

FAMILY SERVICE COORDINATION


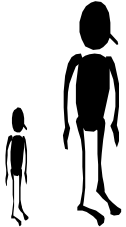


Strategies For Family-Centered Service Coordination

- ✓ **Service Coordination Checklist** (available from LRP Publications, Early Childhood Report, 800-341-7874 ext. 275)
- ✓ **Four Phases of Family Service Coordination**
- ✓ **The IFSP Process in Family Service Coordination**
- ✓ **Family Service Coordination Activities**
- ✓ **Delivering Sensitive Information**
- ✓ **Discovering Family Concerns, Priorities & Resources: Sensitive Family Information Gathering** (Young Exceptional Children, Volume 6 Number 2, pp. 11-19)
- ✓ **Guidelines for Providing Help**
- ✓ **Providing Family Service Coordination**
- ✓ **Self-Assessment of Skills & Knowledge in Early Intervention Family Service Coordination**

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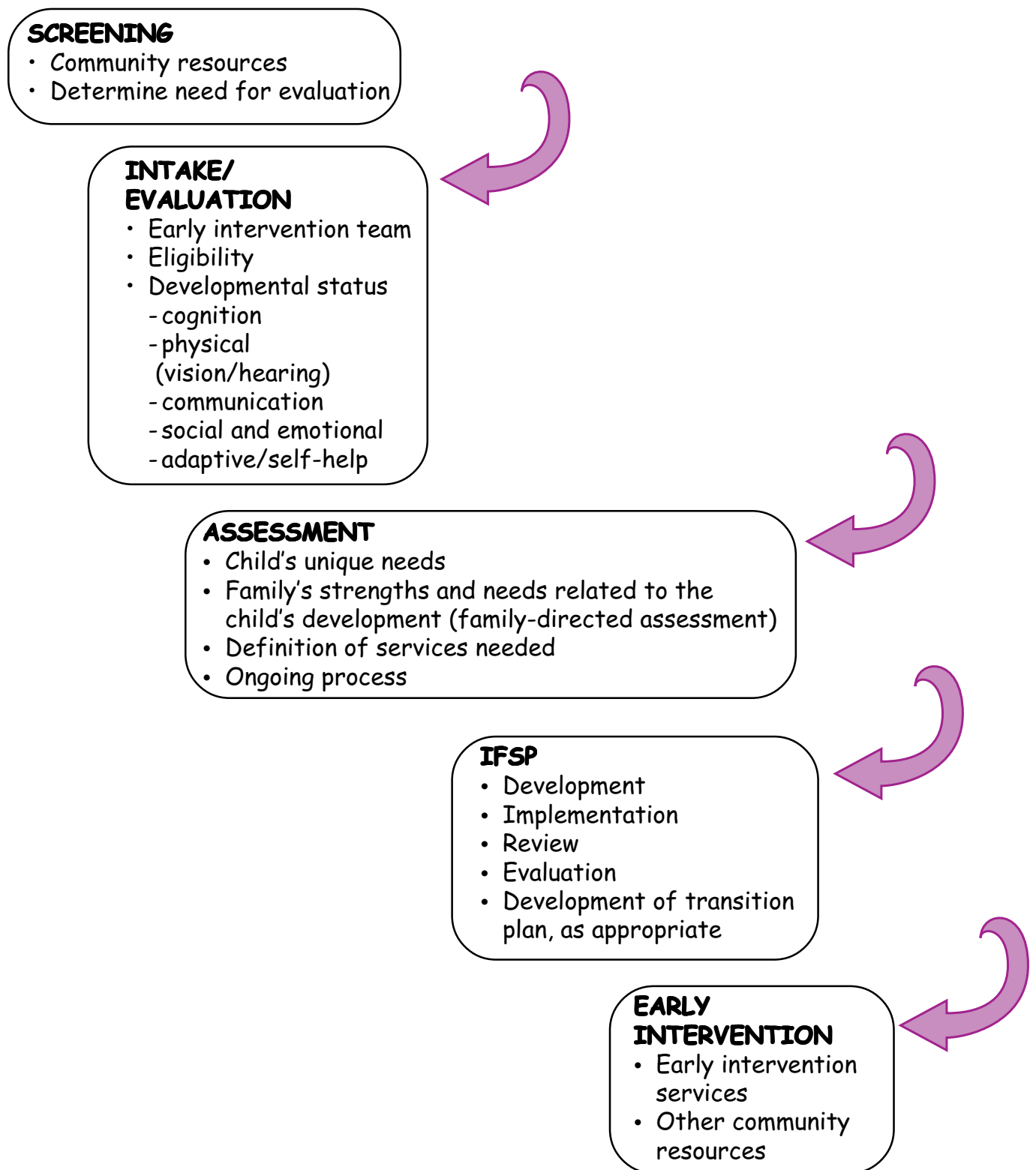
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FOUR PHASES OF FAMILY SERVICE COORDINATION

PHASE	DEFINITION	RESPONSIBILITIES
<p>Getting started</p> 	<p>First contact with family through the development of the IFSP</p>	<p>Coordinating the performance of evaluations and assessments</p> <p>Facilitating and participating in the development of the IFSP</p> <p>Assisting families in identifying available service providers</p> <p>Coordinating the delivery of available services</p> <p>Informing families of the availability of advocacy services</p>
<p>Follow along</p> 	<p>IFSP development</p>	<p>Facilitating and participating in the review and evaluation of the IFSP</p> <p>Coordinating and monitoring the delivery of available services</p> <p>Coordinating with medical and health providers</p>
<p>Unexpected, immediate needs/crisis</p> 	<p>May occur during any point in the IFSP process</p>	<p>Assisting families in identifying available service providers</p> <p>Coordinating and monitoring the delivery of available services.</p> <p>Informing families of the availability of advocacy services</p> <p>Informing families of multiple agencies who may assist them</p>
<p>Transitions</p> 	<p>Includes transitions into, during or from early intervention</p>	<p>Facilitating the development of a transition plan including transition outcomes</p>

Adapted with permission from Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). *Pathways: A training and resource guide for enhancing skills in early intervention service coordination* (Table 2, p. 42). Madison, WI: University of Wisconsin-Madison.

THE IFSP PROCESS IN FAMILY SERVICE COORDINATION

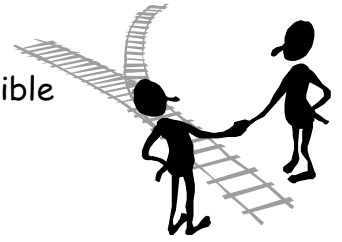


Adapted from Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). *Pathways: A training and resource guide for enhancing skills in early intervention service coordination* (Figure 1, p. 49). Madison, WI: University of Wisconsin-Madison.

FAMILY SERVICE COORDINATION ACTIVITIES

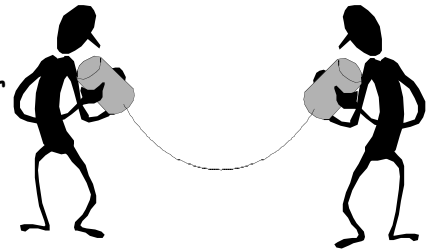
Ways that service coordinators can work to make the system more accessible and "user friendly" to families of children with disabilities/or delays:

- ◆ organize family support, advocacy, or networking groups
- ◆ identify gaps or areas of duplication within the system
- ◆ reduce the number of forms families must complete and questions they must answer (e.g., by using common referral and intake forms)
- ◆ participate in combined trainings with families and service providers, communication skills, health care financing, and other areas related to family service coordination



Good Listening

- ◆ give families an opportunity to talk
- ◆ choose a setting that is comfortable for the family (i.e., their home)
- ◆ demonstrate interest by asking appropriate questions
- ◆ watch your body language
- ◆ attend to the content, not just the delivery of the message
- ◆ listen to the complete message the family states; paraphrase when necessary



Barriers to Listening

- ◆ **advising** the speaker and providing solutions without being asked
- ◆ **rehearsing** what you will say in response to the speaker
- ◆ **mind reading** what the speaker is really feeling or thinking
- ◆ **judging** the merits of what the speaker says or how it is said
- ◆ **diverting** the speaker by changing the subject, distracting him or her from the topic
- ◆ **being right** in your position or idea, leaving no room for listening to the other's perspective
- ◆ **placating** the speaker by agreeing with him or her without being involved in what is said



Adapted from Whitehead, A. D. (1996). Service coordination and models of coordination. In Rosin, P., Whitehead, A. D., Tuchman, L. I., Jesien, G. S., Begun, A. L., & Irwin, L. *Partnerships in family-centered care: A guide to collaborative early intervention* (pp. 169, 171, 231). Baltimore, MD: Paul H Brookes.

DELIVERING SENSITIVE INFORMATION

1. Provide a comfortable environment with as little distractions as possible.
2. Tell the family members together if possible. When one parent has to tell the other, misunderstanding and confusion can be the result.
3. Try to have some sense of what the information you are giving may mean to the parents.
4. Try to keep information simple and basic.
5. Try to communicate a sense of being calm and composed. Allow time for questions from the parent.
6. Try to be honest and straight without being brutal.
7. Avoid jargon.
8. Be accepting of parents' reactions.
9. Be aware of your own need for power and control in the conference or situation.
10. Depending upon the degree of difficulty expected, allow sufficient time for information to be communicated.
11. Be open to new information from parents, they are the best gatherers of information about their child.
12. Be aware that families may not process all the information given them at the time it is given.
13. Speak to possibilities of what can happen for the child with disabilities.



Adapted from Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). *Pathways: A training and resource guide for enhancing skills in early intervention service coordination* (p. 156). Madison, WI: University of Wisconsin-Madison.

GUIDELINES FOR PROVIDING HELP

1. Help is most useful when the help giver is positive and proactive.
2. Help is more likely to be favorably received if the help giver offers help rather than waits for it to be requested.
3. Help is more effective when the help giver allows the locus of decision-making to rest clearly with the help seeker.
4. Help is more effective if the aid and assistance provided by the help giver are normal and consistent with what exists in the daily context of the seeker's routine.
5. Help is more effective when the aid and assistance provided by the help giver is correlated with the help seeker's appraisal of his or her problem or need.
6. Help is most likely to be favorably received when the response costs of seeking and accepting help do not outweigh the benefits.
7. Help is more likely to be favorably received if it can be reciprocated and the possibility of "repaying" the help giver is sanctioned and approved, but not expected.
8. Help is more likely to be beneficial if the seeker experiences immediate success in solving a problem or meeting a need.
9. Help is more effective if the help giver promotes the family's use of natural support networks and neither replaces nor supplants them with professional networks.
10. Help is more likely to promote positive functioning when the help giver conveys a sense of cooperation and joint responsibility (partnership) for meeting needs and solving problems.
11. Help is most likely to be beneficial if the help giver promotes the help seeker's acquisition of effective behaviors that decrease the need for help.
12. Help is more likely to be beneficial if the help seeker perceives improvement and sees him or herself as the responsible agent for producing the change.

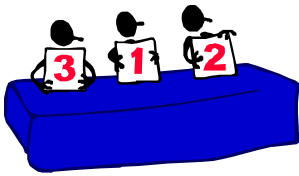
Adapted with permission from Dunst, C., Trivette, C., & Deal, A. (1988). *Enabling and empowering families: Principles and guidelines for practice* (pp. 94-96). Cambridge, MA: Brookline Books.

PROVIDING FAMILY SERVICE COORDINATION

Please read each statement carefully and decide whether you agree or disagree with it, then mark your response in the left margin by putting an (A) for agree, or (D) for disagree in the space provided. Discuss your choices with your team. Do your answers have implications for how you provide family service coordination?

- ___ 1. Families who don't keep appointments that are scheduled with therapists should be given warning and then dropped from the schedule.
- ___ 2. The family service coordinator or therapist should not be expected to go into a neighborhood or area that is considered "unsafe".
- ___ 3. If parents do not speak English, the family service coordinator should be trained to understand their culture and learn their language.
- ___ 4. Parents are the best teachers of young children and should be interested and willing to learn how to do therapies at home.
- ___ 5. When working with families from a different culture, agencies should make every possible effort to hire a family service coordinator and other staff from that culture.
- ___ 6. Most families need outside help and support in coming to terms with a disability diagnosis for their child.
- ___ 7. National Health Insurance is the best way to be sure that all families that need services receive them.
- ___ 8. Families who are suspected of drug or child abuse should be reported to Child Protective Services immediately.
- ___ 9. Children who have severe and multiple disabilities should have specialized school facilities and should not be expected to attend public school.
- ___ 10. More and more children are born with severe disabilities ever year and prenatal care should be legally mandated as a means of prevention.

Adapted with permission from Rosin, P., Green, M., Hecht, L., Tuchman, L., & Robbins, S. (1996). *Pathways: A training and resource guide for enhancing skills in early intervention service coordination*. (Handouts & Overheads: Where Do You Stand). Madison, WI: University of Wisconsin-Madison.



SELF ASSESSMENT OF SKILLS & KNOWLEDGE IN EARLY INTERVENTION FAMILY SERVICE COORDINATION

Statement					Knowledge or Skill Level	Priority to Learn More or Gain More Skills			
	1 = Low	2 = Low to Medium	3 = Medium to High	4 = High		1	2	3	4
<u>Legal Issues</u>									
• I understand how family service coordination is defined by Part C of the Individual with Disabilities Act (IDEA) and the <i>Procedure Manual for Infant-Toddler Services in Kansas</i> .	1	2	3	4	1	2	3	4	
• I understand the seven functions of family service coordination defined by the <i>Procedure Manual for Infant-Toddler Services in Kansas</i> .	1	2	3	4	1	2	3	4	
• I know the rights and procedural safeguards for parents in early intervention.	1	2	3	4	1	2	3	4	
• I understand the timeliness in completing the Individual Family Service Plan process.	1	2	3	4	1	2	3	4	
• I understand the procedures in completing the IFSP.	1	2	3	4	1	2	3	4	
• I understand the issues and procedures of confidentiality.	1	2	3	4	1	2	3	4	
• I understand the differences between Part C and Part B of IDEA.	1	2	3	4	1	2	3	4	
<u>Family Service Coordination</u>									
• I understand the role of the family service coordinator in early intervention.	1	2	3	4	1	2	3	4	
• I know the services funded by <i>tiny-k</i> , and recognize that families may need to access additional funding sources to meet their outcomes.	1	2	3	4	1	2	3	4	
• I know what federal, state, and local funding sources exist for families and their eligibility requirements.	1	2	3	4	1	2	3	4	
• I understand the structures supporting interagency collaboration, including referral, interagency agreements, memoranda of agreement, contracts, and consultation.	1	2	3	4	1	2	3	4	
• I understand how the principles of family-centered, culturally competent care relate to the service delivery system.	1	2	3	4	1	2	3	4	
<u>Family and Systems Theory</u>									
• I understand the theories and models related to family systems and development.	1	2	3	4	1	2	3	4	
• I understand the social systems perspective and its application to early intervention.	1	2	3	4	1	2	3	4	
• I understand how multiple stressors may affect a family's use of early intervention services.	1	2	3	4	1	2	3	4	
<u>Team Functioning</u>									
• I understand the importance of parents as team members.	1	2	3	4	1	2	3	4	
• I understand the levels of communication and cooperation in different team models (e.g., multidisciplinary, interdisciplinary, transdisciplinary, interagency).	1	2	3	4	1	2	3	4	

- I understand team dynamics. 1 2 3 4 1 2 3 4
- I understand the various roles people play on teams. 1 2 3 4 1 2 3 4
- I understand the models of family service coordination and various benefits and cost of each model. 1 2 3 4 1 2 3 4
- I understand the models of and issues of service delivery in home, medical, social, and educational settings. 1 2 3 4 1 2 3 4

Personal Skills

- I provide a family-centered approach to early intervention that respectfully supports families. 1 2 3 4 1 2 3 4
- I employ communication techniques for listening and responding. 1 2 3 4 1 2 3 4
- I use strategies for preventing and managing conflict. 1 2 3 4 1 2 3 4
- I apply problem-solving and negotiation methods. 1 2 3 4 1 2 3 4
- I respond to diversity in a culturally competent manner. 1 2 3 4 1 2 3 4
- I use strategies for taking care of myself. 1 2 3 4 1 2 3 4
- I apply methods of organization to streamline tasks. 1 2 3 4 1 2 3 4
- I practice time management techniques. 1 2 3 4 1 2 3 4
- I actively promote the principles of family-centered, culturally competent, care. 1 2 3 4 1 2 3 4

Family Service Coordination Skills

- I assist families in identifying strengths, resources, and needs in developing the Individual Family Service Plan. 1 2 3 4 1 2 3 4
- I build respectful and beneficial relationships between families and professionals (on a one-to-one, team, agency, and interagency basis). 1 2 3 4 1 2 3 4
- I offer families options for information, support, referral, and skill building. 1 2 3 4 1 2 3 4
- I develop the Individual Family Service Plan with families and carry out tasks necessary to implement the plan. 1 2 3 4 1 2 3 4
- I integrate identified child and family outcomes with resources and service options. 1 2 3 4 1 2 3 4
- I evaluate services provided to families. 1 2 3 4 1 2 3 4
- I ensure that parents are equals on the early intervention team. 1 2 3 4 1 2 3 4
- I can appropriately identify and access federal, state and local funding sources to assist families in meeting their outcomes. 1 2 3 4 1 2 3 4
- I apply strategies unique to specific geographical area including inner city and rural. 1 2 3 4 1 2 3 4
- I design processes and strategies supporting transitions for the child and family, and evaluate their effectiveness. 1 2 3 4 1 2 3 4
- I use a systematic method for communicating and coordinating the activities of the providers on a family's team. 1 2 3 4 1 2 3 4
- I facilitate and support child and family transitions. 1 2 3 4 1 2 3 4

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