



## Family-Centred Practices in Child Assessments

Dr Avril V. Brereton

### What's family centred practice?

A family centred approach has become the philosophical foundation of early childhood intervention services internationally and locally. In 2003, the Victorian Government Department of Human Services developed a 'Vision and Key Priorities Statement' (Department of Human Services, 2003) that specified the key principles of family centred practice that should underpin early childhood intervention services. The principles focused on evidence based practices; collaborative partnerships between families and professionals; services that are sensitive and responsive to cultural, ethnic and socioeconomic differences; and supports that are individualised, flexible and responsive to family needs. The year 2004 marked the introduction in the US of the Individuals with Disabilities Improvement Act (IDEA) which "emphasized the need for greater family participation in early intervention services" Crais, Roy and Free, (2006) p 365. In the US, this had a ripple effect as professionals across a range of disciplines called for dramatic changes in the way that services are conceptualized and provided. Numerous family-centred principles were identified in the literature, however, the implementation of these principles in actual practice has proved to be difficult and particularly hard to measure (Crais, Roy and Free, 2006, p 365). EI services increasingly recognise the need to encourage more family participation and involvement in services. Just as the implementation of the broader family centred practice principles has been challenging for service providers, so to has the idea of including family centred practices in the child assessment process.

#### **What are the major principles of family centred practice?**

1. *If early intervention is to have an impact on the family as a whole, the child's larger social system must be considered and addressed (Bronfenbrenner, 1992)*
2. *Family empowerment theory (Dunst, 2002) emphasizes families as decision makers regarding early intervention services, highlighting the need for practitioners to assist parents in formulating plans that meet the concerns and priorities of the family.*
3. *Identifying and respecting each family's beliefs, values and customs is important (socio-cultural characteristics may differ between families and service providers)*
4. *The key to providing family-centred services is not to identify the perfect set of practices but to recognize the family's role in*

## Does a family centred approach make a difference?

Dunst et al (2007) reported on 47 studies investigating the relationships between family centred practices and parent, family and child behaviour and functioning. They reported links between family centred practices and greater family satisfaction, stronger family beliefs of self-efficacy and greater parent perceptions of helpfulness from services. Dempsey & Keen (2008) reviewed the processes and outcomes in family centred services for children with a disability which focussed on variables including parenting stress, competence and locus of control, and aspects of the child's development and behaviour. They concluded that whilst there is only a relatively small amount of research in this area, family-centred help is directly related to parental empowerment and control over important aspects of their lives. The most recent research synthesis from 52 studies by Dunst et al (2010) concluded that help-giving practices had both direct and indirect effects on parent, family and child behaviour and functioning, where the indirect effects were mediated by self-efficacy beliefs. That is, that self-efficacy beliefs and parent well-being influenced parent-child interactions which in turn influenced child development (Dunst et al, 2010).

Family centred practice is considered to be only one of the many programme variables that contribute to parent and family behaviour and functioning and specifically to the child's learning, behaviour and development (Brofenbrenner, 1974; Dunst, 2002; Dunst et al, 2010; Guralnick, 1997; Marfo et al, 1992). As stated by Dunst et al. (2010);

“It should be recognized and acknowledged that family-centered practices are only one of a number of factors that are likely to influence parent, family and child behaviour and functioning...It is part of the equation for a broader-based approach to early childhood intervention that considers many different environmental factors as determinants and mediators of desired outcomes”.

(p 34).

## What does the research tell us about family centred practices in child assessments?

**Getting it right from the start....**Crais et al., (2006) point out that the assessment process may be the parents' introduction to ECI so professionals have a unique opportunity to set the stage for collaborative ECI services versus more professionally directed ones. We know that parents can be reliable informants providing accurate descriptions of their child's abilities and basic development. Asking parents to observe and rate their child's behaviours provides a basis for discussion but also help to synthesize views of parents and professionals. This is important because without consensus between parents and professionals, parents may be less likely to follow through on recommendations. Above all, a family centred approach enhances the parents' role and ensures they are informed consumers and knowledgeable advocates for their children. Recent research by Crais et al., (2006) reported that previous studies had found that on the whole families were reasonably satisfied and in some ECI centres family-centred practices in child assessment were being implemented but there was limited coordination among the professionals. Traditional models of assessment provide only limited roles for parents (informants and

describers of their child's behaviours) rather than involving them in the actual assessment. They also reported that in ECI there is usually more focus on IFSPs and IEPs but less focus on the participation of parents in child assessment.

In their study Crais et al. (2006) found that although a number of family-centred practices in child assessment were implemented at the services included in their study, the results pinpointed specific practices that professionals and families agreed should be changed. They also found that there were differences of opinion between what families and service providers thought were ideal practices and those that actually happened. Findings suggested that professionals were taking part in meetings that parents were unaware of and therefore not invited to attend and that parents and professionals disagreed in their perceptions on the very important issue of whether the child had previously been assessed.

In particular, families and professionals disagreed more than half the time on 5 practices:

1. Whether family was asked to write down observations of the child before the assessment
2. Whether the family was given a choice to take part in identifying areas to assess in the current assessment
3. Whether the family was given a choice to complete an assessment tool or checklist
4. If a diagnosis was made was the family asked if they agreed with the diagnosis
5. If a previous assessment had taken place, whether the family was asked how they felt about the results

The study found more agreement between families and professionals when asked whether specific FCPs occurred or were ideal. Families and professionals disagreed more than half the time on only one practice: Whether the family was given a choice to write down observations during the assessment. Interestingly, family/professional and professional pairs had very good agreement on whether practices were ideal. However, the most striking disagreements on ideal practices occurred on 6 items where the professionals indicated more often than families that they would NOT want families-

1. to meet with the whole team before the assessment
2. help choose the location
3. help identify strategies to use in the assessment
4. review reports and suggest changes
5. write down observations before the assessment
6. be present at all meetings before and after the assessment

To summarise the Crais et al., (2006) study findings: "Agreement between families and professionals and between professionals was high for both actual practices (69% and 78%, respectively) and ideal practices (82% and 84%, respectively). Some practices

were frequently implemented, whereas others were seldom implemented. Both professionals and families viewed most of the practices as ideal. However, an implementation gap was seen on almost half of the practices between what families and professionals viewed as actually implemented and what was ideal implementation.” They concluded that : “Although a number of family-centred practices were implemented in the child assessments studied, the results pinpointed specific practices that professionals and families agreed should be changed. The results can serve as a guide for enhancing the implementation of, and continued investigation into, family-centred practices in child assessment and can add key information toward the identification of evidence-based practices.” (p 365)

## How can families and professionals measure whether an ECI service is family centred?

Here are some suggested measures.

1. *The degree of family centred practice that a service provides* can be measured by the Measure of Processes of Care (MPOC-56) (King, Rosenbaum & King, 1995). It contains 56 item with five subscales: Enabling and Partnership, Providing general information, Providing specific information about the child, Coordinated and comprehensive care, and Respectful and supportive care.

2. *The degree of family centred practice from the perspective of practitioners* can be assessed with the Measure of Processes of Care for Service Providers (MPOC-SP) (Woodside, Rosenbaum, King & King, 1998). It contains 27 items, with four subscales: Showing interpersonal sensitivity, Providing general information, Communicating specific information and Treating people respectfully. The MPOC-SP also assists practitioners in identifying areas where improvements can be made in their practice.

3. *The ways that parents participate in child assessment and the ideal ways they could participate* can be assessed with the Family Participation in Child Assessment (FPCA) Professional and Family Versions (Crais, Wilson, Belardi and Free, 1999). Information is gathered from both from professionals and parents. The 42 items of the FPCA are divided into three sections: preparing for assessment; performing assessment activities and sharing assessment information/results.

## References and suggested further reading

\*\* The October 2010 journal club powerpoint at:

[www.med.monash.edu.au/spppm/research/devpsych/actnow/journal-club.html](http://www.med.monash.edu.au/spppm/research/devpsych/actnow/journal-club.html)

presents the paper: *Parents' and Professionals' Perceptions of the Implementation of Family-Centred Practices in Child Assessments*. Elizabeth Crais, Vicky Poston Roy & Karen Free. *American Journal of Speech-Language Pathology* (2006) 15, 365–377

Bronfenbrenner, U. (1974). Is early intervention effective? *Early Childhood Education Journal*, 2(2), 15-18.

Crais, E., Roy, V. And Free, K. (2006) "Parents' and Professionals' Perceptions of the Implementation of Family-Centred Practices in Child Assessments". *American Journal of Speech-Language Pathology*. 15, 365–377

Dunst, C. J. (2002). Family Centred Practices: Birth Through High School. *The Journal of Special Education*, 36(3), 141-149.

Dunst, C. J., Trivette, C.M., and Hamby, D.W. (2010). Influences of family-systems intervention practices on parent--child interactions and child development. *Topics in Early Childhood Special Education*, 30 (1), **3-19**.

Dunst, C., J., Trivette, C, M., & Hamby, D, W. (2007). Meta-Analysis of Family-Centred Helpgiving Practices Research. *Mental Retardation and Developmental Disabilities*, 13, 370-378.

King, G. A., Rosenbaum, P. L., & King, S. M. (1996). Parents' perceptions of caregiving: Development and validation of a measure of processes. *Developmental Medicine & Child Neurology*, 38, 757-772.

Victorian Government Department of Human Services 'Vision and Key Priorities Statement' Department of Human Services, 2003.

Woodside, J., Rosenbaum, P., King, S., & King, G. (1998). The Measure of Processes of Care for Service Providers (MPOC-SP). © *CanChild* Centre for Childhood Disability Research, McMaster University.