Our "real" job is to teach young children—right? Well, yes, and since every child is part of a family, we also interact with families. Most often, child care providers and families learn from each other—by building a partnership together. An effective partnership requires communication, and in many cases, determination. It is a commitment that cannot be overlooked. Parents of a child with a disability, for example, may have unique or more specific questions about the program, about our ability to care for their child, or our willingness to learn new skills we may now need. Families need assurance that we will work with their child, and with them, to create a warm, trusting relationship.

Here are some keys to enhance our ability to be responsive to families as we build partnerships with them:

- **Each family is unique.** Although there may be similarities, the specific needs, interests, and concerns of families vary greatly. Part of developing a partnership is recognizing each family's unique characteristics and being creative in interacting with them. The impact a child with a disability may have on the family is difficult to predict. It clearly changes the family structure—there are new demands, worries, challenges, and delights. It is less clear what resources a family may need, so it is important to take time to listen and learn—letting each family tell their own story.

- **Each partnership with a family is a new beginning.** Some parents may have had bad experiences in the past. They may be worried that they and their child will have a hard time fitting in again. New beginnings allow child care providers and families to identify the best strategies to meet both partner’s needs starting today.

- **Ask questions.** Parents may not know what kind of information we need. Asking respectful questions provides information about both the child and the family. Open-ended questions like tell me about John’s favorite toys provide more information than specific questions like does John like to build with blocks? Encourage families to share details that might be applied in the child care setting. In response to being asked to describe a typical day with her child, one mother asserted that the hardest part of taking him any place was managing the wheelchair. As a result of this information, the child care provider and mother took the time to generate plans for preparing for the program’s frequent field trips, before any permission slips were sent out.

- **Use several strategies for regular communication.** A notebook could be used to communicate on a daily basis, parents could be encouraged to stay to visit when they drop off or pick up their child, or "phone dates" could be scheduled at a mutually convenient time (for example, during nap time). It often helps to have options for families so they can choose. Some information is not as easily shared in a note and requires personal contact. Other times, families may prefer a more private way to communicate with us, especially if conveying sensitive information. We create barriers for families and ourselves when we limit communication to only one or two preferred methods.

- **Share achievements as well as challenges.** Parents need to feel part of the program and know that their child is having many different and positive experiences. Rather than bringing in the family to report on a negative situation, we will want to talk often and about everything. A parent who has never seen his child play with play-dough would be thrilled to receive a note (or picture) describing his child’s most recent clay sculpture. When problems do arise, it is helpful to have established a pattern of communicating so that the relationship is strong enough to share difficulties as well as triumphs.

- **Include siblings, grandparents, aunts, uncles, and cousins.** Some children may also have foster parents or long-term respite care providers who assume a parenting role. Each of these individuals plays an important function in the life of the child. When child care providers and family members are partners, children have the opportunity to benefit from all the nurturing they collectively provide.

A true partnership combines the strengths of both individuals to create something that neither could do alone. Caring for young children is not always easy, but the challenges can be as great as the rewards. Building partnerships with families is also a challenge, but children come to us as part of a family. It is difficult to be effective with children if we fail to recognize the importance of being connected with their families.
When different professionals work with the same family, frequent communication is important. As you build partnerships with families, the same strategies can be useful in developing strong working relationships with special education teachers, speech and motor therapists, educational aides, and other team members working with young children with disabilities. Here are some ideas:

★ If you use a notebook to share information between home and your program, team members can use the same notebook to share their ideas and observations. (Be sure to check with the child’s family before you invite others to use the notebook.) The child’s parent appreciates hearing about events that occur during the day, progress related to learning objectives, or the opportunity to respond to the questions you write down. In a similar way, specialists who work with the child can also benefit from your observations and help answer questions. Using notebooks to share information is especially helpful if the team member works with the child in your setting. You will get useful suggestions, and early intervention specialists and families will discover fresh strategies that only early childhood professionals like you (and your staff) can think of.

★ Next time you have an open house, parent evening, or special program, invite your colleagues on the team. They may truly appreciate the opportunity to learn more about your program and the different ways you connect with children and families.

★ Invite a therapist or other early intervention specialist to conduct a workshop for families in your program—all of the families. Many of these specialists have unique skills to share that are of interest to most parents of young children. A motor therapist might teach parents of babies to do infant massage or a speech therapist could discuss normal stages of communication.

In order for relationships between parents and caregivers to honestly be “give and take,” good communication must be established, constantly encouraged, frequently available, and a high priority. An interactive parent bulletin board might just be the answer for sharing both outgoing and incoming information. To be truly interactive, both the provider and the parent must have equal opportunities to pass on requests, suggestions, interesting new information, and announcements. Some caregivers call it their “Give-and-Take” Board.

A “Give-and-Take” parent bulletin board has:
- paper and pencils handy for easy use.
- push-pins and tape so anybody can put up displays, information, pictures, and questions
- announcements about upcoming events in the program or community
- parent suggestions on parenting or program activities
- celebrations for parent participation in the program or staff tributes.
- information from articles or training opportunities.

Features or topics for the Give-and-Take Board include:
- “Can You Believe It?” (updates on what children have been up to and their achievements)
- “Mom & Dad Say . . .” (suggestions from parents)
- “Teacher’s Corner” (training events, special requests, program information)
- “How About A Hand?” (sign-up for projects, field trips, or help for a special event)
- “Picture This!” (pictures of kids, teachers, and parent)

A Give-and-Take Board should not be the only kind of communicating you do with parents . . . but it is a great start.

Okay, I’ll be honest. I didn’t even want to take my son to child care. Nobody could possibly take as good care of him as I could. Nobody but me knew how to adjust his wheelchair “just right.” Nobody but me had ever soothed him after a seizure. For three years it had always been just us . . . Big Pete and Little Petey. Once I handed him over to a child care provider, I thought I would be handing over my ability to make those “Daddy” decisions for Petey as well. I mean, here was this nice lady who had been caring for little kids for almost 12 years. And here was me, who just had my little boy. So she’d probably tell me what needed to be done, and I would have to follow her lead. The thought kind of rankled. But I had to work to make ends meet, and you can’t keep a little guy at a construction site. So, I was feeling pretty down as I filled out the forms and “gave” Petey to Luisa to take care of during the day.

My first surprise came that very day when I came to pick up Petey. Luisa handed me a sheet of paper with questions about the kinds of things Petey liked to eat, what toys he played with, and if he needed something special to be able to go to sleep. So I guess I did know a few things that could help after all! Luisa asked if I could stay late and show her and her assistant, Janice, some things about Petey’s wheelchair. We got to talking, and Luisa told me how she asks parents for information about their kids so that she can continue the good things that happen at home. I told her that I would do anything that would help Petey succeed in her program. She said she would ask if she needed anything.

A few weeks later, I heard Luisa mention to another parent that she needed some repairs done to the house the program was in. I figured she would ask me to help out with that because I’m in construction, but you know what she asked me to do? Bring in pictures of me and Petey together so that the other kids would know who was important in Petey’s life. Y’see, I’m not just a construction worker at Petey’s child care, I’m a much more important partner. . . I’m a Dad.
+ SPOTLIGHT: Child Care plus+

We have a new name! You knew us as the Educational Home Model Outreach Project. Now we have changed our name to Child Care plus+ just like the newsletter. We have the same great staff. Sarah Mulligan Gordon is Project Director; Kathleen Miller Green is Project Coordinator; and Sandra L. Morris is Training and Development Specialist. We have excellent support from Catherine Ipsen, Program Specialist. We have new offices (same address) in the Human Development Center at the Montana University Affiliated Rural Institute on Disabilities on the University of Montana campus. And we continue to provide training and technical assistance for professionals in child care and other early childhood programs, child care resource and referral programs, Head Start, school districts, and early intervention programs.

If you need technical assistance or training related to the inclusion of children with disabilities in child care and other early childhood programs, Child Care plus+ can help. Here is an overview of the type of support we offer:

WORKSHOPS
Child Care plus+ offers presentations and training sessions which provide information and training on inclusion for early childhood professionals in their local areas. Workshops focus on inclusion of young children with disabilities in every-day-little-kid activities: behavior, the environment, accessibility, social interaction, play materials, families, children with motor impairments, AD/HD, small group time, health and safety, HIV/AIDS, communication and sign language, special feeding needs, IFSP/IEP, community coordination, ADA, referrals, early intervention consulting, rural issues, grant-writing, and selecting child care. Workshops have been presented in many states (and Canada): Minnesota, Montana, New York, Virginia, Louisiana, California, Colorado, Illinois, Washington, South Dakota, Alaska, Georgia, Virginia, and Texas.

TECHNICAL ASSISTANCE
Experienced Child Care plus+ staff are available to help you problem-solve about issues surrounding the inclusion of children with disabilities in child care routines and activities. This may be done by toll-free telephone, on-site consultation, videotape exchange, and/or materials from the Child Care plus+ resource library.

PRODUCTS
Child Care plus+ produces booklets, checklists, fact sheets, surveys, annotated resource lists, and grant proposals. We wrote the book, Integrated Child Care: Meeting the Challenge (Communication Skill Builders, 1992). These materials give you practical, ready-to-use information about inclusion topics.

NEWSLETTER
Child Care plus+ has produced the Child Care plus+ newsletter since 1990. It includes articles and practical ideas to provide ongoing support for including children with disabilities in early childhood programs and is disseminated nationally four times a year.

INSERVICE TRAINING
Child Care plus+ will be offering inservice training to strengthen the role of child care providers and other early childhood professionals as members of the early intervention team. Both a classroom-based and field-based course will be offered through the University of Montana starting Fall 1995. This training opportunity is funded by the Early Education Program for Children with Disabilities (EEPCD).

For more information, call or write:
Child Care plus+
Rural Institute on Disabilities
The University of Montana
52 N. Corbin Hall
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1-800-235-4122
Voice/TT (406) 243-5467
FAX (406) 243-4730
QUESTION: How do you include families who don’t want to be involved? We have several families who never come to parent meetings or respond to the notes we send home. It’s like they’re too busy to be involved with their child.

ANSWER: Every family operates differently, and it is unfair to assume that a family is not interested in their child or in your program because they do not participate in traditional parent activities. Building a partnership with families does not just mean encouraging them to attend special events or be physically present in the program. It is natural to be excited about the family who comes in every Tuesday to help out with play activities. It is even easier to appreciate the family who follows the rules, supports the program, and repeatedly tells you how valuable you are. But it is important to recognize the individual needs of families and allow each family a different response to being “involved” in your program.

The idea is to build a relationship that is mutually satisfying—one that helps you and the family work together to create a nurturing environment for the child. While some families will be able to be more actively involved in supporting the program than others, your task is to develop a rewarding (and individualized) partnership with each family. This means expanding your definition of involvement to include lots of different kinds of opportunities—invite a parent to join you and the kids for lunch, take pictures of an activity in process and post it (along with a description) where parents can take a quick look when they drop off or pick up their child, or get an answering machine that lets you dictate a summary of the day so that parents can call in and find out what has been happening.

The most important thing to do is to keep inviting parents to take part but not be too disappointed if they choose not to participate every time. Work together with each family to learn what they need from you and what they are willing (and able) to contribute to your program. (If you have a question about children with disabilities in child care settings, please send your question to CHILD CARE plus+.)

A Great Place To Be Me helps families match the needs of their child and family with the abilities of prospective child care providers. It contains a step-by-step selection process that offers encouragement as well as ideas to help families find a child care program and provides strategies for working with early childhood professionals to create a great opportunity for their child. To order, send $7.50 to Child Care plus+, Rural Institute on Disabilities, University of Montana, 52 N. Corbin Hall, Missoula, MT 59812.

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.

Editorial Board
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For subscription information, call 1-800-235-4122 or write:
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