

CHILD CARE

plus +

FALL 1995

Supporting Inclusion in Early Childhood Settings

Vol. 6, No. 1

Being Part of The Team

Every child with a disability enrolled in an early childhood program is receiving specialized care from at least one other professional. The specialist may be a pediatrician, social worker, speech therapist, public health nurse, or other individual. Most children actually have a team of professionals—each with a unique specialty—who work together to design intervention that will help the child develop new skills. When a child with a disability is enrolled in an early childhood program, the team is expanded to include the child care provider or other early childhood professional.

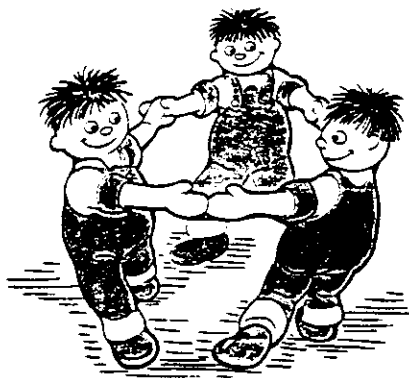
Working with young children with disabilities can be challenging. Questions may arise that no one person could answer. That's one good reason why a team of professionals works together to create the kind of intervention that will help a child grow and develop. An early intervention specialist may have questions about the implications of a rare genetic disorder, and the geneticist can provide those answers. The child's motor therapist may not understand how to help a child learn to produce specific sounds, but the speech therapist knows how. Because no one person is expected to have all the answers, the team needs to work together so that each person's expertise is used to the child's advantage. Working together, however, isn't always easy. Each team member shares the responsibility to create relationships that include respect, communication, and collaboration.

RESPECT: It is unlikely that any two team members will have the same background and expertise. The team may include a physician and a physical therapist, and each one provides different kinds of information. Respect develops as each team member's unique role is recognized and their possible contribution is understood. One way to develop respect is to simply list the team members and identify the contribution each one can make.

Some members of the team may be overlooked because

their role is misunderstood. Many early childhood educators report that team members do not seem to understand their role initially. In order to be recognized as a valued contributor, you need to explain what you do in your program. It may seem silly, but many individuals think of child care and preschool programs as baby sitting—not early care and education. It is important to be respectful of other team members as well as to be clear about what you do and what role you can play.

Team members can be involved in many ways. A valuable contribution should not be overlooked just because the individual can't attend meetings or is hard to contact.



COMMUNICATION: Think of how busy you are and imagine that each of the other team members is probably just as busy. It is no wonder that it can be difficult to schedule meetings! If the team is going to work together, ongoing communication is important, but meetings may not be. Communication among team members can be accomplished by sharing information in written reports/updates and in frequent tele-

phone calls, by scheduling joint sessions with the child and family, or by recording observations in a common journal where others can read them. Of course, when the team does schedule a meeting, everyone should have an opportunity to contribute even if they cannot attend.

COLLABORATION: Collaboration means being willing to work with others and to use their suggestions to modify as needed. Modifications may include adding a piece of equipment or changing the routine for a child's therapy appointments. Part of being a member of a team is *giving* input as well as *getting* input from others. Children benefit most when team members appreciate each other's expertise, and intervention becomes richer and more effective through their collaborative efforts.

As beneficial as the team is to the child, the benefits for the early childhood professional are even greater. You have the opportunity to profit from the expertise of many different individuals—to ask questions when you aren't sure about a child's needs, to brainstorm with someone who can offer a fresh perspective, to share frustrations, to celebrate accomplishments, and to offer the valuable information you have learned about the child. + smg

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+ MAKING IT WORK:

Practical Ideas for Working with Specialists

- Set aside a place for team members to leave a coat and personal belongings when they visit your program. This is also a great place for items or notes that team members want to share with one another.
- Find a spot to post your daily schedule so specialists can orient themselves to your program. Team members can use your schedule to find ways to integrate their ideas within the child's regular routines.
- Be sure to ask the therapist to take some time to introduce him/herself to each child. It's exciting to see a specialist become part of the whole program rather than being viewed as a single child's therapist.
- Model your respect for confidentiality: always ask parents for permission to share information, avoid negative comments about team members or programs, and keep conversations focused on the specific child rather than talking about other children in your group.
- When team members visit your program, make it clear that your focus is on the children. Adult conversations should occur outside the children's range of hearing, especially if the content is about one of the children.
- Use effective and efficient communication strategies. Try a variety of strategies to find what works best in each situation. Stay flexible; families' wishes, children's needs, and team membership will likely change over time.
- Photographs and work samples (paintings, name-writing efforts, story dictation, etc.) can help present useful information about a child's progress. If parents agree, share these with team members.
- Share program materials. When specialists are well-informed about your program, they can build a respectful relationship with you and look for ways to imbed IFSP or

IEP goals in your routine. To be more specific:

1. Distribute your written program philosophy to team members explaining how you view the roles of the child, adult, and environment in your program, and how you feel about pull-out therapy vs therapy that is integrated naturally into group activities and children's play. What guidelines would you like to share with therapists?
 2. Share your policy statement including child guidance strategies, arrival and departure times, program holidays, and other policies that guide your program.
 3. Parent newsletters provide team members with ongoing information about your program themes and activities. Many specialists enjoy using field trips or program themes that have captured the child's attention.
- Help team members get a picture of the environments and materials you provide for children. This helps them develop goals and suggest ways to use or modify what you already have to meet the needs of a particular child.
 - Be sure to let specialists know your needs! They may be able to help you get the equipment or materials you need to successfully include a child. They can also provide information and ideas from their area of specialization that can enhance your existing skills.
 - Specialists need to know about your abilities, interests, and any special skills you have. When team members are well-informed and use each other's individual strengths, the quality of service for the child grows.
 - Help team members become acquainted with your entire staff--regular employees, substitutes, volunteers--so they can also be included in the team's efforts.
 - Nurture yourself. Ask for help when you need it and keep track of your successes. Keeping a journal, listing strengths you see in yourself, and positive self-talk can all be useful for early childhood providers.
- Just as children benefit from your efforts to be an active team member, so can you. When we see ourselves as learners as well as teachers, we can truly enjoy--and benefit from--collaboration with other professionals.+ shw

+ NOTES FROM HOME:

The Kindness of Strangers

◆ *During the first two years of Jake's life, it seemed that every interaction involving our son emphasized only the things he was unable to do. Jake is now 2½ years old, but he still does not walk or talk. It was such a sad time--those first two years. We knew Jake had a problem but we didn't know what it was. We didn't know where to turn. We didn't know what to tell people. Access to services seemed to always depend on a diagnosis, which we didn't have. We wanted an answer, but we hated putting Jake through the testing. We needed help but resented the fact that we couldn't just close our front door and be a family. In the midst of this swirling mass of questions was a little boy who puzzled, frightened or saddened those around him. Even I was obsessed with getting him to the next developmental phase. I loved my son and I played with him often, but teaching was always my motive. The first ray of sunlight came last year. ◆ Jake's new physical therapist was the first professional who had ever seemed able to enjoy and help our son without being so bewildered about the nature of his disability. As our trust in her grew, she introduced us more thoroughly to the other members of Jake's "team" (a group we had avoided when we could for fear of more bad news). As we began in earnest to watch Jake's physical therapist and speech therapist praise and play with him, we fought to control our tears. It was then that I saw professionalism melded with compassion, and the sight cued me. ◆ Give me an incompetent expert, an insensitive question or a tactless doctor and I'm ready. I've become quite a good fighter over the past two years. But give me a paper with paint splashed all over it and Jake's name at the top and I dissolve into a moist-eyed display of gratitude and wonderment. Tell me my son fed himself 10 french fries at lunch. Share a funny story about his participation in a game, and I can't hold back my tears. My son is loved and cared for by people who were strangers just a few months ago. But what touches my heart the most--and gives me faith about the future--is that my son has finally learned to trust. And looking back, I realize he isn't the only one.+*

(Excerpted from "Kindness of Strangers" by Betty VanHoogmoed, Exceptional Parent, February 1995.)

+ SPOTLIGHT: On Behalf of The Child: Making Referrals

Child care providers and other early childhood professionals are in an ideal position to observe young children's growth and progress. Many providers have years of experience with a number of different children. Many have training in children's development. They are usually sensitive to children's differences in ability, temperament, and rate of development and have frequent opportunities to observe children's behavior in a variety of activities. A provider might be the first person, besides the parents, who suspects a child is not developing as expected for their age and stage. Providers need to pay attention to their concerns; when children have delays, the earlier they receive help, the better the chance they will benefit.

This is not to imply that early childhood professionals should be doing formal assessments and making diagnoses. They can, however, become acquainted with agencies in their community that provide specialized services for families and can participate—or provide information for parents to take part—in community screening programs for vision, hearing, and speech. A screening test identifies children who need further evaluation and can often be scheduled at the child care site. And every state is required to have a "child find" program to identify children's needs as early as possible.

The process for making a referral for further evaluation when you have concerns about a child's development are briefly described below. Be sure to document each step.

1. MAKE SURE EXPECTATIONS ARE DEVELOPMENTALLY APPROPRIATE A particular child's development may seem problematic because of a provider's limited past experience with young children or inappropriate expectations for children's development. Expectations tend to fall into two categories: 1) developmental milestones such as walking and talking, and 2) social expectations such as paying attention or sitting still which may vary depending upon cultural expectations. Providers who know that walking typically occurs in children anywhere from 7 months to 23 months—with the average age at 18 months—are not alarmed by children who are not walking by 18 months. Providers wouldn't expect two-year-olds to sit still (most can't, but may if really interested) and yet sitting still is an appropriate expectation for most four-year-olds (if really interested). Other staff and colleagues can help you look at your expectations for a child to see if they are within the abilities of that child or appropriate for a child that age.

2. OBSERVE AND RECORD Recording the child's behavior for a week or two can help you decide whether what you think is happening is definitely happening. This careful observation can reassure you that your current concerns are accurate and forms the foundation of discussions with staff members and parents. You may also ask colleagues or the child's parents to observe the child in your program or group. Observations should describe what the child does or says, not your interpretation: "Basil said 'please,' 'more juice,' and 'no' during snack time."

3. EXPRESS YOUR CONCERNS Parents are partners in

cares for their child, and it is important to work together. A critical step in referring a child for evaluation is to express your concerns to the parents and get their consent. This can be simply done by saying, "This (describe behavior from your observations) is what I'm seeing; is it something you see at home?" or "Have you noticed . . . ?" Often parents have had similar concerns or have noticed or observed similar behavior. Sometimes, parents react defensively or become angry; these are, after all, sensitive issues. Be careful to use descriptions of the child's behavior, and avoid references to any disability. It is helpful to say "Basil looks away when I ask him a question and does not answer me, what does he do when you ask him a question?" rather than "I think Basil has a hearing loss (or is deaf)."

4. DEVELOP A PLAN OF ACTION Whether or not parents have similar concerns, you may want to meet together to discuss options and develop a plan of action. This step may result in outcomes that are hard for child care providers to accept because, as advocates for young children, they want action when they think there is a need. Following is a list of the many options from which parents may choose. Any time when you suspect neglect or abuse, you are obligated by law to report your concerns to the proper authorities.

Use what you learn from each other The parents may have suggestions for how to work with their child that you have not tried. They may say, "Oh, we just persist when Basil looks away, and he usually answers." In addition, you may have ideas about things they could do to help the child participate in your activities such as "these are the songs (or finger plays) we often sing at group time, does Basil know them?"

Do nothing This option may be hard when you still have concerns even after talking with parents.

Wait and see When you choose this option, the child care provider and the parent(s) both can watch for the targeted behaviors. After an agreed-upon period of time, you can talk again about what you each observed and make another plan of action, if necessary.

Assessment by a qualified professional You can help parents locate the appropriate agency and provide support to the family as they go through an evaluation process: providing your observations of the child, helping fill out paperwork, and offering your program as a natural environment for assessment.

Coordinate services If the assessment does indeed reflect the child's need for specialized services, you can ask for parent's permission to coordinate your child care services with the new agency.

Obviously, the process does not always go smoothly or have a simple solution. Whatever the outcome at any step along the way, you will have done your best to provide the resources and support young children need to develop and grow at the best pace for them. And your respect and collaboration will strengthen parents as they make decisions that affect the family and their child. + sim

+ WHAT DO I DO WHEN

QUESTION: *I have recently enrolled a child in my program who has spina bifida. The parents gave me a list of people who work with her and told me to feel free to call them any time and ask them questions. I feel stupid asking questions of someone when I don't even know what an "occupational therapist" is supposed to do.*

ANSWER: Getting information from the professional members of a child's early intervention team can seem like a considerable task. It is even more difficult when you are unacquainted with the services performed and the people who offer them. As a new, and very real member of that team, you—as an early childhood professional—will want to take advantage of the other team member's expertise to enhance your ability to meet the needs of the children in your care. In order for the concept of teamwork to be effective, each member of the team needs a clear understanding of the roles the other members play and how these concerned individuals cooperate with one another for the benefit of the child. You are ahead of the game in that you already have permission from the parents (preferably in writing) to interact with the other professionals working with their child. Think of finding out what these professionals do much the same as you would if you were looking for information on any other topic. A direct approach is usually best. Call the individuals on the team and let them know that you have enrolled a child they work with and are interested in ensuring that the child gets the best care in your program that you can provide. Just as you find yourself uninformed about what these professionals do, they too may be uninformed about what happens in a typical early childhood program. You have information to **share** with these other professionals. And they have information to **share** with you.

To get the ball rolling, schedule a meeting or make a phone call to one of the professionals on the parents' list

and ask one or more of the following questions:

- Describe what you do—especially with this child.
- How can you help me if I need assistance in meeting the needs of this child in my program?
- Tell me what I could do to give you information about this child's successes and challenges in my program?

You are on your way, and remember... it is easier to ask questions than it is to correct mistakes!+ kmg

(If you have a question about children with disabilities in child care settings, please send your question to CHILD CARE plus+.)

+ RESOURCE REVIEW

Deciphering the System by P.J. Beckman and G. Beckman Boyes (1993) provides basic information about parents' rights under recent legislation affecting young children with disabilities and information about the many other aspects of the service system parents may encounter. Tips include handling educational planning meetings, due process hearings, transitions from preschool to regular schools, and working with multiple service providers. To order, call (617) 868-0360 or write Brookline Books, P.O. Box 1046, Cambridge, MA 02238. +

CHILD CARE plus+ is designed to support inclusion of children with disabilities in early childhood settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

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