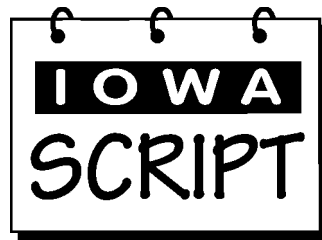


Family Centered Services

Guiding Principles and Practices for Delivery of Family Centered Services



Iowa's Early ACCESS is a collaborative effort between the Departments of Education, Human Services, and Public Health, the Child Health Specialty Clinics, and parent organizations.

Iowa SCRIPT (Supporting Changes and Reform in Interprofessional Pre-service Training in Iowa) is designed as a community-based, interactive personnel preparation model that features strong family and interprofessional involvement and promotes system change through planning, implementation, and evaluation.

Developed jointly for

Iowa's
Early ACCESS
and
Iowa SCRIPT

by

the Iowa Script team

Developed:
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Assumptions Behind Family Centered Principles or Practices:

- *All people are basically good.*
- *All people have strengths.*
- *All people need support and encouragement.*
- *All people have different but equally important skills, abilities, and knowledge.*
- *All families have hopes, dreams, and wishes for their children.*
- *Families are resourceful, but all families do not have equal access to resources.*
- *Families should be assisted in ways that help them maintain their dignity and hope.*
- *Families should be equal partners in the relationship with service providers.*
- *Providers work for families.*

Iowa's Early ACCESS/IDEA Part C

GUIDING PRINCIPLES AND PRACTICES FOR DELIVERY OF FAMILY CENTERED SERVICES

Family Centered Services is a way of organizing and delivering assistance and support to families based upon some distinct, interconnected beliefs, attitudes and behaviors. Formal, yet differing, definitions of *Family-Centered Services* exist in the fields of social services, child welfare, developmental disabilities, children's health care, early childhood special education/early intervention, physical and occupational therapy, and mental health. Common words found in these definitions include such descriptors as "strengths-based, consumer driven, family systems, partnerships, empowerment, enhancement, interdependence, proactive, capacity building and collaborative relationships." (See Allen, R.I. and Petr.C., *Family Centered Service Delivery: A Cross Disciplinary Literature Review and Conceptualization*. Beach Center on Family and Disabilities, University of Kansas, 1995, for a complete listing of definitions.)

The information on the following page shares eight principles selected to guide programs delivering services. Each principle is then illustrated with examples of desirable behaviors for staff working with families. These principles and practices are the foundation for designing and delivering family centered services by all Early ACCESS partners.

In Memoriam

This document is dedicated to the memory of Dr. Susan McBride who was a professor of Early Childhood Special Education at Iowa State University in Ames, Iowa and a member of the Iowa SCRIPT team. Susan both taught and demonstrated the importance of family centered services. Her insight and input will be greatly missed not only by the Iowa SCRIPT team, but also by the children and families of Iowa for whom she worked so diligently.

Principles and Examples for Those Providing Services to Families

PRINCIPLE 1 — *The overriding purpose of providing family-centered help is family empowerment, which in turn benefits the well being and development of the child.*

For example, providers:

- are skilled in the use of effective help giving practices;
- help families to feel hopeful;
- assist families to identify and successfully use their abilities and capabilities;
- assist families to make their own choices and decisions;
- actively support **family decision making** and **self-determination**;
- assist families to create a vision and plan for the future;
- credit families for successful outcomes;
- assist families to recognize that a mutual exchange of ideas is essential for success.

PRINCIPLE 2 — *Mutual trust, respect, honesty, and open communication characterize the family-provider relationship.*

For example, providers:

- use active/reflective listening skills;
- keep confidences;
- respectfully share with families, in response to their concerns, complete and unbiased information;
- effectively use communication skills of dialogue and discussion;
- demonstrate care and concern for families;
- treat all families as responsible, trustworthy people;
- follow through in a timely manner;
- are knowledgeable and credible in their actions;
- suspend their judgment of families.

PRINCIPLE 3 — *Families are active participants in all aspects of decision making. They are the ultimate decision-makers in the amount, type of assistance, and the support they seek to use.*

For example, providers:

- recognize families may need greater support and resources at certain times;
- plan interventions that actively involve families at a level of participation they choose;
- identify and use specific family strengths as a resource for actively meeting identified needs;
- support and encourage family decisions;
- use elements of partnership relations and coaching techniques in their work with families;
- function in a variety of roles.

PRINCIPLE 4 — *The ongoing work between families and providers is about identifying family concerns (priorities, hopes, needs, goals, or wishes), finding family strengths, and the services and supports that will provide necessary resources to meet those needs.*

For example, providers:

- use problem solving strategies and techniques;
- listen to conversation and understand the relationship between expressed concerns and the real needs the family identifies;
- understand the differences among agencies and the resources they provide;
- help families understand their own informal support networks and the potential resources these can provide;
- identify individual family strengths and build upon these strengths to meet family needs;
- use adult teaching/mentoring strategies to assist families to learn new strengths and abilities;
- provide encouragement, feedback and guidance in helpful ways to families.

PRINCIPLE 5 — *Efforts are made to build upon and use families' informal community support systems before relying solely on professional, formal services.*

For example, providers:

- understand the importance of natural networks of support in the health and well being of families;
- assist families to identify what resources their informal support networks can provide to meet specific needs/concerns;
- understand and model the practices of reciprocity as a way to build networks;
- facilitate contacts between families and their communities in order to build informal capacity;
- share information about all community services and the resources they might provide;
- help agencies and formal services clearly identify what resources they offer.

PRINCIPLE 6 — *Providers across all disciplines collaborate with families to provide resources that best match what the family needs.*

For example, providers:

- have the skills to work across agencies and across disciplines;
- include and consider families equal team members;
- are comfortable with role release and can function using a variety of consulting techniques;
- can work collaboratively and clearly understand each agency's resources;
- present options of services and resources to families for their choices.

PRINCIPLE 7 — *Support and resources need to be flexible, individualized and responsive to the changing needs of families.*

For example, providers ensure:

- program or agency procedures are simple and easily understood by families and providers;
- programs and/or agencies have few, if any, obstacles to prevent families from receiving immediate assistance;
- agencies/programs create a welcoming atmosphere for families
- provider contacts with families happen frequently and assist in developing a relationship between a particular provider and a family;
- providers' visits with families match family schedules and expectations;
- provider paperwork is reflective of the frequently changing needs and concerns of families;
- the family and provider work together to individually design each specific intervention plan of action;
- families evaluate the success of all intervention outcomes.

PRINCIPLE 8 — *Providers are cognizant and respectful of families' culture, beliefs, and attitudes as they plan and carry out all interventions.*

For example, providers:

- understand how discrimination, oppression and stereotyping impact the provision of services;
- recognize that values, norms, customs, history, and institutions of groups of people vary by ethnicity, gender, religion, sexual orientation, and ability;
- recognize areas of comfort and discomfort when working with families from similar or different cultural backgrounds;
- seek reliable and accurate information relative to specific cultures when needed;
- recognize the diversity within cultural groups (i.e., spirituality, views on health, child rearing, help seeking, and family structure).

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