

# IDENTIFYING FAMILY STRENGTHS, CONCERNS, PRIORITIES & RESOURCES: Information for Early Intervention Teams

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## **Families' Strengths, Concerns, Priorities, and Resources and the IFSP**

When developed in partnership with families, the Individual Family Service Plan (IFSP) is the cornerstone of the early intervention process and becomes the basis for planning each family's Birth to 3 experiences. The IFSP is a reflection of the partnership between the family and their service coordinator as well as other service providers, and the resources and supports available through their communities.

During the IFSP process, family members may choose to identify their strengths, concerns, priorities, and resources related to enhancing their child's development. This is called a *family-directed, or family-based assessment*. The information a family chooses to share, along with other pertinent information such as child evaluation and assessment findings, provides the foundation for developing outcomes for the family and child, and for identifying appropriate services, resources, supports, and strategies to achieve those outcomes.

The purpose of this bulletin is to provide information on "best practice" approaches for assisting families in identifying their strengths, concerns, priorities, and resources, including:

- Practical strategies for talking with families about these issues, and
- Responses to common concerns.

### **IFSP CONTENT**

State and federal laws and regulations require the IFSP to include:

- Information about the child's physical and developmental status;
- Information regarding current medical and dental status, including vision and hearing;
- A summary of the family's strengths, concerns, priorities, and resources which relate to enhancing the development of their child, as voluntarily shared by the family;
- Outcome statements for the child, including procedures, timeline, and criteria to determine progress and modification of goals;
- Specific early intervention services with frequency, intensity, natural environment location (with justification of why outcomes can't be met, if not in a natural environment), how services will be delivered, specification of group or individual services, and payment arrangements;
- Medical and other services to be coordinated that are not required under the Birth to 3 Program;
- Date when services will start and expected duration;
- Name of service coordinator; and
- Transition plan.

The IFSP document may be consolidated with service plans required under other state and federal programs, such as the Family Support Program or Head Start.

**“ ...in most cases, families themselves can best identify the aspects of family life that are important to the child's development and to the family's interactions with the child.”**

(Bricker & Slentz, 1992)

### **FAMILY-DIRECTED ASSESSMENT**

The identification of a family's strengths, concerns, priorities, and resources:

- Is voluntary;
- Is summarized as part of the IFSP;
- Includes as much information as the family chooses to share;
- Focuses on the child's development;
- Can occur in a variety of ways (e.g. interviews, instruments, conversations, drawings) and locations;
- Can be completed by the family in collaboration with other member(s) of the IFSP team, or by the family alone using a variety of methods;
- Can come from a number of family members, each sharing in their preferred method;
- When possible, uses the family's own words to describe their concerns, priorities, and resources; and
- Provides direction for the development of outcomes and strategies.

Source: Wisconsin Administrative Code, Chapter HFS 90

### **Supporting Families as Partners and Decision-makers in the IFSP Process**

**“Your identification of resources, strengths, and concerns becomes the foundation of your individual plan and no one knows these better than you do.”** (Hunt et al, 1989)

The IFSP is a record or "journal" of conversations and events beginning with a family's first contact with a service coordinator. By listening and responding to parents' preferences, the service coordinator can begin to develop a partnership with the family, letting them know that their involvement makes a difference. The family learns that their concerns and priorities will set the direction for all early intervention activities. Making **informed choices** is one way parents actively participate on their child's team, guiding the direction of their early intervention experiences. The eligibility determination and IFSP planning meetings offer families many opportunities for choice. Early in the process, family involvement is supported by scheduling meetings at times and locations convenient for the family and other team members identified by the family. As the actual process evolves, the family will be supported in discussing their role in various aspects of their early intervention experiences including evaluation and assessment processes and in the identification of outcomes for their child and family.

Families continually decide whether or not to share family information, what information will be shared, and who will have access to this information. If parents agree and choose to share information, they have voluntarily begun their engagement in the *family-directed assessment* process of identifying their family's strengths, concerns, priorities, and resources. Family members who choose to participate also make decisions about their role in the process. Some families will be comfortable taking the lead in discussions; others may prefer that a service coordinator facilitate the process. The best way to choose a strategy, tool, or approach during these discussions is to ask family members what they prefer and provide information about the various alternatives.

## **IN SUMMARY**

The process of identifying family strengths, concerns, priorities, and resources:

- Is voluntary;
- Gives family members an opportunity to explore the ways they influence their child's development;
- Insures that the IFSP will "fit" the family;
- Gives families tools and strategies to identify and address their concerns;
- Is confidential;
- Includes only what family members choose to share;
- Acknowledges the family's concerns; and
- Provides a "journal" or record of the family's experience.

## **Inviting Families to Talk about Their Strengths, Concerns, Priorities, and Resources**

Early intervention personnel who provide initial information to families about the "family-directed assessment" need to communicate that it is an opportunity to enhance the services and supports available to children and families. They need to explain to each family that one of the major goals of early intervention is to support families in enhancing their child's development. This is accomplished by working with infants and toddlers within the context of their families, respecting the family's unique culture and learning about the naturally occurring routines and activities of their family as well as their strengths and high priority concerns. It is important for families to understand this goal to determine if and what they will choose to share about their family. Early intervention personnel will want to encourage family partnerships while also making it clear that the inclusion of family concerns, priorities, and resources is truly optional. Regardless of a family's choice, their child's needs will be addressed by Birth to 3.

Good communication skills are essential in helping families make decisions about sharing their concerns, priorities, and resources, and in facilitating the sharing process. Active listening, self-awareness, selective self-disclosure, reflection, paraphrasing, sharing perceptions using family-friendly language, and using an open-ended line of questioning and inquiry are all important communication skills early intervention service providers can use during these discussions - and throughout the IFSP process.

Engaging families in this process takes time, and will most likely be accomplished over several contacts. The family may offer little information at first since a new relationship is developing. Over time, in the context of that relationship, the family may choose to share more of their strengths, concerns, priorities, and resources.

**Family outcomes are included in the IFSP as they arise, rather than being identified at entry into the program.**" (Slentz & Bricker, 1992, p.15)

## **A COMMUNICATION STYLE THAT WORKS**

- Have a plan for your meeting with the family, and be prepared to depart from it. Be flexible and responsive to the family's situation.
- Be aware of how your own values regarding issues such as childrearing, family roles, disabilities, health care, food, and housekeeping may affect your interactions with families whose values are different.
- Show respect and acceptance of the family's values and situation.
- Be a good listener, using active and reflective listening skills.
- Help other people become aware of thoughts and feelings they are expressing.
- Assist others in gaining skills in problem-solving by explicitly discussing the process.
- Take action.
- Follow through on any commitments you make to the family.

## **Strategies and Tools for Communicating with Families to Identify Strengths, Concerns, Priorities, and Resources**

Family strengths, concerns, priorities, and resources can often be identified most comfortably through conversation. For service providers and family members who feel a need for a more structured approach, there are a variety of strategies and instruments. This section gives parents and other team members an overview of three approaches—verbal interactions, written instruments, and mixed media. Examples are provided, and advantages and disadvantages are listed. Suggestions as to when a strategy or instrument may be most appropriate are given to help parents and service coordinators decide which approaches to use.

### **STRATEGY: VERBAL INTERACTIONS**

#### **Think About Using:**

- Conversations – face-to-face discussions, phone calls
- Interviews - using a predetermined format or style as a guide
- Brainstorming - generating a variety of ideas about an issue
- Chats and anecdotes - a fun way to learn about each other
- Parent-to-parent contact - learn from each other's experiences

#### **Examples:**

- *Hopes and Dreams Exercise* (Connecticut Birth to Three System, August 1997, [http:// www.birh23.org/Publications/default.asp](http://www.birh23.org/Publications/default.asp) )
- *Conversation Starters* (Portage Project Growing Birth to Three, Portage, Wisconsin, revised 1999)
- *Identifying Family Activities and Routines - Conversation Starters* (FACETS - Kansas University Affiliated Program and Florida State University, 1999, <http://www.parsons.lsi.ku.edu/facets/html/module2.html> )
- *Functional Intervention Planning: The Routines-Based Interview* (R.A. McWilliam, Project INTEGRATE, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, 2001, <http://www.fpg.unc.edu/~inclusion/RBI.pdf> )

#### **Advantages:**

- Face-to-face contact can be most effective in building relationships.
- Families usually like to talk about their children and daily happenings.
- Verbal interaction can be formal or informal.
- These strategies allow for immediate clarification or response.
- Verbal interaction is an ongoing, reciprocal process involving all parties.
- Parent-to-parent contacts expand informal support networks.

**Disadvantages:**

- Sometimes it takes a long time to build trust, while priorities may go unrecognized and critical needs unmet.
- These strategies require that service providers have facilitation skills.
- Including all family members may be time consuming.

**When to Use:**

Verbal interactions occur naturally and are used throughout the IFSP process. Many parents prefer conversation to more formal strategies. Verbal strategies are easily combined with other approaches.

**STRATEGY: WRITTEN INSTRUMENTS****Think About Using:**

- Checklists
- Inventories
- Surveys
- Questionnaires

**Examples:**

- *Family Needs Survey - Revised Edition* (Bailey & Simeonsson, 1990)
- *Family Interest Survey* (Cripe & Bricker, Center on Human Development, University of Oregon, 1990)
- *Parent Needs Survey*, (Seligman. & Darling, 1989)
- *Parent Assessment of Needs* (American Printing House for the Blind, Louisville, KY)

**Advantages:**

- Broad-based tools with specific categories help families identify the areas most important to them.
- Professional and family time involved is minimal.
- Much information can be generated from a number of individuals without needing to meet with the whole family.
- Focussed discussions can follow completion of a written instrument.
- Written instruments can be used to obtain independent information from more than one family member for later discussion.
- Some families may find it easier to share information in this manner.

**Disadvantages:**

- People with limited reading and writing skills may have difficulty with written tools.
- For families who come to early intervention programs with well-defined needs, written tools may be intrusive.
- Paperwork, paperwork, paperwork!
- some families may not want a written record of their feelings and concerns.

**When to Use:**

Use written tools as a basis for discussions or to develop an interview format or style. Having a plan for an interview is helpful and necessary. On the other hand, some families may choose written tools precisely because they can complete them privately. Be sensitive to family wishes.

Use written tools in combination with other strategies. In selecting tools, be clear about the areas you and the family want to explore. Select instruments that are designed to provide the kind of information you are looking for. For example, *The Family Interest Survey* (Cripe & Bricker, 1990) is used specifically for identifying existing support systems, not for a broader purpose.

## **STRATEGY: MIXED MEDIA CREATIVITY, TEAMS, PICTURES**

### **Think About Using:**

- Videotapes, artwork, photo albums
- Guided team strategies
- Charting or pictorial tools

### **Examples:**

- Videotapes, photo albums, and child portfolios are enjoyable ways to learn about families and their support systems.

Portfolio Resource: <http://www.coachinginearlychildhood.org/portfolios.php>

- Older siblings may express concerns and priorities in artwork before they would respond in an "interview."
- Charting strategies such as ECO Maps or similar pictorial descriptions of families and their supports can be helpful.

Resources:

*Family Mapping* Adapted by Portage Project Birth to Three Program, Portage, WI

*Eco-Map* - Project INTEGRATE, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, 1999, [www.fpg.unc.edu](http://www.fpg.unc.edu)

- Guided team strategies involve people who are important to the family and child (not necessarily the early intervention team) in a discussion about the future of the child and family.

### **Advantages:**

- These strategies are fun and bring people together.
- Parents use photos, videos, and their children's artwork naturally to share and enjoy family life.
- Families can continue to use these activities whether or not they are involved in a service delivery system.
- These strategies encourage creativity and flexibility.
- Photos and videos are great for showing changes and progress over time

### **Disadvantages:**

- Organization and initiative are required of families and service providers to make the most of these strategies.
- Using photos, videos, and artwork assumes these materials are available to families.
- Some families are not comfortable with these media.

### **When to Use:**

These strategies can be used creatively and flexibly at any time in combination with verbal and written methods. Guided team strategies work especially well during transitions.

**"Family members live in close connection with each other and the voice of one family member resonates throughout the entire family. Nothing is so effective in bringing forth the strength of a family as being able to take an active role in helping their child. And without the family's participation and guidance, no intervention will succeed."**

(Pamela Phillips Olson, Wisconsin IFSP Workgroup Report, 1990)

### **Recording Family Concerns, Priorities, and Resources on the IFSP Forms**

IFSP forms are to include a place to record family strengths, concerns, priorities, and resources. It is beneficial to design your form to reflect an ongoing process so that information can be recorded throughout the family's participation in early intervention. The family determines what to record in this section of the IFSP. Family members can do the recording, or, if they prefer, their service coordinator can do it. The family's own words should be used. Entries are dated; this meets the requirements of the law and also provides family members with a history of their growth and change.

Family strengths, concerns, priorities, and resources are also reflected in the IFSP as outcome statements for the child and family are recorded on the IFSP. Services and supports for the child and family are provided based on these collaboratively determined outcomes that reflect family priorities and concerns.

Parents and service coordinators work together to evaluate and monitor the IFSP. Annual evaluations and six-month reviews are required, but revisions can be made more frequently if warranted. Young children and their families experience frequent change. Whenever circumstances suggest a need to revise the IFSP, the family works with their service coordinator and other team members as needed to make the changes. Any team member may initiate a revision, but the IFSP change is to be facilitated by the service coordinator. The child and family will receive only those services that the family agrees to. The change should be communicated to all team members.

**"The purpose in identifying family concerns, priorities and resources is not to find family problems, but to build on and mobilize resources that may help the family become better able to help their child."**

### **Common Concerns: Information to Consider**

Encouraging families to share their strengths, concerns, priorities, and resources, and finding ways to address these concerns, are new roles for many early intervention service providers. This section addresses some of the questions and concerns often raised as service providers take on this role.

*1. As an early intervention service provider, I am not trained to counsel families. Shouldn't someone trained in counseling or psychotherapy be working with families to identify their concerns, resources, and priorities?*

Supporting families as they identify their concerns, priorities, and resources is a role that all early intervention personnel can assume, regardless of discipline. Effective helping can be thought of as a style or approach common to all help-giving professions, rather than a discipline-specific role. Facilitating this process requires skills in active listening, providing feedback, sharing information, and coordinating services; knowledge of

resources; and belief in the principles of family-centered care. Helping families in this way helps their children. The purpose in identifying family concerns, priorities, and resources is not to find family problems, but to build on and mobilize resources that may help the family become better able to help their child.

Families may identify concerns, such as chemical dependency or family violence that will need to be addressed outside of the early intervention system. The family's willingness to recognize the problem and ask for help is strength. The decision to share it with an early intervention service provider shows trust in the developing partnership. The service provider's role in such situations may be to refer the family, with empathy and support, to appropriate community resources. Confidentiality must be maintained (except in the limited circumstances where the service provider is required to contact Child Protective Service).

Clearly, some early intervention personnel are better prepared than others, by training and experience, to facilitate these discussions with families. Such diversity points to the benefit of teamwork! Service providers who are not confident in their skills can learn and get support from other team members. Participating in training activities is another way for service providers to increase their skills and confidence in this area.

***"There is one thing parents need from professionals and that is they need us to do our jobs."*** (Ann Turnbull)

*2. What happens if a family identifies a priority, but team members can't find a resource to help the family?*

Many families have needs and priorities beyond those addressed by the Birth to 3 system. Sometimes, service coordinators and families will need to look beyond early intervention to find other resources. Identifying family priorities and concerns that cannot be adequately addressed is uncomfortable for team members. But limiting discussion to existing resources may unintentionally restrict parents' dreams for their children and families. When families have been encouraged to express their concerns and priorities completely, without being limited to existing resources, service coordinators can provide feedback to the service system and policy makers at the community and state levels. Such feedback will help shape the future of services and resources available to families. Many creative responses have resulted when community members have gathered to explore the various ways a family's needs may be addressed. With increased collaboration among community agencies that support families and children, such forums have become more common.

Flexibility and creative approaches to meeting families' priorities is needed. There may be therapists or teachers in other agencies or nearby communities who are interested in working with your Birth to 3 team. Perhaps family members, other team members or friends might assume responsibility for some activities recommended by therapists. Families can be encouraged to develop and reach out to their informal support systems. Interagency networks are valuable sources of help. Friends, extended family members, early care and education programs, and other community organizations are often pleased to help when asked and when given support.

Often families express needs for kinds of support that can be given most effectively by other families who have had similar experiences. Parent-to-parent support networks, which link parents of children with disabilities with each other, are growing across the state and nation. Parent-to-parent contact may be made through the mail, over the phone, or through formal or informal meetings. Many parents use these networks to meet others whose children have similar developmental needs or who face similar situations. Parent-to-parent networks can provide families with emotional support, information, and creative approaches to problem-solving. In addition to Birth to 3 staff, the Regional Children with Special Health Care Needs (CSHCN) Program or Wisconsin First Step offer services and resources to assist with parent-to-parent connections. Contact: 1-800 First Step or <http://www.mch-hotlines.org/firststep.html> for information about the CSHCN Center in your region.

Each family and child is unique; no single service delivery model can meet everyone's needs. Some families prefer services in their homes, while others would rather receive services in their child care or preschool setting. More and more Birth to 3 staff function concurrently as direct service providers to children and coaches or mentors to families and other service providers. Teams which are open to new ways of locating, creating, and providing services will respond most effectively to families' concerns and priorities.

### *3. What happens when the family and/or service provider disagree?*

There will certainly be times when team members will disagree. Conflicts can occur among service providers as well as between parents and other team members. Some conflict is to be expected, since each team member's perspective is unique. Exploring conflicts often helps team members understand and learn from each other's point of view. Certain kinds of disagreements can be particularly challenging for early intervention teams.

Team members may have different perspectives about how to meet IFSP outcomes. Teams may find themselves disagreeing on questions such as these: What strategies should be used? Which services does the child need? How frequently will services be provided? Taking time to listen and understand these different perspectives and reach a consensus will build a strong team. Birth to 3 consists of services and resources that are individualized for each family served by the program. It is incumbent upon each early intervention team to understand children's needs in the context of their families and to become familiar with a growing body of research that provides insights into answering these questions.

When parents' perceptions of what is best for their children differ from the perceptions of other team members, the families' perspective must be considered, even though this may be uncomfortable for service providers. Family members are the "authorities" on their own children and family experiences. A concern or need can be addressed only if the family perceives it; this is a key principle of family-centered care.

It is important to remember that parents need to hear the perspective of service providers. Respecting parents' opinions can encourage them to ask for clarification and to consider and reflect on the opinions of service providers in their decision-making.

Service providers often express concern that their role in assisting children is diminished when families are full decision-makers on their child's team. Family-centered practice does not relieve service providers of their responsibility to children; instead, it requires more of them. In addition to knowing how to work with children, service providers need skills in communicating with parents, supporting them in making informed decisions, and negotiating with families on areas of disagreement. Service providers can build trust, strengthen the family, and ultimately serve the child by listening to and respecting the perspective and opinions of the family. In this way, service providers can work more closely with families to develop a comprehensive, integrated plan of services and support.

There will be times when a team will have to "agree to disagree." If this is not possible, it may be necessary to enter into a more formal dispute resolution process. In these instances, the service coordinator is responsible for making sure that families are informed of their procedural safeguards and understand the formal and informal options for resolving differences. Keep in mind that the IFSP process is intended to be a collaborative effort, moving toward consensus on outcomes and strategies to assist children and families. Acting in the spirit of collaboration, a team member will look for ways to support the outcomes desired by the family and the efforts of other team members.

Sometimes a family's priorities do not seem directly related to their child's developmental needs. Human needs follow a continuum from the most basic needs for food, sleep, shelter, and clothing to the more complex needs for satisfying relationships, building self-worth, and self-confidence. When a family's basic needs for food, shelter, and safety have not been met, it is difficult for the family to focus on more complex needs such as enhanced development of their child. It takes time, but addressing family members' identified concerns may enable them to focus more attention on the child's development.

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