

**OHIO DEVELOPMENTAL DISABILITIES COUNCIL
CHILDREN AND HEALTH COMMITTEE**

September 14, 2017

Doubletree Hotel

Newark, Ohio

MINUTES

MEMBERS

Bobbi Burke	
Neil Castilow, S.A.	X
Diane Cox	X
Karen Kerr, Chair	X
Lori Kershner	
Laura Leach	X
Heather McFarlin	X
Paula Rabidoux	X
Jill Radler	X
Ilka Riddle	X
Rochelle Hall-Rollins	X
Mark Smith	
Joanna Spargo	X
Kimberly Stults	X

ADDITIONAL COUNCIL MEMBERS

Mark Seifarth
Sue Willis

VISITOR

William McInerney
Maryellen Daston
Karen Guo
Susan Jones
Ronni Bower
Brenda Stevens

STAFF

Kay Treanor
Carolyn Knight
Paul Jarvis

Call to Order and Approval of Minutes: Chair Karen Kerr called the meeting to order at 1:00pm. Committee attendance met the requirements for a quorum for approval of the minutes. MOTION: To approve the Children and Health Committee minutes for the months of March 2017, May 2017 and July 2017. Diane/ Laura. Vote was taken and Minutes were approved, Paula Rabidoux and Jill Radler abstained from the approval of the July minutes because they were not in attendance in July.

Presentation: The committee heard presentations on all three grants currently funded through the Children's and Health Committee by the ODDC. Each grantee provided a Power Point presentation providing an overview of the project, the first year's grant activities and plans for the upcoming year's activities of the grant. Committee members had the opportunity to ask questions during the presentations or after the meeting. The Power Points are provided below for anyone interested in viewing them.

BETTER CHILD CARE FOR THE STUDENT WITH DD
University of Toledo
Project Open House
William McInerney PhD, Presenter

[CLICK HERE TO SEE THE PRESENTATION](#)

HEALTHY LIFESTYLES FOR PEOPLE WITH DISABILITIES
Cincinnati Children's Hospital
Project SEARCH
Karen Guo, Presenter with Maryellen Daston, Project Director

[CLICK HERE TO SEE THE PRESENTATION](#)

FAMILY SUPPORT IN EARLY INTERVENTION
Ohio Association of County Boards of DD
Project TREES
Ronni Bower and Susan Jones, Presenters

[CLICK HERE TO SEE THE PRESENTATION](#)

New Business/ Old Business: Kay reported the grantee for the Family Support in Early Intervention is requesting a Plan Amendment to provide the eight (8) EI teams across the state the means to video conference with each other for grant activities. A baseline technology survey was conducted to assure the equipment requested would meet the needs of each team. The total funding requested is \$1500 for one year, 2017. A handout was provided to the committee members with details of the survey and resulting request.

MOTION: To provide \$1500 of one-time funding for the purpose of increasing technology for the eight (8) EI Teams working with the Family Support in Early Intervention grantee. Kim/ Rochelle. There was no discussion. Vote was called and motion passed.

Agency and Partner Updates: Time did not allow for updates.

Adjournment: Karen called for a motion for adjournment. Motion to end the meeting was made, Kim/Rochelle. The meeting adjourned at 2:35pm.

*Finding and Accessing Inclusive Childcare:
Project Open House
(2017-2022)
Year 1 Update/Year 2 Objectives*

*Ohio Developmental Disabilities Council
Newark, Ohio - Sept. 14, 2017*

Laurie Dinnebeil & Bill McInerney
University of Toledo



Project Open House Advisory Board Meeting

August 28, 2017

Goals of Project Open House

1. Identify challenges families face when they seek inclusive childcare
1. Identify challenges encountered by center- and home-based providers as they seek to adopt inclusive childcare practices
1. Identify ways in which current/pending policies and practices can better support inclusive childcare through work with leaders in engaged state and regional agencies
1. Develop and launch 3 model demonstration programs that can be sustained without grant-funding, and support high-quality inclusive childcare in Child Care Resource & Referral Agencies across Ohio

The U.S. Depts. of Ed. and HHS (2015) define inclusion in ECE programs

“including children with disabilities in early childhood programs, together with their peers without disabilities; holding high expectations and intentionally promoting participation in all learning and social activities, facilitated by individualized accommodations; and using evidence-based services and supports to foster their development (cognitive, language, communication, physical, behavioral, and social-emotional) , friendships with peers, and sense of belonging” (p. 3).



Ensure State Policies Support High-Quality Inclusion...continued

- Review their early learning guidelines to ensure that they are inclusive of the learning and developmental needs of children with disabilities.
- Ensure that future early learning initiatives within the State, have specific policies and procedures to recruit, enroll, and appropriately support the learning and developmental needs of all young children with disabilities.
- Promote a mixed delivery system of high-quality inclusive early learning opportunities by establishing partnerships with private early childhood programs and ensuring that professional development and TA efforts span public and private community-based childcare programs

Call to Action to States

1. Create a State-Level Interagency Taskforce and Plan for Inclusion
2. Ensure State Policies Support High-Quality Inclusion
 - Consider policies that promote coordinated, and culturally and linguistically responsive, comprehensive services across early childhood programs
 - Consider children who are dually placed in more than one program and eliminate policies that require unnecessary transitions
 - Ensure that after children are identified with a disability, families do not have to choose between early intervention or special education services and remaining in their existing early childhood program
 - Ensure that the *principle of natural proportions* guides the design of inclusive early childhood programs.

Call to Action to States (cont.)

3. Set Goals and Track Data

4. Review and Modify Resource Allocations

5. Ensure Quality Rating (QRIS) Frameworks are Inclusive

6. Strengthen Accountability and Build Incentive Structures

Call to Action to States (cont.)

7. Build a Coordinated Early Childhood Professional Development (PD) System
8. Implement Statewide Supports for Children's Social-Emotional and Behavioral Health
9. Raise Public Awareness

Project Open House Timeline: Year 1

1. Conduct focus groups with providers and parents across the state - COMPLETED
2. Conduct telephone interviews with colleagues conducting similar projects or coordinating inclusive childcare across the U.S.- COMPLETED
3. Meet with Statewide Advisory Board- COMPLETED
4. Use information from these sources to develop electronic survey to administer to parents, providers, and administrators across Ohio – PENDING
5. Create partnership with YW Childcare R&R (Toledo area) to pilot project – IN PROGRESS



Results to Date: Interviews with National Experts in Childcare

Minnesota

North Dakota

**Georgia*

New Hampshire

California

Indiana

Oregon

Maine

Maryland



Summary of Interviews.....

- Funding Models/Resources Differ Across States
- Some states use QRIS Rating Systems to Advance Inclusion and Improve Quality of Childcare Programs (** Scheduled phone conversation (9_20_17) with Georgia personnel re: their plans for launch of QRIS-linked inclusion initiative*)
- Some states offer Subsidies, Differential Subsidies and Financial Motivation for Families and Providers to Advance Inclusive Child Care
- Differences in Staff Development Models Across States
- Differences in Models for Access to TA re: Inclusion Across States
- Content for TA and Staff PD

Results of Interviews...

Significant Challenges to Inclusive Child Care

- Concern for quality of child care in rural areas
- Expansion of employment-responsive childcare operating hours (i.e. 5AM-7PM, etc.)
- Quality of “exempt” providers (i.e. kith and kin providers)
- Coordination of childcare services between public agencies charged with early education/child care (i.e. LEA, Head Start, etc.)

Results of Interview...continued

Significant Challenges..... (cont.)

- State licensing requirements
- Transportation to childcare or coordination of transportation across programs (i.e. LEA and childcare, Head Start and childcare, etc.)
- Limited TA resources
- Shortage of qualified childcare providers

Results of Interviews...continued

Innovative Models of Service Systems in Childcare Support

- Repurposing of R&R personnel as TA and PD providers vs. intake and referral agents
- Linking QRIS indicators to specific content knowledge and skills, including inclusive practices
- Several LEAs, in one state, provided a certified teacher to coordinate IEP-based services in PreK/complementary childcare programs
- Creating specialized endorsements/credentials for those programs that demonstrate a commitment to inclusion

Results of Interviews...continued

Recommendations for Advancing Inclusive Childcare

- Seek a joint policy statement that includes all relevant agencies about the importance of inclusive childcare. Must involve agents who have *decision-making authority* versus traditional appointments
- Seek LEA engagement in supporting inclusive childcare
- Provide proactive and reactive PD and TA re: management of young children with challenging behaviors in childcare programs.
- Embed introductory training into EC Associate Degree programs.

Results of Interviews...continued

Recommendations for Advancing Inclusive Childcare (cont.)

- Expand PD related to mental health in EC, in addition to Challenging Behavior
- Consider differential staffing models in childcare programs that enroll children with special needs



Results of Interviews...continued

Recommendations for Advancing Inclusive Childcare (cont.)

- Ensure that TA and PD providers, that offer services re: inclusion in EC, have professional preparation and experience in this area
- If R & R is TA/PD provider of record to childcare community, then R & R should consider employing an inclusion specialist.



Results of Interviews...continued

Recommendations for Advancing Inclusive Childcare (cont.)

- Provide information re: QRIS status of providers who are recognized as offering high quality, inclusive childcare
- Recognize relationship between childcare licensing requirements and accommodations necessary to meet the needs of young children with developmental differences
- Examine interagency transportation regulations and seek to expand transportation options for families

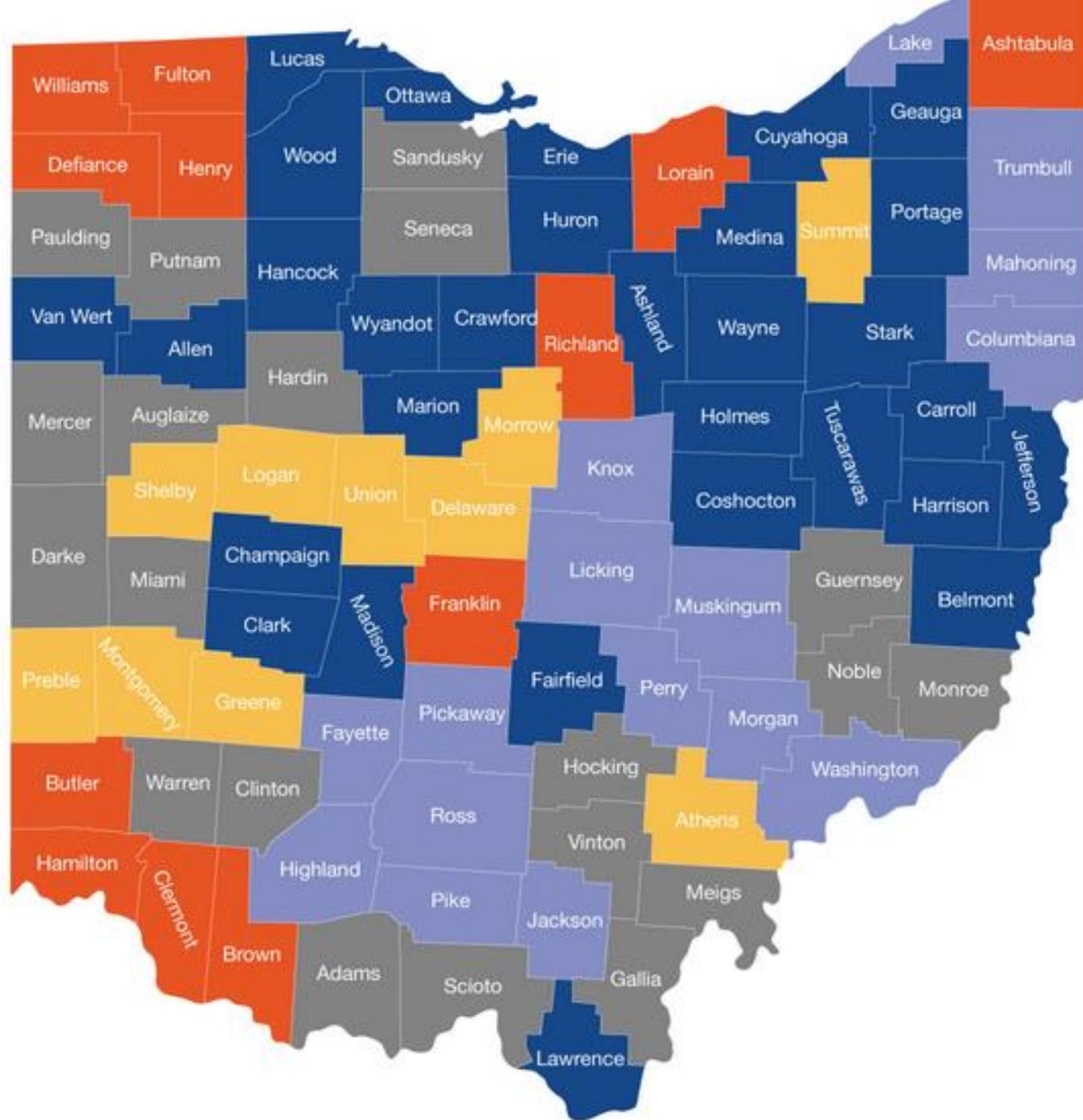
Status of 2-1-1 Access in Ohio

91% of Ohio's population can dial 2-1-1 and reach a trained professional 24 hours a day, 365 days of the year, through a network of local 2-1-1 centers serving 68 (of 88) Ohio counties *

Those “unserved” Ohio counties (N = 20) are primarily rural, and located in NW, Midwest, Mideast and SE Ohio.

Center for American Progress report (10/2016) on “Child Care Deserts” indicates that child care deserts in Ohio are usually in rural areas. 70% of Ohio children in rural areas live in “child care desert”. Estimated 100K children <5 in Ohio who live in child care desert.

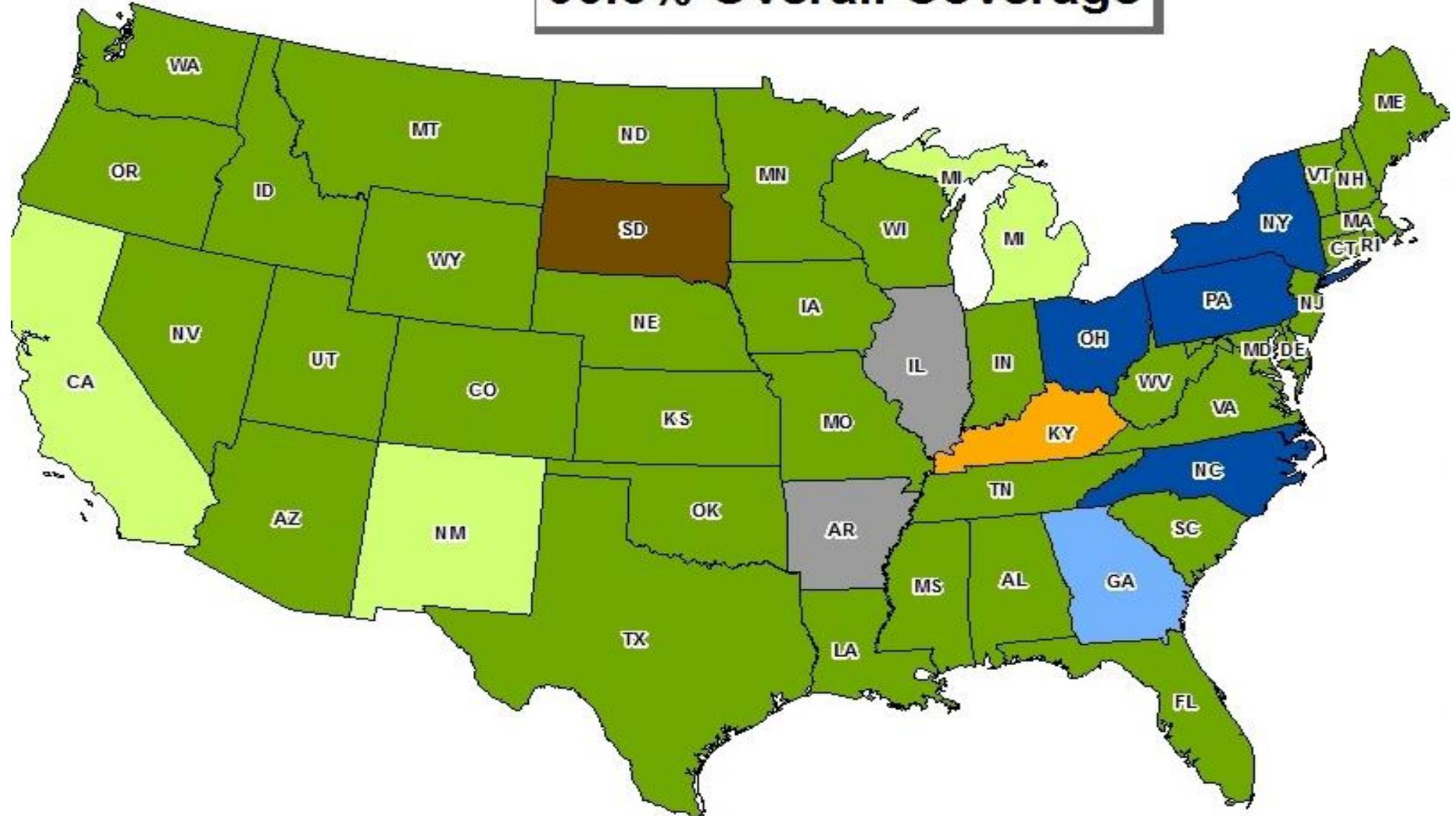
* Source: (2017 United Way 2-1-1 [www](http://www.211.org))



% of Population Covered* by 2-1-1 in Each State



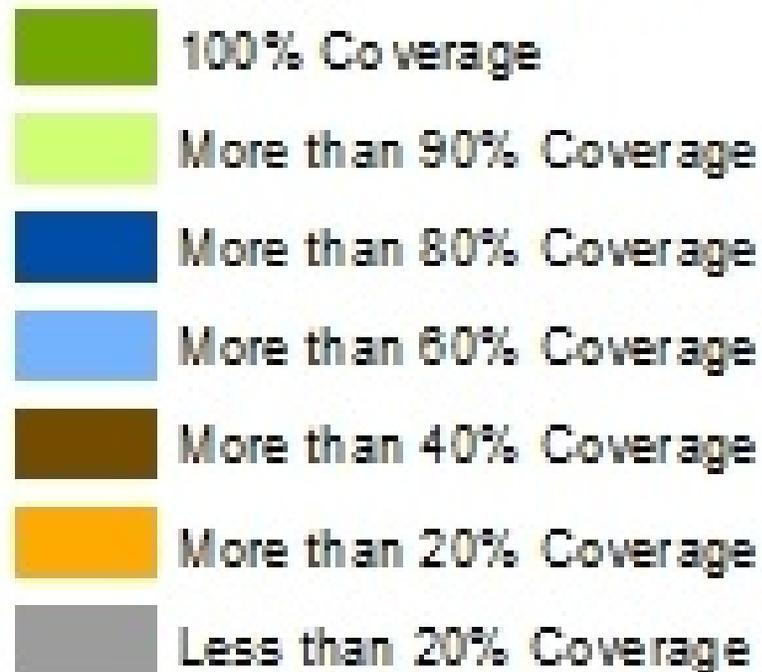
90.6% Overall Coverage



National Coverage 2-1-1 Access

Color Coding Key

% 2-1-1 Coverage by State



National Coverage 2-1-1 Access

- As of February 2015, 2-1-1 served over 291 million Americans (93% of the entire population) covering all 50 states plus Washington DC and Puerto Rico.
- 39 states plus DC and PR enjoy 100% coverage *
- Coverage defined as accessible via land line to 2-1-1 (based on 2010 U.S. census)
- State data via US 2-1-1 (2013). Map via CT United Way (2013)

Questions? Comments? Discussion?



Focus Group Results

Conducted 5 Provider Focus Group Sessions and.....

Conducted Phone Interview Parent Focus Group Sessions Across Ohio:

- Central
- Southeast
- Northwest
- Northeast
- Southwest



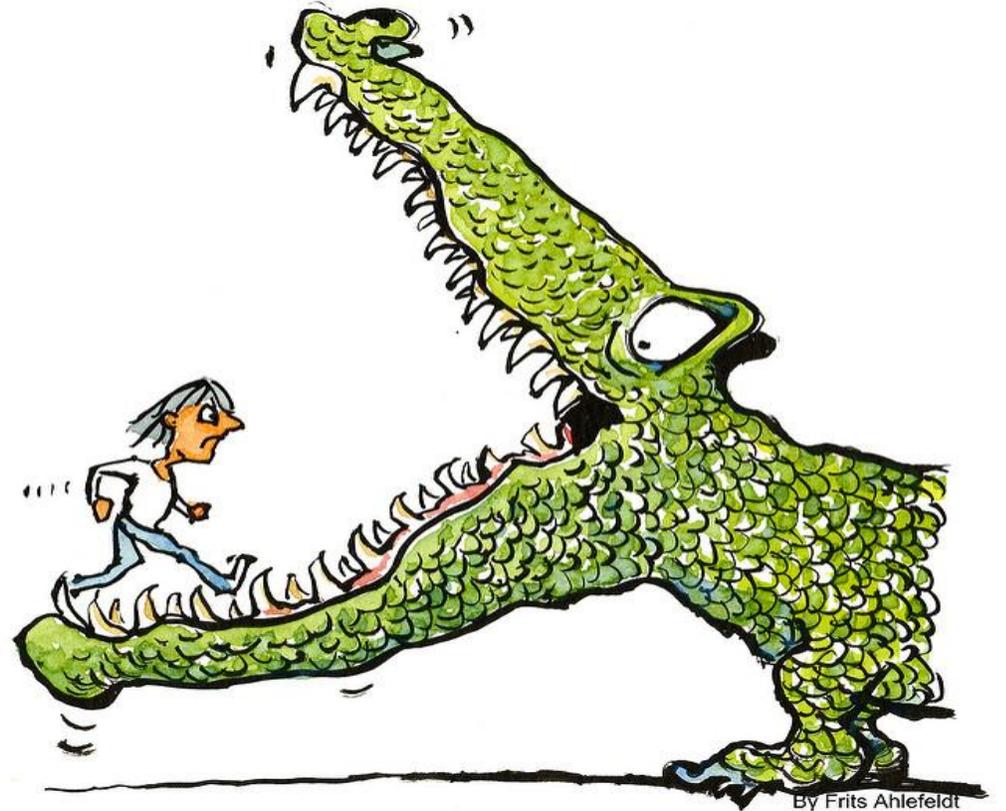
Provider Focus Group Results

Challenges that providers have faced:

- Lack of information about where to find support for families
- Lack of cooperation with the school district
 - Districts won't accept assessments from childcare programs and this delays the evaluation process
 - Districts insist on implementing RtI and this can take a great deal of time
 - Districts insist that the child's delays or difficulties are related to the environment as opposed to a disability
 - “Daycare” label stigmatizes early childhood programs
 - Districts are competing with community-based programs for children in order to maximize state funding—this is mostly true for 4-year old children

Challenges Providers Face...cont.

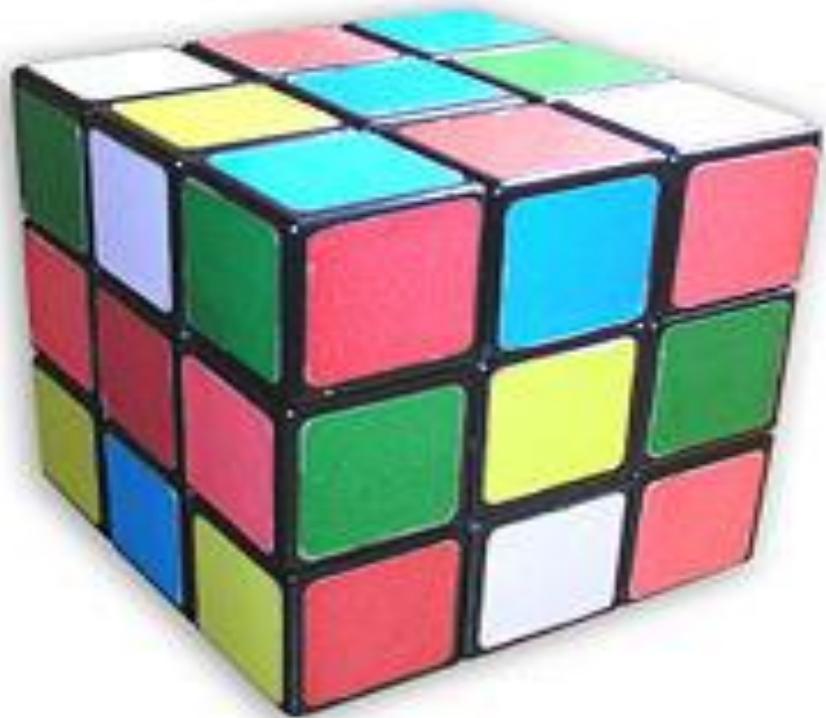
- District enrollment policies can delay the referral process (e.g., parent must complete enrollment packet before beginning an evaluation and parents have difficulty locating needed documents)
- Lack of resources for the childcare providers
 - Can't charge higher tuition, but sometimes including a child with a disability can cost extra money due to the need for lower staff/child ratios
 - Participating in SUTQ can be expensive given recent mandates for star-rated centers to administer



Challenges Providers Face...cont.

- Lack of cooperation or interest from childcare programs or directors
Childcare directors often shy away from enrolling young children with disabilities
Childcare teachers are often ill-prepared to work with young children with disabilities, particularly those with challenging behaviors
- Lack of resources for families
Transportation can be very challenging because school district bus drivers are not allowed to help students on and off buses and parents aren't allowed to step on the bus (and the program doesn't have bus aides).

Challenges Providers Face...cont.



- Hours of care are an issue for families
- Lack of cooperation from families
 - Some families are reluctant to seek out services
 - Some families have difficulty following through with appointments, etc.

Challenges Providers Face...cont.

- Ohio policies and practices

Subsidy from ODJFS:

- *Reimbursement requirement related to child attendance is a nightmare*
- *Programs can only receive subsidy for the hours the child is in attendance, but high-quality childcare programs need resources in place whether or not the child is there. For example, they don't send staff home if they are over operating ratio*

Challenges Providers Face...cont.

Ohio policies and practices (cont.)

- SUTQ:

Programs can't afford to acquire more stars since it requires the purchase of additional materials like curriculum and/or assessment instruments

They can't afford to train staff or provide benefits to staff



State Policies and Practices...cont.

Ohio policies and practices (cont.)

- There's a high turnover rate for staff who have bachelor's degrees—they can move on to higher paying jobs.
- The possible inability to layer vouchers will be a big problem. In a proposed policy change, programs will not be able to use TANF dollars along with the ECE Expansion dollars and Head Start funds. Being able to "braid" this funding enables programs to provide wrap-around care for children.

Support Providers Receive.....

- Help Me Grow (Ohio EI support agency) provides support
- LEAs provide itinerant services and that can help strengthen the providers' abilities to help the child
- Some of the County DD programs provide direct support to providers (e.g., Community Partnership for Inclusion, developmental specialists can serve as consultants to providers with parents' permission)



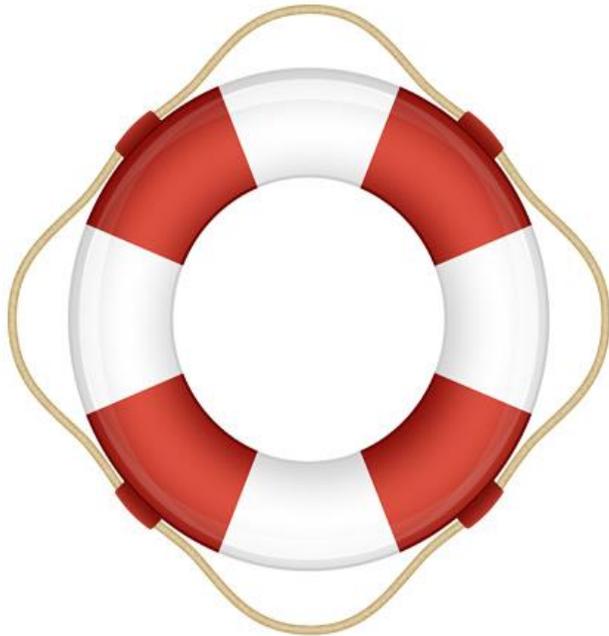
Support Providers Receive...cont.

- Some R&Rs provide support services (e.g., Starting Point in Cuyahoga County, COAD in Southeast Ohio)
- Some districts invite community-based providers to attend PD and training opportunities
- Community-based speech/hearing clinics often provide he
- State trainings under Step Up to Quality (SUTQ)



Parent Focus Group Results

Challenges Families Face When Accessing Child Care:



Resolution: 1280x1024 px - Free Photoshop PSD file download - www.psdgraphics.com

- Program hours
- Program availability
- Transportation—lack of, and policies regarding assisting children on and off the bus
- Staff/child ratios

Challenges Families Face...cont.

- Accessibility of physical environment
- Lack of quality options
- Lack of knowledge about where to find care or what constitutes good care
- Ability of provider to handle child's complex needs
- Safety concerns related to being with a large group of children



Parent Focus Group Results...cont.

What would help:

- More specific information about good quality childcare
- Increasing resources to providers
- Increasing benefits for providers
- Proactive responses on the part of EI and HMG (parents don't know what they don't know)



Survey Development

Content based on results of focus groups, interviews with state leaders, and prior knowledge

3 different surveys accessible via unified www link or as printed file:

Parents

Childcare Program Directors

Child Care Providers/Early Childhood Educators



Parent Survey

Demographic information about the child and his/her special need (IFSP or IEP focused re: “definition” of special need)

Information about childcare need (e.g., hours, days, location)

Strategies parents use to find inclusive childcare

Priorities of parents when searching for childcare (e.g., cost, quality, location, transportation, qualifications of providers)

Preferences for inclusive vs. self-contained childcare

Demographic information about parents/families

Childcare Provider / ECE Teacher Survey

Comfort/confidence level related to different special needs of children

Uses a mini-case study/vignette approach...

James - Meet James, a 5-year-old boy with Autism. He has significant delays in social and communication skills. His cognitive skills are almost age-appropriate. He has an extensive vocabulary and can use multiword sentences to express wants and needs, but rarely makes comments or engages in social conversation with peers. When he becomes upset he tends to shut down verbally and has a difficult time expressing his feelings. James also benefits from sensory input therapy when he becomes anxious. He has used a sensory swing, small trampoline, large pillows, headphones and therapy putty.

The vignettes....

Ashanti: medically fragile (5 years old)

Liam: significant delays in all areas (3 years old)

Olivia: challenging behavior (4 years old)

James: autism (5 years old)



Other Information on Provider Survey

- Experience working with young children who have disabilities
- Information about the developmental status of children they serve (e.g., presence/absence of an IFSP or an IEP, nature of disability)
- Experiences working with school districts who serve children with disabilities (e.g., collaboration, teaming)
- Challenges providers face in terms of providing high-quality inclusive childcare
- Additional resources needed

Dissemination Plan for Surveys

Providers/Administrators:

OCCRRA

OAEYC

ODJFS

Primarily an e-survey. Interested individuals can also call a *toll-free* number to request a print copy of the survey that includes a self-addressed stamped envelope.

Parents:

OCCRRA

DoDD EI Programs

State Support Teams

Pediatric Therapy Providers

Children's Hospitals

Parent Mentors via Ohio Coalition

Dissemination to begin by late Sept. and continue through November, 2017

Advisory Board Meetings

Initial Advisory Board (AB) Meeting was held at OCCRRA in COL on May 18, 2017. 2nd AB Meeting was conducted via telephone conference on Aug. 29, 2017.

Upcoming dates for meetings:

- Monday, November 27, 2017 9:30 to 11:00 a.m.
- Monday, February 26, 2018, 9:30 to 11:00 a.m.
- Wednesday, May 23, 2018 at OCCRRA from 1:00 to 3:00 p.m.



Questions? Comments? Discussion?



Year 2 (2018) - Objectives

- Utilize results of statewide survey to determine priority needs of parents, providers and administrators
- Launch pilot project in NW Ohio (20 counties in R&R service area) designed to:
 - Increase awareness of child care placement opportunities for young children with IFSPs or IEPs
 - Identify state, regional and local policies/practices that support/obstruct access to child care for young children with special needs
 - Identify financial incentives for child care providers to enroll young children with special needs
 - Identify local resources which provide technical assistance in supporting enrollment of young children with special needs

Year 2 (2018) - Objectives (cont.)

- Interact with network of agencies in NW Ohio that are involved in placing young children with special needs in child care settings, maintaining placements, and providing professional development/technical assistance services to providers/early childhood educators
- Work with regional and statewide Advisory Board members in examining the potential role of proactive professional development training via regional/on-line/local training models, and embedding of inclusion content in professional development modules/pre-professional training (i.e. community college associate degree programs) and established professional development vehicles
- Continue to monitor/examine national models of inclusive child care
- Identify an R&R region in Ohio for Pilot Project B (2019)

Key Foci or Phases of Child Care Advocacy orKARE

Knowledge



Objective: Improving parent awareness of high quality child care services

Could include:

- Increase families' knowledge of the online database maintained by ODJFS
- Increase families' knowledge about high-quality inclusive childcare via traditional modes of communication and social media

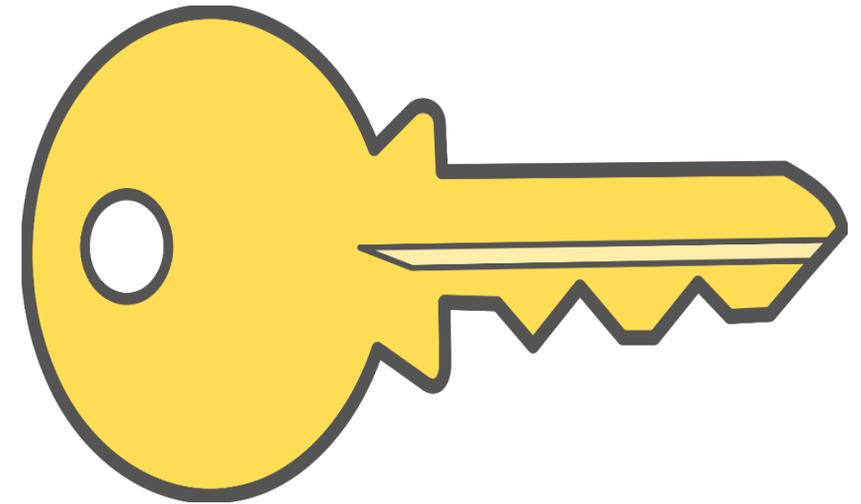
KARE...continued

- **Objective:** Increasing enrollment of young children with special needs in before/after school care, community-based programs as the LRE, and occasional/respite placements

Could include:

- Enhancing QRIS requirements related to high-quality inclusion.
- Providing enhanced subsidies to providers who care for children with special needs
- Creating policies that make transportation of young children from one program to another easier for families and providers

Access



KARE...continued

Retention



Objective: Decrease suspensions and expulsions of young children with special needs from childcare programs

Could include:

- Easy access to high-quality PD services by a variety of entities
- Increased public awareness of inclusive childcare centers or homes
- Providing additional \$ to centers or homes who demonstrate commitment to high quality early childhood inclusion

KARE...continued

Objective: Increase the number of high-quality inclusive childcare centers or homes.

- Strategically provide proactive PD re: inclusion to CC centers/home providers, in general, and in specific regions of a state where there is high need, or statewide
- Require content and demonstration of competencies related to early childhood inclusion in teacher education programs at *every* level (secondary/vocation, CDA, 2-year, 4-year)
- Examine state policies that could make it easier to enroll and retain young children with disabilities in community-based early childhood programs.

Expansion



Questions? Comments? Discussion?



Using the *Health Matters Curriculum* with the Project SEARCH[®] Program Model

Presented by Karen Guo, The Ohio State University

Study Team:

Maryellen Daston, Cincinnati Children's Hospital

Julie Christensen, University of Iowa UCEDD

Dennis Cleary and Karen Guo, The Ohio State University

Beth Marks and Jasmina Sisirak, University of Illinois at



Need for Project

- Good health and meaningful employment are both critical to a good quality of life.
- The school-to-work transition is a critical life stage for establishing patterns and habits for healthy and successful adult life.
- Project SEARCH expansion in Ohio was initiated by a 2006 5-year grant from Ohio DD Council
- 34 Ohio Project SEARCH sites gives us the potential to reach over 300 young people each year.



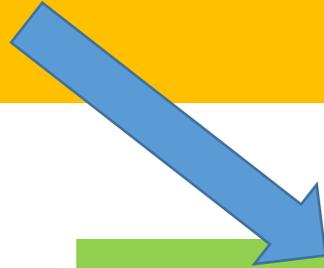
What is Project SEARCH?

Project SEARCH is a one year, school-to-work program for young people with intellectual and developmental disabilities.

- Goal of competitive employment.
- Total workplace immersion.
- Internship rotations for career exploration and job skills training.
- Customized job-search assistance.



Project SEARCH is committed to supporting health and fitness education during the transition to employment.

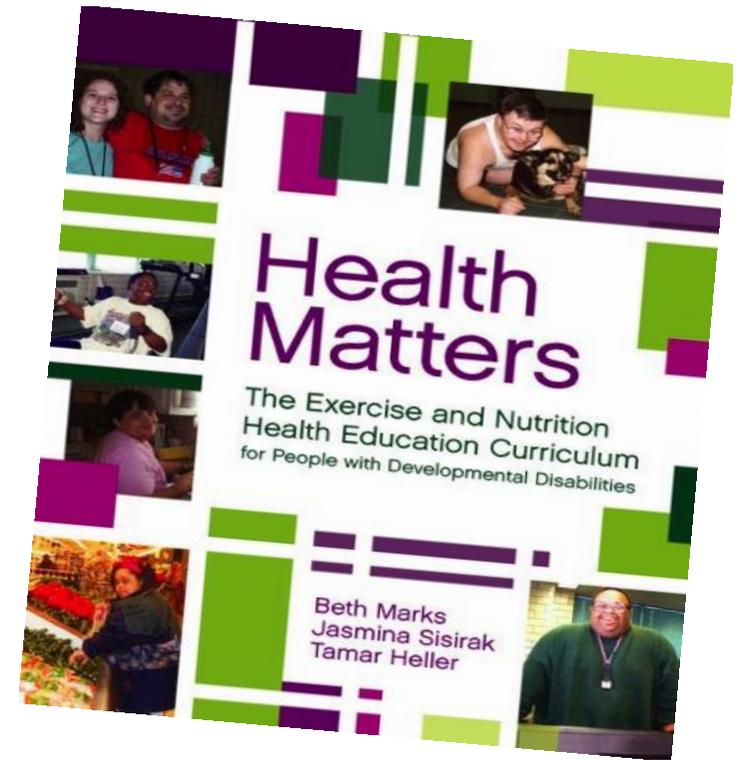


Recognized the *Health Matters Curriculum* as a valuable tool specifically designed for the population served by Project SEARCH.

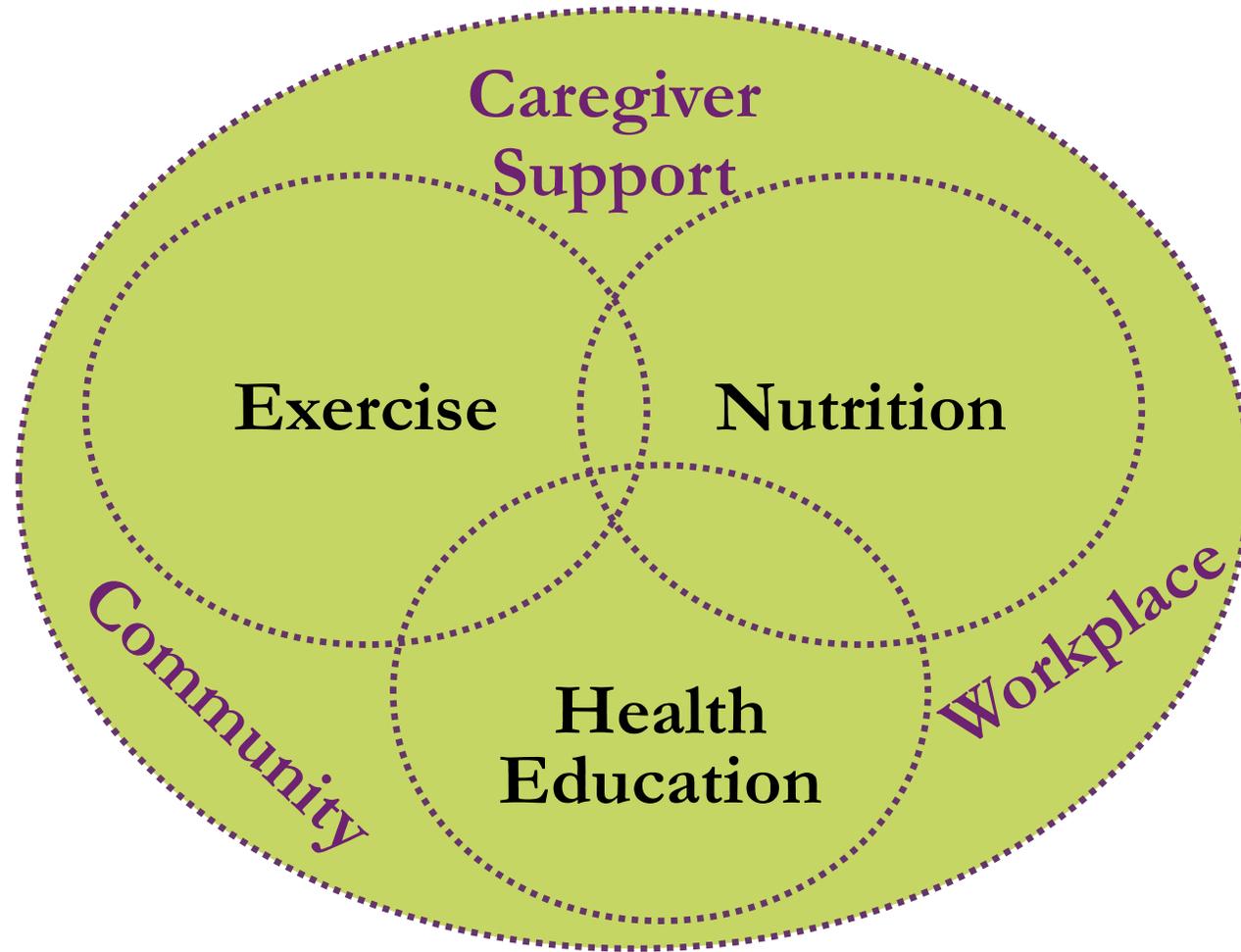


Health Matters: The Exercise and Nutrition Health Education Curriculum

- Evidenced-based curriculum for adults with I/DD
- 36 interactive lessons with 23 additional lifelong learning lessons:
 1. Understand attitudes toward health, exercise and nutrition.
 2. Identify current behaviors.
 3. Develop clear exercise and nutrition goals and stick to them.
 4. Gain skills and knowledge about exercising & eating nutritious foods.
 5. Support each other during class.



Health Matters Curriculum Components



Typical Project SEARCH Day

All activities Take Place at Host Business:

- 8:00 Employability Skills Curriculum in Onsite Classroom
- 9:00 Learn Specific Work Skills at Internship Sites
- 11:30 Lunch with Coworkers
- 12:15 Learn Specific Work Skills at Internship Sites
- 2:00 Return to Onsite Classroom to Reflect on the Day
- 2:30 Depart for Home
- Greater flexibility in certain periods: orientation at beginning and interim weeks between internships.



Project Plan

Year One to Date:

- Health Matters training for project team.
- Surveys and Focus Groups with instructors.
- Focus Groups with Project SEARCH interns



Survey of Project SEARCH Instructors

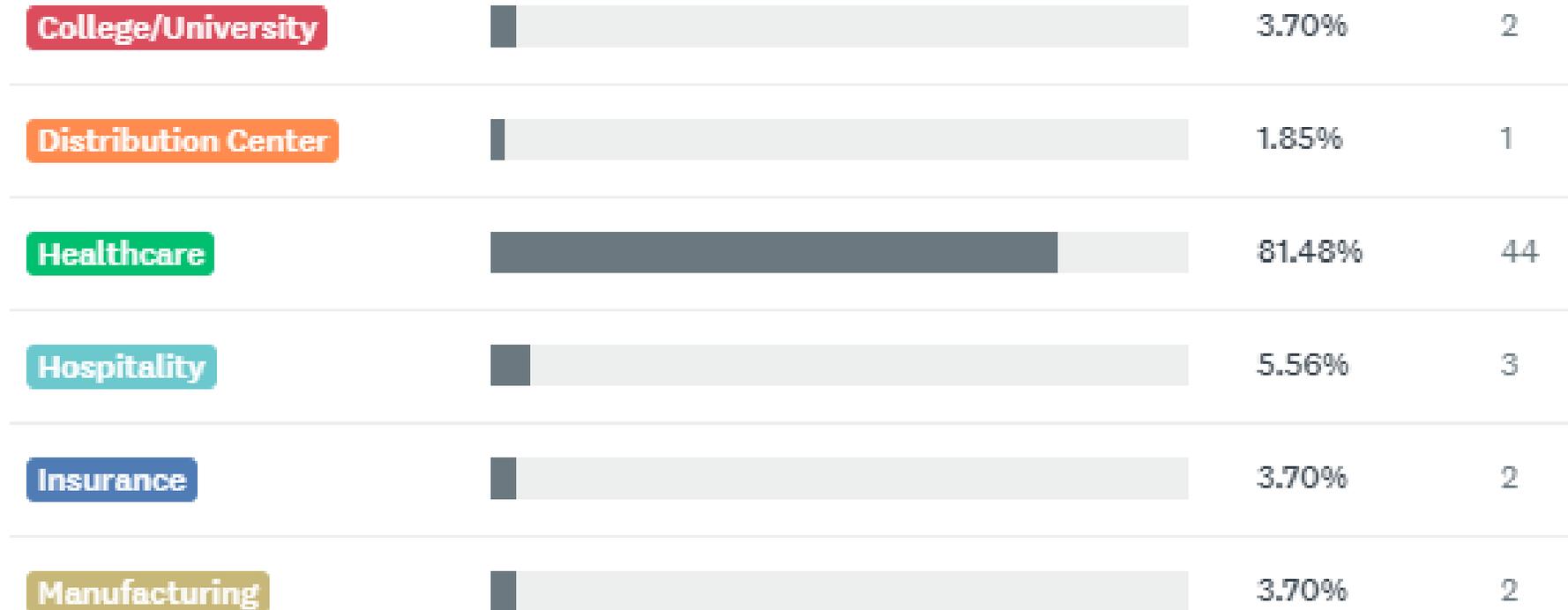
May, 2017: Survey sent via email to 167 Project SEARCH Instructors Worldwide, 54 responded (32%).

Questions asked:

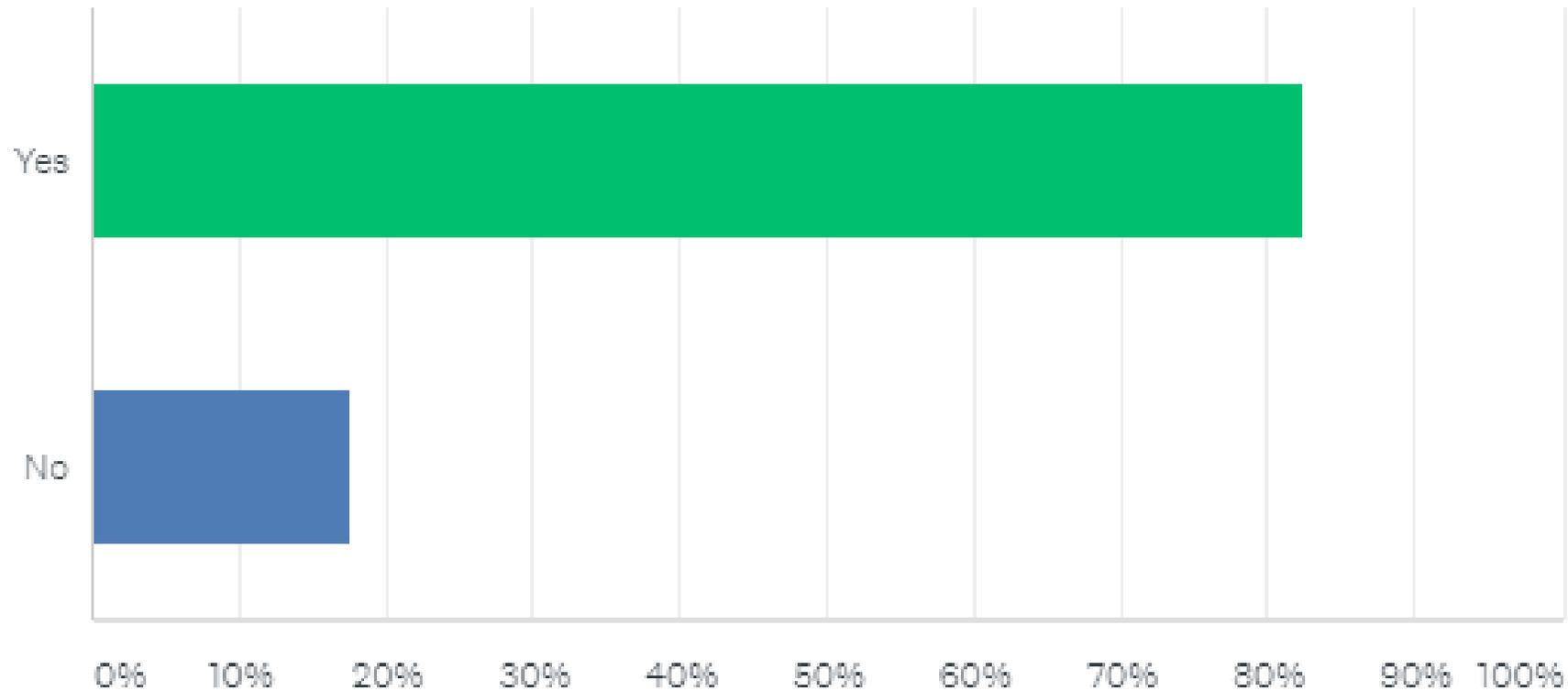
- Did instructors who had received the *Health Matters Curriculum* use it in their Project SEARCH programs?
- If so, how did they use it?
- If not, what were the barriers?
- What other health and fitness activities did instructors use?



Respondents: Industry Sector



Did you use the *Health Matters Curriculum*

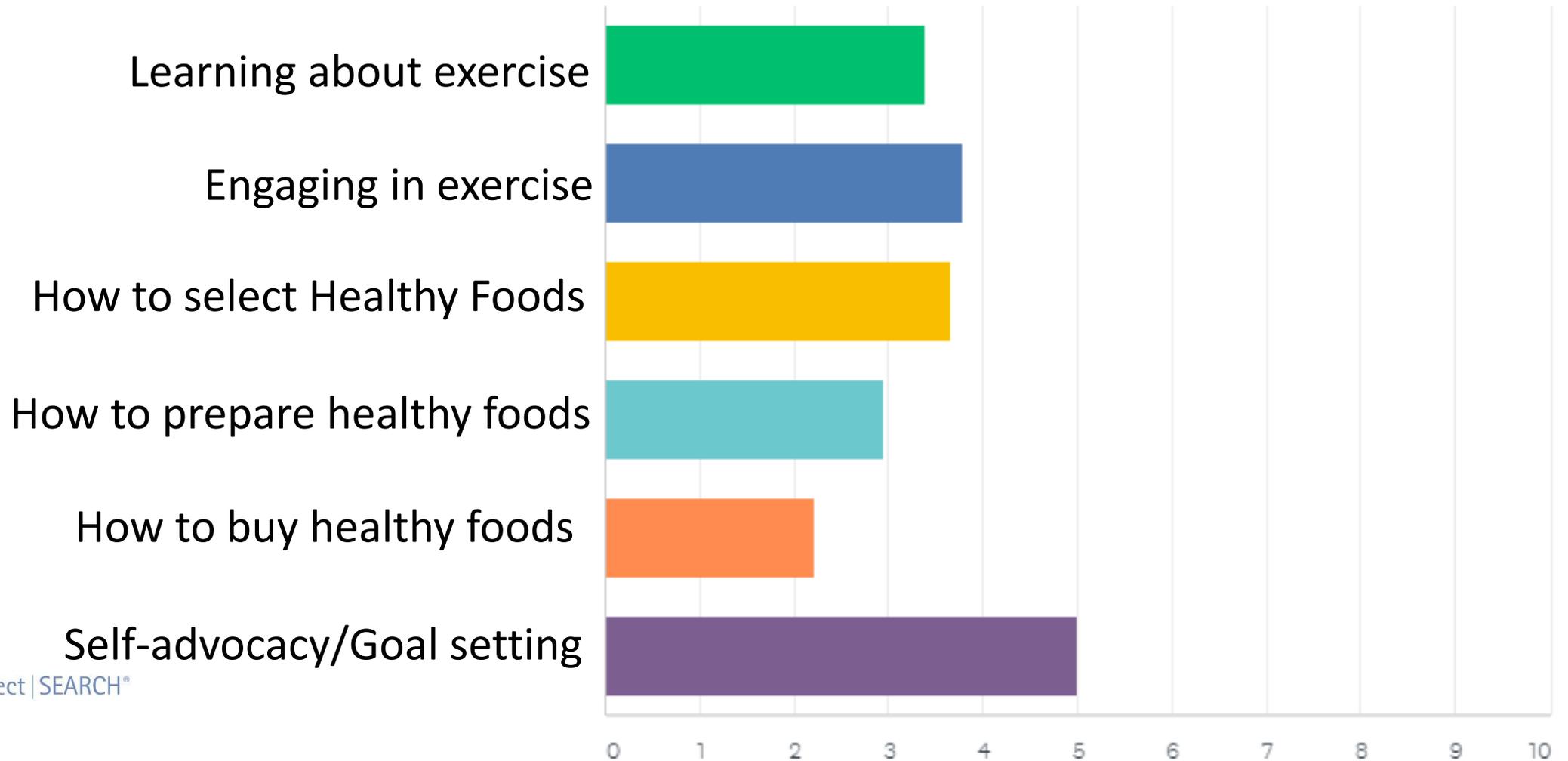


Other Health and Fitness Activities?

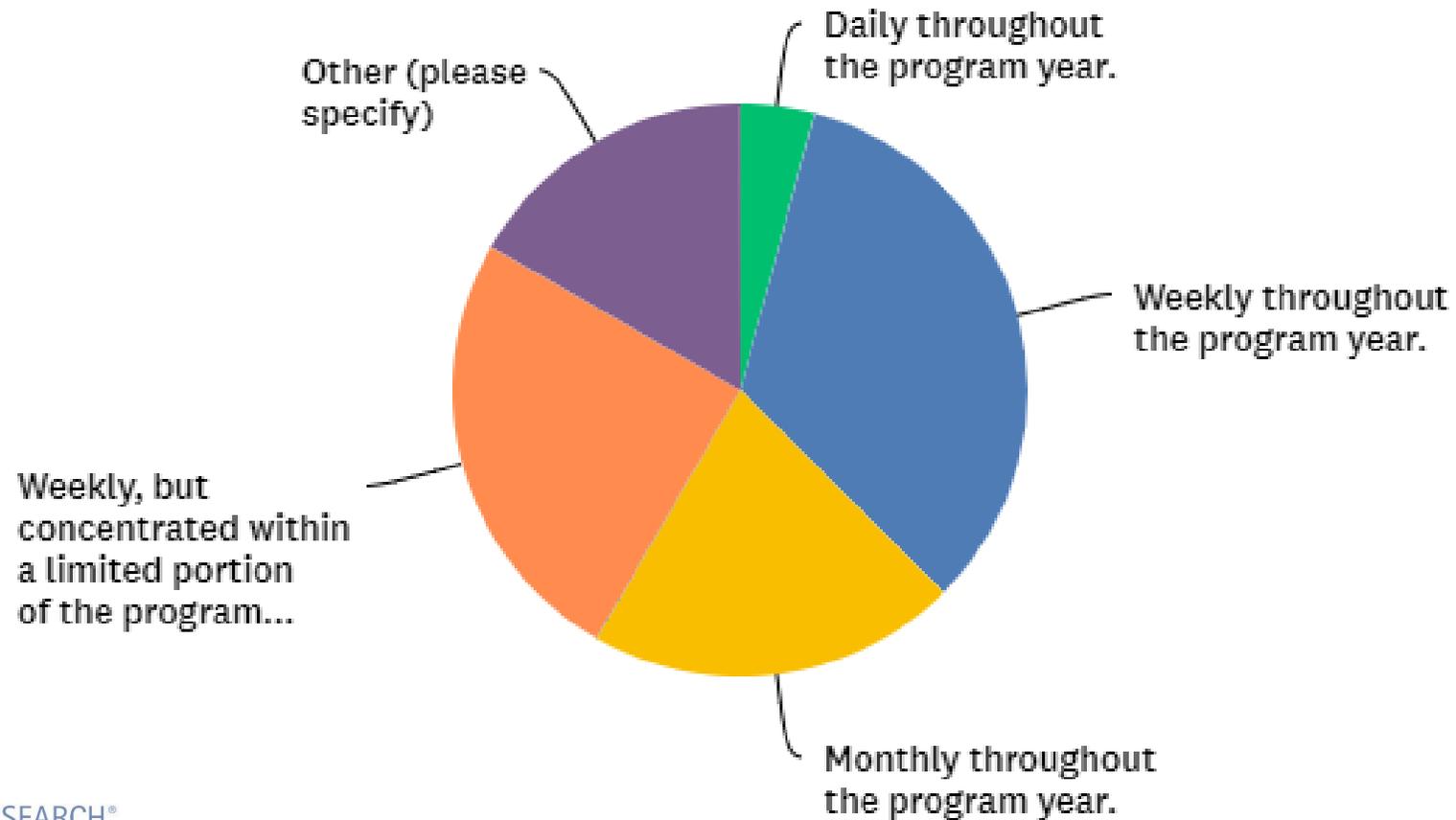
- 5 of 6 who **did not use** *Health Matters Curriculum* included other health and fitness activities in their Project SEARCH programs.
- All of the 21 who **did not receive** *Health Matters Curriculum* included other health and fitness activities in their Project SEARCH classrooms.



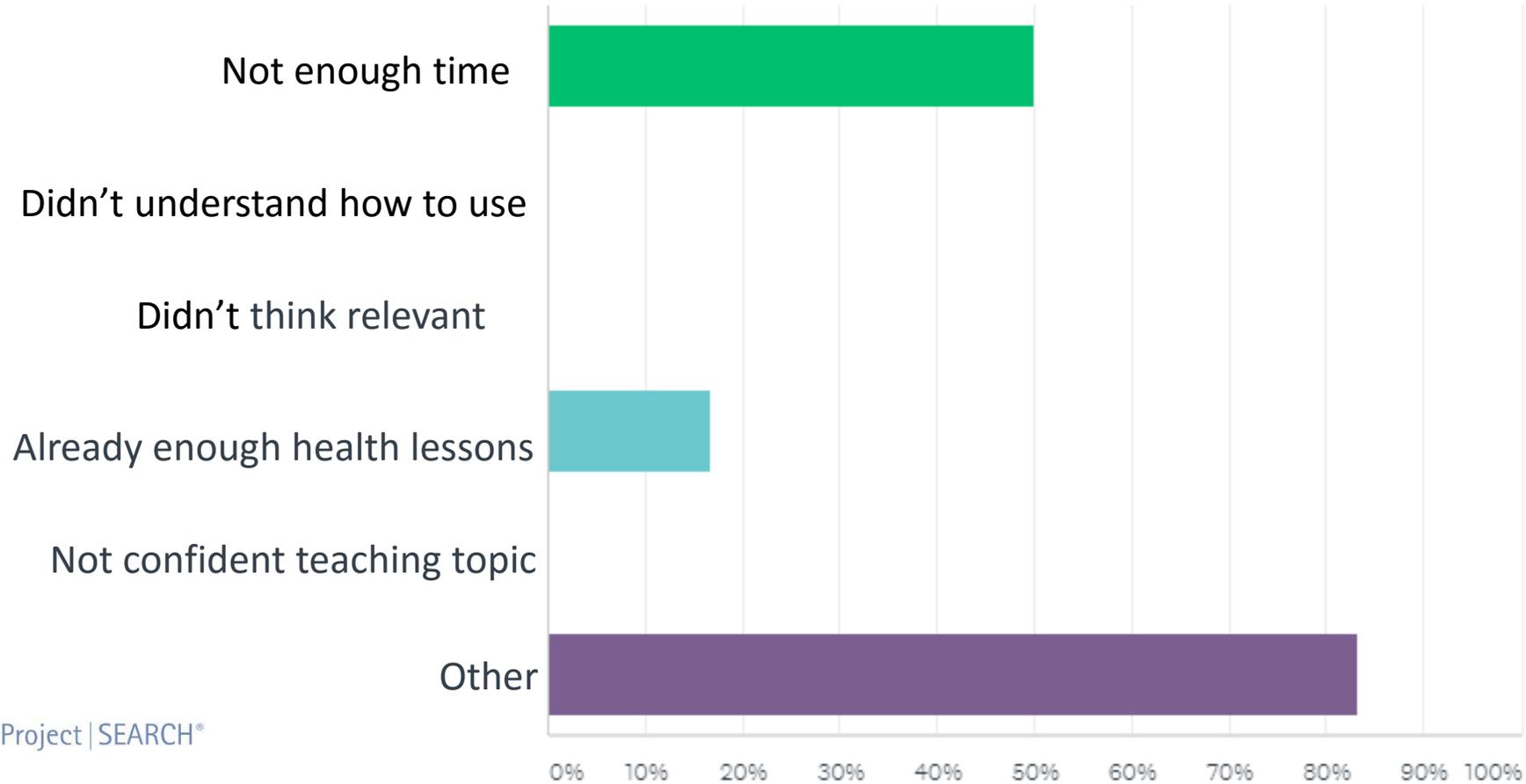
Topics Most Interesting to Interns



How Often Were *Health Matters* Lessons Used?



Reasons for not using *Health Matters Curriculum*



Focus Groups with Instructors

Questions:

1. In what ways do you think health and fitness education can support the goals of Project SEARCH?
2. What makes it difficult or easy to incorporate health and fitness education into the Project SEARCH program?
3. What are the strengths and weaknesses of the curriculum that you use?



Focus Groups with Instructors

Major Findings:

1. Major perceived barrier is lack of time.
2. Many Project SEARCH Instructors have devised creative ways of incorporating health and fitness.
3. Instructors are interested in a more structured guideline on how to use the HealthMatters curriculum to make it more feasible.
4. Some instructors do not feel competent in teaching this topic.



Focus Groups with Interns

(TOPS program at OSU, Doctors Hospital, and Grady Memorial)

Questions:

1. Are you interested in learning how you can be healthy?
2. Do you participate in leisure activities outside of Project SEARCH?
3. What health and wellness topics are you most interested in learning more about?



Focus Groups with Interns

Major Findings:

- Interns were very engaged and interested in health/wellness
- Much of the identified leisure activities included playing games on their phones or sedentary activities
- Lots of misconceptions of sugar and water intake!
- Interns have knowledge of healthy habits but need guidance on how to incorporate into daily routine
- In addition to physical activity and nutrition, interns identified mental health (stress management) and healthy relationships as areas that they wanted to learn more about.

Next Steps

- Use input gathered to create draft guidelines for aligning and integrating *Health Matters Curriculum* with the Project SEARCH employability curriculum
- This will be completed in time to pilot in 2018-19 Project SEARCH year.
- Primary goal for 2018 will be to pilot and revise guidelines.
- Larger goal is to provide a general model for introducing health and fitness education into high school transition.



Susan Jones
Ronni Bowyer
Marilyn Espe-Sherwindt
Janet Strottner

DD Council
September
14, 2017



TREES

**Tools & Resources for Engaging,
Empowering & Supporting Families**

Tools & **R**esources for **E**ngaging, **E**mpowering & **S**upporting Families

Family Support:

- Not an optional or supplementary element of EI, but an integral part of the very structure of services
- Not an isolated event, but a continuous thread that is to be woven throughout the fabric of each family's EI experience
- Not a noun, but a verb: *Supporting families*





“Families need our support to help them grow the roots of their tree deep and wide so that their branches can withstand storms that may come even after their time with us in early intervention.”

Ronni Bowyer

Tools & **R**esources for **E**ngaging, **E**mpowering & **S**upporting Families



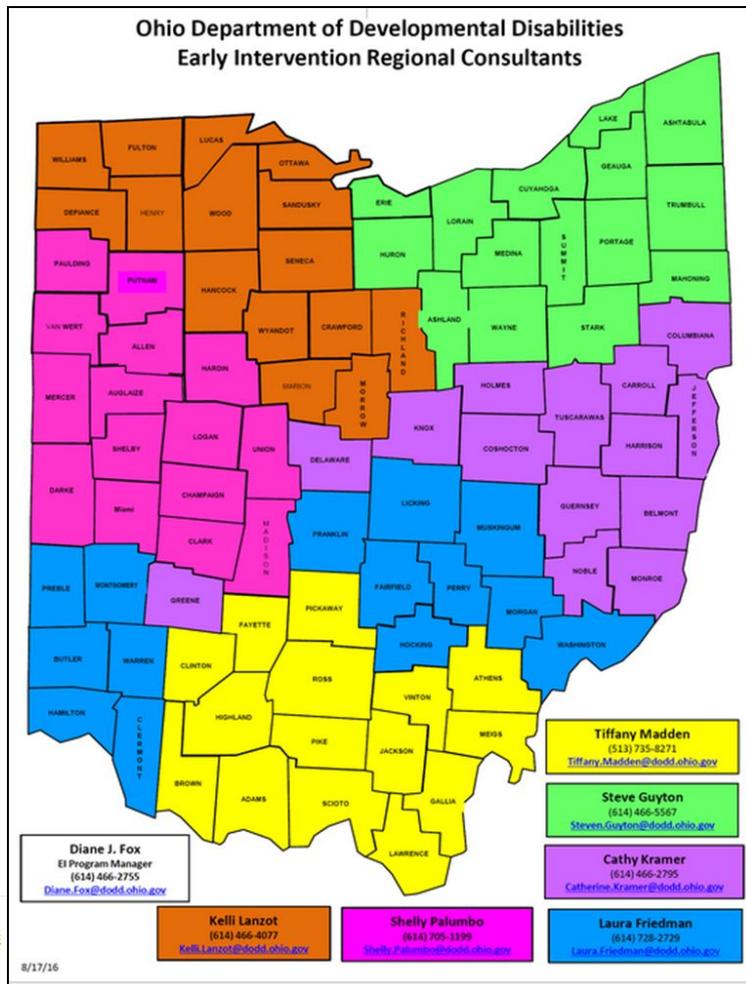
TREES

Project TREES is an Ohio DD Council grant initiative funded for up to five years beginning in January 2017

First year activities:

- Organize an advisory committee made up of parents and multi-level stakeholders
- Identify up to 10 target counties
- Establish an agreed upon definition
- Develop and pilot a tool to assess adherence
- Develop a technical assistance and training plan for targeted counties
- Utilize focus groups to provide input and guidance
- Research and network with existing state and local initiatives
- Based upon lessons learned, develop training and TA strategies for rollout in years 2-5

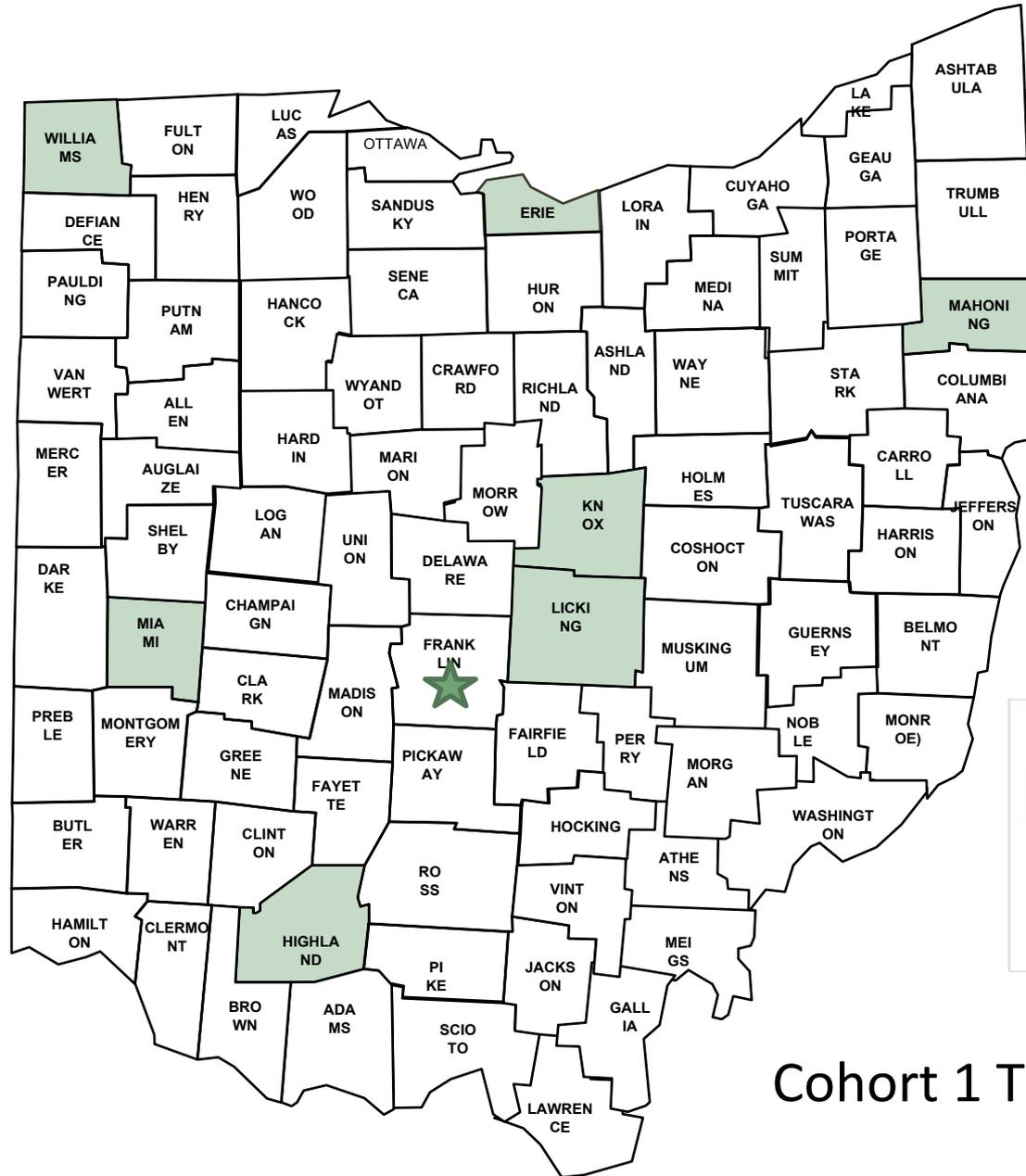
Criteria for Choosing Potential Target Counties



- 8 counties/programs including 1 each poverty, urban and rural
- One from each consultant region
- Representing diversity of Ohio (whole group)



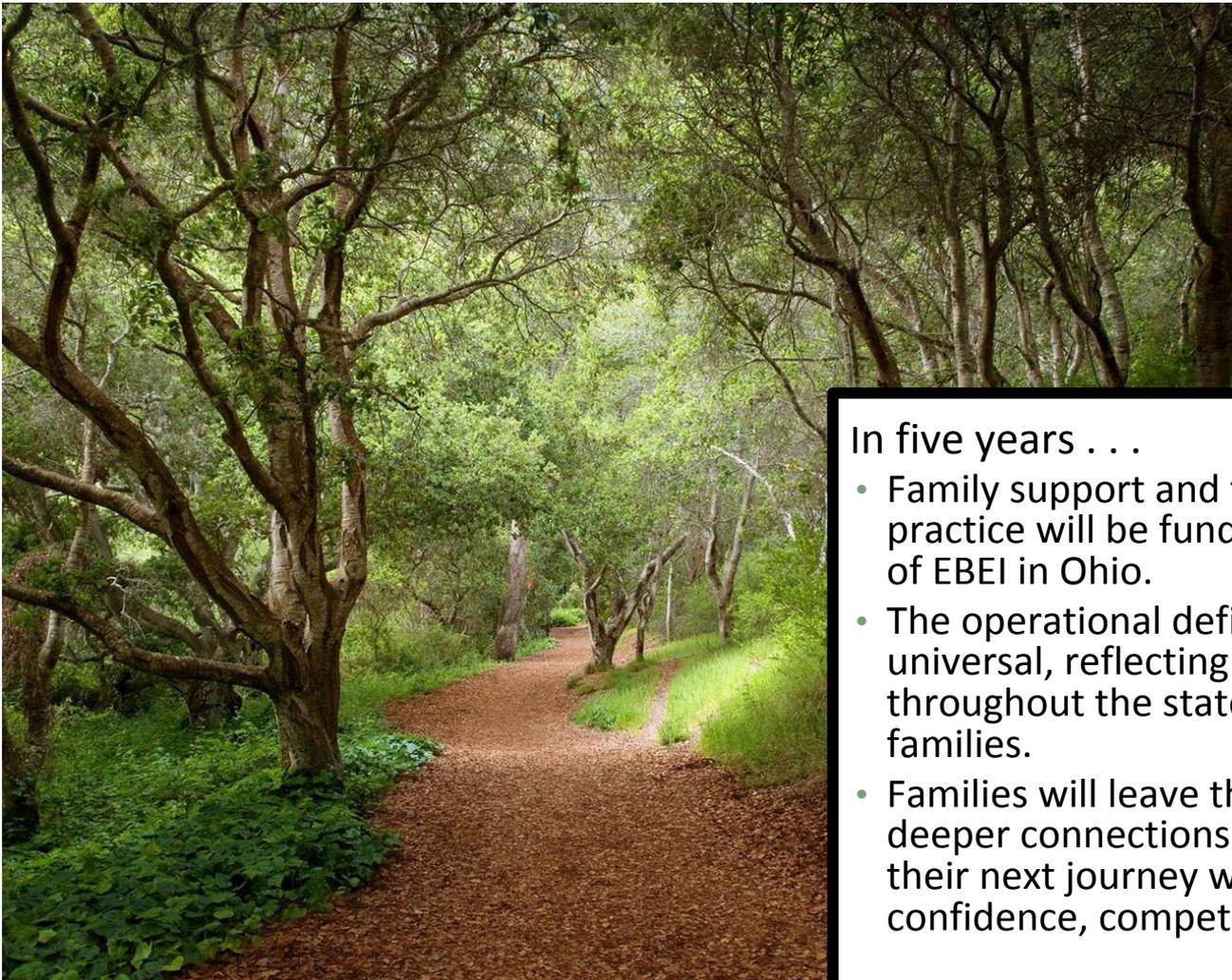
Tools & Resources for Engaging, Empowering & Supporting Families



TREES

Cohort 1 Target Counties

Tools & **R**esources for **E**ngaging, **E**mpowering & **S**upporting Families



In five years . . .

- Family support and family centered practice will be fundamental components of EBEL in Ohio.
- The operational definition will be universal, reflecting consistency throughout the state for providers and families.
- Families will leave the EI system with deeper connections and roots to navigate their next journey with increased confidence, competence and self-efficacy.



When we think about supporting families,
one song that comes to mind is . . .



What we know for sure:

- Research consistently shows **that families with strong support systems** are able to handle challenges more effectively than families with few supports.
 - Dunst's research has articulated the pathways: social support impacts parental well-being, which in turn impacts parent-child interactions, which in turn impacts child development.
 - Informal supports typically have a stronger impact than formal supports. Informal support systems are especially powerful in promoting optimism and enhancing confidence in parenting

-- Bailey, Nelson, Hebbeler & Spiker, 2007



What we know for sure:

- The focus on **capacity-building** as an outcome of intervention is based on research demonstrating the manner in which different kinds of experiences and opportunities that have empowering characteristics and consequences in turn influence other aspects of child, parent, and family behavior and functioning.



The Ohio 'WHY'

- Sample of 2000 outcomes on Individual Family Service Plans, 0 were family centered. 100% were child focused.

- Ohio is not alone....

Family support reported on IFSPs has been on a downward trend over the past decade while child-focused services are up.

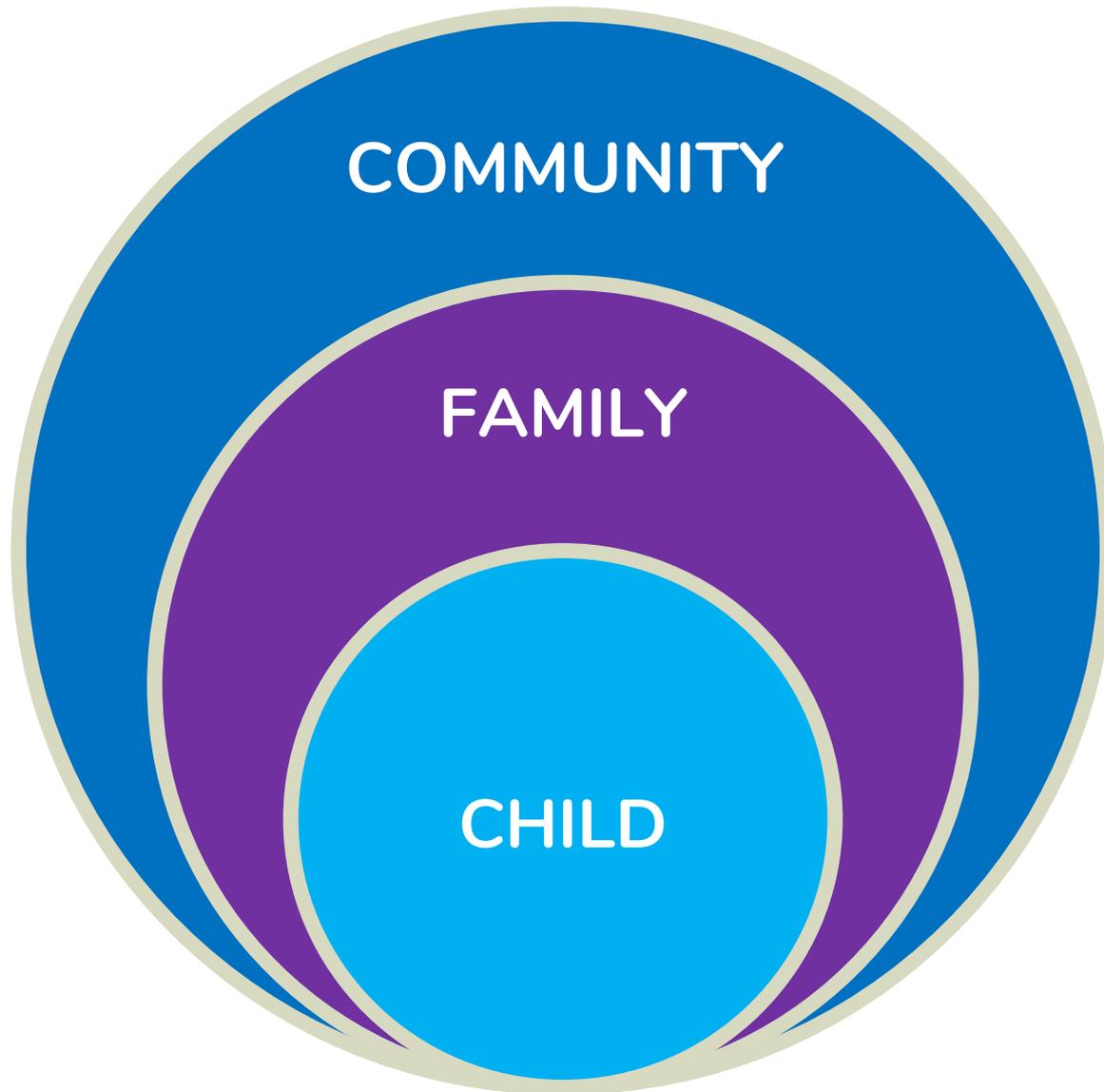
EI professionals are very focused on child developmental deficits as the basis of planning the interventions with families.





Early intervention by definition is intrusive – it provides something that the family may or may not want. Early intervention certainly is something that they do not expect to have in their lives.

-- Able-Boone, 1996



EI as “Interference”



EI as “Interference”



EI as Supporting Families



What do we currently do well?

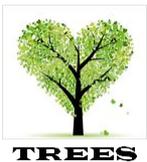




Project Activity Updates

Activity Updates: Conceptual Framework

- Extensive literature review to guide our project work and definition of supporting families
 - Examples of key words: Family support, resilience, family outcomes, family quality of life, strengthening families, protective factors, self-efficacy, systems change
 - Where did our search take us?
 - Journal articles, books, reports, guidance documents, ECTA, info from other states . . .
 - Fields of early intervention, early childhood, special education, family support programs . . .



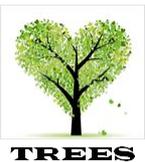
Activity Updates: TREES Cohort Sites

- Technology checkup with each of our cohort sites
- Planning our focus groups with the staff and families at each of the sites
 - Format/agenda
 - Questions for each group
- Planning our first cohort webinar



Activity Updates: Networking and Collaboration

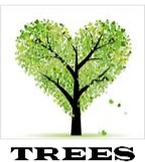
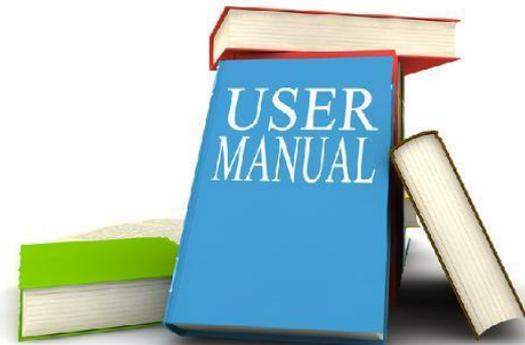
- Leadership (continuing from previous projects)
- Other projects
 - DODD family support projects
 - CoP meetings
 - Part C stakeholders
 - Kim Travers: OAT and FLOAT
 - DODD EI Regional Consultants



Activity Updates: Project TREES

Definition of Supporting Families

- Based on our extensive literature review, input from stakeholders (you, DODD EI Consultants, OACB presentation, cohort sites)
- Purpose of our definition: To guide our project goals, activities and outcomes





Project TREES

Definition of Supporting Families



Next Steps

- Leadership meeting, 9/18
- First all-cohort webinar/virtual meeting, 9/25
- Meeting with DODD EI Regional Consultants, 10/23
- Roll out focus groups, starting at the end of October
- OCALICON presentation, 11/17

STEPS
*on our
Journey*



Importance of Technology Support



ECTA Center New Release!



Supporting Children
By Improving Family Outcomes



TREES

“When parents have a sense of connectedness, they believe they have people who care about them as individuals and as parents; they feel secure and confident that they have others with whom they can share the joy, pain and uncertainties that come with the parenting role; they seek timely assistance from people they have learned to count on when faced with challenges; and they feel empowered to ‘give back’ through satisfying, mutually beneficial relationships.”

<http://www.cssp.org/reform/strengthening-families/resources/strengthening-families-101>,

retrieved 9/13/13



TREES

