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# Learning Guide 4.5 Teaming and Collaboration-

# Voices from the Field

## **Objectives**

* Identify practitioners’ and families’ views on critical issues related to effective engagement of all team members.

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| **Related Content:** [Module 4: Voices from the Field](https://rpm.fpg.unc.edu/module-4-teaming-and-collaboration-plan/voices-field)  **Instructional Method:** Discussion and Discovery  **Level:** Intermediate  **Estimated Time Needed:** 20 minutes |

## **Description**

In this activity, learners will identify strategies and considerations that will help inform their practice for working with children and families from special populations. Learners will work together to create an email correspondence letter to send to the practitioner/family member.

## **Materials/Resources**

* Voices from the Field transcripts for Module 4 – Teaming and Collaboration.

## **Facilitator Instructions**

1. Break learners into three groups (if the class is larger than 12 students, choose multiple groups to work on the same transcript). Provide each group a copy of one “Module 4: Voices from the Field” transcript.
2. Allow time for learners to discuss the points made by the practitioner or family member using the following guiding discussion questions:
   1. What did this practitioner or family member say that resonated with any experiences you have had working with young children?
   2. What have you learned about implementing teaming and collaboration practices with specific populations?
   3. How do you think these practitioner and family voices will help to inform your own practice?
3. Instruct learners to draft an email (individually or collectively) to the practitioner or family person describing how their insight will help inform their practice and asking two questions about how this practitioner or family member utilizes the DEC Recommended Practices for Teaming and Collaboration to support positive outcomes for children and families.

## **Suggested Assessment**

None

## **Distance Learning Tips**

* Allow groups to respond to questions after listening and/or reading the transcript in online forums.
* Email drafts can be done individually.
* Provide timely feedback.

**Ruth Gallucci**

**Q1: Why is it important that general early childhood teachers are full members of children’s teams?**

As states and school districts support an increasing number of young children with disabilities in inclusive early childhood programs, it is critical to include the general early childhood teachers as a full members of the education teams. As children learn best when instruction is distributed throughout the school day and as the general early childhood teacher frequently spends considerable time with the child, it is important that he or she participate fully in all educational discussions. Through a collaborative process, the special educator, family and general early childhood teacher are able to work together to plan ways to address Individualized Education Program (IEP) goals and identify specific practices that allow the child to fully participate in all aspects of the general early childhood curriculum. It is only through this planned and thoughtful collaboration that the general early childhood teacher is able to embed instructional practices within the everyday classroom activities and routines.

**Q2: What practices facilitate collaboration between the special educators, family, and general early childhood teacher?**

A positive relationship begins by recognizing individual expertise and sharing a mutual respect. Frequently the special educator has knowledge regarding specific disabilities and promising interventions, the general early childhood teacher has a solid understanding of child development and the classroom curriculum and the family knows their child the best. Beginning with a conversation which allows all parties to express their mutual respect and acknowledge each other’s strengths and expertise is a critical first step.

Once this initial discussion has taken place, it is important to ensure that everyone is clear about their individual role as related to supporting the individual child. It is not uncommon for a general educator to feel alone and unprepared to support a child with more significant needs. It is therefore important that the special educator is clear about her role relative to identifying the interventions, supporting the general educator in the implementation and in monitoring progress. Likewise, it is important that the general educator recognize her role in partnering with the special educator to identify appropriate opportunities to embed the interventions and in carrying out the instruction throughout the week. These roles may seem quite foreign to both educators so initially there may need to be an open acceptance of the new roles and possibly a “role release” with former job responsibilities or beliefs.

Finally, it is imperative that the two educators and the family plan for routine and scheduled meetings to ensure ongoing collaboration. Such meetings allow an opportunity for the general early childhood teacher, the special educator, and the family to determine together the necessary environmental modifications, potential IEP goals and interventions, how and when the interventions can be embedded into the everyday routines, and the progress monitoring strategies. These collaborative meetings can occur at any interval deemed appropriate for the individual needs of the child. It is important that they are identified in the child’s IEP, ensuring that they are adhered to and valued as much as the direct instruction provided by the special educator. It is only through strong collaboration that young children are able to reach the early learning milestones that are so important to their continued and ongoing success in school and beyond!

**Judy Swett**

**Q1: How did the practitioners working with you and your child involve you in the early intervention process?**

When my daughter was receiving early intervention services, I remember being told to do a lot of things with her to help her develop and learn. The problem was that no one asked me what I thought was important or explained to me why I needed to be doing certain things. Why was it that she was not supposed to “w” sit? After all it really was her favorite position. I didn’t understand the relevance of her learning to draw shapes. The practitioner would bring in a basket of toys, show me some things my daughter could do with these toys and then left with that same basket. I would remember her saying something about crossing midline but I wasn’t sure why this mattered or how I could get her to do it after the provider left. I wish that someone would have talked to me about my fears and my belief that I was totally responsible for helping my daughter close the gap in her development. I wish we had talked about my guilt over that fact that my daughter was a 10-week preemie. Thoughts about how I could have prevented this throughout my pregnancy wracked my brain constantly. I don’t remember being asked for my input in writing the plan goals and I didn’t realize that I should have a role in that. When my daughter moved to a classroom setting, I was concerned about how I would continue to be involved in helping her achieve her goals at home. Looking back on that experience, I realize how different things would have been if the practitioner had been using practices that supported my engagement in the process.

**Q2: What could the practitioners have done differently to support your engagement as a team member?**

The active participation of families is essential to making progress on IFSP outcomes and IEP goal/objectives. Practitioners always need to be conscious of how they are developing and maintaining relationships, partnering with families in ways that build trust and understanding. Awareness of cultural differences, the family’s learning style and recognition of the family’s strengths and priorities will also help to support this partnership. The answer to these questions can be obtained simply by asking the family questions about their culture, how they like information to be shared, areas of strength and skills for which they would like additional support. Family engagement begins at the first contact through the ongoing review of the IFSP/IEP. The way in which practitioners share information with families and seek their input will set the tone for the relationship. Families need to know that their views are respected and their input valued. They also need unbiased information shared in a way that allows for informed decision-making regarding supports and services. They need to be given accurate information regarding the Early Intervention/ Preschool special education process so that they have a thorough understanding of their rights at each step along the way. Having previously gained information from the family about how they like to have information shared will help practitioners share this information and in a way that will allow the family to learn and understand. The way that practitioners collaborate with other team members is essential to a strong collaborative relationship with the family. If all team members are not in agreement or are delivering mixed messages to the family, the family’s trust in the teaming process will be eroded. Families also need to be clear on program expectations and the service delivery model being used. For example, in programs that use a primary service provider model, families need to understand how the model works, have confidence that other team members are being consulted on a regular basis, and that the primary provider may change depending upon the needs of the child. Families also need to be given an explanation of the purpose of the early intervention services and the importance of their involvement in home visits. When moving from home-based services to a classroom model, families need to be assured that their input is still valued. They need to be given enough information about strategies used in the classroom or by related services providers so that they can use these strategies at home. This way, families can continue to support their child’s development and learning at home. Family input should always be sought when reviewing IFSPs/IEPs or doing ongoing assessments and writing progress reports in the classroom. When practitioners use teaming and collaboration skills with families, the family will continue to feel that they are a valued member of the team and are an integral partner in their child’s ongoing development and learning.

**Susan Hodges**

**Q1: How can we ensure effective teaming with families whose native language is not English?**

Early intervention evidenced-based practice uses a coaching or primary service provider approach that is family-centered, and builds the capacity of the caregiver(s) to promote the development of their child, in their natural learning environment during their everyday routines and activities. Despite a language barrier, it is possible to develop the necessary rapport and trust needed to adhere to these guiding early intervention principles. In accordance with early intervention best practices, providers can begin to develop a rapport by expressing interest and learning about the family’s culture, the language(s) they use, the traditions they hold dear; as well as their daily routines and how they are carried out. Providers can show they value the family’s language, culture and tradition by asking for, learning and using high-frequency words and children’s songs in the family’s native language, during home and community-based visits.

When looking at early intervention service delivery for families who do not speak English or whom English is a second language, it’s important to recognize that across cultures, families are more similar than different. Parents want what is best for their child!

Using the key principles and evidenced-based practices in early intervention, along with strategies to address communication barriers, will lay a good foundation for ensuring and maintaining effective teaming to multi-cultural families. While early intervention practitioners should have the use of an interpreter at their disposal or a bilingual therapist on their team, there may be times that it is not feasible and the provider will need to use alternative resources, to bridge the communication gap. Regardless of the circumstances within the visit between the early interventionist and the family, it’s important that the provider considers their own and the family and child’s tone of voice and non-verbal body language and gestures as significant communication exchanges. Additionally, it’s important to remember that behaviors such as eye contact and/or a smile can be used to demonstrate the universally accepted emotions of caring and compassion. These strategies can go a long way in building the relationship between the provider and the families they serve, which therefore positively impacts the support provided.

**Q2: What is the best use of an interpreter during early intervention home visits?**

Some providers may feel the family is making more of a connection to the interpreter because they speak the same language. However, with a few considerations, it is possible to promote a meaningful connection between the English-speaking provider and the multi-cultural families they serve.

It is advantageous to talk to the interpreter for at least a few minutes before seeing the family for a home visit to review the family’s outcomes and to share what is included in a home visit. It’s also a good time to come to an agreement on how the interpreting will be done. It is most conducive for the provider to use short, clear sentences or reflective questions, and have the interpreter repeat them, immediately after the provider. Likewise, it is important that the interpreter provides input from the family to the early interventionist, immediately after they have offered a response or question. In this way, both the provider and the family can more organically include joint planning, observation, action/practice, reflection and/or feedback. Also, it might be worth considering the physical location or proximity of the interpreter to the family or child. The interpreter needs to hear what everyone is saying, but it’s possible they can position themselves so they are less distracting and more fostering of the provider-family relationship. This will also make it easier for the provider to be mindful of looking at the caregiver or child while they’re speaking, instead of to the interpreter, so that their partnership can continue to be developed.

**Q3: What is the best use of a multi or bilingual therapist/team member in the service provision of multi-cultural families?**

Depending on the needs and priorities of the family and the structure of the early intervention team, bilingual team members may serve as either the family’s team lead or as a support to the English-speaking primary service provider.

When there is a bilingual team lead, it is beneficial that they have opportunities for coaching by the other team members during team-based early intervention meetings, so additional input can be brought back to the family as needed. Additionally, the bilingual primary service provider should provide updates to the team about the family’s progress and the strategies used toward advancement of the prioritized outcomes of the family. In this way, the family, the bilingual team lead, and the rest of the early intervention team have capacity building opportunities that will improve their knowledge base and/or support.

In some cases, the team may determine that joint visits with the English-speaking and the bilingual team member are needed to best support the family. The team may find it helpful to use strategies like those employed when using an interpreter. Sometimes, the bilingual therapist also uses English as their second language; in these instances, it’s important that there is an understanding of what is being said by the English-speaking native, and that summarizing or paraphrasing by the bilingual team member to the family be limited. If the bilingual therapist doesn’t fully understand what the English-speaking team member is saying, they should feel free to ask questions for clarification before sharing the information with the family. Taking opportunities to build the capacity of teammates, especially about unfamiliar frames of references, such as sensory integration, is strongly recommended during team-based early intervention meetings so that joint visits can run as smoothly as possible.

**Q4: How can we provide the best support for a family whose native language is not English with providers that only know how to speak English?**

In addition to using and being cued into the family and child’s use of non-verbal gestures and body language, the early interventionist should consider multiple modes of communication. It can be helpful to use pictures or props within the family’s environment, to get a point across. Also, as with all early intervention visits, there is an opportunity for action! Including an activity that occurs within the child’s everyday routines and has been identified as a priority by the caregiver, is an essential aspect of early intervention and offers modeling opportunities that don’t require much, if any, language. Also, although not perfect, the use of translation applications such as Google Translate or iTranslate, for brief communication, when other strategies are not successful and there is need for additional support, can aid in facilitating communication between the family and the provider.

**Linda Wilson**

**Q1: As a program director, what is your role in facilitating community collaboration and partnerships?**

As a Director of an Early Head Start program, community collaboration and local partnerships are essential to our work. We serve children and families in their homes, at centers, and in community locations. Partnerships and collaborations can be formal or informal and with individuals, organizations, or agencies. Our agency has agreements with the local early intervention program, local health departments, Departments of Social Services, public schools, and others. We also have relationships with individual staff within each of these organizations. My role as director is to help facilitate the collaboration and partnership process at all levels of the program. This means that I may be the one at the table talking to others about a written agency agreement or it might mean that other program staff are taking the lead. We serve a rural area with tight knit communities. Sometimes it is my job as a leader to get out of the way and provide opportunities for others to strengthen relationships. We identify the best person for the job within our program and provide supports and guidance as needed. If it is a goal-planning meeting for a child, the child’s teacher needs to participate. As leaders, we make that happen by budgeting for a classroom substitute so the teacher can attend. These opportunities can create conditions for a successful partnership and opportunities for new leaders to emerge. Collaboration takes time, money and committed personnel. It is not always easy and at times, it might mean looking beyond the typical partnering agencies. It involves being open to new partnerships and considering a broader range of potential partners. It takes looking at your program mission and guiding principles, revisiting policies and procedures, prioritizing efforts and resources, and determining why we are in the business we are in. It really takes a systems approach.

**Q2: What strategies have helped your program successfully create inclusive systems of supports and services?**

Three strategies have helped us successfully collaborate and create inclusive systems of supports and services. The first strategy is to build relationships with others. Sharing interests and priorities, having frequent contact, participating in meetings, inviting partners to provide feedback, engaging in community events and activities, and following up with partners or potential partners are all part of the relationship-building process. Relationship building helps identify common ground, which is a good starting point for collaboration. The second strategy is to be a solution-based. A solution-based mind set can help clear the way to layer funding and resources. It helps you look for and build on what is working. It helps you look for what it will take to accomplish a goal. Focusing on solutions instead of problem solving can help move the collaboration process forward. The third strategy is to keep your “eye on the prize”. At times enrollment and eligibility requirements, budgets, attitudes and beliefs, and territorial concerns can have an impact on collaboration and services. However, when the focus is on the work of achieving optimal benefits for children and families, there is a higher chance of success. Keeping the focus on the work helps avoid taking it personally. This is a strategy that works internally within our program and externally with community partners.

**Anderson White**

**In your years of teaching in an inclusive classroom, what has been your experience in collaborating with specialists who serve children with disabilities? What are 2-3 tips for collaborating with specialists?**

Overall, I have had extremely positive experiences teaming and collaborating with other professionals in my classroom. I have benefited greatly in my professional growth from my work with the team of specialists that serves my children. At times, having specialists in the room can lead to an overwhelming number of adults. With three teachers in a small classroom and specialists coming in and out, it can feel crowded and can set off behaviors in some of the children that we are serving. It has been important for the specialists that we work with to find a place where they can work that does not interfere with the rest of the children’s learning. With open communication from the beginning, this has never been a major challenge for us but it is something to be aware of. It can also be hard working around multiple specialists’ schedules to ensure that the children are working with specialists during a time of the day that is most beneficial to them and maximizes their learning. It is important to express this to specialists if they are new to your classroom schedule. It can also be difficult for some children to transition in or out of center time to be a part of their time with a specialist. This is when working with the specialists to embed the intervention within classroom routines and activities is so critical. For children who need some extra support with this, you may try different transition strategies such as using visual timers, stop signs and transition objects. I have found that picture schedules stating either the day’s events or “first, then” events with a therapist’s photo have helped children prepare for their transition. I have also found that having a peer or a small group of peers to go with a child to work with the specialist helps tremendously. When collaborating with specialists, the most important thing is to have open communication from the beginning of your year together. I have gained knowledge from my work with different specialists throughout my time teaching. It is important to feel comfortable asking questions and learning from their expertise. I also offer my honest opinions about what has been successful or challenging with a particular child to see if they are experiencing the same outcomes or behaviors during their time together. We will also brainstorm to see how we can tweak a strategy to better support a child. Remember that the specialists are only seeing a snapshot of the children’s learning and development and therefore it is helpful for teachers and other education staff to share our experiences since we spend a large portion of the day with the children. Another strategy that has been useful for me is to keep notes of what the specialists share and research their suggestions. We know that all children learn differently and some may require more creative thinking on our part in order to help them grow and be successful in our classrooms. When we are flexible in our thinking and willing to collaborate with a team, our children will have more opportunities to thrive.