs, they are better equipped to support development of the family system.

Promoting Culturally Sensitive Services

Early intervention services are centered around the family. This requires providers to be respectful of all family members and their unique family culture. When providers are able to create a supportive, warm, and judgment-free environment for parents, they are better able to develop and strengthen the necessary skills to provide their children with nurturing relationships through which they can learn and grow.

Culture is one of the most powerful influences on social-emotional development. Infant mental health and culture impact each other in complex ways and are closely connected during a child’s first year of life. Topics to consider discussing with refugee and immigrant families to learn more about their multi-dimensional cultural perspective include:

- Time spent in the community
- Reasons for relocation
- Holidays, traditions and beliefs

- Impact of trauma and/or crisis events

- Language spoken at home and in the community

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- Family values, roles, structure, and rules

Knowledge of family structure and childrearing practices helps providers design appropriate services and supports that respect family attitudes, beliefs, values, and practices. The questions below may *guide* providers in learning about cultural values and preferences.

Key Concepts	Questions to Consider
Family Structure	<ul style="list-style-type: none"> • Who is considered a member of the family? • Who are the key decision makers in the family? • Do family members all live in the same household?
Child Care	<ul style="list-style-type: none"> • How are infants and toddlers cared for in the family? • What are the parameters of acceptable child behavior? • Who enforces discipline practices in the home?
Routines, Practices, and Patterns of Behavior	<ul style="list-style-type: none"> • What are mealtime routines and the types of food served? • What are the family’s beliefs about eating independently? • Are there any discrepancies within the family regarding beliefs and practices related to eating? • Does the infant or toddler sleep in the same room or same bed as the parents?
Physical Health, Healing, and Intervention	<ul style="list-style-type: none"> • Does the family rely on Western medicine, holistic approaches, or a combination of the two? • Do family members agree about approaches used to address medical needs? • What are the attitudes towards immunizations, screening tests, and preventive health measures?
Mental Health	<ul style="list-style-type: none"> • What is the family’s attitude and beliefs about mental illness? • Are certain types of treatment more acceptable than others?
Perceptions of the Child’s Disability	<ul style="list-style-type: none"> • Are there religious or cultural factors that influence family perceptions? • To what/where/whom does the family assign responsibility for their child’s current delays or disabilities? • Is the family hopeful about the future and believe they can make a positive difference in their child’s life?

Family-Centered Practices

The foundation of family-centered care is the partnership between families and professionals. Family-centered practices are relationship-based, culturally sensitive and responsive, and strengths-based. Family-centered practice means joining with parents to pair discipline-specific expertise and knowledge about development with the parent’s expertise about their child and family.

Although families exist within cultures, each family is unique and has its own history, strengths, traditions, values, beliefs, coping styles, and roles. This requires the IFSP team to value, respect, and accept diversity in family routines and activities.

A family-centered approach encourages early interventionists to recognize that an infant or toddler with special needs is part of a family system, which in turn is part of a larger network of informal and formal supports. Families vary across

cultures, and stereotypes based on cultural assumptions need to be avoided. Family-centered care assures the health and well-being of children and their families through a respectful family-professional partnership.

Family-professional partnerships include the following principles:

- Trusting relationships
- Respecting parental expertise and decision making
- Transparent communication

Based on this partnership, family-centered care:

- Acknowledges the family as the constant in the child's life
- Identifies and builds upon family strengths
- Honors cultural diversity and family traditions
- Recognizes the importance of other community services
- Encourages and facilitates social connections
- Celebrates milestones and successes

Families benefit from family-centered and culturally competent care by:

- Improving quality of care and child outcomes
- Improving overall health outcomes
- Increasing a family's satisfaction with services
- Reducing racial, ethnic, and geographic disparities in services
- Reducing risk of ineffective services attributed to language/cultural barriers
- Enhancing relationships between parents and the provider

Working with Interpreters

Providers may need to collaborate with a language interpreter when serving families in which a language barrier exists. The following guidance may assist the provider to establish a partnership with the interpreter that will continue to strengthen the parent-provider relationship.

- Speak with the interpreter before the visit
- Define roles prior to the meeting: explain the purpose of the meeting and/or what will happen during the visit.
- Allow for additional time
- Plan ahead to account for extra time necessary to communicate.
- Sit in a triangle – across from the parent and next to the interpreter.
- Always look at and speak directly to the parent. Look at the parent, be intentional, shorten sentences, and pause. This will make it easier for the interpreter to accurately communicate everything that is said.

Guidance and Examples

1. Introduce the purpose, process, and voluntary nature of the family-directed assessment			
Quality Indicator	0 Needs Improvement	2 Meets Requirements	4 Best Practice
<p>Families are introduced to the purpose and process for conducting the family-directed assessment. Families are provided with a clear explanation of how the information gathered will be used to support their child and family in reaching identified objectives during enrollment in early intervention.</p>	<p>The EI Provider did not describe the purpose and process of the family-directed assessment nor explain how the information gathered will be used to guide the development of the IFSP.</p> <p>The EI Provider did not inform parents of the voluntary nature of the family-directed assessment.</p> <p>The EI Provider did not inform parents of their right to decline to answer any question that makes them uncomfortable.</p>	<p>The EI Provider described the purpose and process of the family-directed assessment and explained how the information gathered will be used to guide the development of the IFSP.</p> <p>The EI Provider informed parents of the voluntary nature of the family-directed assessment.</p> <p>The EI Provider informed parents of their right to choose not to answer any question that make them uncomfortable.</p>	<p>The EI Provider administered the assessment after eligibility was determined, but before the IFSP meeting took place.</p>
<p>Examples:</p> <ol style="list-style-type: none"> 1. The provider explains that the purpose of the assessment is to identify their child’s abilities in everyday routines and activities. They inform the parents that while participation is voluntary, the information they provide will be important to the development of a successful, individualized family service plan. They tell the parents that they’re free to decline to answer any question asked that makes them uncomfortable, and ask for permission to proceed with the assessment. 2. The provider asks what a family wants to see the child do, what the child enjoys, and about the routines and activities important to their family. The provider tells the parents that they [the parents] are their child’s best advocates and experts. They share with the parents how the information from a voluntary assessment reveals valuable insight about their child that will be meaningful to consider when determining the early intervention services. They tell the family that they can decline to answer any question they’d like and ask if they’re comfortable proceeding with the assessment. 3. The provider shares that children learn through active engagement and interaction during everyday experiences in familiar routines, activities, and with familiar people. They tell the parents that they’d like to have an in-depth discussion about their child’s abilities, interests, and challenges in everyday activities. They tell the family that they [the parents] know their child best and how the information learned will help inform an individualized plan for their child that will incorporate their family’s natural routines and activities. They tell the family that the assessment is voluntary, that they can decline to answer any question that they are uncomfortable with. 			

2. Administer a written assessment tool and facilitate an in-person, conversational interview			
Quality Indicator	0 Needs Improvement	2 Meets Requirements	4 Best Practice
The family-directed assessment was administered by the early intervention provider through formal and informal methods.	<p>The assessment was not facilitated through in-person, conversational interviewing.</p> <p>The assessment did not include a written family-directed assessment tool.</p> <p>The EI Provider did not interact with family members in a warm, caring, and empathetic manner, and did not use active-listening skills to establish rapport with the family.</p>	<p>The assessment was facilitated by the EI Provider through in-person, conversational interviewing.</p> <p>The assessment process included a written family-directed assessment tool.</p> <p>The EI Provider interacted with family members in a warm, caring, and empathetic manner, and used active-listening skills to establish rapport with the family.</p>	<p>The written assessment tool included items to explore child strengths, abilities, needs, functional skills, family routines, activities, and environments, concerns, priorities, and resources.</p>
<p>Examples:</p> <ol style="list-style-type: none"> 1. The provider refers to a program-developed, family-directed assessment tool to guide an in-person conversation about the routines and activities unique to the family. In addition, the tool facilitates a discussion to identify what assistance, supports, or services the parents or other members of the family need to better support the child. 2. The provider uses a written assessment tool to guide an in-person conversational interview about the family’s unique routines, community activities, concerns, priorities, and their child’s abilities, needs and supports. 3. The provider utilizes the written assessment tool to guide a conversation with the family to collect information about their family’s strengths, culture, routines, and goals. Additionally, the tool guides conversations to discover the resources the family currently relies on to support their child’s development. 4. The provider recognizes that the child and family’s day extends beyond the activities that occur at home. Therefore, the provider engages the family in conversations about activities or appointments that occur on a regular basis (e.g., grocery shopping or doctor’s appointments), evening activities (e.g., sibling’s extracurricular activities), recreational, seasonal, or spontaneous events (e.g., movies or camping), and family or friend socializations or celebrations (e.g., weekly dinner with extended family or birthdays). 			

3. Identify child and family routines, interests, and activities

Quality Indicator	0 Needs Improvement	2 Meets Requirements	4 Best Practice
<p>The information gathered by the EI Provider was sufficient to support the development of meaningful child and family IFSP outcomes, activities, and strategies that build upon family strengths and increase family capacity.</p>	<p>The assessment did not include detailed information about daily routines and activities (how the child interacts with objects and people) obtained through reflective, open-ended questions.</p> <p>The EI Provider did not identify routines and activities that the child avoids or dislikes.</p> <p>The EI Provider did not identify child strengths (behaviors and interests).</p>	<p>The assessment included detailed information about daily routines and activities (how the child interacts with objects and people) obtained through reflective, open-ended questions.</p> <p>The EI Provider identified routines and activities that the child avoids or dislikes.</p> <p>The EI Provider identified child strengths (behaviors and interests).</p>	<p>The EI Provider identified the family’s unique routines and activities (i.e., weekend activities, community events, etc.).</p> <p>The EI Provider asked if there were other important people or caregivers that their child spends time with and where.</p> <p>The EI Provider asked about the child’s behavior in daily routines and activities across environments (i.e., childcare, neighbor’s home, grandparent’s home, etc.).</p> <p>The EI Provider explored routines/activities that were previously enjoyed, but now avoided as a result of the challenges associated with having a child with special needs.</p>

Examples:

1. The provider recognizes that while all families have routines, they are not all the same. Therefore, they ask open-ended questions to identify those routines and activities unique to the family and learn about the child’s level of independence, engagement, participation, and social interactions during those routines or activities.
2. The provider moves beyond obtaining a rich description of the child’s level of engagement, independence, participation, and social interaction during meaningful family and community activities and daily routines by exploring activities which were once enjoyable, but now avoided or extremely challenging. They assure the family that their needs and interests, in addition to those of their child’s, can be supported by early intervention.
3. The provider, after learning that the child is involved in childcare, obtains parental consent to learn about childcare routines and any routine-based concerns the caregiver(s) may have.
4. The provider explores routines/activities that parents report as being challenging or uncomfortable. They learn which family members are present and those who are actively involved during each routine/activity. They learn about the times of day that are better for the parent and family.

4. Identify child and family concerns, priorities, and resources (CPR)

Quality Indicator	0 Needs Improvement	2 Meets Requirements	4 Best Practice
<p>The EI Provider identified and documented informal and formal supports and/or resources, child and family concerns, and parent priorities for their child’s development.</p>	<p>The EI Provider did not identify informal and formal social connections or supports (i.e., people, programs, and activities the family currently relies on).</p> <p>The EI Provider did not identify the supports and services necessary to enhance the family’s capacity to meet their child’s developmental needs.</p> <p>The EI Provider did not identify priorities for the family that were positive and functional (i.e. descriptions of what they want to see their child/family achieve).</p>	<p>The EI Provider identified informal and formal social connections or supports (i.e., the people, programs, and activities the family currently relies on).</p> <p>The EI Provider identified supports and services necessary to enhance the family’s capacity to meet their child’s developmental needs.</p> <p>The EI Provider identified priorities for the family that were positive and functional (i.e., descriptions of what they want to see their child/family achieve).</p>	<p>The EI Provider conducted a formal needs assessment (written assessment tool) to identify the family’s needs (i.e., housing, food, healthcare, childcare, etc.).</p> <p>The EI Provider gave the family information about available community services.</p>

Examples:

1. The provider explores with families the need for additional informal and formal supports and services that would be helpful to promote their child’s growth and learning. They are prepared and provide immediate information to the family.
2. The provider listens to the family’s story, identifies what’s challenging, clarifies their concerns, and learns what their hopes and aspirations are for their child and family.
3. The provider uses an evidence-based assessment tool to guide an in-person conversational interview about the family’s unique routines and community activities. An additional tool facilitates discussions with families about any gaps in resources or services essential to meet a basic need (i.e., shelter, food, clothing, employment).
4. The provider recognizes that a family’s struggle to meet basic needs creates parental stress and that as a result, parents may prioritize meeting their family’s basic needs rather than focusing on their child’s development. The provider explores gaps in essential assistance, resources or services and has a conversation with the family about the supports and services needed.

5. Administer with cultural and linguistic competency

Quality Indicator	0 Needs Improvement	2 Meets Requirements	4 Best Practice
<p>The assessment process honored the family by demonstrating respect for diversity in culture, language, beliefs, values, routines, activities, and traditions.</p>	<p>The EI Provider did not demonstrate respect for diversity in language (i.e., EI Provider does not speak the family’s language or did not arrange for interpretation services).</p> <p>The EI Provider did not demonstrate respect for cultural beliefs, values, routines, traditions and/or activities (i.e., expect all families to have the same routines, childrearing practices, activities, and play preferences).</p>	<p>The EI Provider demonstrated respect for diversity in language (i.e., EI Provider speaks the family’s language or arranged for interpretation services).</p> <p>The EI Provider demonstrated respect for cultural beliefs, values, routines, traditions and/or activities (i.e., expecting all families to have the same routines, childrearing practices, activities, and play preferences).</p>	<p>The EI Provider learned about and valued the family’s cultural perspective, child-rearing practices, family roles, perceptions of supports and stresses.</p>

Examples:

1. The provider allows for families to fully participate in the assessment process in their preferred language.
2. The provider recognizes and honors that each family has its own structure, values, beliefs, traditions, and roles which are reflected in their ongoing daily routines and activities.
3. The provider demonstrates respect for and interest in understanding the culturally-based child-rearing practices of the family and avoids stereotyping the family based on cultural assumptions. They avoid inadvertently projecting their own experiences, religious beliefs, and cultural influences or perceptions onto the family.
4. The provider engages in a dialogue with the family to learn about the typical routines which exist in their day-to-day life, their unique circumstances, support systems, customs, values, and traditions. They do not make any assumptions about what the family’s concerns and priorities are or should be.

References

- Center on the Social and Emotional Foundations for Early Learning (CSEFEL). Resources: What Works Training Kits. Retrieved from <http://www.csefel.vanderbilt.edu>
- Congress, Elaine (2008). Exploring Cultural Concepts: The Culturagram. Retrieved from <http://eclkc.ohs.acf.hhs.gov>
- Division for Early Childhood (2014). DEC Recommended Practices in Early Intervention/Early Childhood Special Education. Retrieved from <http://www.dec-speds.org/recommendedpractices>.
- Division for Early Childhood: Early Intervention Community of Practice (2019). Helping Families Meet Resource Needs and Achieve Self-Sufficiency.
- Early Childhood Technical Assistance (2018). ECTA Family Practices Guide. Retrieved from <http://www.ectacenter.org>
- Goode, Tawara (2009). Promoting Cultural & Linguistic Competency: Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings. National Center for Cultural Competence Georgetown University Center for Child and Human Development University Center for Excellence in Developmental Disabilities Education, Research & Service.
- Lucas, A. (2014). Enhancing Recognition of High Quality, Functional IFSP Outcomes. Retrieved from <http://ectacenter.org>
- McWilliam R.A. (2010). Routines-Based Early Intervention: Supporting Young Children and Their Families. Paul H. Brookes Publishing Co.
- Motivational Interviewing: Resources for Clinicians, Researchers, and Trainers (2002). Adapted from Mid-ATTC's online course pages for Motivation and Change in Substance Abuse Treatment.
- National Center for Cultural Competence. Georgetown University Center for Child and Human Development (2007). A Guide for Advancing Family-Centered and Culturally and Linguistically Competent Care.
- National Center for Pyramid Model Innovations | Challenging Behavior (2019). Early Interventionist Pyramid Practices Fidelity Instrument (EIPPI). Field Test Edition 1.0.
- Parlakian, R. & Seibel, N. L. (2002). The Zero to Three Center for Program Excellence. Building Strong Foundations: Practical Guidance for Promoting the Social-Emotional Development of Infants and Toddlers.
- Sexton, S. and Rush, D (2012). The Family Resource Support Guide: Instruments and Procedures for Implementing Early Childhood and Family Support Practices.
- Roseberry-McKibbin, C. (2002). Multicultural Students with Special Language Needs: Practical Strategies for Assessment and Intervention.
- The Workgroup on Principles and Practices in Natural Environments. OSEP TA Community of Practice – Part C Settings (2008). Agreed Upon Practices for Providing Early Intervention Services in Natural Environments. Retrieved from <http://www.ectacenter.org>.
- Childress, D. (2014). Virginia's Early Intervention eLearning Professional Development Center. Tips for Working with Interpreters. Retrieved from <http://www.veipd.org>
- Wayman, E. W., Lynch & Hanson, M. J. (1990). Home-based Early Childhood Services: Cultural Sensitivity in a Family Systems Approach.
- Women, Infants, and Children (WIC) Learning Online. Principles of Motivational Interviewing.
- Woods, J. (2018). Family Guided Routines Based Intervention: Key Indicators Manual
- Younggren, N. (2002) Family-Centered Early Intervention Services in Natural Environments.