

## Supporting Babies with Special Needs

December 4, 2014

### Questions and Answers from the Webinar

1. (Q) How might a home visitor or family child care provider support a family or parent who is not ready to accept that their child might have a special need? Once the child is identified as having a special need, how can a home visitor or family child care provider support the family or parent? How can providers be supported in having these delicate conversations with parents/families?

(A) It's important to keep the lines of communication open. Sometimes a provider has to be persistent and raise the topic repeatedly until the family acknowledges that their child needs more observation. Providing opportunities for family members to learn about their child's abilities on their own can be helpful (e.g., asking the parent to observe her child and another child of the same age doing an activity together; working with the parent to develop a list of questions to take to the child's physician). Continuing communication after a child begins receiving additional services is also very important. You may be able to ask about information the parent has received from another professional and/or share ways that you are working toward the same goals that a speech therapist is addressing. Always remember to help the parent stay focused on what the child can do, all that the parent is doing to support the child's development, and the importance of their love and deep bond. Having professionals talk with each other about challenges they face in addressing these issues with families gives them the opportunity to share effective strategies, brainstorm additional ideas, and support each other. There is nothing magic – communication is key.

2. (Q) What is the provider's role when a family/parent refuses services for a child diagnosed with a special need? What are next steps home visitors and family child care providers can take?

(A) Sometimes working with the child as effectively as possible is the best thing that a provider can do. Providers can also be persistent about raising the topic with families/parents. A family may decline services at first but be convinced

to accept them later.

3. **(Q) Without opportunities to regularly interact with other providers, family child care providers and home visitors can sometimes feel isolated. What are some ways to help them network with other providers and share experiences?**

(A) Formal networks can be supported by Head Start and Early Head Start programs as well as by the Child Care Resource and Referral (CCR&R) agency in the local area. Please note that CCR&R uses different names in different locations. Professional associations (e.g., NAEYC, DEC) may offer opportunities to meet and network with other early care and education professionals.

4. **(Q) How can family child care providers support young children who have a special need but do not reach the level of eligibility for Part C/EI services?**

(A) Partner with your local CCR&R agency and other local service providers, and use any resources available to get additional information and support.

5. **(Q) How can a home visitor support a parent/family of an infant or toddler identified as having a special need when the pediatrician has suggested that the family “wait and see” if the child grows out of it?**

(A) Communication, communication, communication. You might suggest the parent get a second opinion. Family members can make referrals to EI services; referrals do not need to come from a physician.

6. **(Q) What is the first step in developing and strengthening partnerships with Part C/EI providers in a local community? How can programs begin the process of developing a memorandum of understanding (MOU)?**

(A) A formal MOU will likely need to be developed at the administrative level. An individual provider/professional, however, might get to know EI providers informally or through a professional network. You can talk with your own administrator(s) about the MOU process.

7. **(Q) What are some ideas for embedding Individualized Family Service Plan (IFSP) goals into daily/weekly activities and routines?**

(A) Review the child's goals and the daily schedule. Think about each activity and the opportunities the child has to practice working toward targeted goals within that activity, and ensure that the child practices each day, ideally multiple times a day. This is an excellent strategy for any child learning new skills, as well as for those children who have an IFSP or IEP.

**8. (Q) If Early Head Start serves children ages 0-3, what ages does Head Start serve?**

(A) Head Start is designed to serve children ages 3-5. In some communities, the same agency runs both programs and the transition can be quite smooth, but in some communities transition from EHS to HS is more complex.

**9. (Q) How can an Infant-Toddler Development Specialist (ITDS) best convey information shared at an evaluation/IFSP meeting with EHS home-based program staff?**

(A) Invite all providers working with the family attend the IFSP meeting. If not all can be there, designate one attendee to communicate the information to the home-based provider. Sharing information with both the home-based provider and the parent is likely to enhance communication among all parties.

**10. (Q) Is there a website where pictures of routines for nonverbal children can be downloaded for free?**

(A) Do2learn is a helpful website for free, downloadable pictures of routines for nonverbal children. Click on the link below for more information:  
<http://www.do2learn.com/picturecards/howtouse/schedule.htm>