

Family-Centered Practices in Early Years Services

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Purpose

Describe, examine, and explore:

- Foundations of family-centered practices
- Principles of family-centered practices
- Traditional vs. capacity-building approaches to intervention
- Thirty years of experience using and researching family-centered practices
- What it takes to become a family-centered program and practitioner
- Conducting a self-assessment of family-centered practices
- Explore next steps in becoming family-centered

Background of the Seminar

Family, Infant, and Preschool Program Morganton, North Carolina, USA

An early childhood intervention and family support program serving young children with and without disabilities and delays that adopted, applied, revised, and evaluated the use of family-centered principles and practices for implementing or providing different kinds of child, parent, parent-child, and family-level interventions, supports, and resources.

Family, Infant and Preschool Program Principles and Guiding Beliefs

1984	Promotional Empowerment Through Partnerships
1986	Family Support Principles (Based primarily on <i>A Statement in Support of Families and Their Children</i>)
1994	Family Support Principles (Revision of the 1986 principles)
1999	Family, Infant and Preschool Program Guiding Principles (Evidence-based principles)

Foundations of Family-Centered Practices

Place of Values in Programs Serving Young Children with Disabilities and Their Families

Values are belief statements regarding how persons involved in education, human services, and other kinds of intervention programs **ought** to be treated by help giving professionals

- Paul Dokecki (1983) was one of the first professionals to propose a value framework for developing policies and practices for strengthening families
- Advocates at the Center on Human Policy (1986) at Syracuse University (USA) first articulated “A Statement in Support of Families and Their Children” that included family strengthening practices

Dokecki, P.R. (1983). The place of values in the world of psychology and public policy. *Peabody Journal of Education*, 60(3), 108-125.

Center on Human Policy. (1986). *A statement in support of families and their children*. Syracuse, NY: Division of Special Education and Rehabilitation, School of Education, Syracuse University.

Value Statements

FIPP used value statements articulated by both the Center on Human Policy (Syracuse, NY) and the Family Resource Coalition (Chicago, IL) as well as the value statements described in *Strengthening Families* (Nicolas Hobbs et al.) and *In Praise of Paradox* (Julian Rappaport) to formulate a set of value statements that emphasized a strengths-based approach to intervention. Some examples of these value statements are:

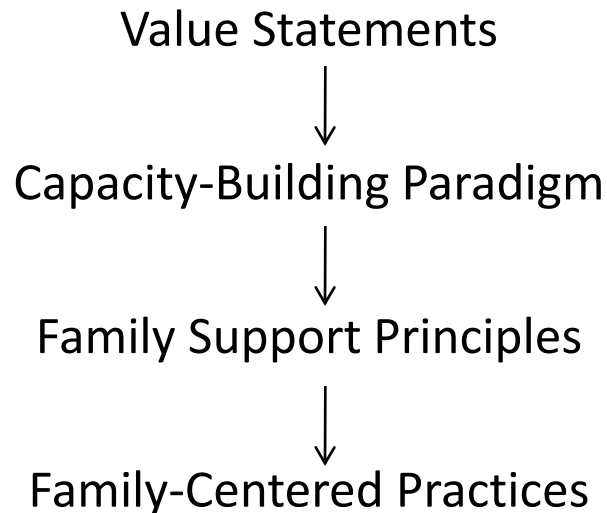
- Every family member has existing strengths and the capacity to become more competent and there are no exceptions
- Every family deserves to be treated with dignity and respect at all times
- Families have the rightful role to decide what is in the best interest of their members

Hobbs, N., Dokecki, P.R., Hoover-Dempsey, K.V., Moroney, R.M., Shayne, M.W., & Weeks, K.H. (1984). *Strengthening families*. San Francisco: Jossey-Bass.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1-25.

The Process of Translating Values in to Practices

The process of translating value statements into family-centered practices was facilitated by “working through” the beliefs, assumptions, attitudes, and personal frames-of-mind of practitioners using benchmarks and standards for assessing the match between values and practices



Family Support Principles

Family support principles are belief statements about how supports and resources ought to be made available to parents and other family members involved in early childhood intervention, parenting support, and family resource programs which specify how staff should interact with and treat families

Family, Infant and Preschool Program Guiding Principles

- Families and family members are treated with dignity and respect at all times.
- Staff are sensitive, knowledgeable, and responsive to family, cultural, ethnic, and socio-economic diversity.
- Family choice and decision-making occur at all levels of participation in the program.
- Information necessary for families to make informed choices is shared in a sensitive, complete, and unbiased manner.
- Practices are based on family-identified desires, priorities, and preferences.
- Staff provide supports, resources, and services to families in a flexible, responsive and individualized manner.
- A broad range of informal, community and formal supports and resources are used for achieving family-identified outcomes.
- Staff build on child, parent and family strengths, assets, and interests as the primary way of strengthening family functioning.
- Staff-family relationships are characterized by partnerships and collaboration based on mutual trust, respect, and problem solving.
- Staff use helpgiving practices that support and strengthen family functioning.

Outcome Network of Ireland Criteria for Family-Centered Practices

- Is underpinned with stated guiding principles or values of family-centeredness which are nationally agreed, consistently understood and used within the diverse teams that have and will emerge
- Has a clear and overarching philosophy embedded in a nationally agreed family-centered practice model
- Is delivery based on a clear set of nationally agreed standards and practices for family-centered services
- Is rooted firmly in our National Children's Strategy
- Each of the above is supported by evidence from what we can learn from the literature

Intervention Paradigms

Paradigms are worldviews or models for describing the key features and elements of how one thinks about, organizes, and uses the different features and elements of a model for conceptualizing and implementing intervention practices.

- The traditional paradigm in education, human services, and health care has been a deficit-based approach to intervention
- An alternative paradigm more aligned with strengths-based values is a capacity-building approach for conceptualizing and implementing intervention practices

Contrasting Approach to Early Childhood Intervention^a

Capacity Building Models		Traditional Models
Promotion	Vs.	Treatment
Empowerment	Vs.	Expertise
Strengths-Based	Vs.	Deficit-Based
Resource-Based	Vs.	Service-Based
Family-Centered	Vs.	Professional Centered

^a Dunst, C.J., & Trivette, C.M. (2009). Capacity-building family systems intervention practices. *Journal of Family Social Work, 12*(2), 119-143.

Capacity-Building Paradigm Model and Practices

Models	Main Focus
Promotion	Enhance and promote competence and positive functioning
Empowerment	Create opportunities that support and strengthen a sense of confidence and competence
Strengths-Based	Build on existing capabilities as the basis for promoting acquisition of new skills
Resource-Based	Use a range of formal and informal resources and supports for enhancing capabilities
Family-Centered	Engage individuals in participatory experiences and opportunities to strengthen and promote new knowledge, skills, and self-efficacy beliefs

Family-Centered Practices

Research has consistently found that there are two clearly discernable subsets of family-centered principles that “fall into” distinct categories of practice:

- Relational Practices
- Participatory Practices

Relational Practices

Relational practices include behaviors typically associated with effective helpgiving (active listening, compassion, empathy, etc.) and positive staff attributions about program participant capabilities. These kinds of practices are typically described in terms of behaviors that strengthen program participant/staff interpersonal relationships (mutual trust, collaboration, etc.).

Participatory Practices

Participatory practices include behaviors that involve program participant choice and decision making, and which meaningfully involve participants in actively procuring or obtaining desired resources or supports or achieving desired life goals. These kinds of practices strengthen existing competencies and provide opportunities for learning new capabilities.

Definition of Family-Centered Capacity-Building

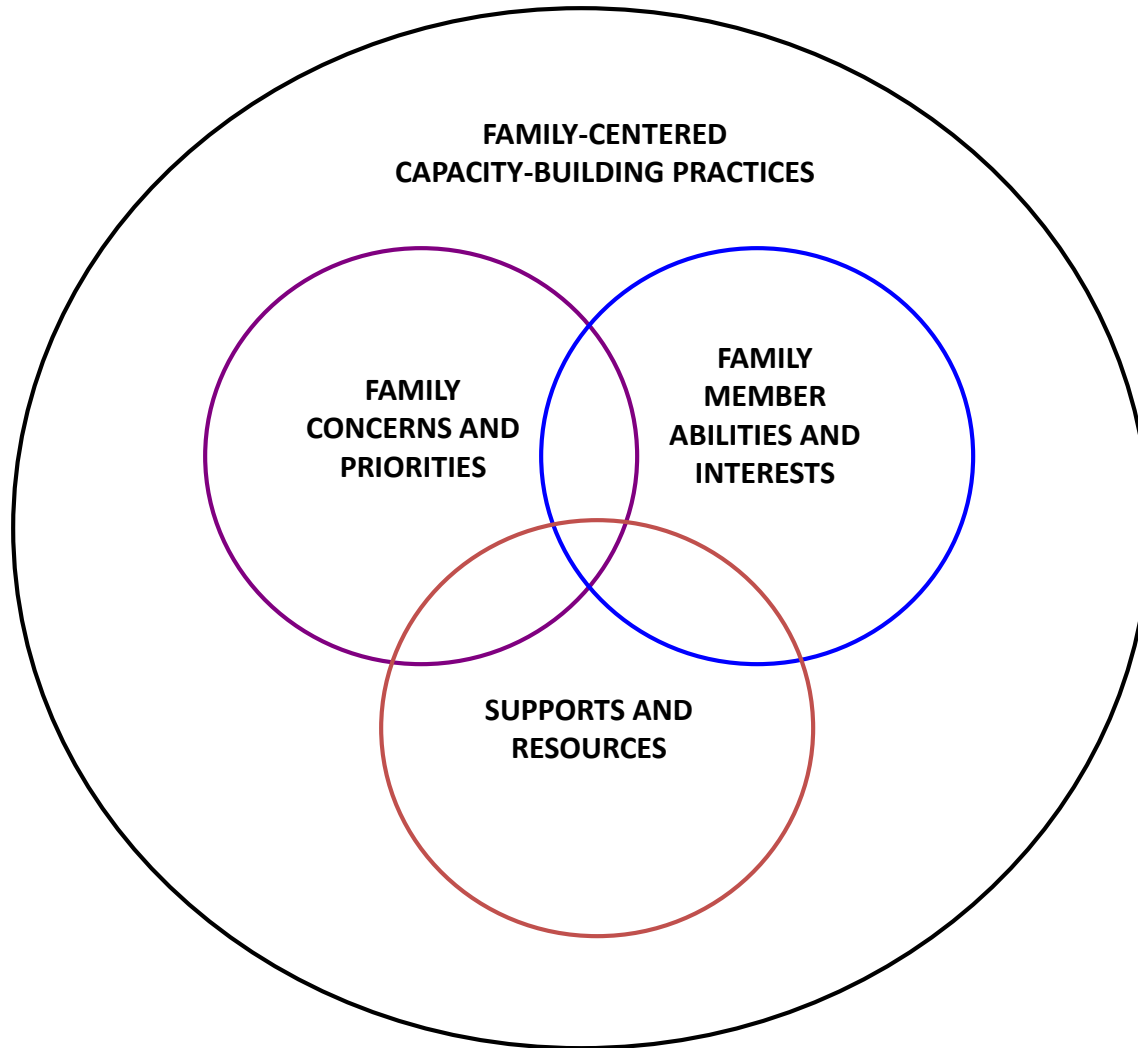
Family-centered capacity-building refers to the methods and procedures used by practitioners to create parenting opportunities and experiences to strengthen existing and promote the development of new parenting abilities in a manner that enhances and strengthens parenting self-efficacy beliefs

Parenting Capacity-Building Paradigm

Models	Main Focus
Promotion	Enhance and promote parenting knowledge and skills
Empowerment	Create opportunities that support and strengthen a sense of parenting confidence and competence
Strengths-Based	Build on existing parenting capabilities as the basis for promoting new parenting skills
Resource-Based	Use a range of resources and supports for enhancing parenting capabilities
Family-Centered	Engage parents in participatory experiences and opportunities to strengthen and promote parenting knowledge, skills, and self-efficacy beliefs

Example of the Application of Family-Centered Practices

Family-Systems Intervention Practices



Main Focus of Each of the Model Components

Concerns and priorities are viewed as determinants of how people spend time and energy obtaining supports and resources

Family strengths are considered family member abilities and interests used to engage in desired activities

Information, assistance, experiences, opportunities, etc. are considered the supports and resources for addressing concerns and priorities

Capacity-building family-centered practices are used for strengthening family member ability to obtain supports and resources resulting in a sense of competence

Lessons Learned from 30 Years of Research and Practice

Measuring Adherence to Family Support Principles and Practices

- Adherence to family-centered principles and practices is measured in terms of program participant judgments of the extent to which program staff interact with and treat participants and their family members in ways consistent with the intent of family support principles
- We considered the Family, Infant and Preschool Program guiding principles a ***behavioral promise*** and ***program guarantee*** that staff would treat families in ways consistent with the intent of the principles
- A consumer sciences perspective was used to assess staff adherence to family support principles and practices where consumers (parents) were considered the primary source of evidence that program staff interacted and treated families in ways consistent with the program principles

Measuring Adherence to Family Support Principles

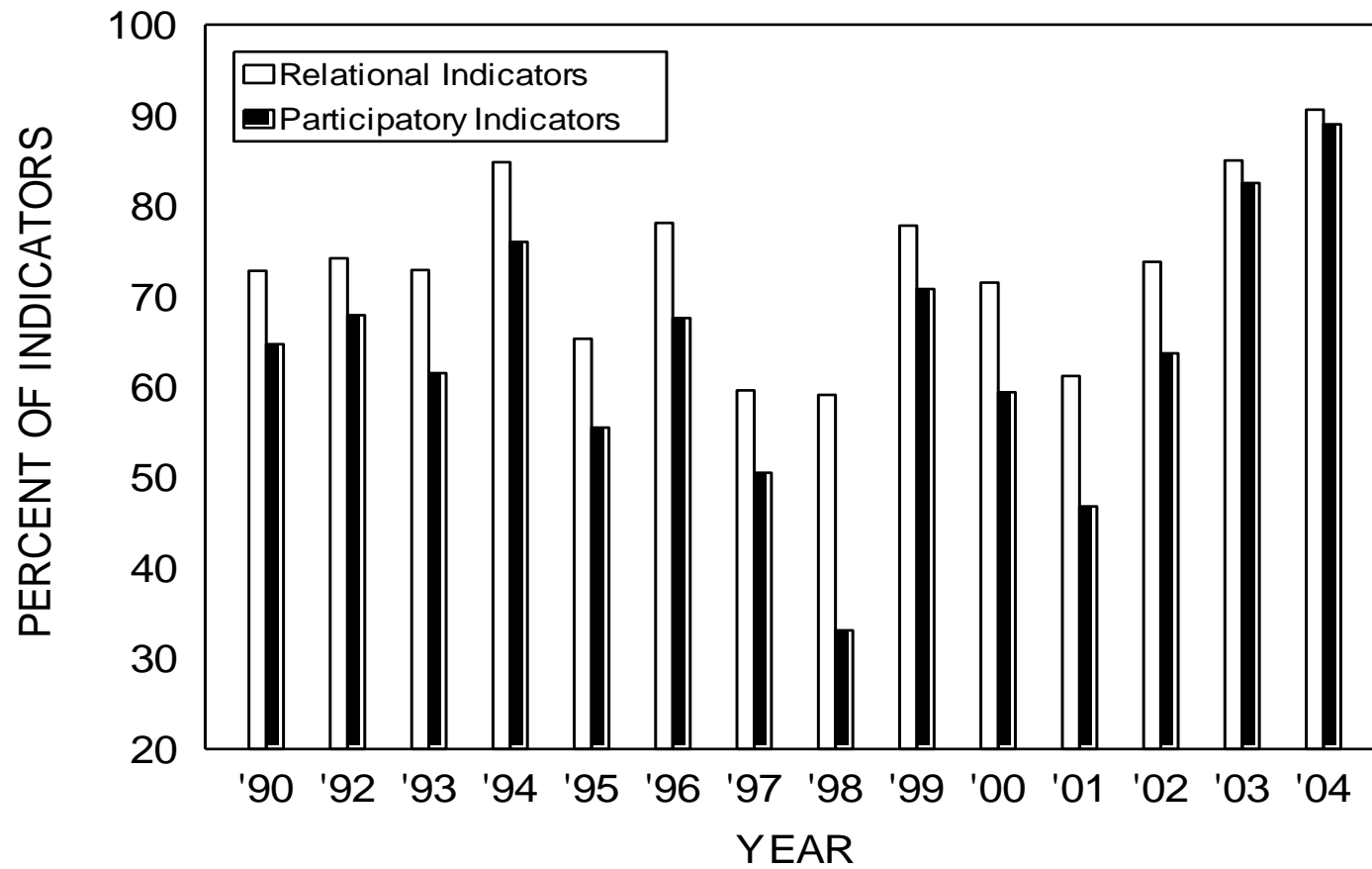
- In a typical adherence study or survey, program participants were asked to indicate on a 5-point scale ranging from *never* to *always* the extent to which staff treat or interact with the respondent and his or her family in the ways indicated
- A typical survey includes 5 or 6 relational indicators and 5 or 6 participatory indicators
- Percentage of indicators receiving the highest rating on a 5-point scale indicating that a respondent and his or her family are *always* treated in the way consistent with the scale indicators

Sources of Information for Assessing Adherence to Family-Centred Practices

- Eighteen (18) studies conducted between 1990 and 2004 at the Family, Infant and Preschool Program (Morganton, NC, USA)
- One thousand ninety six (1096) program participants
- Thirteen thousand five hundred and eleven (13,511) indicators

^a Dunst, C.J., & Trivette, C.M. (2005). *Measuring and evaluating family support program quality*. Winterberry Press Monograph Series. Asheville, NC: Winterberry Press.

Degree of Adherence to Family-Centered Practices



Procedure for Promoting Adoption and Use of Family Support Principles and Practices

Adoption, Application, and Adherence

- ***Adoption*** refers to the actions taken to select principles, understand their meaning, and decide how they will be used to guide program practices and define expected staff behavior.
- ***Application*** means the manner in which principles (and practice indicators) are used as standards and benchmarks against which day-to-day program decisions and practices are judged.
- ***Adherence*** refers to the extent to which program participants judge their experiences with program staff as being consistent with family support principles.

Operationalizing and Measuring Adherence to Family Support Principles

Principles



Practices



Indicators

Promoting Practitioner Adoption and Use of Family-Centered Practices

Family-centred checklists can be used as standards against which program or practitioner practices can be assessed as consistent with the intent of family-centred practices

Relational Practices Indicators

		In what way was each practice used?	Rating	Example/Comment/Reflection
Interpersonal Skills		Communicate clear and complete information in a manner that matches the family's style and level of understanding.		
		Interact with the family in a warm, caring, and empathetic manner.		
		Treat the family with dignity and respect and without judgement.		
Asset-Based Attitudes		Communicate to and about the family in a positive way.		
		Honor and respect the family's personal and cultural beliefs and values.		
		Focus on individual and family strengths and values.		
		Acknowledge the family's ability to achieve desired outcomes.		

Participating Practices Indicators

PRACTICES	Family Choice and Action	Work in partnership with parents/family members to identify and address family-identified desires.		
		Encourage and assist the family to make decisions about and evaluate the resources best suited for achieving desired outcomes.		
		Seek and promote ongoing parent/family input and active participation regarding desired outcomes.		
		Encourage and assist the family to use existing strengths and assets as a way of achieving desired outcomes.		
		Provide family participatory opportunities to learn and develop new skills.		
	Practitioner Responsiveness	Assist the family to consider solutions for desired outcomes that include a broad range of family and community supports and resources.		
		Support and respect family members' decisions.		
		Work with the family in a flexible and individualized manner.		
		Offer help that is responsive to and matches the family's interests and priorities.		
		Assist the family to take a positive, planful approach to achieving desired outcomes.		

Capacity-Building Study of Parenting Practices

Caregiver Confidence and Competence Associated With the Use of Caregiver-Mediated Intervention Practices^a

Purpose: Determine the extent to which the use of caregiver-mediated everyday child learning was associated with improvements in caregiver skills, competence, and confidence

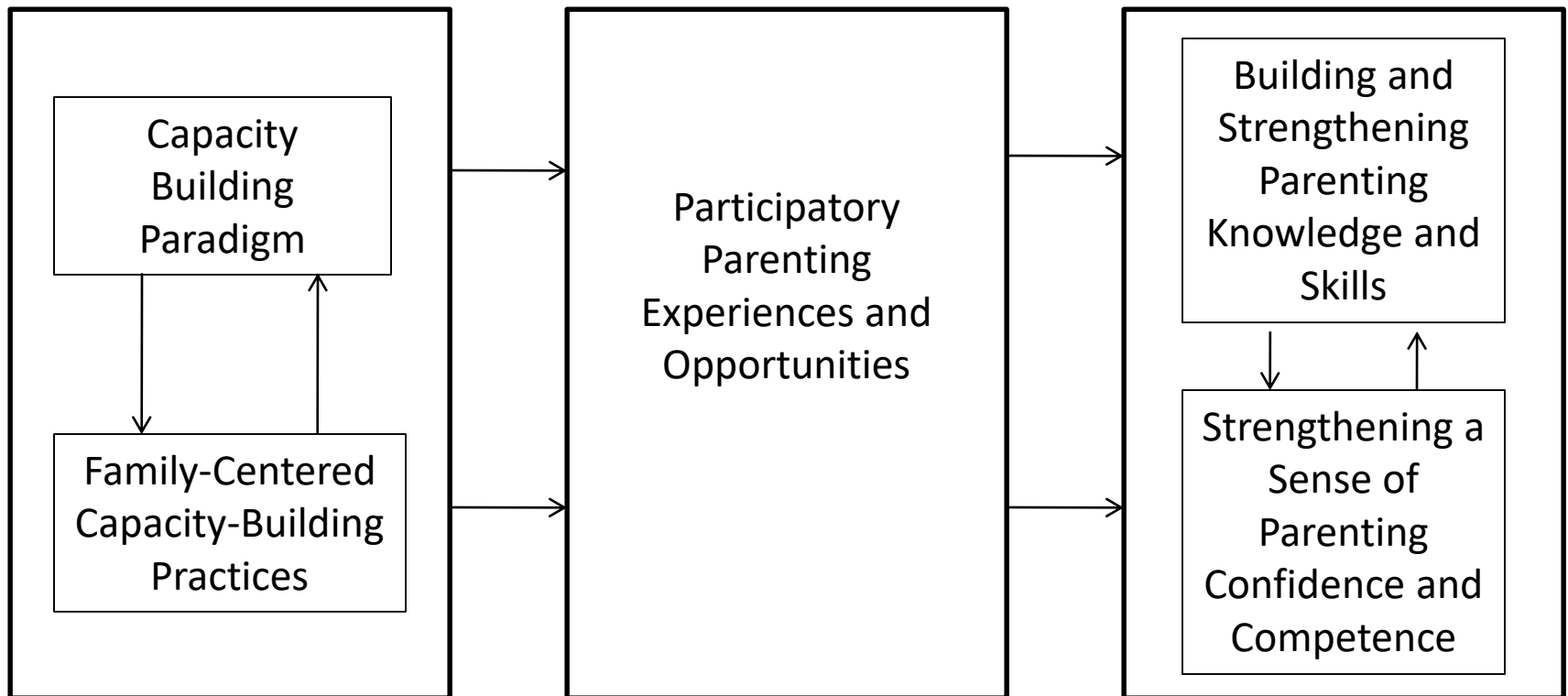
Study Participants: Three mothers and one grandmother of preschool aged children with disabilities or developmental delays

Outcomes: Measures of parenting behavior (skills) and parenting self-efficacy beliefs (confidence and competence)

Methodology: Multiple baseline design across study participants

^a Swanson, J., Raab, M., & Dunst, C.J. (2011). Strengthening family capacity to provide young children everyday natural learning opportunities. *Journal of Early Childhood Research*, 9(1), 66-80.

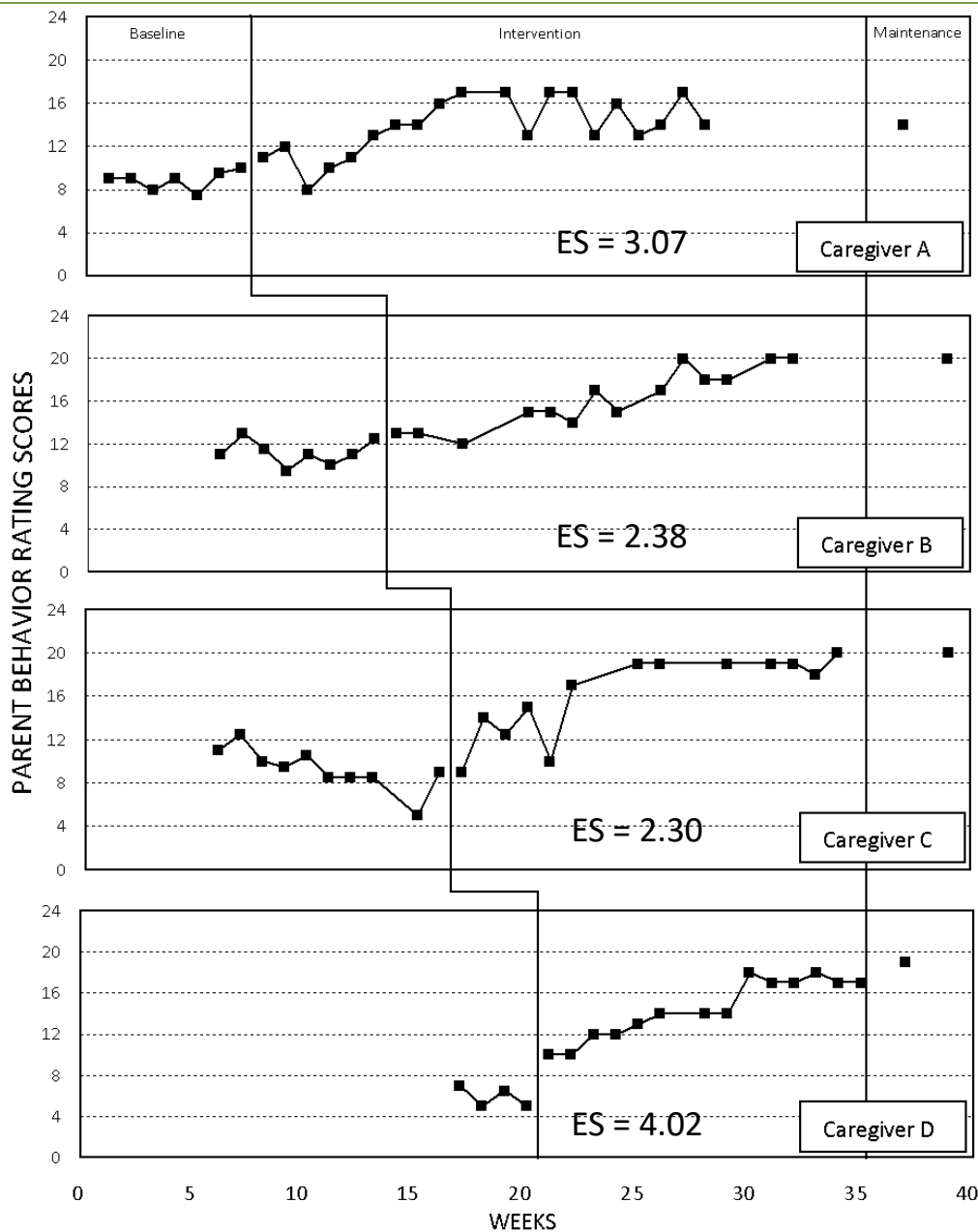
Relationship Between Four Elements of a Capacity-Building Model



Caregiver-Mediated Early Intervention Practices

- Study participants used child interest-based everyday activities as sources of child learning opportunities where the participants supported and encouraged child learning in the activities using responsive teaching procedures.
- Participants identified their children's interests, the everyday activities that were sources of interest-based learning opportunities, and the responsive caregiver behavior that was used to engage and sustain child engagement in interest-based everyday child learning.
- An early childhood practitioner used participatory parenting experiences and opportunities to support and encourage the caregivers' use of the natural environment practices.

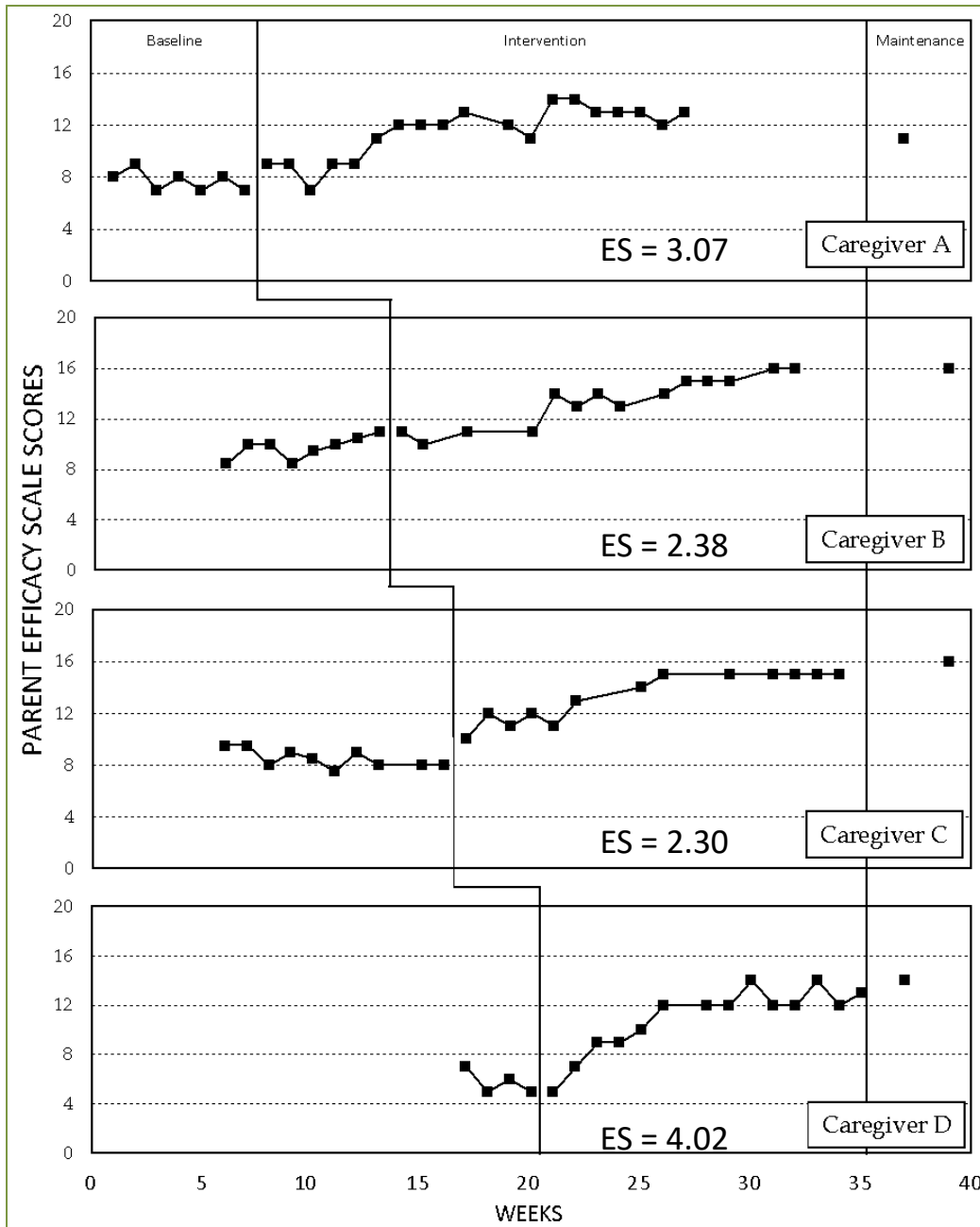
Parenting Skills



Adoption and use of everyday activities as sources of interest-based child learning opportunities strengthened and promoted parents skills in using the natural learning environment practices

(NOTE. ES = Estimated Cohen's *d* effect size)

Parenting Confidence and Competence



Findings also showed that promoting caregivers' use of everyday activities as sources of interest-based child learning opportunities had the effect of strengthening parenting competence and confidence

(NOTE. ES = Estimated Cohen's *d* effect size)

Implications for the Outcomes Network of Ireland

Outcome Network of Ireland Talking Points

1. Families are informed
2. Families choose child development goals
3. Families choose their goals
4. Families are satisfied with their services
5. Families are satisfied with their life situations
6. Families choose services and supports
7. Families have economic resources
8. Families remain together
9. Children spend time in inclusive environments
10. Children develop relationships
11. Families are a part of their communities
12. Families attain their goals
13. Children attain developmental milestones
14. Families remain connected to natural supports
15. Children are safe
16. Families exercise rights
17. Families are respected
18. Children have the best possible health
19. Children are free from abuse and neglect
20. Families experience continuity and security