Early intervention service coordinators meeting and working with families have the important role of empowering and helping families be the best advocate for their child. What are components of parent empowerment in special education systems? What is important for providers to know as they foster parent empowerment?

Empowerment includes the goal that “parents apply their knowledge, expertise, and confidence for making their voices heard” (Hsiao, Higgins, & Diamond, 2018, p. 45). Empowerment is a dynamic process that involves interaction, respect, and meeting parents where they are in order to move forward together in support of the child and family. In the article, *Parent Empowerment: Respecting Their Voices*, Hsiao et al. provide answers to our earlier questions and highlight four components of empowerment: parents as ecocultural entities, critical reflectors, participatory change agents, and advocates over time. We’ll explore each of these theoretical components further.

Each parent’s journey and response to their child’s disability is individual. Parents have ecocultural identities that influence their actions and interactions. Their values, attitudes, culture, priorities, and resources are all elements that guide parent responses and begin to define what their child’s delay or disability means for their family. To facilitate parent empowerment early intervention service coordinators and providers must acknowledge and respect the ecocultural lens through which the parent sees their child and the support being offered and provided (Cen & Aytac, 2017; Turnbull et al. 2015 as cited in Hsiao et al., 2018).

By understanding where parents are with their own understanding about their child’s delay or disability, with their hopes and dreams for their child, and with their expectations for intervention, service
coordinators and providers are better able to start with and assist parents on their journey. For service coordinators, helping families start the early intervention process, it is often necessary to slow down when sharing information about the program and to ensure adequate time to hear the family’s story in a truly supportive and nonjudgmental way. “This sharing of information provides parents with the opportunity to experience a sense of belonging..., which in turn enhances empowerment and ultimately results in a journey of involvement in the schooling of their children.” (Hsiao et al., 2018, p. 47).

Encouraging opportunities for parent reflection is the next component of empowerment. Reflection involves looking back at one’s own actions and circumstances in light of their desires. Parents are the constant in a child’s life and have the longest history with their young children. Parents also know the strengths and needs of their child in the context of their day to day life, which is where learning happens for very young children. By helping families reflect on the routines, activities, actions, and interactions that make up their day to day life, service coordinators and providers can effectively help families identify the priorities that are truly important for their child and family. Reflective practices also promote parents’ active participation, in all aspects of intervention, by helping them see how they can apply their existing and newly gained knowledge, abilities, and resources to achieve the goals that are highly meaningful for their child and family.

The third component of empowerment is secondary to reflection, as critical reflection promotes and leads to parent’s participation as change agents. Have you ever been on an intervention visit where the parent enthusiastically tells you about a new strategy that she tried and eagerly shares how it worked toward achieving a desired goal? It is this type of taking charge that helps define parents as change agents. It is this type of confidence and competence that empowers parents to take their own action in light of their goals. By encouraging and celebrating parents’ efforts, service coordinators and providers reinforce the incredible abilities of families and empower them as true partners and leaders in their child and family’s intervention and success.

Advocacy over time is the fourth component, which service coordinators and providers can promote by understanding parents as ecocultural entities, promoting parents critical reflections and encouraging their role as participatory change agents. As parents achieve increasing degrees of empowerment they can develop the tenacity and understanding to navigate various systems while also building partnerships and calling upon the resources they have and need to achieve their desired outcomes now and in the future as their child progresses through school and beyond.

The work of early intervention is rewarding, and when service coordinators and providers help parents develop into empowered advocates the benefits can last a life time.

What do the data say?

What are barriers and facilitators to family engagement?

Children learn in the context of family and community routines, activities, actions, and interactions. This makes family engagement an important part of a child’s learning and continuing education. In fact, parent participation and engagement are crucial for children’s positive growth, development, and learning beginning before birth and continuing throughout the school years and beyond. The National Association for Family, School, and Community Engagement (NAFSCE) defines family engagement as “a shared responsibility which schools and other community agencies and organizations [including early intervention] are committed to reaching out to engage families in meaningful ways and in which families are committed to actively supporting their children’s learning and development” (https://www.nafsce.org/page/definition).

Early intervention service coordinators play an important role in helping families understand the critical role they play in building their child success now and in the future. But sometimes, there are challenges related to family engagement. Some possible hindering factors important for providers to consider are (Berg, Melaville, & Blank, 2006; Onikama, Hammond, & Koki, 1998; Wherry, 2010, as cited in Garcia et al., 2016, p. 4).

- Parents’ (and other family members’) previous negative experiences or interactions with schools (for example, parents did not do well in school or educators told parents only what they should do without acknowledging what they might already be doing).
- Language and cultural barriers (for example, parents or their representatives believe they should defer to educators and not play an active role in education).
- Limited professional development and training of providers in family and community engagement.
- Providers’ own cultural beliefs and attitudes.

These and other incongruences in understanding, experiences, and expectations between parents and providers and greater systems can impact family engagement. Being mindful of these types of differences and self-reflecting on provider contributions is a first step toward minimizing and resolving any impediments to family engagement.

To help facilitate family engagement Garcia et al. (2016) outline four topical areas for deeper consideration and exploration. These include:

- deepening provider awareness of family and community engagement as it relates to the local population and cultural diversity,
- recognizing, respecting, and relishing the strengths of families,
- communicating effectively with a focus on building a trusting relationship, and
- having data conversations that include reviewing and reflecting on data and definitions that are relevant and meaningful for families and their children.

Service coordinators and providers helping families through the early intervention process play a powerful role in facilitating family engagement. By keeping a focus on engagement and acknowledging possible barriers providers can most effectively facilitate strong family engagement and long lasting empowerment.
In the prior (February 2019) KIT, in this series on service coordination, you learned about various models of service coordination including the blended and dedicated models. Regardless of model, service coordinators are expected to provide the services identified in Part C of IDEA. In this issue we will review how these activities can be carried out in alignment with the Division for Early Childhood Recommended Practices (DEC RPs).

**DEC Recommended Practices** - What does this look like for service coordinators?

The DEC Recommended Practices (RPs) provide guidance for administrators, practitioners and service coordinators around the following topic areas: Leadership, Assessment, Environment, Family, Instruction, Interaction, Teaming and Collaboration and Transition. The DEC RPs refer to activities that “practitioners “perform, which includes service coordinators as their role is to support and partner with the child’s family as they navigate the early intervention system.

Examples illustrated in this issue highlight both direct and indirect connections to service coordination activities as they relate to RPs. A direct connection is when the service coordinator performs a service coordination activity that clearly relates to the RP. An indirect connection would be something the service coordinator does to support a practitioner as they carry out activities that align with RPs. A service coordinator in a blended model may see all activities as a direct connection pending the role they are fulfilling on the team. Ultimately, the role of the service coordinator is to help families navigate the early intervention system using recommended practices. Sometimes this happens through their direct activities and other times it may be something they help foster through supportive activities.

Let’s take a look at some examples and as we do this we encourage you to reflect on your own experiences. See if you can come up with additional examples for the many ways you engage in recommended practices.

To learn more about the DEC RPs, including additional examples, please visit the [Recommended Practices](#) page on the DEC website and download the [DEC Recommended Practices with Examples](#).
Leadership Practices: When you think of a leader in early intervention you might think of people in an administrative or supervisory position such as a Part C Coordinator or Program Director. However, practitioners, service coordinators, and family members may also be leaders in early intervention. The DEC RPs identify 14 Leadership Practices and many of them are written to guide and support people with administrative responsibilities. However, if we look closely at these practices we can see there are several activities a service coordinator may engage in that model these practices. Here are a few examples in which service coordinators (blended or dedicated) might showcase their ability to be leaders in early intervention.

L1 Leaders create a culture and a climate in which practitioners feel a sense of belonging and want to support the organization’s mission and goals.

Direct Connection: A service coordinator lays the foundation for what early intervention is (and what it isn’t) by sharing the philosophy of early intervention and supporting the team in understanding what it looks like as well as what it doesn’t look like if recommendations are made that don’t align with the mission and purpose of early intervention.

L10 Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision.

Direct Connection: A service coordinator informs families and practitioners of policies, procedures and laws within the early intervention system and ensures that they are followed at all times.

Assessment Practices: The DEC RPs identify 11 Assessment Practices. Service coordinators engage in assessment practices for the purposes of screening and conducting a family assessment to inform decisions on referrals needed for EI and non EI services and the determination of the multidisciplinary team. Service coordinators in a blended model, fulfilling the role of another discipline on the team, may also engage in assessment activities for the purposes of determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes. Below we illustrate some ways that service coordinators, regardless of model, engage in and support Assessment Practices.

A1 Practitioners work with the family to identify family preferences for assessment processes.

Direct Connection: A service coordinator and a family jointly plan an upcoming assessment, the disciplines needed on the multidisciplinary team, date, time, and location according to the family’s preferences and provider availability. In a blended model of service coordination the service coordinator may also represent one of the disciplines performing a multidisciplinary assessment.

A11 Practitioners report assessment results so that they are understandable and useful to families.

Direct Connection: A service coordinator reviews written reports when they receive them to ensure they are understandable to the family (free of jargon). Then they provide the report(s) to the family in their native language in a timely manner.
Family Practices: There are 10 Family Practices identified in the DEC RPs which encompasses three themes: family-centered practices, family capacity building practices, and family and professional collaboration. All of the family practices are closely aligned with activities service coordinators engage in on a daily basis, regardless of the model of service coordination. Here are a few examples for how service coordinators engage in Family Practices.

F5 Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

Direct Connection: A service coordinator partners with families as they navigate the EI system and teaches them how to advocate for themselves so they are confident and capable of navigating other systems of support when they leave EI.

F10 Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.

Direct Connection: The service coordinator provides the family with information about how to get involved in the local interagency council or state interagency council and lets them know the benefits of participating in them.

Teaming and Collaboration Practices: All teams include the family, a service coordinator and practitioners from multiple disciplines which are determined based on who has the knowledge and skills needed to support the identified needs of the child and family. Service coordinators have an essential role as they partner with families to identify and pull their team together. Once established, the service coordinator supports the team in their joint efforts to achieve family-centered functional outcomes. In a blended model, the service coordinator may fulfill a dual role on the team in that they are both the service coordinator and a practitioner representing another discipline. There are 5 Teaming and Collaboration Practices identified in the DEC RPs and here are a few examples of what they might look like in practice for service coordinators.

TC1 Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.

Direct Connection: A service coordinator coordinates team meetings to develop and review the Individualized Family Service Plan (IFSP) and ensures that outcomes are unique to the individualized needs of the family.

TC3 Practitioners use communication and group facilitation strategies to enhance team functioning and interpersonal relationships with and among team members.

Direct Connection: A service coordinator shares a team contact list with everyone on the team so all team members know who each other and how to reach each other.

Transition Practices: Transition can occur at many points in time for a family including but not limited to a transition from the hospital to home, from early intervention to community-based supports or from early intervention to early childhood special education services. Service coordinators have a number of responsibilities with regards to transition, including specific activities identified in Part C of IDEA. One of their primary roles within transition is to prepare and support the family throughout the transition process minimizing any disruptions to the family system. There are two Transition Practices identified in the DEC RPs and here are examples of what they might look like in service coordination.
TR1 Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child’s successful adjustment and positive outcomes.

*Direct Connection:* A service coordinator calls the family and the preschool a week after the child’s transition to preschool and again a month after transition, to make sure that all paperwork and other aspects of the transition are proceeding as planned. (Retrieved from: DEC RPs with Examples [https://divisionearlychildhood.egnyte.com/dl/NRAghi7roM/](https://divisionearlychildhood.egnyte.com/dl/NRAghi7roM/))

T2 Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

*Direct Connection:* A service coordinator provides families with lists of preschools and visiting schedules. She offers to accompany families on their visits to the preschools. (Retrieved from: DEC RPs with Examples [https://divisionearlychildhood.egnyte.com/dl/NRAghi7roM/](https://divisionearlychildhood.egnyte.com/dl/NRAghi7roM/))

**Environment, Instruction & Interaction Practices:** Three other topic areas within the DEC RPs include Environment, Instruction and Interaction. Environment refers to the space, activities and routines that practitioners engage in with children and families they serve, Instruction refers to the strategies used to teach, support and evaluate the quality of practices, and Interaction refers to practices that support a child’s language, cognitive and emotional competence. Service coordinators in a blended model engage in these practices when they are fulfilling their role on the team as a practitioner. However, when it comes to the duties of a service coordinator, especially those in a dedicated model, these practices may tend to be indirect and supportive rather than a direct practice they engage in with the child and family. Here are a few key examples of what these practices may look like for service coordinators.

**E4** Practitioners work with families and other adults to identify each child’s needs for assistive technology to promote access to and participation in learning experiences

*Direct Connection:* A service coordinator works with the team to identify the need for assistive technology or other adaptive equipment such as an adapted seat so the child can sit at the table with their family during mealtime.

**INS10** Practitioners implement the frequency, intensity, and duration of instruction needed to address the child’s phase and pace of learning or the level of support needed by the family to achieve the child’s outcomes or goals.

*Indirect Connection:* A service coordinator facilitates a discussion with the IFSP team to discuss how much support a family may need to work on an outcome on the IFSP.

**INT 2** Practitioners promote the child’s social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

*Indirect Connection:* A service coordinator asks questions about how the child interacts with their peers and siblings and suggests intervention take place in a setting where the practitioner can support the child and family within a routine that includes siblings or peers.

Were you able to identify additional examples of ways you engage in service coordination activities that align with the DEC RPs? Were they direct or indirect connections?
Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers. In line with the focus on Understanding Service Coordination Essentials, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (January through May) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in June 2019. There is no need to register for the CEUs. Rather, if you are interested, complete the exam online at www.edis.army.mil

Thank you for your continued interest in the KIT.