



Family and Community Partnerships

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Child Viewed in the Context of Family and Community

Illinois Birth to Five Program Standard V.A.

The child is viewed in the context of the family and the family is viewed in the context of its culture and community.

Research tells us that the quality of the relationship between infants, toddlers, and preschoolers and the people who care for them every day affects their development in all areas. Children are influenced by their relationships with all members of the family and their cultures. Therefore, it is critical for staff to view families in a holistic manner that takes into consideration both their culture and community. Cultural competency is more than recognition of ethnicity and race. It acknowledges and understands the values, customs, and traditions that influence behavior.

Quality Indicator V.A.1.**The program is designed to enhance and support parent/child relationships.**

The significance of the parent/child relationship should be reflected throughout every aspect of the program. Program staff are encouraged to work as a team (with the families) to review the mission statement and curriculum materials to determine the degree to which they reflect this philosophy and enhance the parent/child relationship. It is also important to select program staff who share this philosophy and who are both committed and skilled at putting it into practice.

Early childhood experiences are powerful in influencing young children's cultural understanding by association of habits, clothing, songs, stories, games, etc., that vividly impacted their early years' memories. Children begin development of self-understanding, including cultural traits and habits, at birth. Self-understanding slowly evolves from infants' experiences with others, mainly parents, but certainly including caregivers, attending family members, and friends. Day and Parlakian (2004) explain, "How children view themselves, how they express their feelings, and how they interpret their roles and relationships within a family and larger society are strongly influenced by cultural values and expectations."

The close involvement of parents and caregivers with young children provides natural opportunities for modeling, guiding, and nurturing positive racial, ethnic, and cultural attitudes and perspectives. Promoting young children's cultural understanding can be achieved naturally through the involvement of the family in the children's care and education. The following suggestions may be helpful in designing a program built on parent/child relationships:

- Ensure parents' participation is in accordance with their comfort level and cultural practices.
- Incorporate and stress the importance of parent/child relationships at orientation meetings.
- Design home- and center-based activities to promote and support parent/child relationships.
- Research and learn about the composition and characteristics of diverse cultures and ethnic groups within the community that the program serves.

- Hold orientation meetings for parents and staff to discuss the importance of cultural aspects in the child/parent relationship.
- Support parents' efforts to find resources and activities to enhance their relationship with their children.
- Learn about and utilize models of coaching, mentoring, and consulting to support optimal parent/child relationships.
- Create a bulletin board of events, ideas, and suggestions that encourage family relationships.
- Hold family events to celebrate the variety of relationships within the family.
- Mail newsletters and request parents' contribution for each issue. (They could give an idea to be developed by a staff person, a recipe, etc.).
- Use writing such as "Family Stories" to enhance multicultural exchange and respect and understanding for each other's customs and diversity of values.

Roggman et al. (2008) explains programs that utilize a parenting-focused model support the parent/child relationship in non-invasive ways that emphasize the parents' support of the child's development. This approach is called "developmental parenting" and offers support as parents' behavior changes over the course of time in response to a child's changing developmental needs.

Roggman et al. (2008) describes the characteristics of the parent-focused model:

- "Respects the parent as the child's teacher;
- Builds developmental parenting skills;
- Builds parent confidence in parenting;
- Helps parent use child development information;
- Helps parents keep parenting during a crisis; and
- Establishes an enduring context for a child's development."

Roggman et al. (2008) suggests the "facilitative approach" offers an effective way to promote developmental parenting. The approach is characterized by the following:

- "Deliver services from practitioner to parent, and then through parenting to the child;
- Help parents observe, support, and adapt to their children's development; and
- Address foundations of social-emotional, cognitive, and language development." (Roggman et al. 2008)

This allows staff to deliver child development services by helping parents use their own skills and resources to support their child's development. This concept of providing services requires a paradigm shift in the way we partner with parents, deliver services, and interact with the child. For example, traditionally services have been delivered directly from the Practitioner to the Child or directly from the Practitioner to the Parent. The parenting-focused model emphasizes the parents' support of the child's development as illustrated below:

Practitioner ↔ Parenting Interactions ↔ Child

By supporting parents through developmental parenting, we are strengthening their ability to parent beyond participation in a “birth to three” program and offering the immediate support parents need to prepare their child for the future.

Programs may be able to access an Infant Mental Health Consultant. Organizations like Caregiver Connections (<http://www.caregiverconnections.org>) provide support to program supervisors and program staff who are directly working with children and families.

“Infant mental health” is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:

- Promotion of healthy social and emotional development;
- Prevention of mental health problems; and
- Treatment of the mental health problems of very young children in the context of their families.

(This is a definition of infant mental health developed by ZERO TO THREE's Infant Mental Health Task Force.

Retrieved from <http://www.zerotothree.org/child-development/early-childhood-mental-health/>

Infant Mental Health Consultant

Infant mental health consultants support the work of infant and early childhood caregivers, providers, teachers, home visitors, and early intervention staff – in child care centers, home child care, family homes, and early intervention offices. An infant and early childhood mental health consultant is often the voice for a child or group of children – helping to build the capacity of care providers to understand and meet the needs of infants, children, and their families. They also can assist providers to better partner with parents to promote the social/emotional development and mental health of their children.

Duran et al. provides the following examples of activities Infant Mental Health Consultants engage in to promote mental health and support children, families, and staff.

Promotion Activities (All Children)

“Child- or Family-Centered Consultation

- Provide families with information on children’s social and emotional development
- Provide tips to families on how to create a home environment that supports healthy social and emotional development

“Programmatic Consultation

- Assess strengths and challenges within the early childhood setting/ environment
- Support early childhood staff in creating a more pro-social learning environment
- Engage early childhood staff and programs in promoting and encouraging staff wellness”

Prevention Activities (Children At Risk for Behavioral Problems)

“Child- or Family-Centered Consultation

- Conduct home visits with families and children with identified risks
- Offer families training on effective strategies for addressing challenging behaviors
- Design and help implement targeted supports to meet the needs of a child or children at risk
- Model effective strategies and coach early childhood staff in using them to support a child or children at risk

“Programmatic Consultation

- Offer ideas and resources for teaching young children social skills and appropriate behavior
- Guide selection and use of social and emotional screening tools
- Support early childhood staff with classroom management strategies”

Intervention (Children Exhibiting Challenging Behavior)

“Child- or Family-Centered Consultation

- Provide crisis intervention services for early childhood staff regarding a child’s behavior Engage families and staff in developing individualized behavior support plans
- Link child/family to community mental health services and assist with care coordination

“Programmatic Consultation

- Train early childhood staff in creating and implementing individualized behavior support plans
- Help early childhood program foster relationships with community services and providers
- Work with early childhood program to develop inclusive policies for working with children with challenging behaviors”
(Duran, et al. Synthesis: Early Childhood Mental Health Consultation. The Center on the Social and Emotional Foundations for Learning. Retrieved from http://csefel.vanderbilt.edu/documents/rs_ecmhc.pdf.)

ADDITIONAL IDEAS AND RESOURCES

- Read appropriate literature to gain and increase your knowledge of cultural diversity as it relates to parent/child interaction and relationships.
- Attend workshops and conferences that deal with parent/child relationships.
- Search the web for relevant information about this subject.
- Illinois Association for Infant Mental Health, retrieved from http://www.ilaimh.org/index.php?option=com_content&view=article&id=10&Itemid=35
- Illinois Children’s Mental Health Partnership, retrieved from <http://www.icmhp.org>
- Caregiver Connections: Early Childhood Mental Health Consultation Support for Providers, retrieved from <http://www.caregiverconnections.org>
- Center on the Social and Emotional Foundations for Early Learning, retrieved from <http://csefel.vanderbilt.edu>

- The Center on the Social and Emotional Foundations for Early Learning website provides Research Synthesis articles on Infant Mental Health. Retrieved from <http://csefel.vanderbilt.edu/resources/research.html>.

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3. Roggman, L., & Boyce, L., & Innocenti, M. (2008). *Developmental Parenting: A Guide for Early Childhood Practitioners*. Baltimore, MD. 2, 9-21.

Quality Indicator V.A.2.**Program leadership and staff understand and respect the culture of the families they serve.**

The development of mutual trust and openness between families and staff is a critical element that must exist to establish true partnership with families of different ethnic and cultural background. It is imperative to reflect on our own culture, understand our principles, values, and customs as well as our own bias and prejudices, to genuinely understand other cultures and to be able to establish viable relationships with people of other cultural and/or ethnic backgrounds. There must be true understanding and respect for the families' culture to gain their trust in order to work together to enhance the children's development and their families' own growth and enrichment.

It is important to evaluate what motivates and leads the family's behavior. Understanding a culture means more than learning about food and folklore. It means to learn about the values that guide actions and lifestyle. Respect for a family's culture is accepting it non-judgmentally. For example, when there is an issue regarding behavior that could be harmful to their children, it is necessary to address it with tact, caution, and firmness using professional responsibility. Understanding is knowing the cultural principles that influence parents' childrearing and socialization practices, communication styles, and orientation toward life and education.

Culture may be defined in many different ways. Cross et al. (1989) define culture as "an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of racial, ethnic, religious, or social group." Culture is neither absolute nor static. Staff must be careful to think of each family as unique and presenting with their own set of values, beliefs and strengths. To think of culture as absolute or deterministic may lead to stereotyping and misunderstandings.

Staff who approach cultural differences with sensitivity and embrace cultural continuity are responsive to each individual family and provide nurturing, supportive interactions that support the family's culture. The cultural component of the program's environment and activities should strengthen the development of a family's cultural identity

by making connections between the program and the family and the family's culture. Children have been exposed to their family's values, habits, and customs. Staff may or may not represent the culture of the participant. It is the responsibility of the staff to create an environment of mutual understanding. This situation requires many strategies and a multitude of approaches to enable all involved to understand one another regardless of their cultural background. Using a process called "cultural reciprocity," program staff can begin to address and meet the cultural uniqueness of the families served.

Day and Parlakian (2004) provide a four-step process that will support staff as they strive for cultural reciprocity. The process will help staff examine cultural differences, establish a shared understanding, and build stronger working relationships.

1. Self-Awareness – Learn about your own culture.
2. Look Outside – Learn more about others' cultures through:
 - a. Conversations
 - b. Observations
 - c. Information
 - d. Reflection
3. Explain Why – Communicate information about your own culture.
4. Come Together – Collaborate with members of difference cultures.
(Day and Parlakian, 2004)

To bridge gaps in shared knowledge requires two complementary and ongoing processes: self-awareness of one's own cultural assumptions, values, and beliefs; and willingness to learn about the cultural knowledge of others in the full context of their personal histories, assumptions, goals, beliefs, idiosyncrasies or characteristics, and practices. Consider the following:

- Assess the different cultural groups represented in the program enrollment.
- Conduct a training meeting before activities begin to review and discuss their principal characteristics and follow up with more in-depth learning with each individual family to avoid stereotyping and generalizing.
- Reflect and analyze the effect of new knowledge on previous assumptions and be introspective to evaluate misunderstandings.
- When there is a language barrier, face-to-face communication eases the problem. When possible use the resources of an interpreter.
- Utilize families and community resources.
- Strive to provide bilingual support whenever possible.
- Encourage networking and friendship among the participants.
- Match staff strengths with parents' interests and needs.

Derman-Sparks and Edwards (2010) provide the following four goals for all children and explain, “They interact with and build on one another. The specific activities and strategies for working toward these goals will depend on children’s backgrounds, ages, and life experiences. The underlying intent of anti-bias education is to foster the development of children and adults who have the personal strength, critical-thinking ability, and activist skills to work with others to build caring, just, diverse communities and societies for all.”

“Goal 1: Each child will demonstrate self-awareness, confidence, family pride, and positive social identities. This goal calls on teachers to create the educational conditions in which all children are able to like who they are without needing to feel superior to anyone else. It also means enabling children to develop bi-culturally – to be able to interact effectively within their home culture and within the dominant culture.” (Derman-Sparks and Edwards, 2010)

“Goal 2: Each child will express comfort and joy with human diversity; accurate language for human differences; and deep, caring human connections. This goal involves guiding children’s development to respectfully and effectively learn about differences, comfortably negotiate and adapt to them, cognitively understand and emotionally accept the common humanity that all people share.” (Derman-Sparks and Edwards, 2010)

“Goal 3: Each child will increasingly recognize unfairness, have language to describe unfairness, and understand that unfairness hurts. This goal asks teachers to guide children’s development for the cognitive skills to identify ‘unfair’ and ‘untrue’ images (stereotypes), comments (teasing, name-calling), and behaviors (discrimination) directed at one’s own or others’ identities (be they gender, race, ethnicity, disability, class, age, or weight) and having the emotional empathy to know that bias hurts.” (Derman-Sparks and Edwards, 2010)

“Goal 4: Each child will demonstrate empowerment and the skills to act with others or alone, against prejudice and/or discriminatory actions. This ‘activism’ goal requires helping every child learn and practice a variety of ways to act when another child acts in a biased manner toward her/him, when a child acts in a biased manner toward another child, or when an adult acts in a biased manner. Goal 4 builds on and enhances the other three Anti-Bias Education Goals.” (Derman-Sparks and Edwards, 2010)

ADDITIONAL IDEAS AND RESOURCES

- Read literature pertinent to cultures represented in the participating group.

- Attend cultural events that may contribute to expanding your knowledge.
- Provide opportunity for all staff to learn a language.
- Alliance for a Better Community: Dual Language Learner Teacher Competencies (DLLTC) Report, retrieved from <http://www.afabc.org/What-we-do/Education/Early-Care---Education/Dual-Language-Learners.aspx>

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2. Day, M., & Parlakian, R., (2004). *How Culture Shapes Social-Emotional Development: Implications for Practice in Infant Toddler Programs*. ZERO TO THREE.
3. Derman-Sparks, L., & Edwards, J. O. (2010). *Anti-Bias Education for Young Children & Ourselves*. Washington, D.C.: NAEYC.

Quality Indicator V.A.3.**The leadership and program staff understand that the child’s home, community, and cultural experiences impact his/her development and early learning.**

The cultural component of the program’s environment and activities should strengthen the developing of a child’s family and cultural identity by making connections between the program and the child’s family and culture. It is important to understand that the home, community, and cultural experiences exert a strong influence in a child from the very beginning of his/her life. This principle must guide the activities offered to the child and the family in the program.

In a multicultural setting, the traditions, values, and priorities of the participants may differ from those of the staff in the program. Children have been exposed to their family’s values, habits, and clothing. The staff may or may not represent the culture of the participant. It is the responsibility of the program to create an environment of mutual understanding. This situation requires strategies and different approaches to enable both parties to understand each other regardless of their cultural background. Gonzalez-Mena explains, “Cultural pluralism is the notion that groups should be allowed, even encouraged, to hold on to what gives them their unique identities while maintaining their membership in the larger social framework. The point of cultural pluralism is to promote diversity. The goal of diversity is unity. Only when we can come together freely, as we are, feeling good about who we are, can we create a healthy unity among all the people of this great society.”

Respecting uniqueness brings people together. Coming together with an open mind and open heart leads to an understanding of that uniqueness. Within a community, people have different talents and skills, interests and likes, and sharing creates understanding.

- Value the diversity of the families as an enrichment factor in the program.
- Research and learn about the composition and characteristics of diverse cultures and ethnic groups within the community.
- Visit the family and child to learn about their culture and clothing and observe their preferences regarding their child-rearing practices.

- Recognize valuable cultural experience of one family, which, if shared, may expand other families' experience and knowledge.
- Bring together families for intercultural sharing and exchange.
- Ensure that parents' participation respects their cultural practice and is within their comfort level.

Chang (2010) submits that although parents may be deeply committed to their child's health, education, and general well-being, parents' ability to support their child's well-being is deeply affected by their economic conditions. Staff can provide support to families if they have the knowledge and resources. Program administrators need to promote professional development opportunities for staff that will:

- Increase understanding of how staff can partner with families to implement Individual Family Service Plans.
- Increase the staff's knowledge of community resources.
- Increase the staff's networking opportunities within the community, thereby providing the social connections that enhance professional relationships. Staff can provide economic support by identifying and partnering with community agencies with expertise in workforce development and financial services and promote awareness of economic resources. Chang (2010) suggests program staff can support families by:
 - “Encouraging greater utilization of available economic supports, such as earned income tax credits and free tax preparation, food stamps, and public health insurance.
 - Connecting families to financial education and asset building resources that help them plan for the financial future and avoid predatory lending.”

Chang (2010) explains that the strategies used must be adapted to suit each individual family; for example, “what helps a newly arrived immigrant parent who speaks little or no English is likely to differ significantly from what works for an American born teen parent.”

ADDITIONAL IDEAS AND RESOURCES

- Reflect on past experiences to analyze responses to different behaviors or reaction to a situation or conditions. First impressions are strong, but sometimes are misleading and not an accurate assessment of a person, group, or situation.
- Read articles and /or books that address cultural diversity.
- Attend workshops, seminars, or classes relevant to cultural diversity.

- Visit other cultural or ethnically diverse programs to observe and exchange positive information and learn about innovative approaches.

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1. Gonzalez-Mena, J., (2001). *Multicultural Issues in Child Care*. Mountain View, CA: Mayfield Publishing Company. 9.
2. Washington, V., & Andrews, J. D., (2010), *Children of 2020: Creating a Better Tomorrow*. Washington, D.C.: Council for Professional Recognition. Chapter citation: Chang, H., (2010). Two Generational Approach. 24-27.

Quality Indicator V.A.4.**Materials that promote and support the program emphasize the importance of families in the lives of children.**

All materials used by the program, whether in public relations efforts or direct activities with the family, need to promote and strengthen families as they nurture their children. Parents influence their children's emotional, intellectual, social, and physical development from the very beginning of their lives. In different cultures, parents' interaction with offspring may be varied. It is important to build on the children's basic experiences, particularly if this base is culturally or ethnically diverse. Thus materials that support these family experiences should be novel and stimulating yet familiar.

Program leadership has the final responsibility regarding the materials used in the program. It is important that the materials support the belief that families are important in the lives of the family members who are young children. The following activities may be helpful:

- Select and provide materials for parent/child interactions that promote the community and cultures of the family.
- Prepare program descriptions and literature to reflect the importance of the relationships of families with their children.
- Review program literature to ensure that the importance of families in the lives of their children is clearly stated.
- Use pictures and language in program materials such as brochures and newsletters that emphasize the importance of families.
- Review all program documents to assure that all cultures are appropriately represented.
- Develop program materials that reflect its appreciation and respect for all families, including those from diverse cultures and abilities.

ADDITIONAL IDEAS AND RESOURCES

- Review literature pertinent to culture and diversity; access websites to learn about cultures and families.
- Visit other programs and observe different approaches, materials, and practices.
- Participate in forums to share and gain knowledge with other program leaders.

Quality Indicator V.A.5.**The program leadership and staff communicate with families in their primary language whenever possible.**

Communicating in an infant or toddler's home language naturally strengthens the child's feelings that his family and culture are respected and valued. Recognizing and using the family's primary language validates it and establishes increased comfort and enhances self-esteem. It is important to acknowledge that there are levels of understanding within a given language; therefore, all communication whether written or spoken should be understood by the program's participants. A variety of resources should be available for the program to use.

The following strategies may be helpful to the program leadership as they consider the program's practice for communication with the program participants when the family's primary language is one that is different from the language commonly used in program activities and services.

- Identify the primary languages and levels of literacy of all program participants.
- Review reading levels of all program materials and match them with participants' literacy levels.
- Encourage families to use family literacy resources.
- Provide staff development activities to encourage the program staff to learn the basics of the participants' languages.
- Introduce dual-language opportunities during program activities.
- Prepare a list of resources that identifies competent and appropriate translators or interpreters within the community to assist the program.
- Empower parents to find and use their own language resources.
- Assess the availability of family literacy programs within the community and make necessary linkages.

ADDITIONAL IDEAS AND RESOURCES

- Attend workshops about the role of language in communications and human relationships.
- Read journal articles about working with families of other cultures and languages, as well as the research on English as a second language.

- Provide a variety of staff development opportunities to increase fluency in the second language.
- Develop a dual-language library of books and tapes for families and staff.

Quality Indicator V.A.6.**The program assists families in expanding their knowledge of child growth and development and parenting techniques.**

The goal of a nurturing staff is to assist parents to learn they are the experts when it comes to “knowing” and understanding their own child and making decisions about their own child. During these first few years as children grow and change so rapidly, parents may feel more self-assured if they have friendly professionals to whom they can turn with their questions.

Some parents do not realize the extent of influence their personal habits and lifestyle have on the child. Program leadership and staff need to provide basic information from widely known experts as they assist families to learn more about young children in general and their own child in particular. This can be accomplished through regular opportunities to meet with families. Staff must be cognizant about creating an inviting and comfortable environment and being available to the families on a regular basis. Knowing the families well allows staff to reinforce positive interactions parents have with their children.

All the areas of child development (social, emotional, physical, and cognitive, including language development) should be discussed with parents during these learning opportunities. It is easy for parents to see the physical and cognitive growth taking place with their child, and within a few months parents also respond to the increased social awareness their child displays. Emotional development is as important as the other areas; therefore, parents need to learn how crucial secure relationships are to the lifelong emotional health of the child. Staff should recognize and respect parents’ unique teaching abilities, and challenge parents to be the best possible teachers they can be for their children. Encourage parents to:

- Interact verbally and through eye contact to stimulate child’s cognitive development.

Thompson (2001) explains, “A young mind’s innate capabilities and incessant activity each provide powerful avenues for understanding when aided by everyday experience and the behavior of other people. Safe, secure environments and playthings within easy reach permit a young child to explore things

that can be examined, combined, and taken apart. Additional catalysts for intellectual growth arise from the natural, spontaneous behavior of sensitive adults. Caregivers do many things to stimulate mental growth. They create daily routines that enable young children to anticipate, represent, and remember routine daily events, such as preparing breakfast together, going to daycare, or taking a bath before bed. Caregivers promote language growth, from their sing-song ‘parentese’ (which is optimally suited to enable babies to learn the sounds of the native language) to the continuing verbal patter they share with barely conversational young children (which enables children to begin to understand the significance of their everyday experiences).”

- Provide lots of “loving touches” through kisses, hugs, and holding. This provides a sense of security and keeps a child calm. McClure (2000) suggests, “The vital elements which strengthen the bonds are eye contact, skin contact, vocalization, and communication – the baby’s responses to the parent as well as the ‘dance’ of learning intimately about one another.”
- Help a child develop a good feeling about him- or herself. Epstein (2010) found, “Research shows that social and cognitive skills are linked. Academic readiness depends on social-emotional elements such as listening, task persistence, and flexible problem solving. Young children who have emotionally secure and positive social experiences become able learners.”
- Read, sing, and talk to the child. Eliot (1999) found, “It is important to realize that socioeconomic class per se is not the primary factor determining children’s language achievement. Parents who talked more to their children, who used a greater variety of words and sentences, who asked rather than told their children what to do, and who consistently responded in positive rather than negative ways to their children’s speech and behavior, tended to raise more verbally gifted children than those who were poorer at these parenting skills.”
- The McCormick Foundation offers 10 Things Every Child Needs for the Best Start In Life:
 1. Encourage interaction
 2. Offer physical attention
 3. Provide a stable relationship
 4. Maintain a safe, healthy home
 5. Develop strong self-esteem
 6. Choose quality child care

7. Engage in conversation
8. Promote play
9. Make music
10. Make reading a priority

ADDITIONAL IDEAS AND RESOURCES

- Visit another birth to three program in the community or area and discuss hosting parent education classes together.
- Visit the library or a book store and become familiar with the parenting or baby magazines available.
- Review parenting books on amazon.com.
- Search the Internet for interesting materials using the key words: parenting, parent education, child development. Some websites of interest may be www.familysupportamerica.org or www.zerotothree.org.

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2. McClure, V., (2000). *Infant Massage: A Handbook for Loving Parents*. New York, NY: Bantam Books. 30.
3. McCormick Tribute Foundation. *Top Ten Things Every Child Needs for the Best Start in Life*. Retrieved from <http://www.first5scc.org/sites/default/files/PDF/Top10ThingsChildrenNeed.pdf>
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Quality Indicator V.A.7.**The program staff recognizes the influence of the community and its characteristics upon the family.**

Children sense, both visually and emotionally, early on that there are differences between families, where they live, and the supports in place to assist the family. The community forms the framework around the family that includes where they live, work, shop, and play. The adults as well as the children as family members are directly impacted by factors in their community. These factors include the geographic setting, the types of residences, and job opportunities. The community's socioeconomic factors greatly impact family life and family members. Those factors include gangs/ethnic neighborhoods, availability of parks and recreation, access to health services, education opportunities for adults and children, library resources, and literacy opportunities.

The program has a responsibility to not only acknowledge the importance of the community's influence on families but also to provide opportunities to families that will support them in their efforts to know and understand this influence. Programs can provide the following activities:

- Plan workshops that lead families to understand their rights, roles, and power to make positive changes within their community.
- Assess the culture of the communities where the program is located and families live including recreation, housing, medical services, transportation, primary and secondary languages, standard of living, child care, houses of worship, businesses, and shopping facilities.
- Promote the community with staff and parents by advertising and supporting local events.
- Participate in community groups to learn more about the characteristics of the community and its resources.
- Invite community members to visit the program and share information.

ADDITIONAL IDEAS AND
RESOURCES

- Identify successful role models within the community and use them as resources for families.
- Add materials including articles about the community's resources and culture to the program library.
- Initiate community events that support program participants.
- Request materials from consulates or embassies of the country or countries represented in the community and program participants for families' and staff's information and enrichment.
- Offer your program site as a place for community groups to meet.

*{“When planning for a year, plant corn.
When planning for a decade, plant trees.
When planning for life, focus on family.” }*
— Chinese Proverb

Family Participation and Partnerships

Illinois Birth to Five Program Standard V.B.

The program leadership and staff seek and facilitate family participation and partnerships.

The program is designed to benefit and be responsive to families. Administration, staff, and parents should arrive at mutual understandings, which guide program planning, implementation, and evaluation through open and ongoing communication. When leadership and decision making opportunities are provided to parents, they become empowered and are better equipped to make decisions that are important in their own lives and in the lives of their children.

Quality Indicator V.B.1.

The program recognizes that parents play an integral role in their children’s learning. Parents are welcome in the program, and their support and involvement are sought.

Creating a welcoming environment is an essential part of engaging families in the program. A welcoming environment includes the physical surroundings as well as the emotional tone set by the staff. Children and families are stronger and safer when staff embrace families as true partners. Parent engagement will increase and families will become a part of a larger social support system. For parent engagement to be successful staff must have a genuine desire and a strong commitment to involve and engage families. To accomplish this, program staff must listen to parents. The following information has been adapted from the Strengthening Families document *You’re Welcome: Parent Leaders Speak Out on What It Takes to Promote Real Parent Engagement*.

- Provide a welcoming environment by greeting parents and children and providing a space for families to gather.
- Assume all parents care about their children.
- Build relationships with parents.
- Provide activities that allow parents to talk with each other and staff about issues that matter to them.
- Provide events that are interesting to parents.
- Provide opportunities for parents to share their ideas, interests, concerns in a non-judgmental atmosphere.
- Share information that is relevant to parents in a way that is interesting to them.
- Use teaching methods that are interesting and inviting.
- Provide information about how parents can advocate for themselves and their children.
- Offer honest communication and be attentive.
- Invite parents to contribute and share their talents.
- Address language barriers.
- Allow parents to be partners. The feeling of ownership or investment in a program often equates into parent involvement and engagement.

- Parents feel welcome when they are welcome and made to feel valued.
- Make sure all policies and procedures create and support relationships with parents and do not build barriers.

The Strengthening Families document *Learning and Growing Together: Our Commitment to Families* provides guidance to staff on how to create a safe and nurturing environment in which children and families can thrive. The strategies below have been adapted for staff:

- Welcome and respect families' ideas, talents, and values;
- Appreciate the important role families play in their children's lives;
- Help children communicate feelings and get along with other children and adults;
- Give children and families opportunities to learn and have fun;
- Introduce parents/caregivers to other parents/caregivers for friendship and support;
- Use staff knowledge and experience to help families deal with tough issues;
- Connect families to community resources when needed;
- Help parents/caregivers be the best they can be; and
- Be a smiling face, a friendly place, and a partner families can trust.

The Center for the Study of Social Policy/Strengthening Families has completed extensive research on the strategies that build family strengths and create healthy environments that promote optimal child development. Strengthening Families encourages programs to build strategies into programming that support the Protective Factor framework listed below:

- **Parental Resilience**

“Resilience is the ability to manage and bounce back from all types of challenges.” It can also be called psychological health.

- **Social Connections**

Networks of support.

- **Concrete Support in Times of Need**

Links to community resources when needed.

- **Knowledge of Parenting and Child Development**

Anticipatory guidance offers an understanding of child development and being able to anticipate appropriate expectations for children's behavior.

- **Social and Emotional Competence of Children**

The ability to interact positively with others, self-regulate behavior, and effectively communicate feelings.

Strengthening Families Illinois added one more protective factor to the original protective factor framework designed by the Center for the Study of Social Policy:

- **Healthy Parent-Child Relationships**

Positive parent-child interactions.

Learn more about Strengthening Families and the protective factors by exploring the links in the additional ideas and resources section below.

The physical environment may provide the first impression children and families have to the program. Making sure the classroom matches the tone set by staff will ensure children and parents feel welcome. The National Association for Young Children offers these suggestions:

1. “Start with a clean, well-organized room.”
2. “Decorate the walls.”
3. “Have cubbies, labels, class lists, and name tags ready.”
4. “Create a new year bulletin board.”
5. “Display photos of the children and their families.”
6. “Learn families’ names before the first day.”
7. “Set up learning centers and tables with a few engaging toys and materials.”
8. “Create a welcome area.”
9. “Identify volunteer family ambassadors.”
10. “Offer warm greetings.”
11. “Follow each child’s individual schedule for feeling comfortable.”

ADDITIONAL IDEAS AND RESOURCES

- Read NAEYC and Head Start Performance Standards for parent involvement.
- Promoting Father Involvement in Home Visiting Services for Vulnerable Families: A Pilot Study, Final Report to the Pew Center on the States, retrieved from http://www.pewstates.org/uploaded-Files/PCS_Assets/2013/Father_Involvement_executive_summary.pdf
- The Center for the Study of Social Policy/Strengthening Families, retrieved from <http://www.cssp.org/reform/strengthening-families>
 - Growing and Sustaining Parent Engagement: A Toolkit for Parents and Community Partners, retrieved from <http://www.cssp.org/publications/growingandsustainingparentengagement-toolkit.pdf>
 - Key Program Elements: promoting children’s healthy social and emotional development, retrieved from <http://www.cssp.org/>

[reform/strengthening-families/resources/body/02_Promoting_Children_REV4.pdf](http://www.cssp.org/reform/strengthening-families/resources/body/02_Promoting_Children_REV4.pdf)

- Key Program Elements: staff leadership to create relationships that protect children, retrieved from http://www.cssp.org/reform/strengthening-families/resources/body/03_Staff_Leadership_REV4-1.pdf
- Key Program Elements: mental health consultation, retrieved from http://www.cssp.org/reform/strengthening-families/resources/body/04_Mental_Health_REV4.pdf
- Key Program Elements: including men, retrieved from http://www.cssp.org/reform/strengthening-families/resources/body/05_Including_Men_REV4.pdf
- Key Program Elements: use of physical space, retrieved from http://www.cssp.org/reform/strengthening-families/resources/body/06_Physical_Space_REV4.pdf

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1. Strengthening Families Illinois. *“You’re Welcome”: Parent Leaders Speak Out on What It Takes to Promote Real Parent Engagement*. Retrieved from http://www.strengtheningfamiliesillinois.org/mirror/downloads/Youre_Welcome_web1.pdf
2. Strengthening Families Illinois. *Learning and Growing Together: Our Commitment to Families*. Retrieved from http://www.strengtheningfamiliesillinois.org/mirror/downloads/SFI_Commitment_Poster1.pdf
3. National Association for the Education of Young Children. *Welcome Children and Families to Your Classroom*. Retrieved from http://www.naeyc.org/files/tyc/file/11X_%20Welcome%20Children%20and%20Families.pdf

Quality Indicator V.B.2.**The program leadership assures a system is in place for regular, effective, two-way communication and responsive interaction between the program leadership, staff, and families.**

Programs need to recognize and value families as partners; therefore, a caring atmosphere should be established that is responsive to families. Program leadership fosters this partnership through careful planning and implementation of the program's activities. Programs meet the needs of families best when careful planning and implementation take place. Hoover-Dempsey et al. (2005) suggest three factors significantly influence whether parents become engaged:

1. "The parent believes s/he should play an active role in their child's education and has a positive sense of self-efficiency for helping the child."
2. "The program has a welcoming environment and invites family involvement."
3. "The parent is in the situation to become involved. The context of the parent's life allows such involvement. The parent has the knowledge, skill, time, socioeconomic situation to support involvement."

Parents and staff become partners as trust is fostered through two-way communication. Sensitive observation of the program participants as well as the gathering of systematic feedback from parents can enhance programming.

- Learn strategies for building partnerships with parents.
- Develop procedures for giving opportunities to staff to provide feedback to program leadership on a regular basis.
- Provide parents opportunities to voice their ideas and opinions on the activities planned as well as to provide feedback on their implementation. Establish and nurture a relationship where all parties are comfortable sharing comments and working together.
- Use staff meetings to review the degree to which the program's communication strategies enhance parents' participation and promote feedback.
- Review your program's communication system regularly to determine its effectiveness and make appropriate changes.

Keyser (2006) “encourages early childhood practitioners to look for the good idea behind a parent request or demand that may initially seem strange or inappropriate. Looking for the good idea is a way of building on a parent’s strengths, of beginning to understand a person whose culture may be very different from your own, or of looking for the parent’s good intentions. It is much easier to relate to parents in a positive, respectful way when

- We engage in a two-way conversation (listening carefully as well as speaking)
- We try to recognize the potential for good ideas behind parental requests and behaviors.”

Programs can ensure genuine parent engagement by inviting parents to join a program advisory council. The fundamental purpose of the program advisory council is to ensure that all children and families receive the best possible learning opportunities by engaging all partners in an ongoing process of evaluation and feedback related to child and family learning. An advisory council is defined as any group that serves in an advisory rather than a policy-making or decision-making role. The primary responsibility of the council is to help develop and to implement a program improvement plan in collaboration with program staff.

ADDITIONAL IDEAS AND RESOURCES

- Explore techniques and strategies for creating parent partnerships used by other programs.
- Participate in workshops, seminars, and/or classes designed for staff and administrators to learn about systems for communication and more effective communication strategies.
- Locate and read articles on effective communication and building communication systems in journals and websites.
- Hold a staff event that focuses on communication: the program’s system, its effect, and needed changes.
- The Head Start Parent, Family, and Community Engagement Framework, retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/ims/2011/pfce-framework.pdf>

REFERENCES

1. Keyser, J., (2006). *From Parents to Partners: Building a Family-Centered Early Childhood Program*. St. Paul, MN: Redleaf Press and NAEYC. 8.
2. Hoover-Dempsey, K., Walker, J., Sadler, H., Whetsel, D., Green, C., Wilkins, A., Closson, K., (2005). *Why Do Parents Become Involved? Research Findings and Implications*. *The Elementary Journal*. Volume 106, Number 2. Retrieved from <http://www.vanderbilt.edu/peabody/family-school/papers/Hoover-Dempsey2005.pdf>

Quality Indicator V.B.3.**The program provides opportunities for family involvement and educational activities that are responsive to the ongoing and expressed needs of family members.**

The manner in which resources and supports are provided to families is very important. There is considerable agreement and understanding that how staff work with families is as important as what activities staff offer families. Family-based practices are responsive to the individual needs of a family. These practices assist the family to grow in their child-rearing competencies and gain confidence about their important role. Leadership and staff must strengthen the family's ability to support the development of their children in a manner that increases the family's sense of parenting competence and not the family's sense of dependency on professionals or professional systems.

Being responsive to the ongoing and expressed needs of the family members is known as family-based practice. Family-based practice:

- Strengthens family functioning by sharing responsibility and working together.
- Provides families with participatory experiences and opportunities promoting choice and decision making.
- Supports family participation in obtaining goals to strengthen parenting competence and confidence.
- Needs to be flexible and individualized.
- Incorporates family beliefs and values into decisions and family plans.
- Provides resources and supports in ways that are flexible, individualized, and tailored to the child's and family's preferences and styles.
- Promotes well-being.
- Is accomplished in ways that are responsive to cultural, language, and other family characteristics.
- Shares information so families can make appropriate choices and decisions.
- Develops appropriate family-identified outcomes.

(Adapted from DEC Recommended Practices in Early Intervention Early Childhood Special Education, 2000)

ADDITIONAL IDEAS AND RESOURCES

- Visit area family support programs and discuss family involvement from their philosophical viewpoint.
- Talk with local Head Start, prekindergarten, and early childhood special education coordinators about their parent-involvement activities.

REFERENCES

1. Sandall, Susan, Mary E. McLean, and Barbara J. Smith. (2000). *DEC Recommended Practices in Early Intervention/Early Childhood Special Education*. Longmont, CO: Sopris West.

Quality Indicator V.B.4.**Families are full partners in the decisions that affect their children and are included in the development and implementation of program activities.**

In quality birth to three programs the administration and staff develop partnerships with parents, who have both a right and a responsibility to participate in decisions about their children's care and education. Parents know their children best and can share valuable information about their children's development. Families benefit from the confidence they gain by becoming involved.

Research indicates that when parents are involved in the care and education of their children from the earliest years on through college, children are more successful in school and in their non-school activities. (Bowman, 1997) When families have clear cut expectations of their children, for example: expected to be honest; expected to be helpful to others; expected to remain in school, it is more likely children will meet those expectations. Family involvement in all aspects of the child's life can begin in the birth to three program and continue all through life.

In quality programs, administrators and staff

- Greet parents and children by name;
- Take time to acknowledge the child's parents and their participation and progress;
- Invite parents to participate in activities and special events;
- Plan programs with input and follow-up from parents;
- Realize parents benefit from social support in addition to informational gatherings;
- Provide food at program meetings to promote sociability and ease family schedules;
- Share resources with parents;
- Ask an interested group of parents to plan activities of their choice;
- Have parents serve in an advisory capacity to the program.

ADDITIONAL IDEAS AND RESOURCES

- Identify new and innovative ways to involve parents in program activities.
- Review books and journal articles describing successful activities to encourage parent participation in program activities.
- Visit other programs and share ideas of successful parent involvement.
- Look at parenting websites and gather ideas.

REFERENCES

1. Bowman, Barbara, (1997). *Preschool as family support programs*. *Advances in Early Education and Day Care: Family Policy and Practice on Early Child Care*, 9, :157-170. S. Reifel, ed. Greenwich CT. JAI Press, Inc.

{ “How many hopes and fears, how many ardent wishes
and anxious apprehensions are twisted together in the threads that
connect the parent with child!” }

— Samuel Griswold Goodrich

Access to Comprehensive Services

Illinois Birth to Five Program Standard V.C.

The program assures that families have access to comprehensive services.

While one of the primary goals of birth to five programs is to enhance parent/child relationships, Maslow's hierarchy of needs tells us that food, clothing, shelter, and medical needs must be met first. In order to be successful in this, it is critical for programs to have systems in place for identifying the needs of families, making referrals to other community agencies and following up to be sure services were delivered as anticipated.

Quality Indicator V.C.1.**Program leadership and staff have a working knowledge of the resources in their community.**

Convenient, appropriate, effective, and affordable quality services that help build strong families and provide appropriate environments for young children prenatally and throughout their early years should be available in all communities and accessible to all families and children. Without the knowledge of the services available in the community, as well as who can access them how, when, and where, programs cannot even take the first step to provide or make comprehensive services available to families. Few programs are able to provide all services that make up a comprehensive system. It is necessary that information sharing, coordination, and collaboration take place among all community entities so that a comprehensive system exists.

Every program that provides services to infants and toddlers and their families should have a goal that addresses knowing what services are available in the community and how families can access them. Activities in support of the goal should be identified for each program.

The following suggestions are for consideration:

- Construct or access a list of available services in the community that would comprise a comprehensive services system. This is a task best undertaken by a group rather than by a single program.
- The services should include:
 - Educational services for children including developmentally appropriate full-day and half-day education and care programs in centers, family child care homes, home visit or family support programs; screening and assessment to identify children with potential special needs; and referrals to appropriate programs.
 - Family support services including family-centered parent education and support; crisis intervention; adult literacy instruction; library programs; family counseling and assistance; social activities that promote family togetherness; play groups; park district recreational programs; and referrals to appropriate agencies for housing and employment needs.
 - Maternal and child health, mental health, and nutrition services including prenatal and postnatal services and counseling; immu-

nization; early and periodic screening, referral, and follow-up for all health needs; adequate meals for children; nutrition counseling for families; and access to a consistent “medical home” for regular health care.

- Identify the services available through your program.
 - Locate and update any existing directories of services for families available in the community. This activity could be performed by a program work group, an existing community task force, the local Child and Family Connections office, the local interagency council, the local Child Care Resource and Referral, the local library, a combination of individuals from previous suggestions, or a dedicated individual.
 - Assemble a directory of available family services, if none exists, using a strategy described in the preceding activity. Design a process for updating the directory and who will take responsibility. Include the name, phone number, fax, e-mail, address, office hours, contact person, services provided, eligible population, and referral process for each entry. The following should be included:
 - SSI (Supplemental Security Income - Social Security Office)
 - Public Aid
 - Early Intervention including the Child and Family Connections and local interagency council
 - Public health including local clinics and hospitals
 - Child Care Resource and Referral
 - DCFS (Department of Children and Family Services)
 - Emergency assistance (911)
 - Local early childhood, prekindergarten, and kindergarten as well as other community programs
 - Local community organizations including houses of worship that provide family supports
- Identify the gaps in services and look into neighboring communities for appropriate service providers. Form agreements with those providers to accept referrals from the local community along with the necessary process and procedures. The referring community could reciprocate by offering needed services to the neighboring community.
 - Identify program procedures when services outside of the scope of the program are needed.
 - Sponsor and schedule a forum for community providers where they will introduce themselves and provide additional information to the directory.
 - Hold an event similar to the provider forum but appropriate for families and caregivers.

- Invite other service providers to attend staff meetings as guest presenters and vice-versa.

ADDITIONAL IDEAS AND RESOURCES

- Look to community resources to give financial support for an ongoing services directory.
- Support the sponsorship of an event that could incorporate public awareness about community services.
- Use existing events such as county fairs, home and garden shows, and health fairs to inform the community and gain support for the system of services.
- Take advantage of existing coordination and collaboration groups, such as the local interagency council, to build support and cooperation for a seamless system of services for families and children.
- ZERO TO THREE Home Visiting Community Planning Tool, retrieved from <http://www.zerotothree.org/public-policy/state-community-policy/home-visiting-community-planning-tool-fillable-pdf.pdf>
- You Have What It Takes! A Tool For Identifying Your Skills As An Early Childhood Advocate, retrieved from <http://www.zerotothree.org/public-policy/action-center/advocacy-tool-final-9-7-10.pdf>

Quality Indicator V.C.2.**The program has both a referral and follow-up system to assure that families are able to access services determined appropriate.**

Everyone in a community should move toward considering themselves a potential referral source in support of a comprehensive, coordinated services system for families and young children. Conducting a public awareness effort to enhance the understanding of Child Find and the community's services system for families and children will assist each individual to consider this responsibility. Some individuals in the community by nature of their roles and responsibilities are required by law to make referrals when a child shows evidence of delay, a disability, and/or suspected abuse. All staff members in programs that provide services for families and their children, as well as health care professionals, are included in this group. The referral is only the first part of the process.

Follow-up, or perhaps more accurately the follow-along process, takes place so that no family or child falls through cracks in the system and to ensure that appropriate services are provided. It is important that all individuals making referrals are aware of this responsibility and allow time for appropriate follow-up. Data gathered from follow-up on children and families who have been referred for services is powerful for supporting reports to the legislature and other constituencies on the availability and provision of services. Extended follow-up can support accountability through the evaluation of the outcomes produced by services provided by early education and care programs.

There is a difference that needs to be noted between “inquiry” and “referral.” “Inquiry” is the very first contact that a family makes to seek information, support, or help. The “inquiry” can result in a range of responses from an informal conversation or interview to a formal screening to determine whether a “referral” is appropriate.

“Referral” is defined as the process of directing or redirecting a family to an appropriate specialist or agency for definitive treatment or assistance. For example, a referral to Early Intervention Services means the process of requesting that a child be screened, assessed, and/or evaluated. In some instances this may include looking at the child's home and/or other environments, as well as the individuals who are

involved in any way with the child, to determine if special services or interventions are needed.

The referral for any service may be that first opportunity for the program to respond to the family and begin their relationship. It is critical that a referral process is in place as part of the coordinated and comprehensive system of services for families and children. This referral process must be coordinated across the entire system so that the family can access needed services in a timely manner. Emphasis again must be made on knowing the community, the stakeholders, the providers, and available services as well as those services that must be obtained outside of the community.

Each community will develop a process for referral and follow-up that works well for them. If the community is not ready to make that kind of commitment to collaboration, the program will develop their own process for referral and follow-up. The process should include:

- Identify the concerns or needs in partnership with the parent.
- Provide referral options to the parent for follow-up.
- Empower parents to make contact with the appropriate program or agency.

Each program should include activities that promote the program goal for referral and follow-up. Activity choices need to be individualized and creative for each individual program.

- Train the program staff regarding the referral and follow-up process.
- Provide comprehensive guidelines in a program policy and procedures manual for incoming and outgoing referrals.
- Implement a process for documenting referrals and the follow-up process.
- Inform parents of their rights and responsibilities including informed consent. When appropriate, obtain informed consent for provision of services and release of information.
- Consider appropriate resources for referral for services not offered by the program.
- Track the referral, results, recommendations, parent satisfaction, and impact on the program.
- Identify further follow-up.

ADDITIONAL IDEAS AND RESOURCES

- Develop personal leadership skills using materials produced by the National Association for the Education of Young Children and other professional organizations including business.

- Learn more about The Early Intervention System, The Department of Children and Family Services, and Supplemental Security Income or SSI.
- Identify community stakeholders who are willing to work together to develop a community-wide system of referral and follow-up. If no appropriate entity exists, take the initiative to form one.
- Identify stakeholders who may be new or do not participate in community activities.
- Consider a community agreement that funds a centralized community office and staff person, perhaps the library or local clinic, to organize existing referrals and conduct follow-ups according to criteria established by a community work group. A system for reporting the data should be included in the agreement as well as the participation of the referring entities.

Quality Indicator V.C.3.**The program works to address family needs.**

Historically, Ure Bronfenbrenner, in 1979, noted families need both informal and formal resources and supports so that they have the knowledge, skills, time, and energy to promote the development of their children. The family's socioeconomic status has a direct impact on the family's well-being and positive parenting abilities. Another impact on the family's well-being is the emotional health of family members. When families attend birth to three programs and share their needs, staff must respond with concern and empathy. Staff must also share their knowledge about community resources that might assist the family. A guide for families of all community resources, including job assistance, career planning, skill development, and social services, needs to be available. It is the responsibility of each staff member who works directly with families to become familiar with the guide and keep it updated as new opportunities in the community become available.

Family constellations are very different. Programs need to be aware of how best to meet each family's needs. Staff planning before the first group meeting will help the family feel more comfortable about taking advantage of all the program has to offer. Staff needs to remember that families will choose various levels of participation regarding these supports.

To be truly responsive staff needs to inquire:

- Regarding the best times for the family to meet with staff (not assume the family can meet during regular daytime hours).
- Where the best place to meet might be, such as program facility, family home, local eating place, local library or other public building.
- About siblings and if child care is needed.
- About members of the family and who might be available to meet with staff.
- How a continuum of services might best meet the family's needs.

ADDITIONAL IDEAS AND RESOURCES

- Talk with colleagues, friends, and family members to gain more insight about families and their needs.

- Keep a notebook about community resources to which you have referred families.
- Follow up with the families to determine if the experience and resources were helpful.
- Attend community workshops and meetings regarding other programs of support and assistance to the members of your community or county.
- Be aware of community philanthropic endeavors and how to access their services and resources.

Quality Indicator V.C.4.**The program prioritizes services for children and families experiencing homelessness.**

Families with children birth to age three experiencing homelessness are among the most at-risk population in a community. Among industrialized nations, the United States has the largest number of women and children living in a homeless situation. The Annual Homeless Assessment Report to Congress (2010) states families experiencing homelessness comprise roughly 1/3 of the total homeless population. The National Center on Family Homelessness reports:

- Approximately 1.6 million children will experience homelessness over the course of a year.
- In any given day, researchers estimate that more than 200,000 children have no place to live.

Family homelessness is caused by a number of factors including, but not limited to, poverty, domestic violence and abuse, lack of affordable housing, fractured social supports, and mental or physical health issues. In times of economic uncertainty many families are vulnerable to experiencing homelessness. Programs can link families to community resources that will provide children and families a safe place to stay and address other issues that may have led a family to homelessness. A family who has lost their home may also experience loss of health, safety, and the capacity to support themselves and their family. This can have significant effects on children. The reality of homelessness is that many families will experience the following:

- Lack of structure, routine, stability;
- Trauma;
- Loss, grief;
- Lack of access to food;
- Lack of healthcare;
- Sub-standard living conditions, e.g. overcrowdedness, unhealthy conditions;
- Stressful attachments to caregivers; and
- Lack of awareness.

Children experiencing homelessness may experience the following:

- Higher rates of developmental delays;

- Infants who are homeless start life needing special care four times more often than other babies;
- Toddlers exposed to homelessness show significantly slower development than other children;
- Higher rates of chronic and acute health problems; and
- Higher exposure to domestic violence and other types of violence.

Program staff should address homelessness in their community by identifying and serving families who are homeless or vulnerable to becoming homeless. Understanding how to assist families is a vital component when offering services to families and being an effective advocate for families. Program staff need to:

- Be familiar with federal and state legislation/regulation regarding homelessness.
- Be familiar with local community resources to support children and families experiencing homelessness.
- Be an advocate for the children and families experiencing homelessness.

Program staff will partner with families to determine the goals that will be addressed on the Individual Family Service Plan.

McKinney-Vento Homeless Assistance Act (PL100-77) was the first and remains the only major federal legislative response to homelessness. The McKinney-Vento Act contains nine titles:

- **Title I** – is a statement of six findings by Congress and provides a definition of homelessness.
- **Title II** – establishes and describes the functions of the Interagency Council on the Homeless, an independent entity within the Executive Branch composed of the heads of 15 federal agencies.
- **Title III** – authorizes the Emergency Food and Shelter Program, which is administered by the Federal Emergency Management Agency (FEMA).
- **Title IV** – authorizes the emergency shelter and transitional housing programs administered by the Department of Housing and Urban Development, including the Emergency Shelter Grant program (expanded from the program created by the Homeless Housing Act in 1986), the Supportive Housing Demonstration Program, Supplemental Assistance for Facilities to Assist the Homeless, and Section 8 Single Room Occupancy Moderate Rehabilitation. Also see the HEARTH ACT, retrieved from <http://www.hudhre.info/hearth>.
- **Title V** – imposes requirements on federal agencies to identify and make available surplus federal property, such as buildings and land,

for use by states, local governments, and nonprofit agencies to assist homeless people.

- **Title VI** – authorizes several programs administered by the Department of Health and Human Services to provide health care services to homeless persons, including the Health Care for the Homeless program, a Community Mental Health Services block grant program, and two demonstration programs providing mental health and alcohol and drug abuse treatment services to homeless persons.
- **Title VII** – authorizes four programs: the Adult Education for the Homeless Program and the Education of Homeless Children and Youth Program, both administered by the Department of Education; the Job Training for the Homeless Demonstration Program, administered by the Department of Labor; and the Emergency Community Services Homeless Grant Program, administered by the Department of Health and Human Services.
- **Title VIII** – amends the Food Stamp program to facilitate participation in the program by persons who are homeless, and also expands the Temporary Emergency Food Assistance Program, administered by the Department of Agriculture.
- **Title IX** – extends the Veterans Job Training Act.

Become familiar with the Illinois State Plan for the Education for Homeless Children. The policy of the Illinois State Board of Education provides guidance regarding homelessness: “homeless students include, but are not limited to, children or youth who are: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (commonly referred to as being ‘doubled up’); are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; are awaiting foster care placement; are staying in public or private places not ordinarily used as sleeping accommodations; are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; or are otherwise not residing in a fixed, regular and adequate nighttime residence.” Program staff addressing the needs of teen parents may need to access community resources for unaccompanied youth. The McKinney-Vento Act (Section 725) defines the term “unaccompanied youth.”: “The term unaccompanied youth [term is in italics in original] includes a youth not in the physical custody of a parent or guardian. This would include runaways living in runaway shelters, abandoned buildings, cars, on the streets, or in other inadequate housing; children and youth denied housing by their families...; and school-age unwed mothers living in homes for

unwed mothers because they have no other housing available.” Other considerations include:

- In determining whether or not a child or youth is homeless, consider the relative permanence of the living arrangements.
- Determinations of homelessness should be made on a case-by-case basis.
- There is no specific time limit on how long a child or youth can be considered homeless.

Programs can ensure children and families experiencing homelessness are responded to appropriately by:

- Identifying the families most at risk in the community.
- Ensuring families have equal access to early childhood programming throughout the community.
- Ensuring immediate enrollment into the Prevention Initiative program (if space is available) even if they lack health or identification documentation.
- Including homelessness as a criterion for priority enrollment.
- Placing homeless families at the top of the waiting list if the Prevention Initiative program is at maximum capacity, and placing them in the program as a spot becomes available, or linking them to another home visiting or center-based program serving families with children birth to age three.
- Linking families to other services including Early Intervention, bilingual education programs, food banks, etc.
- Informing families of their educational rights including transportation availability or providing transportation (if applicable) to community resources.
- Entering identified homeless students/families in the Illinois State Board of Education Student Information System (SIS).
- Creating staff awareness of the needs of children and families experiencing homelessness.
- Being flexible with policies that may serve as barriers to services.

ADDITIONAL IDEAS AND RESOURCES

- Illinois State Plan for the Education for Homeless Children and Youths Program, Illinois State Board of Education, retrieved from http://www.isbe.net/homeless/pdf/mckinney-vento_plan.pdf
- The Most Frequently Asked Questions on the Education Rights of Children and Youth in Homeless Situations, retrieved from <http://www.isbe.net/homeless/pdf/faq.pdf>

- Who are Homeless Children and Youth? <http://www.isbe.net/homeless/pdf/definition.pdf>
- Head Start: An office of the Administration for Children and Families Early Childhood Learning and Knowledge Center (ECLKC), retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc>
- The National Association for the Education of Homeless Children and Youth, retrieved from <http://www.naehcy.org>
- U.S. Department of Health and Human Services: Homelessness Resources, retrieved from <http://www.hhs.gov/homeless/resources/index.html#ResourcesforPersonsExperiencingHomelessness>
- Homelessness Resource Center, retrieved from <http://www.nrchmi.samhsa.gov>
 - U.S. Department of Housing and Urban Development: Homeless Resource Exchange, retrieved from <http://www.hudhre.info>

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{“If a community values its children, it must cherish their parents.”}

— John Bowlby

Family Plans and Goal Setting

Illinois Birth to Five Program Standard V.D.

The program develops a partnership with families in which the family members and staff determine goals and services.

An important focus of the program is to help families identify how they want to improve their lives and the steps that will help them reach their goals. Through collaborative planning with staff, parents can be supported to use their individual gifts as a springboard for change. By evaluating where they are, where they want to go, and how to get there, parents will begin to experience success in taking charge of their own destinies and will naturally promote these skills in their own children. Being in charge of one's own destiny helps to build strong families. Children who grow up in strong families are more likely to reach their full potential.

Quality Indicator V.D.1.**The program provides services that promote family growth and enrichment to identify and build on family strengths.**

Of all the roles in life, parenting is the one for which we receive the least training and preparation. Fortunately, new parents today can avail themselves of information from health care professionals, relatives, friends, books and other print media, audio and video tapes, radio, TV, the Internet, classes, and programs, such as birth to three. Birth to three programs are an opportunity for parents to learn about child development and how it is linked to their child-rearing practices. Professionally trained and experienced early childhood staff members support and assist parents in their new, exciting roles through the activities of the program. This support and assistance builds on identified family strengths. Birth to three programs also introduce parents to other new parents so a networking opportunity can be established. Parenting can be a frustrating, challenging role, but with support and assistance, it can be an enriching and satisfying life-enhancing experience.

In order to maximize the services provided to families, programs should:

- Set a positive emotional tone when a parent enters the birth to three program.
- Communicate to families that each member is valued as an individual and that each is highly regarded as important in the life of the child.
- Make all family members aware that they are welcome to come to program activities as frequently (or infrequently) as they wish.
- When possible, provide an appropriate place for family members to gather in a room with adult furniture and pleasant décor highlighted by a family bulletin board and calendar of coming events.
- Adjust the format and content to the needs and interests of the families and consider their level of education and previous training.
- Link family members to classes to help them complete high school, or provide vocational education programs or special remedial G.E.D. or improve their literacy abilities.
- Present a wide variety of choices so families from diverse educational, cultural, and socioeconomic backgrounds can select the

programs that are best suited to their needs.

- Include time for questions and for informal socialization at each parent meeting.
- Encourage parents to suggest topics and presenters on child health, growth, and development.
- Encourage parents to attend programs on consumerism, nutrition, home and money management.
- Respond to calls to the program in a friendly, informative manner.
- Establish a toy lending or book and/or parent resource lending library near the parent classroom or lounge or a “pack-n-go” lending library for other groups.
- Make available pamphlets and journals on child rearing, toy selection, nutrition, and health.

ADDITIONAL IDEAS AND RESOURCES

- Visit area hospitals to learn how new parents are educated and assisted.
- Contact the Cooperative Extension Service in your area to obtain free parent education materials. Retrieved from www.extension.uiuc.edu
- Attend a large conference and review the parent training materials offered by the exhibitors.
- Check the websites devoted to parenting that are listed in the Appendix.
- The Early Childhood Technical Assistance Center, retrieved from <http://ectacenter.org>

Quality Indicator V.D.2.

The program offers parents opportunities to develop and implement a family plan that describes family goals, responsibilities, timelines, and strategies for achieving these goals.

All birth to three programs should utilize some type of family plan and help parents understand its importance. Just as a driver gets into the car with a destination in mind and a plan to reach the destination, no family should be part of a birth to three program without the opportunity to develop a family plan. This plan is the destination or goals for the family. The development of the plan is the method or strategies used by the family, with assistance from program staff, to accomplish those goals. Effective programs maintain a policy and procedures manual that provides comprehensive guidelines for partnering with families to complete and follow up on Individual Family Service Plans.

The Individuals with Disabilities Education Act (IDEA) Part C has served as the model for family-friendly legislation and originated the service plan for families. The Individualized Family Service Plan (IFSP) is really the core of the Early Intervention program, a system of services for children birth to three who have disabilities or delays, and their families. Perhaps no other requirement of this particular federal law has the ability to guide program planners, service providers, and families as they move from agency-centered or child-centered services to a family-centered “community of caring” (DiVenere, 1988). The IFSP has been called a promise to children and families—“a promise that their strengths will be recognized and built on, that their needs will be met in a way that is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled.” (McGonigel, 1991)

This promise is just as true for the family plan found in other birth to three programs serving infants and toddlers outside the Early Intervention system. At the heart of the family-centered philosophy is the concept of empowering families. Empowering families means creating opportunities and means for families to apply their present abilities and competencies and to acquire new ones as necessary to meet their needs and the needs of their children. (Johnson, McGonigel, & Kaufman, 1989)

Families will receive comprehensive, integrated, and continuous support services through a seamless and unduplicated system. Many of the families participating in Prevention Initiative programs have multiple needs, some of which cannot be met directly by the program. These may include, for example, adult education, housing, nutrition, health care, and other needs.

- Programs must form relationships with other service providers in the community to accomplish the following:
 - Coordinate the development of a system for receiving referrals and for referring families to other service providers;
 - Coordinate a follow-up system on these referrals to ensure that families receive the needed services;
 - Coordinate the Individual Family Service Plans (IFSP) created by the Prevention Initiative program for a family with other community service providers' IFSP(s) for the same family (Sample form in appendix);
 - Coordinate and develop a written transition plan with other early childhood programs that addresses the unique needs and situations of families (Sample form in appendix).

Prevention Initiative programs should include what research has shown to be successful case management services as follows:

- The program creates partnerships to support the development of infants and children from birth to age 3 by focusing on the child and family through a network of child and family service providers.
- The program ensures that the services the family receives through the program are coordinated with other services the family is receiving. In particular, the program ensures that the family's Individual Family Service Plan is coordinated with plans that other community service providers have developed with or for the family.
- The program has a written transition plan with other early childhood programs that addresses the unique needs and situations of families.

A description of the case management approach to be used by the program should be outlined in a policy and procedures manual that includes the following points:

- Description of the system for receiving referrals and for referring families to other service providers;
- Description of the system for following up on referrals;
- Description of how the program will coordinate the Individual Family Service Plan with plans that other community service providers have developed with or for the family;

- Description of how the program will coordinate and develop written transition plans with other community service providers;
- Description of how the program will provide families with access to comprehensive services, including those not provided directly by the program.

Individual Family Service Plan

Families will receive services that address their identified goals, strengths, and needs.

An important focus of the Prevention Initiative program is to help families identify how they want to improve their lives and the steps that will help them reach their goals. **Families must be full partners in developing and implementing an Individual Family Service Plan that identifies the family’s goals, responsibilities, timelines, and strategies for achieving these goals, including the services to be provided to the child and to the family. The Individual Family Service Plan guides the delivery of services to ensure families obtain and receive appropriate services to meet their needs.** Prevention Initiative programs should include what research has shown to be successful Individual Family Service Plans, as follows:

- The program encourages parents and families to make decisions regarding their parenting skills and their children’s development, and engages families in developing individualized family service plans.
- The staff uses the Individual Family Service Plan to guide the services provided to the family.
- The Individual Family Service Plan includes but is not limited to educational and social-economic needs of the family.

The following recommendations are adapted from principles underlying the IFSP process, but are appropriate for birth to three programs developing family plans with parents:

- Infants and toddlers are uniquely dependent upon their families for their survival and nurturance. This dependence necessitates a family-centered approach for service to these families.
- Programs should define “family” in a way that reflects the diversity of family patterns and structures.
- Each family has its own structure, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered practice.
- Birth to three program systems and strategies must reflect a respect for the racial, ethnic, and cultural diversity of families.

- Respect for family autonomy, independence, and decision making means that families must be able to choose the level and nature of program involvement in their life.
- Family/professional collaboration and partnerships are the keys to family-centered programming and to successful implementation of the family plan.
- Staff should use an empowering approach to working with families that requires them to re-examine traditional roles and practices and develop new practices when necessary— practices that promote mutual respect and partnerships.
 - Birth to three services should be flexible, accessible, and responsive to the needs identified by the family. (Adapted from McGonigel, 1991)
- Staff will partner with families to complete a family service plan.
 - Staff will help each individual family identify and articulate their dreams and goals and develop action steps that will provide a path to success.
 - Staff will present programming opportunities as well as community resources and assist the family to access services.
 - Staff will explain that the IFSP is a fluid document, encompassing goals that the family would like to achieve. It will also document progress the child makes as he/she meets developmental milestones.
 - Staff will communicate frequently with the family and support them as they work through challenges.
- The IFSP will be developed in partnership with the family and will be grounded in the information revealed during the Family Needs Assessment (FNA). All programs must utilize a research-based Family Needs Assessment with every family served.
 - The Family Needs Assessment is an outcome and intervention planning instrument that is helpful in assessing the strengths and needs of families.
 - The Family Needs Assessment is the process of systematically listening to parents with young children through surveys. This is a period of intentional “listening” and is a way of gauging opinions, assumptions, needs, and key issues the family has prioritized.
 - The way the process is presented sets the tone for the partnership between the family and the program. The quality and extent of information gathered in this assessment determine many of the activities that follow.
 - The Family Needs Assessment will be implemented with fidelity to what is recommended by the research-based FNA chosen.

- Prevention Initiative programs should partner with each family and create goals for the parent(s), the child, and parent-child interactions.

The National Early Childhood Technical Assistance Center identified six key criteria that define IFSP Outcomes as high-quality and participation-based. They are:

- “The outcome statement is necessary and functional for the child’s and family’s life.”
- “The statement reflects real-life contextualized settings (e.g., not test items).”
- “The wording of the statement is jargon-free, clear and simple.”
- “The outcome is discipline-free.”
- “The statement avoids the use of passive words (e.g., tolerate, receive, improve, maintain).”
- “The wording emphasizes the positive.”
- “When the child’s contextual information is available (e.g., assessment information, the child’s IFSP) the following IFSP outcome criteria should also be evaluated:
 - The outcome is based on the family’s priorities and concerns
 - The outcome describes both the child’s strengths and needs based on the information from the initial evaluation or ongoing assessment.”

(Lucas, Gillaspy, Peters, & Hurth, 2012)

Individual Family Service Plan (IFSP) Form

Programs will develop an Individual Family Service Plan Form that will be completed in partnership with the family. Information gathered to complete this form will come from the parent/guardian (as revealed in the research-based family needs assessment and the completion of this form). The family will be involved in and guide the completion of this form.

The form will contain the following components:

- Family demographic information;
- Brief history or description of the family;
- Parents’ dreams or goals for themselves, their family, and their child;
- Parents’ description of the strengths of themselves, their family, and their child;
- Areas in which the family would like support;
- Areas in which the family states they would like support for their child;
- A list of community resource providers being accessed at the time the form was completed;

- A list of community resource providers being accessed as a result of the IFSP;
- Forms should contain goals and action steps, date the goal was initiated, person responsible, projected timeline of the goal, date updated, and progress.

The Illinois State Board of Education requires a Prevention Initiative Parent Outcomes form to be completed through IWAS at the end of each fiscal year. The PI Outcomes Questionnaire, retrieved from http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm.

The status (as described below) of each goal or action step will provide useful information as you complete the PI Outcomes Questionnaire.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved
- Forms should also have a place for ISFP team members composed of parent(s), representatives from community service agencies, school districts, and others the parent feels would contribute to the overall success of the plan.
- Forms should also contain projected dates the plan will be reviewed, actual dates the form was reviewed, and signatures of the parents and staff.

Transition Plan

As a family/child transitions within or from a Birth to Three Program, transition planning will occur. Transition planning provides for:

- Discussion and training regarding future services and other matters related to the transition;
- Procedures to prepare the family/child for changes in service delivery, including steps to help a child adjust to and function in a new setting; and
- Transmission of information about the child/family to another early childhood program, with the family's consent/permission.

Timing of events:

- On or before the child is three years of age, program staff need to complete a written transition plan (Individual Education Plan, or IEP) and provide documentation with follow-up information regarding transition activities.
- Six months prior to transition – The family will receive a referral packet. The family will be asked to sign a consent(s) to send the child's referral packet to the school district, special education cooperative, or other agency/program.
- Four months and two months before transition – The family will be invited to a transition planning conference.
- Approximately three months before the transition, schedule transition activities. The school district or special education cooperative may need to complete a screening or an evaluation of the child/family.
- Parent Resource: When I'm 3, where will I be? Retrieved from http://www.isbe.net/earlychi/pdf/transition_workbook.pdf

Consider the following:

- Discuss referral options.
- Discuss questions and concerns of the family.
- Explore Early Childhood programs.
- Discuss parental rights and responsibilities.

Actions to complete for a successful referral:

- Parent consents;
- Screening (if applicable);
- Interviews and evaluations (if applicable); and
- Visits to school, program, community agency, etc.

Transition Plan Forms

Program staff will work in collaboration with each family to develop a written transition plan to ensure all interested parties have a clear understanding of what will happen to support a smooth, transparent transition. Transition forms should contain the following:

- Reason for transition;
- Description of how the family feels about the transition;
- Ideal outcome of transition;
- Family strengths that will support transition;
- Child strengths that will support transition;
- Activities that will support a smooth transition;
- Community agencies that will need to participate or be informed;
- Questions regarding parents' rights or responsibilities;
- Referrals to send or obtain; and

- Goal(s), action steps to completing the goal(s), person(s) responsible, and the time frame provided to address the goal(s)/action step(s).

The Illinois State Board of Education requires a Prevention Initiative Outcomes Form to be completed through IWAS as the end of each fiscal year. The PI Outcomes Questionnaire, retrieved from http://www.isbe.state.il.us/research/htmls/pfa_prev_init.htm.

Status

- (S) Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- (NP) No Progress = A goal was made but no progress was documented
- (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- (A) Accomplished = The goal was achieved
- Forms should also have a place for transition plan team members composed of parent(s), representatives from community service agencies, school districts, and others the parent feels would contribute to the overall success of the plan.
- Forms should also contain projected community service providers being accessed, dates the plan will be reviewed, actual dates the form was reviewed, and signatures of the parents and staff.

Illinois State Board of Education 0–3 Prevention Initiative Parent Questionnaire

Instructions for staff:

- **0-3 Prevention Initiative Parent Questionnaire**, retrieved from <http://www.isbe.net/research/pdfs/pi-parent-question.pdf>.
- The IWAS reporting guide for this PI Parent Questionnaire, retrieved from <http://www.isbe.net/research/pdfs/pi-iwas-parent.pdf>.
- **Staff will administer this Parent Questionnaire one time at the end of every fiscal year (June 30). When a family transitions out of the program midyear, staff should administer this Parent Questionnaire prior to the last visit with the family. All questionnaires must be submitted into ISBE or IWAS on or before July 1.**
- Staff will administer this Parent Questionnaire to at least one parent/caregiver for each child in the program. If two parents are actively participating, both may complete a form if they wish. If a family has two or more children between the ages of one month and three years, a Parent Questionnaire would be completed for each child enrolled.
- Staff will administer this Parent Questionnaire to a parent/caregiver only if the child is one month or older and the family has been

enrolled in the program for at least one month or more. Both of these criteria must be met for a parent/caregiver to complete this form.

- This Parent Questionnaire is an anonymous survey for parents or caregivers; therefore, this information will not be associated with the individual child, parent, or family.
 - Staff will assist parents/caregivers who have literacy challenges.

Instructions to Parent/Caregiver:

Based on your experience over the past year with the program, please rate how strongly you agree or disagree with each of the following statements by circling the number in the appropriate box.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel good about myself as a parent	1	2	3	4
2. I understand how my child grows	1	2	3	4
3. I know about how to help my child stay healthy	1	2	3	4
4. I take my child to the doctor regularly	1	2	3	4
5. I know how to get my child interested in appropriate play activities	1	2	3	4
6. I am able to respond appropriately to my child even when I am upset	1	2	3	4
7. I am able to keep my child safe	1	2	3	4
8. I encourage my child to move around, explore, and play	1	2	3	4
9. I am able to parent even though it can be challenging	1	2	3	4
10. I am able to set appropriate limits for my child	1	2	3	4
11. I know how to show my child love, physical closeness, and positive feelings	1	2	3	4
12. I know different ways to respond to my child's needs, emotions, and behaviors	1	2	3	4
13. I do activities that promote brain development (sing, nursery rhymes, toys)	1	2	3	4
14. I know how to get support for my child and myself	1	2	3	4
15. I know how to find community resources for my child and myself	1	2	3	4
16. Participation in this program has helped me become a better parent	1	2	3	4
Comments:				

Instructions for Staff:

- **0-3 Prevention Initiative Outcomes Questionnaire**, retrieved from <http://www.isbe.net/research/pdfs/pi-outcomes-question.pdf>.
- The IWAS reporting guide for this PI Outcomes Questionnaire, retrieved from <http://www.isbe.net/research/pdfs/pi-iwas-outcomes.pdf>.
- **Staff will complete this Outcomes Questionnaire one time at the end of every fiscal year (June 30). When a family transitions out of the program midyear, staff should complete this Outcomes Questionnaire after the last visit with the family. All questionnaires must be submitted into ISBE or IWAS on or before July 1.**
- Staff will complete this Outcomes Questionnaire for each family enrolled in the program.
- Staff will complete this Outcomes Questionnaire for a family if they have met both the following criteria: (a) the child is one month or older, and (b) the family has been enrolled in the program for at least one month.
- This Outcomes Questionnaire is an anonymous survey for staff to complete; therefore, this information will not be associated with the individual child, parent, or family.
- Staff will rate each statement based on the interactions they have had with the family within the fiscal year. Staff may use N/A or Support without having documentation in the family's chart. Staff will have documentation in the family's chart to use the ratings No Progress, Progress, and Accomplished. Documentation may be on the Individual Family Service Plan, on the Transitional Plan, or in the case notes. The statements are general and may apply to many different specific goals within a family's chart. Staff will use their best judgment to capture a snapshot of the family that shows changes or progress over the fiscal year.

Direct Service Provider/Home Visitor:

Please complete this form based on the Individual Family Service Plan you completed in partnership with this family during this program year. Please use the following categories to rate each statement below.

- N/A (not applicable) = The topic/goal was achieved prior to enrollment with PI program OR the subject did not apply to the family
- Support = The topic/goal was brought up by the professional; however, the parent did not see this as a priority for the family
- No Progress = A goal was made but no progress was documented
- Progress = The topic/goal was determined to be a priority for the family, a goal was made, and progress was documented
- Accomplished = The goal was achieved

Statement	N/A	Support	No Progress	Progress	Accomplished
Parent displays his/her rights and responsibilities as a parent	1	2	3	4	5
Parent obtains quality prenatal care/postnatal care	1	2	3	4	5
Parent displays knowledge of the importance of family relationships and how they affect their child	1	2	3	4	5
Parent engages in coping techniques (breathing, exercise, etc.)	1	2	3	4	5
Parent shows love/warmth, physical closeness, and positive feelings to child	1	2	3	4	5
Parent responds to child's cues, feelings, words, interests, and behaviors	1	2	3	4	5
Parent supports/encourages child's exploration, curiosity, and play	1	2	3	4	5
Parent engages in setting appropriate limits	1	2	3	4	5
Parent initiates appropriate play activities	1	2	3	4	5
Parent responds to child's health concerns and well-baby checks	1	2	3	4	5
Parent provides for the nutritional needs of the child	1	2	3	4	5
Parent promotes child's physical/motor development	1	2	3	4	5
Parent promotes child's social and emotional development	1	2	3	4	5
Parent promotes child's speech and language development	1	2	3	4	5
Enrollment in:	N/A	Support	No Progress	Progress	Accomplished
English as a Second Language (ESL)	1	2	3	4	5
Adult Education	1	2	3	4	5
Vocational Education	1	2	3	4	5
High School	1	2	3	4	5
GED	1	2	3	4	5
College	1	2	3	4	5

continued

Completion of:	N/A	Support	No Progress	Progress	Accomplished
GED	1	2	3	4	5
High School	1	2	3	4	5
Engaged with:	N/A	Support	No Progress	Progress	Accomplished
Alcohol/drug abuse program	1	2	3	4	5
Safe, stable housing	1	2	3	4	5
Child Care Resource and Referral (CCRR)	1	2	3	4	5
Child care	1	2	3	4	5
Child and Family Connections	1	2	3	4	5
Adult counseling	1	2	3	4	5
Family counseling	1	2	3	4	5
Domestic violence shelter	1	2	3	4	5
Food/Clothing bank	1	2	3	4	5
Nutrition program (WIC)	1	2	3	4	5
Health department services	1	2	3	4	5
Primary care physicians (Medical Home)	1	2	3	4	5
Comments:					

ADDITIONAL IDEAS AND RESOURCES

- At meetings with other birth to three programs, ask about their family plans, how they are used, and how families are involved.
- Gain permission, and then review the IFSPs of young children with disabilities in your programs.
- Attend workshops at conferences or other trainings to learn about the family plan process.
- Review early childhood journals for helpful suggestions regarding family assessment and development of family plans.

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Quality Indicator V.D.3.**Program staff and families regularly review the family plan, document progress toward goals, and make needed revisions.**

Scheduling a time every few months to review the family plan provides an opportunity for the staff member and parent to reflect on their progress toward their goals and the development of their child. It is a time to inform parents how current behavior will impact future circumstances for the family and later child development. For example, explaining how enjoying books and responding to a child asking repeatedly for a favorite book promotes literacy and helps the parent understand the necessity for reading that same book one more time.

It is the role of the program staff to encourage parents and assist them to recognize their successes. Writing down the parents' comments is a good way to begin reviewing the family plan.

- Staff can provide information about the progress the family has made toward identified goals and offer encouragement as they partner to address the next action steps regarding the parent goals, child goals, and parent-child interaction goals.
- Staff at this time can also provide anticipatory guidance, which is information to parents about the expected needs, behaviors, and milestones their child will experience over the next few months. It assists parents with their understanding of future development, what to expect and how to manage their expectations. The meeting to review the family plan also assists the family to recognize and interpret their children's cues and behaviors, and also increases the parents' confidence as they grow in the parenting role.

Families and their children are continually undergoing change. The goals and activities in the family plan need to be revised to reflect new developments in the family.

- Review and update each family's progress and goals at least every three months.
- Incorporate major family happenings, such as birth of a new baby, death of a grandparent, serious family financial or emotional difficulties, if appropriate.

- Review of the document within this suggested time frame should be agreed to by both parties.
- Both the staff member and family should have a copy of the family plan.

ADDITIONAL IDEAS AND
RESOURCES

- Survey the families about the family plan process.
- Use the results of the survey to make needed changes to the plan format and process.

*{ “Parents don’t make mistakes because they don’t care,
but because they care so deeply.” }*

— T. Berry Brazelton

Collaboration

Illinois Birth to Five Program Standard V.E.

The program takes an active role in community and system planning and establishes ongoing collaborative relationships with other institutions and organizations that serve families.

Programs must take affirmative steps to establish ongoing collaborative relationships that go beyond the development of referral networks. Therefore, programs are encouraged to secure a broad range of services by working together with community agencies.

Quality Indicator V.E.1.**Efforts are made to work in collaboration with other providers of services to families with young children in order to maximize services and resources available in the community.**

A birth to three program for infants and toddlers needs to meet the comprehensive and sometimes complex needs of all families. The process of raising and educating healthy and successful children requires a vision for community-wide commitment of programs, schools, and service agencies to address the needs of the whole child. Change begins with individuals, not programs or agencies. Guinan (1998) identifies the following three principles that validate and support the efforts of early childhood collaborations:

- Children develop in the context of family.
- Families develop in the context of community and are the building blocks of a healthy society.
- Community collaboration is critical to community development and to family outcomes.

ZERO TO THREE Policy Center provides guidance for system building (Characteristics of Early Childhood System Building Initiatives in Communities, 2007):

- “Build community capacity and social capital. Establishing relationships, trust, and shared values among the stakeholders in the early childhood services system is seen as critically important to system building efforts.
- “Secure commitment from community and agency leaders. Local partners need to see the system building work as contributing to their mission related to families with young children. This enlightened self-interest is necessary for success.
- “Base decisions on the evidence. Collecting data increases the credibility of community needs assessments and makes the case for programs that work. Establish a shared vision and define agreed-upon goals. A common understanding and agreement about desired results is important prior to working on the hard issues related to changes in policy, practice, and financing.

- “Engage the broad community. Many stakeholders from various perspectives add to the richness of discussion around actions that need to be taken.
- “Develop effective communication strategies. Public awareness about the importance of early childhood development and anecdotal stories are powerful tools to shape public opinion and build community support.
- “Focus attention on the needs of all families. Early childhood systems that offer services to all families in the community, not just those families at risk, will be more broadly supported.
- “Strive for early successes even if they are small. When partners feel progress is being made, they will be encouraged to sustain the effort. Small achievements and celebration of those achievements lay the foundation for the more difficult work.
- “Support the necessary infrastructure to keep the work moving forward. Community engagement, visioning, planning, evaluation, public awareness, and communication are essential elements of successful initiatives, but they come at a cost. Someone must be willing to invest in these functions.
- “Commit to community change over the long term. Redesigning and enhancing service systems, building new structures, and involving everyone in the process is hard work. It cannot be accomplished in a short period of time.”

Birth to three programs can enhance the program’s services by taking an active role in facilitating and building community partnerships. The following questions may be helpful:

- Which community agencies and programs will be invited to participate?
- Does the collaboration have leadership? Who is it?
- Is the leadership willing to take risks and make changes?
- What are the strategies to reach out to community partners that have been identified?
- Is the development and maintenance of community partnerships recognized by the program as a task that requires time and effort?
- What confidentiality guidelines are in place to guide the sharing of information about children and families?
- Are health services including mental health partners in the collaborative process?
- What provision is made to ensure that families in the community have access to desired services?
- Have any barriers been identified that may affect the families’ access to high-quality services, and if so, how will they be addressed?
- Are transition and its process considered?

- Has a process been considered to regularly evaluate the effectiveness of collaborative agreements that are in place?

When establishing and maintaining collaborative relationships, the following approaches are helpful:

- Conduct a resource and needs assessment of the community, identifying programs, existing partnerships, and community leaders as well as available services and service gaps;
- Hold and document discussions with staff and parents regarding family partnerships;
- Draw upon the program's data sources to identify next steps regarding collaborative partnerships;
- Engage in discussions with parents and staff, then with potential partners about the purposes and goals of all proposed collaborative relationships;
- Identify specific areas for working together to achieve shared goals of children and families;
- Nurture a mutually respectful environment in which everyone's contribution to the partnership is acknowledged;
- Develop forums or use other strategies, such as team meetings and working agreements, for working together on an ongoing basis;
- Consider the staff resources needed to maintain collaborative relationships; and
- Recognize that collaborative relationships are strengthened through formal, written agreements, which help ensure that relationships among agencies endure after initiators of the agreements are no longer involved.

Home visiting services are most successful when:

- The community understands the program and supports its development.
- The need for the program is clearly understood and there is no duplication of efforts.
- There is a spirit of collaboration with other early childhood programs.
- There is strong local leadership to nurture the development of the services.

Effective programs offer clear guidance in a policy and procedures manual regarding a parent- and community-involvement plan. The clear intention of the plan should focus on families being invited to actively engage in the program, and building community systems to support and strengthen families with infants and toddlers. Prevention

Initiative programs should include what research has shown are successful family and community partnerships, as follows:

- A mission statement is developed by parents, families, staff members, and community representatives based on shared beliefs.
- The program establishes partnerships with parents and families and develops shared goals with families based on the families' strengths and needs and the program's objectives.
- The staff understands that the children's home, community, and cultural experiences have an impact on their development and learning.
- The program has both a referral and follow-up system to assure that families are able to access services determined appropriate.
- Formal collaborative relationships with other service providers in the community are developed to avoid duplication of services and to ensure that the families most in need receive services.

Each prevention initiative program must develop a parent- and community-involvement plan to include, but not be limited to, descriptions of:

- **Orientation to the educational program;**
- **Opportunities for involvement in home-based or site-based activities;**
- **Provision for communication with parents about the program;**
- **Methods of linking parents with community resources and services;**
- **Activities that emphasize and strengthen the role of the parent(s) as the child's primary educator(s);**
- Processes that will ensure families are full partners and actively engaged in developing and implementing the program plan. Parents and other family members must be given the opportunity to have input into planning program activities, and the program must have a system for regular communication with parents about the program and about their child's progress;
- Processes that will ensure Prevention Initiative programs do not duplicate services; and
- Processes that will ensure referrals and transparent transitions of 3-year-old children to other early childhood education programs. These programs may include prekindergarten, Head Start, Early Head Start, Even Start, Early Intervention Child and Family Connections, Title I, bilingual education programs, etc.
 - Programs are encouraged to develop a system that provides coordination of services, and delivers prevention initiative services in ways that reflect local needs and resources. Collaborative partnerships must include a direct link between and among the initiatives.

- Programs should collaborate with the local Child and Family Connections office. Child Find Screening Data Collection Form, retrieved from http://www.isbe.net/earlychi/pdf/child_find_screening.pdf

Individual partnerships or agreements (often called memoranda of understanding) with other programs can be the first step in the development of a comprehensive service delivery system. The service delivery involves cross-agency efforts that focus on meeting the needs of individual children and families. Today many families across all income levels are experiencing greater stress, and child poverty is at record levels. An individual program or service provider cannot view itself as an isolated institution within the community separate from family and other community services. The information below will provide guidance as programs build collaboration agreements with other community agencies or school districts.

A memorandum of understanding (MOU) is a document that describes a formal agreement between two or more parties. It is not a legal agreement, but it does indicate the establishment of a relationship. An MOU is generally recognized as binding, even if no legal claim could be based on the rights and obligations laid down in it. It is also sometimes called a letter of intent. For the protection of all parties, develop the written agreement before beginning services to children and families. The agreement can be supplemented with an annual partnership work plan. Review all agreements with legal counsel before signing. The table below can be found on the Illinois Early Childhood Collaboration website.

Administration/Management	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Contractual Period, Times & Review Process				
Number of Children to be Served				
Hours/day, Days/week, Weeks/year				
Signature Provision of Key Parties				
Financial Agreement & Payment Procedures				
Start-up Resources/Costs or 1-time improvements: supplies, equipment, renovation				
Direct Resources: stipends, reimbursements, purchase of services, 1-time expenses				

Administration/Management, continued	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Indirect Resources: staffing, supplies, equipment				
Invoice & Payment System				
Contract Amendments, Contract Renewal & Termination				
Liability/Insurance				
Conflict of Interest/Prohibited Activities				
Dispute Resolution & Grievance Procedures				
Reporting	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Record Keeping				
Coding and Tracking of Child Data				
Transfer of Information				
Confidentiality				
Documentation of direct & indirect resources, number of children served by area, number of families served				
Services & Staffing	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Role of each agency/program				
Implementation of federal and state regulations				
Head Start Program Performance Standards: Child Development & Health, Family & Community Partnerships, Program Design & Management				
Illinois Early Learning Standards				
DCFS Licensing Standards				
Other				
Documentation of Children's Progress/ Outcomes: federal & state				
Key Positions: Staff Qualifications, Joint Interview, Hiring, Salaries, Benefits, Reporting Structure, Performance Evaluations, Personnel Policies, Roles/ Responsibilities				
Teachers, Assistants, Support Staff				
Case Manager/Family Support/Social Service Staff				
Partnership Manager/Coordinator				

Professional Development	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Sharing & Coordinating of Pre-service, In-service & Other Educational Opportunities				
Plan of Action to Meet Degree/Staff Qualifications Requirements				
Individual Professional Development Plans				
Resource Needs: financial, scheduling, personnel (e.g., substitutes, additional staff, etc.)				
Quality Assurance/Communications	Issue Discussed	Emerging Strategy	Incorporated into Contract	Date Reviewed/ Status
Program Compliance with Local, State, & Federal Regulations & Policies				
Process of Exchange/Notification of Alleged/ Documented Licensing/Audit/Federal Review Issues and/or Child Abuse, including plans/strategies to address				
Assistance for Parents in Transition (lost employment, etc.)				
Participation in Annual Program Self-Assessment (if Early/Head Start)				
Participation in Triennial Federal Review (if Early/Head Start)				
Development & Implementation of Continuous Improvement Plans				
Frequency of Partnership Meetings & Who Organizes/Calls				
Frequency of Visits to Centers/Homes				
Monitoring Process				
Networking of All Partners (wider group beyond program collaboration)				

The information below can be found on the Illinois Early Childhood Collaboration website. To be legally **operative**, a memorandum of understanding must contain/describe the following:

- Contractual period
- Financial agreement and payment procedures
- Compliance with local, state, and federal regulations and policies
- Roles of all agencies/entities and their staffs
- Oversight of services, including federal monitoring, if a Head Start partnership

- Staff employment
- Professional development
- Frequency of meetings
- Travel policies
- Continuity of services to children and families
- Family partnerships and activities
- Parent decision making and involvement
- Record keeping, transfer of information, confidentiality
- Conflict of interest/prohibited activities
- Liability/insurance
- Dispute resolution and grievance procedures
- Contract amendments
- Contract renewal and termination
- Signature provision of key parties involved

The definitions can be found on the Illinois Early Childhood Collaboration website. (Definitions adapted from: the works of Martin Blank, Sharon Kagan, Atelia Melaville & Karen Ray; Barbara Raye, Amherst Wilder Foundation; and, WI Dept. of Public Information & Great Lakes RAP, *Collaboration: Because It's Good for Children & Families.*)

- Consultation, Communication, and Networking
Loose community linkages where the exchange of information and rapport building take place. This is often the best we do in the process of planning.
- Coordination
Two or more agencies operate autonomously, yet work together to avoid duplication by sharing information and activities. This is almost a neutral point – I will agree not to compete with you. Organizational missions & goals are not taken into account – the basis for coordination is usually between individuals, but may be mandated by a 3rd party. No joint planning is required; interaction and information is on an as-needed basis.
- Cooperation
By sharing information and activities, some service integration between two or more entities occurs, but agencies do not lose autonomy. When we are cooperating, we see our common interests and values. Individual relationships are supported by the organizations they represent. Missions and goals of the individual organizations are reviewed for compatibility. Some project-specific planning is required.

- Collaboration

A mutually beneficial and well-defined relationship entered into by two or more entities to achieve common goals that could not be achieved by working alone. When we truly collaborate, we no longer protect our own possessions or turf, but come together to create something different and larger than either of our former parts. Common, new mission and goals are created. More comprehensive planning is required; many levels of communication are created, since clear information is a keystone of success. Control and risk are shared and mutual.

ADDITIONAL IDEAS AND RESOURCES

- Explore funding opportunities that may be available at the local, state, and federal level.
- Enlist the aid of the program consultant or technical assistance system to search for existing models and formats for written agreements for partnerships and collaborations.
- Learn more about collaborating with child welfare.
Collaborative Partnerships Between Early Care & Education and Child Welfare: *Supporting Infants, Toddlers, and Their Families Through Risk to Resilience*, retrieved from <http://www.zerotothree.org/public-policy/state-community-policy/nitcci/collaborative-partnerships-between-ece.pdf>
- Strengthening Families - allied for better outcomes: child welfare and early childhood, retrieved from <http://www.cssp.org/publications/strengthening-families/allied-for-better-outcomes-child-welfare-and-early-childhood-august-20101.pdf>
- Learn more about building collaborations on the website Illinois Early Learning Collaboration. Retrieved from <http://ilearlychildhoodcollab.org>
- Communities can utilize the ZERO TO THREE Home Visiting Community Planning Tool when establishing new home-visiting programs or expanding existing services using an evidence-based home-visiting model. Communities should consider several factors in order to ensure high-quality service delivery that is true to the intent of those who developed the model and that meets expressed community need. Retrieve from <http://www.zerotothree.org/public-policy/state-community-policy/home-visiting-community-planning-tool-fillable-pdf.pdf>

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Quality Indicator V.E.2.**Comprehensive physical and mental health, educational, social, and recreational resources for children and their families are developed and promoted in collaboration with the community.**

What happens to the very young even before birth will influence their future development and performance. A safe and healthy birth, emotional bonding, and good nutrition are vital and indicate that health and learning are inseparably related. The focus must immediately and decisively be on the needs of children if the hope is to improve their outcomes. Parents are the first and most essential nurturers and should take the lead but should not have to do the job alone.

Program leadership and staff should consider the following strategies:

- Take advantage of opportunities to serve on community initiatives that are working to identify and make comprehensive services and resources available.
- Look at the community to identify what exists and what does not.
- Design a comprehensive system of services and resources, including physical and mental health, education and care, as well as social and recreational resources.
- Recruit families of the community as members of the initiative.
- Encourage business and agencies to support family life in the workplace, giving increased security to children.
- Influence new construction projects in the community to consider children and their needs.
- Promote neighborhoods as places for young children to learn, with spaces and places that invite play and spark the imagination.
- Offer the infant and toddler program space and resources for community use.
- Highlight community events such as parades, park district programs, and library activities.
- Assist and participate in community events with other community agencies and programs such as health fairs, market days, and other celebrations.
- Help families identify opportunities for literacy experiences in the community.
- Support literacy development by providing story bags that highlight

community life. Consider sharing some with libraries, restaurants, and doctors' offices.

ADDITIONAL IDEAS AND RESOURCES

- Belong to and attend the meetings of groups such as the birth to three forums and local interagency councils.
- Become familiar with similar activities in communities nearby.
- Ask for technical assistance inside and outside your system to identify community models of comprehensive services in the state.
- Review existing data collection from community efforts.
- Find out more about successful community systems.

Quality Indicator V.E.3.

The program leadership recognizes the urgent need for high-quality child care for infants, toddlers, and preschoolers and participates in community collaboration to identify, locate, and provide access to this service.

Child care and early education are critical to the success of two national priorities: helping families work, and ensuring that every child enters school ready to succeed. It is a fact that many parents need child care every day. Program leadership should assist communities by participating in local efforts to assess needs, by identifying available child care resources, and by educating stakeholders regarding components of high-quality child care. This may include coordination with the local Child Care Resource and Referral, working in community activities, and/or serving on forums. Programs involved in local work groups need to consider the quality of their own system of child care as well as working to improve the quality of the child care offered in the community.

Infants and Toddlers in Child Care

In U.S. society, most infants and toddlers are in non-parental care at least once a week. A wide-reaching study conducted by the National Households Education Surveys Program in 2005 found that 42 percent of children under the age of 1 year, 53 percent of 1-year-olds, and 73 percent of 2-year-olds spend some time each week in care outside of their homes. (Halle, Hair, Weinstein, Vick, Forry, & Kinukawa, 2009) These children are spending an average of 31 hours per week in child care arrangements. (Mulligan, Brimhall, & West, 2005) About one-third of these children are in family, friend, and neighbor care (informal arrangements in which a relative or friend provides child care).

Quality of Infant/Toddler Child Care

Research has shown that high-quality early childhood development programs help low-income children achieve better outcomes, both in school and in their communities. (National Center for Children in Poverty, 2008) Longitudinal data show that these programs lead to more participants staying in school, going to college, needing less

remediation, being arrested less, and committing fewer violent crimes than their peers who do not participate in high-quality programs.

Questions to consider:

- Is the child care program accredited by the National Association for the Education of Young Children or the National Association of Family Child Care?
- Are the caregivers certified by the Council for Early Childhood Professional Recognition with a Child Development Associates degree credential for infant-toddler caregivers? Do caregivers possess an equivalent credential that addresses comparable competencies (such as an Associate's or Bachelor's degree)?

ADDITIONAL IDEAS AND RESOURCES

- Keep abreast of concerns and research regarding child care through journals, conferences, and the Internet.
- Identify opportunities to serve on a state or regional level work group concerned with some issue in quality child care.
- Be willing to present or serve on a panel at community events to inform and update the public on high-quality child care and related subjects impacting young children and their families.
- Recruit and enlist the help and support of legislators in the community's effort to provide a system of coordinated, comprehensive child care for all young children and their families.
- Prepare and circulate press releases for local, regional, and state newspapers, newsletters, and other printed materials to update and inform the public on concerns, progress, needs, and vision for a system of quality early child care in the community.
- Utilize the Center on the Social and Emotional Foundations for Early Learning, retrieved from <http://csefel.vanderbilt.edu/index.html>

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Quality Indicator V.E.4.**The program leadership works with the family and community in supporting transitions, respecting each child's unique needs and situation.**

All transitions are too important to be left to chance. Adjustments to important transitions are accomplished more effectively when individuals have adequate and reliable information about what to expect and are provided with the appropriate emotional and social support. This is true for adults as well as for children. Life has many transitions or changes, such as attending school for the first time, going away to college, beginning a new job, getting married, giving birth, moving, or changing jobs. A great deal of stress can be associated with these changes. Appropriate planning and preparation during any transition can minimize the impact of stress.

In the field of early childhood education, transition is used in many different ways. Traditionally, transition has been used to describe the period of time that falls between two different types of activities. Transition may also be used to describe the time period in which children move from home to program or school; within program or school activities, from one activity to another; or from program to program, program to school, or school to school. Early childhood professionals are concerned with easing all transitions.

A key factor in transition is to ensure the continuity in certain key elements that characterize all good early childhood education and care programs. Because of the variety of experiences children and their families go through in the developmental period of life, it would be reasonable to assume that easing the transition process, along with ensuring continuity, is more efficiently and effectively accomplished through community cooperation and collaboration. Transition practices that are developmentally appropriate and specific to a given situation can be helpful in all transitional situations.

In the journal *Young Children*, Jerlean E. Daniel writes, “When adults are comfortable with the transitions related to the growth and development of their children, understand children’s developmental needs, and structure the children’s transitional experiences to include appropriate adult support, early childhood transitions can occur in ways

that do not prove to be dysfunctional to children's growth and development." (Daniel, 1998)

Procedures for transition are ongoing and not limited to one-time efforts at the end of the program year. The following steps should be considered when looking at and formulating a transition process:

- Assess the existing transition process and procedures in your program. If one does not exist, then develop it.
- Provide staff development training on transitions and their importance.
- Develop strategies for informing and involving parents in the transition process.
- Inform families on their rights and procedures including confidentiality.
- Create confidentiality guidelines that are shared with other programs.
- Encourage families to visit settings where the child is likely to attend.
- Develop and/or utilize materials that outline what parents should look for in quality programs.
- Gather information concerning other training opportunities on transition and encourage staff and parents to attend.
- Offer training workshops to staff to discuss strategies to effectively communicate with parents of diverse backgrounds.
- Develop written transition agreements with schools and other child care settings that clarify roles, transition responsibilities, and timelines.
- Develop a mentor system in which experienced parents work with newly participating parents.
- Develop a packet of information about the child's progress that the family can take with them to the next program.
- Form special groups or provide other forms of support to parents as they seek to continue to be their children's advocate in new settings.
- Become aware of and inform parents of local education and training on local program options and how to access them.
- Give special assistance to migrant and other culturally and linguistically diverse families in locating services to assure a smooth transition.
- Utilize the information on the ZERO TO THREE website called: *Preschool Prep: How to Prepare Your Toddler for Preschool*, retrieved from <http://www.zerotothree.org/early-care-education/child-care/preschool-prep-how-to.html>

ADDITIONAL IDEAS AND RESOURCES

- Find information on and form relationships with other programs and communities that have made an effort to design and implement a coordinated system of transition.
- Become a member of existing early care and education community efforts.
- Showcase successful transition efforts in collaboration with the community.
- Take advantage of opportunities to learn more about transition and system planning and implementation through local higher education, conferences, and business seminars.
- Review requirements on transition planning and process that are regulated by state and federal law.
- Be willing to serve as a transition demonstration site and resource to others.
- Helping Your Child Prepare for a Parent’s Deployment (Military), retrieved from <http://www.zerotothree.org/about-us/funded-projects/military-families/cameraready5.pdf>
- Songs, Rhymes and Fingerplays, retrieved from <http://www.zerotothree.org/early-care-education/early-language-literacy/songsengspan.pdf>

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{ “Never doubt that a small group of concerned citizens
can change the world, indeed it’s the only thing that has.” }

— Margaret Meade