Advancing Inclusive and Special Education
in the Asia-Pacific

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Family, School, and Community Partnerships for Students with Disabilities

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Policies and practices of inclusion in education were adopted in the Asia-Pacific region somewhat later than in the West; and they are still evolving as schools, colleges and universities are coming to grips with the challenge of addressing increasing diversity among students. There is a growing awareness in the region that there is a need for improved channels of communication for academics and researchers to share more effectively their findings in order to influence developments in the field of inclusive and special education.

Many institutions in the region have academic groups working and researching in this field, often in semi-isolation. For example, the following institutions are all separately involved: University of Hong Kong, the Chinese University of Hong Kong, The Education University of Hong Kong, University of Queensland, University of Monash, University of Canterbury, Beijing Normal University, National Taiwan Normal University, University of Macau, Nangyang Technological University, and the Korean University, and as well as other universities. The academics concerned are eager for an outlet for their publications, and for ongoing communication with other professions in different countries and cities. Equally important, teachers, students on graduate courses, special education practitioners, counsellors, school psychologists, and school principals are eager to obtain information and guidance on meeting student's diverse educational and personal needs. Inclusive education has been described as '…a multifaceted practice that deals with value and belief systems, invites and celebrates diversity and difference arising from family background, social class, gender, language, socio-economic background, cultural origin or ability, with human rights and social justice at its core' (Agbenyega & Deku, 2011, p.1). Inclusion is thus a core part of the notion of 'education for all' agenda; and it is far more than the placement of students with special educational needs in regular classrooms (UNESCO, 2003). That is also the view that will be presented consistently within these books.

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Preface

There is no question that partnership between family, school, and community is crucial in education. Back in the days, parental roles were mostly passive, supporting or assisting the school agenda. Parents might focus more on caring for their children's daily lives at home and dropping off/picking up children from school. Many parents might also view schools as the sole decision-makers of their children's education. This could especially be the case for many families from culturally and/or linguistically diverse backgrounds. However, all these have been changed in the last several decades, as a result of collaborative efforts from different stakeholders as well as legal commitment requirements for active family involvement. Families are now expected to take active roles throughout their children's school life as team players and decision-makers, especially in special education. Many schools expect parents to actively participate in school activities and attend school meetings to determine the learning outcomes of their children. In a word, parental roles in their children's education have expanded from home to school and communities. Furthermore, special education regulations in the United States, such as The Individuals with Disabilities Education Improvement Act of 2004, expect parents to work collaboratively with schools, be a part of their children's individualized education program team, and determine appropriate programs and placements for their children. However, not all families are prepared to take these active roles. Similarly, not all schools are ready to engage families as team players, equal partners, and decision-makers.

As the demographics of the US population continues to grow increasingly diverse, the US Census Bureau projects that, by 2044, more than half of the US population will belong to what we call now "the minority" group. In other words, we may have to redefine "minority" from "majority" in the US population. Currently, students from diverse background comprise over 53% of the special education student population. While parents are expected to be key decision-makers and advocates who ensure that their children with disabilities receive services and support that address their individualized needs, research consistently indicates that families from diverse and/or socioeconomically disadvantaged backgrounds face many challenges which prevent them from taking these active roles. What can schools and communities do to support, empower, and prepare these families so they can become active equal partners with schools? The US special education system has been considered well-established when comparing with many other countries and has witnessed significant progress in the past 40 years since the enactment of its first special education law in 1975. Still, there is a long way to go in meeting the individualized educational needs of students with disabilities. What can we learn from others who are able to engage their families of students with disabilities?

This book aims to share a collection of evidence-based, effective, and culturally responsive practices that have been used in schools and communities in the United States and other parts of the world that successfully support and empower families of students with disabilities to be school's equal partners. Contributors of this book consist of researchers, policy-makers, administrators, practitioners, teacher educators, community partners, parents, and parent advocates, who provide multicultural and global perspectives on family, school, and community partnerships to serve students with disabilities and their families from diverse settings. Instead of soliciting large-scale experimental studies that focus on family, school, and community partnership practices, we purposely focus on school-based and community-based case studies. We feel that this book will help bridge research to practice in family-school-community partnerships. We also hope to empower administrators, practitioners, and community partners to use these practices/strategies or adapt them, so they can support the population they serve. The book is divided into four parts:

Part I: This first part of the book includes three chapters about the theory and overview of the importance of school, family, and community partnerships. These chapters highlight issues and challenges in special education, which can impact the level of school, family, and community partnerships.

Part II: The second part of the book includes three chapters with innovative and evidence-based strategies for enhancing family, school, and community partnerships at the school levels. Different grade levels are included as the contexts for implementation of the strategies.

Part III: This part of the book includes four chapters that focus on the impact of community involvement on families of students with disabilities. While family and school partnership is important, community involvement is equally crucial.

Part IV: The final part of the book focuses on effective practices about family, school, and community partnerships in other parts of the world. Global perspectives are reflected through these chapters. What can we learn from these practices? How can we improve our own systems?

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Part I

Understanding School, Family, and Community Partnerships

Chapter 1
Partnering with Families of Young Children with Disabilities in Inclusive Settings

Yaoying Xu

Abstract Family engagement is important for the education of children of all ages, but it is especially critical for the success of young children with disabilities in inclusive settings. Research has shown that high levels of parental involvement in early childhood and elementary education correlate with children's improved academic performance, more positive attitudes toward school, fewer placements in special education, lower dropout rates, and fewer suspensions. However, the recognition that family involvement benefits children does not make clear how the involvement becomes a positive force or what factors act to determine the degree of benefit. This chapter will summarize theories in family-oriented partnership models, identify challenges and issues related to family-school-community partnerships, and discuss cultural and social factors influencing family involvement in early intervention and special education practices. Finally, an empowerment model of family-school-community partnerships is introduced.

Keywords Family involvement · Partnership · Early intervention · Inclusive education

Active family involvement has long been considered to be an important factor related to better outcomes in the education of young children with and without disabilities in inclusive early childhood programs (Berger 1995; Levy et al. 2006; Pérez Carreón et al. 2005). Research has shown that high levels of parental involvement correlate with improved academic performance, higher test scores, more positive attitudes toward school, higher homework completion rates, fewer placements in special education, academic perseverance, lower dropout rates, and fewer suspensions (Christenson et al. 1997; Hoover-Dempsey and Sandler 1997; Pérez Carreón et al. 2005). Family involvement is important for the education of

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children of all ages, but it is critical for the success of young children in inclusive settings (Filler and Xu 2006; Xu 2008).

Although researchers and practitioners have not reached a consensus definition of the term *inclusion*, an inclusive early childhood program serving young children birth through age eight typically share three common characteristics. First, full participation is expected of children with disabilities in everyday life activities with their typically developing peers in both school and community settings. Second, educational goals and objectives are developed and implemented through team collaboration by parents and professionals. Third, child outcomes are measured periodically to ensure the effectiveness of the program (Guralnick 2001; Hunt et al. 2004; Odom et al. 1996; Siegel 1996). In a word, inclusive programming not only involves the process of partnerships among families, schools, and communities, it also emphasizes child outcomes as a result of the partnership practices. The recognition that family involvement benefits children does not make clear how the involvement becomes a positive force or what factors act to determine the degree of benefit. Family involvement is not a fixed event but a dynamic and ever-changing series of interactions that vary depending on the context in which they occur, the disciplines from which the collaborative team members are drawn, the resources parents bring to the interactions, and the particular needs of the child and the family. The purpose of this chapter is to explore evidence-based practices in family-school-community partnerships serving young children with disabilities in inclusive settings. Specifically, the theories of family-oriented partnerships are summarized with examples, followed by a discussion of challenges and issues involved in family-school-community partnerships. After that, cultural and social factors influencing family involvement are closely examined within relevant contexts. Finally, an empowerment model for family-oriented partnerships is introduced.

Theoretical Basis of Family-Oriented Partnerships

Family-oriented partnerships have been common practices in the field of early education and early intervention; however, how family-oriented partnerships function vary from program to program, due to differential philosophical beliefs, conceptual understanding, or practical meaningfulness. Dunst et al. (2002) view family-oriented models as a continuum with professionally centered programs on one end and family-centered programs on the other end. In between are family-allied and family-focused programs. In the fields of early intervention and early childhood special education, family-focused and focused-centered programs have been widely practiced as family-oriented models in the past four decades (Dunst et al. 2002). The difference between family-focused and family-centered programs is in the agency carrying out the partnership between families and professionals. In family-focused models, although families are viewed of being capable of making choices among options recommended by professionals, the carriers of the implementation of the services are professionals with professionals focusing on monitoring families in using the resources provided by professionals. In a family-centered model, families are viewed as true partners who are capable of carrying out the services based on family's choice, and professionals act as agents of families with support and resources selected by the family (Dunst et al. 2002).

Family-oriented partnerships align with the ecological systems theory first described by Urie Bronfenbrenner (1988, 1989) (Bronfenbrenner and Morris 1998). According to Bronfenbrenner, an ecological systems model views the child as existing within a complex ecological context consisting of numerous intrafamilial and extrafamilial systems that affect children's development. Specifically, there are four interconnected systems that comprise the model. The first is the microsystem consisting of the immediate family environment or setting in which the child lives, such as parent and sibling interactions that exert an impact on the child. The mesosystem refers to interconnections between two or more settings or the interactions outside the family environment such as school and peer influences. The exosystem is the community context that may not be directly experienced by the child but may influence the elements of the microsystem, such as sibling interactions. The macrosystem is the wider social, cultural, and legal context that encompasses all the other systems. An ecological systems view of inclusive education suggests that children with or without disabilities develop in a complex social world and that it is necessary to observe interactions at multilevel contexts and examine changes over time at all levels. To ensure the success of inclusive educational programming, it is critical to integrate individual and contextual processes and to examine interrelations within these systems through partnerships between and among family, school, and community.

Inclusive Education

The inclusion of individuals with disabilities in both education as well as the larger aspects of society reflects a much larger multicultural global trend (Erhard and Umanksy 2005; Gaad 2004). Inclusion in education is but one aspect of the broader social integration of children (Dyson 2005; Guralnick 1994; Stainback and Stainback 1990). Not only classroom-focused inclusion but also after-school activities inclusion provides important opportunities for meaningful interactions between children with and without disabilities.

Developmental ecological systems psychologists describe the child as being embedded in a series of interrelated systems that interact with one another (McCormick 2014). The interaction is bidirectional, that is, the developing child both affects and is affected by the nested systems. According to the theory, the child's learning occurs within the context of normally occurring routines in familiar settings. For a child with disabilities, these settings refer to the general education environment or any natural setting where typically developing children are present. Therefore, an understanding of the needs of the child with disabilities must be accompanied by a careful analysis of the opportunities that exist in the typical educational setting to address the goals and objectives designed to alleviate those needs. In essence, the schedule of events that comprise the general education curriculum, including the content, format, and length of various learning activities, should be considered relative to target skills or objectives.

The planning for children with disabilities should start with a team discussion of the general education curriculum and should focus on routine and planned activities. One evidence-based approach for this planning would be to develop embedded learning opportunities that are identified by general education teachers, special education teachers, parents, and other individuals who routinely interact with the child. Embedded learning opportunities are short teaching episodes that focus on individual learning objectives and are infused within ongoing classroom activities and routines (Sandall and Schwartz 2008). The development of an activity matrix is one strategy for implementing embedded learning opportunities (Filler and Xu 2006; Hyatt and Filler 2013; Sandall and Schwartz 2008). Typically the activity matrix includes a simple schedule of the daily activities for the early childhood program setting in which a child with disabilities is to be fully included throughout the day. In this schedule, the instructional goals for the target child are taken directly from the child's individualized family services plan (IFSP) or the individualized education program (IEP). Families' priorities for instruction are considered. Parents and other family members' perspectives are viewed as important, and numerous carefully planned opportunities are provided to address high-priority skills during daily program activities. Including families in the partnership increases the probability that skills learned at the center or school are also taught and practiced in the home and other natural settings. Activities that are specifically designed for the child with special needs are based on the family's concerns and priorities and, therefore, are more likely to be appropriate within the cultural context of each family.

Challenges and Issues in Family-Oriented Partnerships

Traditionally, the education agency or school has created structures and activities intended to support family involvement. However, as parents become involved, they do so with limited power to define their roles and actions (Fine 1993). They are often expected to agree with and support the structures and dynamics already in place. Parents who agree with the school and get along with the existing model are seen as "good." Those who disagree are considered "problematic" (Lareau and Horvat 1999). Family involvement is also related to teacher actions. For example, Anderson and Minke (2007) found that specific teacher invitations were significantly related to parental involvement behaviors, particularly among minority and low-income families. They suggested that when parents perceived that their participation was desired by teachers, they would often overcome obstacles to be involved in spite of a lack of resources. Brown and Medway (2007) examined the relationships among measures of school climate, teacher expectations, and instructional practices in an elementary school with a high percentage of low-income, minority children. They found that when teachers valued parental input and family involvement, they created ways to facilitate home-school communication. Exemplary teachers also felt responsible for building a positive relationship with parents and placed a high value on parents helping their children with homework and other activities. These teachers viewed parental involvement as more than physical presence at school and felt that parents could make a significant educational impact beyond what they may contribute by attending meetings and volunteering in the classroom.

A variety of interrelated issues and personal characteristics influence the development of relationships between professionals and families, especially families from culturally and/or linguistically diverse backgrounds. These issues may involve family structure, types of disabilities the child has, the family's immigration status, and cultural expectations about early education or early intervention services and outcomes (Bruns and Corso 2001). For example, the differences in cultures and languages between families and schools (teachers) and early intervention agencies may affect professional-family relationships. Researchers have noted that if professionals assume a dominant role in conversations, the submissive role in which the family is placed may be a source of tension and may result in family members withholding information (Dennis and Giangreco 1996; Gudykunst et al. 1996). Communication of this type may be particularly offensive to some families from traditional Hispanic, Native American, and Asian backgrounds (Gonzalez-Alvarez 1998; Joe and Malach 1998; Schwartz 1995). It is also critical to maintain open, ongoing communication with families from diverse linguistic backgrounds.

One challenge of identifying family concerns, priorities, and resources is the unique characteristics of each family, especially families with culturally and/or linguistically diverse backgrounds. As discussed above, each family may perceive their needs differently and thus may seek different resources. The family's belief systems may also play an important role in how to determine priorities and use resources (Bruder 2010; Lynch and Hanson 2011; Noonan and McCormick 2014). The cultural differences make each family unique in terms of how they define their needs, what resources they are seeking for help, and how they perceive their concerns.

Cultural and Social Factors

Cultural and social factors often interact with each other impacting family-school-community partnerships. Cultural influence is often defined as social and environmental factors that influence the beliefs and behaviors of individuals who are involved in the systems. According to Lindsey et al. (2003), an individual's cultural proficiency in education is the level of knowledge-based skills and understanding that are critical for successful teaching and interaction with students. To be culturally proficient, one needs to understand the concept of diversity that encompasses acceptance, inclusiveness, and respect (Lindsey et al. 2003). One must also realize that each individual is a unique but at the same time inseparable unit within the multilevel systems.

Cultural influence exists in all contexts from immediate family environment to larger social settings within the ecological systems. It guides one's implicit thoughts and feelings toward a specific phenomenon as well as one's explicit behaviors in a social interaction. Weisner (2002) examined cultural influence within the ecological-cultural context and suggested that cultural pathways are made up of everyday routines of life. These routines are cultural activities in which children from different backgrounds may act or react differently. For example, one might expect that children growing up in a culture that bestows significant value to the sibling relationship would respond differently to a brother's or sister's disability than children raised in a culture in which sibling relationships are secondary, even to friendships.

Aligning with the continuum of family-oriented partnership models, partnerships with families from cultural and linguistic backgrounds also move along a continuum from professionally centered to family-centered, yet with family-centered not truly "centered" but "left alone" scenario (Xu 2008). In collaborating with families from culturally and linguistically different backgrounds, so often early interventionists and early childhood special education teachers either play as the authority to step in and make all decisions for the child and the family (i.e., professionally centered models) or withdraw from the family (left alone) in fear of making mistakes due to the lack of communications and understanding. Either approach has left the family in a powerless and often desperate situation.

As a result, many culturally diverse families and their young children with disabilities or delays are not provided appropriate early intervention services, especially not in a culturally sensitive and meaningful context. Families with diverse backgrounds often feel helpless and stressful because their values are not respected, concerns are not identified, and therefore their needs are not met due to the lack of support from appropriate resources. Yet no matter how different families appear to outsiders, all families have at least one common characteristic: they all develop their own coping strategies to deal with the stress or crisis caused by having a child with disabilities and related issues. Culturally diverse families, despite some potential communication obstacles, are known to be adaptable in family roles, especially through strong kinship bonds, work ethics, and religious belief (Cartledge et al. 2002). It is true having a child with disabilities could (almost always) create stress to parents and other family members. However, family caregiving involving children with disabilities is not necessarily a negative experience (Abbott and Meredith 1986; Saloviita et al. 2003). Research has shown that how a family effectively adapts to a stressful situation relates to factors such as how the family defines a stressor event, what resources are available, and how these factors interact with each other (Saloviita et al. 2003; Winton 1990). Examining these strengths will promote effective early intervention or early childhood special education that fosters optimal child development and functioning.

Family Empowered Partnerships

As defined by Allen and Cowdery (2005), empowering families is to carry out "interventions in a manner in which family members acquire a sense of control over their own developmental course as a result of their own efforts to meet needs" (p. 168) and enabling families is to create "opportunities for family members to become more competent and self-sustaining with respect to their abilities to mobilize their social networks" in order to get their needs met and attain goals (p. 168). This also aligns with the family-centered models described by Dunst et al. (2002) with the family as the primary carrier of the early intervention services based on family's choice and professionals serving as the agent to support families and provide resources when needed. The family-empowered partnership is also supported by the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC). The DEC Family Recommended Practices (2014) emphasize practices that build relationships between families and professionals who work together to achieve mutually agreed upon outcomes and goals that promote family competencies and support the development of the child. Early intervention (EI) and early childhood special education (ECSE) practitioners are encouraged to "build trusting and respectful partnerships with family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity" (P.9, DEC Recommended Practices 2014).

To support DEC Family Recommended Practices (2014), Trivette and Banerjee (2015) proposed three underlying principles to guide the family practices: (1) Parents are the primary unit of family-centered services; (2) Parents' confidence and competence are essential in parent-professional interactions; and (3) Families' unique characteristics must be respected (p. 66–67). These three principles promote family-empowered models, particularly in identifying concerns, priorities, and resources. In family-empowered models, families' needs are identified from the *individual* family's perspective, paying close attention to the cultural and linguistic differences. Professionals are not the sole experts to make decisions for the child and the child's family; instead, the child's and family's strengths are recognized, and parents are acknowledged for their vital role in facilitating their child's development as well as the overall functioning of their family (Dunst et al. 2000; Trivette and Banerjee 2015; Vaughn et al. 2007).

Because of the complexity of diverse American families, it is risky or detrimental to over-generalize about family needs, priorities, values, and beliefs. Even for families from the same cultural backgrounds, no two families are exactly alike (Cartledge et al. 2002; Lynch and Hanson 2011; Noonan and McCormick 2014). Research has shown that how a family effectively adapts to a stressful situation relates to factors such as how the family defines their needs or concerns, what resources are available, and how these factors interact with each other (Dunst and Trivette 2008; Dunst et al. 2007; Fults and Harry 2012; Saloviita et al. 2003; Winton 1990). Additionally, cultural values play a critical role in how families define stress and how comfortable families are in seeking resources for help (Lynch and Hanson

2011). Examining these strengths will promote effective EI/ECSE services that foster optimal child development and overall family functioning.

Empowering families as a system has been the goal of family-centered EI/ECSE services with the family as the core member in the partnership focusing on the unique needs of the child with disabilities. As the agent of family-centered services, the EI/ECSE professionals seek to collaborate with families to enhance the family's capacity to support their children with special needs. In the family-empowered model, the family-professional-community partnership is viewed as a system instead of a step-by-step linear relationship (Xu 2008). It is an interactive and dynamic system within which changes are expected as a result of integration among the multiple factors that are involved, leading to improved child and family outcomes. The system of family empowerment is developed by combining the classical family coping theory initially created by Hill (1949) with the family systems intervention model developed by Dunst and Trivette (1996, 2008). Hill's theory supports the system of family empowerment in that *all* families have their existing or potential resources to cope with a stressor or crisis, depending on how they would perceive the stressor. In the family-empowered model, Hill's theory was extended within the context of EI/ECSE by applying the family systems intervention service that emphasizes capacity-building of family-centered help-giving practices (Dunst and Trivette 2008; Trivette et al. 2008). The family-empowered model also emphasizes cultural values of individual families from a sociocultural view that highlights professional-family collaborations (Harry et al. 1999). The sociocultural view recognizes the cultural reciprocity between professionals and families (Kalyanpur and Harry 1999). Therefore, the system of family empowerment does not only view the family as a system with its own unique coping strategies for dealing with a stressor (Hill 1949) but also prepares EI/ECSE educators with culturally responsive knowledge and skills to empower the family (Hamby et al. 2008). The following section depicts the details of this system: observing, identifying, prioritizing, and adapting.

Observing EI/ECSE educators can observe family routines across settings to identify "stressors" that cause stress to the family, particularly events that are less obvious than the primary event or primary stressor in the family's life. For observations to be effective, it is essential that the professionals establish a trusting relationship with the family. For example, asking open-ended instead of either/or questions would provide opportunities for parents to tell their story from their perspectives. When professionals ask: "What is your family's typical Sunday activity?" it sounds more inviting than asking: "Are you going to Church every Sunday?" Similarly, we ask: "How do you spend your holidays?" instead of: "Has your family been to the beach?"

Identifying Identifying existing family resources and obtaining access to potential family resources may vary from family to family. It is essential that professionals respect and value the family's existing resources by focusing on their strengths *before* the family has to adapt to additional resources. For example, professionals may want to ask questions such as: "What makes this family function without early intervention or other formal support systems?" "What are the family's coping strategies for dealing with problems?" and "What does the family want to achieve?" Once the family perceives the event in a more positive way, each family member is more willing to explore a variety of resources to help the child and the whole family as a system. Further, by identifying existing resources, professionals can accurately help families recognize supports that are meaningful for their specific concerns (Harry 2008).

Prioritizing Professionals need to realize that a concern would not be a concern until the *family* views it as a concern. In fact, even the concept of "disability" is viewed differently across cultures, and these different views can lead to miscommunication between service providers and family members (Harry 2008). It is important for professionals to "step back" to evaluate family perceptions in order to produce an effective response because these perceptions will affect and interact with the resources available. Professionals need to realize that an unexpected situation may or may not be the major concern of the family, and other relevant factors could be the more urgent needs for the family, for example, securing child care or finding time and transportation to an upcoming doctor appointment. EI/ECSE professionals can understand the family's perceptions of the events through formal and informal methods, including conversational interviews and observations. To establish a trusting relationship, professionals may want to reflect on their own background and share this with the family. This reflective process helps everyone recognize and understand differences in perceptions.

Adapting After professionals help families recognize and prioritize their concerns and identify their resources to address the concerns, they can help the family develop effective and positive strategies for coping with the stressors for the improved outcomes of the child and the family. Family adaptation is the positive response to family events achieved by using effective coping strategies. Family adaptation is the result of interactions between and among the partners. It is the interactive effect of the collaborative partnerships that helps the family reach a higher level of functioning after adapting to a stressful event such as having a child being diagnosed with a disability. When an unexpected event occurs to a family, the family's initial reaction could be positive or negative; rarely would the family stay the same (Hill 1949; Kilzer and Pedersen 2011). There could be three possibilities as a result of the event: improved functioning (adaptive level), same functioning (current level), or reduced functioning (lower level). The key is how the family perceives the event. When the family views the stressors as negative, they are more likely to have "reduced functioning," and this hinders the family's ability to cope with the stressor and find productive ways to overcome. When the stressor and related stressors are perceived positively and proactively, the family is more likely to seek resources beyond its existing resources. Positive informal and formal support will enable and empower the family to become more competent in problem solving through its adaptation to the events. The result is an empowered family with more knowledge, competencies, and coping strategies than it had initially.

While the importance of identifying family priorities and resources is self-evident, how to identify and access family resources is very individualized and not always obvious. In the family empowerment model, families are viewed of being capable of making choices and decisions regarding the child's development and family needs. Professionals can play an active role as the agent in helping families identify resources to support the child's development and improve family functioning (Trivette and Banerjee 2015).

Conclusion

Active family involvement is the key to successful family-school-community partnerships leading to positive outcomes of children with disabilities and their families. Family-centered service models in early intervention and early childhood special education is viewed as a family-empowered approach because it emphasizes the family as the valuable partner and professionals as the agent for supporting the family in implementing the service. Family-empowered programs ensure that true partnerships happen across families and professionals across inclusive educational settings including schools and communities. Building upon family capacities, the empowered family will have long-term impact on the development of the child with special needs and the well-being of the family, the community, and the society.

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Chapter 2
Empowering Families of Youth with Autism Spectrum Disorder for Success in Secondary Transition

Sarah Louise Curtiss, Lindsay S. Athamanah, Songtian Zeng, Keeley White, Connie Sung, and Gloria K. Lee

Abstract Transition to adulthood is usually a difficult time for adolescents and their families. However, this process is often more difficult for youth with autism spectrum disorder (ASD), even when comparing with their peers with other types of disabilities. Moreover, youth with ASD from cultural and linguistic minority groups have the greatest disparities in postsecondary outcomes. In order to promote effective and culturally responsive practices, this chapter will (1) provide an overview of the challenges associated with the transition to adulthood for youth with ASD with specific attention to youth from diverse backgrounds, (2) review research on family engagement in improving transition outcomes, and (3) highlight community-based model programs that engage families of transition-age youth to empower success in postsecondary outcomes. We have selected three model programs as exemplars of effective strategies for engaging and empowering families in the transition from secondary school to the beginning of adulthood. We will discuss the similarities and differences across programs for families and provide recommendations for future practice.

Keywords Transition planning · Autism spectrum disorder · Family empowerment · Youth with disabilities · Special education

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Empowering Families of Youth with Autism Spectrum Disorder for Success in Secondary Transition

The transition to adulthood is often more difficult for youth with autism spectrum disorder (ASD) when compared to their typically developing peers and peers with other disability types (Roux et al. 2015). ASD refers to a group of neurodevelopmental disorders defined by pervasive social communication difficulties across multiple contexts co-occurring with restricted, repetitive patterns of behavior, interests, or activities (American Psychiatric Association [APA] 2013). While there is a wide variation in characteristics associated with ASD, patterns of strengths and challenges, and severity of impairments, a common finding is that individuals with ASD and their families struggle in terms of their postsecondary outcomes (Roux et al. 2015). Thus, there is a need to empower families and youth with ASD for success in secondary transition.

Successful transition has commonly been defined as the achievement of specific developmental tasks, such as obtaining higher education, gaining employment, and experiencing intimate social relationships (Wehman 2006). Even though normative role transitions are important when supporting the success of youth, the fit of the personal environment and the individual's perspective of their own independence play crucial roles in transition success (Henninger and Taylor 2014). Henninger and Taylor (2014) found that parents of children with developmental disabilities emphasized the importance of their children reaching their full potential, being productive in their occupation, living outside the home, and building authentic relationships. Therefore, the need to include families in the transition process is vital to identify postsecondary factors and outcomes deemed important by the youth with ASD and their family.

An important part of the transition to adulthood for youth with disabilities is *transition planning*, which is legally mandated in the Individuals with Disabilities Education Act (IDEA; 2004) to facilitate postsecondary success. Transition planning is a process focused on improving skills during the school years to facilitate success in post-school work, education, and community living. The process is based on the youth's unique needs by taking into account their strengths, preferences, and interests. The plan may include types of instruction, related services, community experiences, development of employment and independent living goals, daily living skills acquisition, and functional vocational assessment. This plan is recommended to begin at no later than age 16. IDEA allows youth with disabilities to stay under the supports of the public school system until the age of 22. Inclusion of families into the transition planning stage has important implications for socioemotional development, educational or vocational outcomes, and adult relationships (Smith and Anderson 2014).

Despite its legal mandate for service provision, students with ASD continue to struggle and have poorer outcomes than those with other disabilities (Roux et al. 2015). In a literature review by Levy and Perry (2011), 50–60% of adults with ASD left school without educational or vocational credentials, 76% were unable to find work, and 90–95% were unable to establish romantic relationships or meaningful friendships. Moreover, participation in facility-based (i.e., sheltered workshops) and non-work services (i.e., volunteer) continues to escalate (Winsor et al. 2017) with fewer youth with ASD transitioning from school into employment or higher education (Roux et al. 2015). In a comprehensive review, Roux et al. (2015) have shown that over one third of youth with ASD were "disconnected" from any type of services during their early 20s. Furthermore, there are greater racial and ethnic disparities in postsecondary outcomes for the cultural and linguistic minority. In order to eliminate these disparities in race, ethnicity, and disability as well as achieve more meaningful transition services, we must empower families of youth with ASD.

To promote effective and culturally responsive practices and advocate for the inclusion of families as crucial members in the transition planning process, this chapter will (1) provide an overview of the challenges associated with the transition to adulthood for youth with ASD with specific focus on youth from diverse backgrounds, (2) review research on family engagement in improving transition outcomes, and (3) highlight three community-based model programs that engage families of transition-age youth to empower success in postsecondary outcomes.

Challenges Associated with the Transition to Adulthood for Youth with ASD

As individuals with ASD transition into adulthood, the core social communication and behavioral difficulties associated with ASD often persist which could affect employment due to poor work-related social skills (Agran et al. 2016). In addition to employment, youth with ASD face significant obstacles in other areas, such as independent living, mental health, and social outcomes leading to poor quality of life (Taylor and Seltzer 2010). In fact, much of the growth experienced in the school years starts to slow down after exiting high school, particularly for youth from lower socioeconomic backgrounds (Taylor and Seltzer 2010). Moreover, families have expressed frustration by the lack of empowerment in the transition process and feel their children are funneled into programs or community services that are often inappropriate (Hetherington et al. 2010). Parents and youth with ASD have reported inadequate communication with school staff, limited student engagement with transition planning, and a lack of support for postsecondary education as major transition planning issues (Griffin et al. 2010). With appropriate supports, individuals with ASD can integrate meaningfully into the community and work competitively (Schall et al. 2014). Some individuals with ASD pursue careers, marry, and raise children (Howlin et al. 2004). Thus, there is a need for professionals and families to plan together with youth with ASD for transition to ensure success.

After high school, there is no federal requirement for providing supportive services in adulthood; as such, individuals with ASD and their families are required to navigate and apply for adult services on their own while using different systems than what they were familiar with in special education (Roux et al. 2015). Due to limited knowledge and familiarity on navigating the adult services realm, access to services drops dramatically for youth with ASD. This was often referred to *stepping off a services cliff* (Henninger and Taylor 2014). For example, Roux et al. (2015) have shown that most youth with ASD do not receive any mental health counseling (70%), speech therapy (90%), case management (58%), or medical services (72%) related to their disability once they enter adulthood. In addition, 26% of youth with ASD received no services that could potentially assist them to access employment, continue their education, or live more independently. Furthermore, while many adults with ASD experience a disconnection of support services between school and work, African-American (56%) and Hispanic (60%) youth experience this disconnection the most (Roux et al. 2015). As such, engaging and empowering families of youth with ASD in improving transition outcomes may help to reduce the racial/ethnic and disability disparities that exist into adulthood.

The Importance of Family Engagement in Improving Transition Outcomes

Family involvement in the transition process is associated with successful and positive post-school outcomes for youth with ASD (Lee and Carter 2012; Trainor 2008). In fact, families may become the primary advocates for adult services post-school (Smith and Anderson 2014). Families can support their youth with disabilities by (1) providing social capital, (2) facilitating advocacy, (3) setting high expectations, (4) promoting autonomy, and (5) engaging with the school (see Fig. 2.1). One of the roles parents have is to *provide social capital*, so youth with ASD can gain access to resources and communities and to build connections among networks (Trainor 2008). For example, Kim et al. (2007) found Korean-American parents of youth

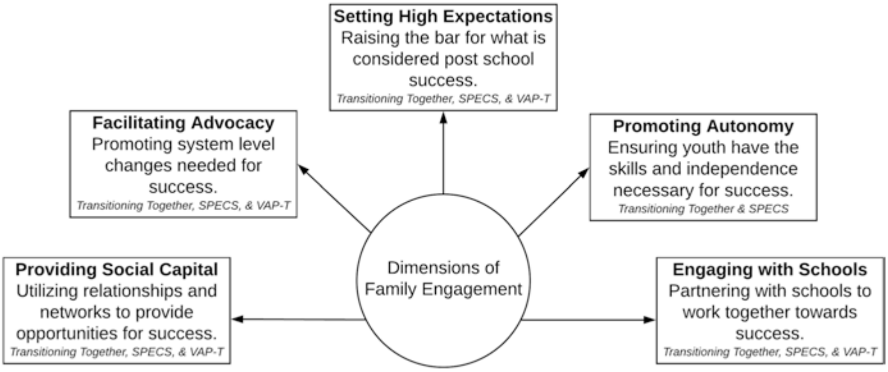

Fig. 2.1 Dimensions of family engagement for promoting success for youth with ASD with post-secondary outcomes

with disabilities used their social networks and religion-affiliated ethnic organizations to obtain information about services, including emotional and financial support for their children. In addition, teachers can help mediate social capital of families during the transition process but need to be aware that their biases may lead them to reject non-dominant social capital groups (Trainor 2008). *Parental advocacy* is also critical to support successful post-school outcomes. More information regarding financial planning and lifelong planning is reportedly needed by caregivers to better support and advocate for their family member with ASD (Graetz 2010).

Another facet of family engagement is *setting high expectations* for their children with ASD. High parental expectations can predict a high level of student engagement in their own IEP transition meetings (Wagner et al. 2012), and when parents discuss post-school plans at home, youth with ASD are more likely to participate in transition planning meetings (Griffin et al. 2014). In addition, research suggests that there is a strong relation between self-determination and transition outcomes (Carter et al. 2013). Therefore, parents have the role of *promoting autonomy* through supporting the development of self-determination skills in their child with ASD when they provide opportunities to make choices, express opinions, explore options, take risks, develop social skills, participate in conflict resolution, and engage in negotiations (Field and Hoffman 1999).

Finally, when families are more *engaged with schools* during the transition process, youth with ASD are more likely to be employed post-school (Lee and Carter 2012). Professionally driven planning distances students and their families from active participation (Thoma et al. 2001). Furthermore, close to 30% of individuals with ASD reported that they wanted to be more involved in their own transition planning (Roux et al. 2015). In addition, youth with ASD whose parents actively support their education and engage with the school are also more likely to attend and potentially lead their transition planning meeting (Wagner et al. 2012). Poor adult outcomes and low expectations are often the result of a lack of a person- or family-centered transition process (Schall et al. 2014). Thus, the collaboration between the school and families is vital to support transition success.

Model Programs

In this section, we selected three model programs as examples of effective strategies for engaging and empowering families in the transition to adulthood. The model programs are (1) *Transitioning Together* (Smith et al. 2012), (2) *Specific Planning Encourages Creative Solutions* (Hagner et al. 2012), and (3) *Volunteer Advocacy Program-Transition* (Taylor et al. 2017). For each program, we have presented a brief synopsis of program components and synthesized the available empirical evidence of these programs and the adaptation considerations for families from culturally and linguistically diverse backgrounds. Finally, we discuss the similarities and differences across programs for families and provide recommendations for future practice.

Transitioning Together

Transitioning Together (Smith et al. 2012) was a psychoeducational intervention for improving family members' positive interactions with different service providers around transition topics. *Transitioning Together* had three components: (1) individual-family sessions that build rapport and establish goals, (2) eight facilitator-mediated parent group educational sessions on transition topics with collaborative problem-solving activities, and (3) an adolescent social group. The 90-min weekly group sessions addressed topics including ASD in adulthood, transition planning, problem-solving, family topics, addressing risks of adult independence, community involvement, risks of health, and legal issues. There were generally six to eight families in each session addressing how to problem-solve and work collaboratively with the various systems and community agencies. The adolescent group ran simultaneously with the parent group and was loosely structured based on the adolescents' interests in future goals.

DaWalt et al. (2018) conducted a randomized waitlist control evaluation of *Transitioning Together* with 41 families and youth with ASD (14–17 years of age) who were in a general education setting for at least 50% of the school day and were fluently verbal. A majority of the youth were male (81%) and White (80%). Results indicated that five of the outcome variables showed significant improvement before and after the intervention with large effect sizes (Cohen's $d = 1.74–2.60$; Cohen 1992). Specifically, parents reported a significant decrease in depressive symptoms and a significant increase in problem-solving skills and empowerment in their children from pre- to post-intervention. While no statistical significance was detected for parental stress, parent-child relationship quality, or expressed emotion, significant increases were reported on feeling happy/being proud of their children and decreased feeling of caregiving burden. Results indicated a significant difference for social interaction and social engagement from pre- to post-intervention. Qualitatively, parents expressed an increased knowledge in all topics, particularly in the legal information, and reported feeling their experiences and struggles in the transition process were validated. Parents also reported feeling empowered in their advocacy skills, especially in the area of school programing, as well as feeling confident to enroll their child in vocational rehabilitation, attend community events, add new transition details to the child's IEP, and organize with other families. Parents also felt comfortable to "pull back" and allow their child more responsibilities at home.

Transitioning Together had been culturally adapted and piloted for Spanish-language speakers as *Juntos en la Transición* (Kuhn et al. 2018). The authors used a process for conducting culturally informed adaptations including building partnerships with Latino parents. *Juntos en la Transición* is different than *Transitioning Together* in terms of the number of group sessions (four instead of eight) and the content of the sessions. For example, *Juntos en la Transición* had a session on intimate relationships and sexuality. Kuhn et al. (2018) found that parents who participated were satisfied with the program, enjoyed the way information was provided, and felt that the program helped them pursue additional services.

Specific Planning Encourages Creative Solutions

The second model program, *Specific Planning Encourages Creative Solutions* (SPECS; Hagner et al. 2012), utilized a family-centered model that focuses on empowering families and youth with ASD to take a leading role in transition planning process through (1) parent group educational sessions on transition topics, (2) person-centered planning to develop a transition plan for the youth, and (3) follow-up assistance in the form of career exploration activities for the youth. The entire process required approximately a 1-year commitment.

The parent group educational sessions consisted of six modules: orientation to planning, tools for planning, creative problem-solving, quality services, creative financing, and getting to action. The modules were delivered across three all-day sessions conducted every 4 weeks of the initial 12 weeks of the program. Following the completion of the group, each family participated in a structured person-centered planning (PCP) process to create transition goals customized to the youth with ASD. The PCP process was based on the McGill Action Planning System (MAPS; Vandercook et al. 1989) with modifications by Cotton (2003) which shifted the topics based on the family's interests and focused the process around post-school employment. The PCP took place over 3–5 meetings in the evening at the family's home, and the meetings varied in size from 2 to 12 family members and friends. School and adult service personnel were only invited to the last meeting, so they could provide input and strategize how the plan could be implemented. The youth led the meetings, and program facilitators worked with youth outside meeting times to prepare ideas and write notes. Each comprehensive plan included an individual history, current individual description, discussion of strengths and accomplishments, list of supportive people and resources, an outline of strategies that work and do not work, a vision for the future, the youth's fears and concerns, personal goals and barriers, and a guide for next steps. Once the initial ideas for the plan were formulated, school and adult service personnel were invited to the third or fourth meeting to provide input for the final plan. The third component occurred 4–6 months following the development of the transition plan. Facilitators provided ongoing career exploration activities such as informational interviews, job shadowing, postsecondary options, unpaid/paid work experiences, and participating in IEP or other meetings on request to assist youth and families to present their plan and ask for services.

Initial evidence from a randomized waitlist control study of 47 families (Hagner et al. 2012) demonstrated that the program significantly increased youth and family expectations for the future as well as improved student self-determination and career decision-making ability with medium to large effect sizes (Cohen's $d = 0.47$–1.44). Participants in this study were 96% male and 100% White and were between 16 and 19 years old. Through this family-centered transition planning process, students and families were able to identify goals beyond high schools and steps needed to achieve these goals. With assistance from a personally chosen planning team, students and families could leverage resources required to be successful and access those resources. These results suggest the *SPECS* program is effective to use during the transition process to help empower families and youth with ASD.

The *SPECS* program had not been adapted for CLD students with ASD; however, the core PCP process had been used with students from a variety of cultural backgrounds, such as African, Haitian, Puerto Rican, Cambodian, Chinese, Burmese, Pakistani, and Portuguese (Hasnain et al. 2003). Trainer (2007) further described the use of PCP as a strategy for culturally responsive transitioning planning, especially when addressing barriers such as daily living demands, language, immigrant status, and economic resources associated with involvement.

Volunteer Advocacy Program-Transition

The final model program is *The Volunteer Advocacy Program-Transition* (VAP-T), which was a parent-training program designed to equip parents with the necessary skills and knowledge to successfully advocate for their child (Taylor et al. 2017). The *VAP-T* was adapted from the Volunteer Advocacy Program (VAP), a parent-training program acknowledging the importance of parents as an integral part of their child's transition process to adulthood. Many parents felt that their role was minimized and did not feel comfortable expressing their concerns with teachers and professionals (Burke 2013). The *VAP-T* taught parents advocacy skills through a 30-h workshop training program that takes 12 weeks to complete. Topics covered included person-centered planning, medical services (e.g., Medicaid), financial support (e.g., Supplemental Security Income and Social Security Disability Insurance), future planning (e.g., guardianship), secondary and postsecondary education, employment options, housing issues, and advocacy. The program was led by trained facilitators using didactic instruction, family-sharing activities, case studies, and group discussions. Guest experts from various agencies (e.g., disability organizations, medical groups, government agencies, attorneys, parents) presented information related to their role and how their agency was involved with the transition process. Each participant wrote a *Letter of Intent*, a planning tool for families to use when advocating for services their child needed in each domain.

The *VAP-T* was piloted in a randomized waitlist control trial with 41 families (Taylor et al. 2017). Participants' children were within 2 years of exiting high school; 32% of the youth had ASD and co-occurring intellectual disability; 83% were male; and 88% were White. The *VAP-T* was facilitated both in person and at remote sites using web-based communication software. Statistically significant findings indicated that parents in the intervention group ($n = 20$) knew more about the adult service system, felt more comfortable and skilled with advocacy, and were more empowered with medium to large effect sizes (Cohen's $d = 0.77–1.10$). Overall, results show that the *VAP-T* was effective in improving parents' knowledge, comfort, and empowerment when advocating for adult services for their youth with ASD.

While the *VAP-T* had yet to be evaluated within a CLD population, the efficacy of the VAP had been assessed in a quasi-experimental study of 40 CLD families (Burke et al. 2016). The VAP adaptation for Spanish-speaking families, *Latino Parent Leadership Support Project*, focused on families of children with ASD. It was conducted by partnering with two Spanish-speaking Latina stakeholders (advocate and lawyer who were mothers of children with ASD), with training modified to 36 h across 9 sessions. Parents reported they were satisfied with the program and built their special education knowledge and family empowerment; however, no increases in communication, service use, and child-focused school partnerships were reported (Burke et al. 2016).

Comparing Across Three Model Programs

These three model transition programs share many common features but also important differences. All three provide group-based parent education and target several facets of family engagement such as facilitating advocacy, setting realistic expectations, and engaging in schools. *SPECS* is the most resource-intensive program, which lasts the entire school year and provides the most individual family support. It is also the only program targeting social capital in the form of vocational experiences. Although this program is resource intensive, many of the services could be incorporated into a school-based transition process. For example, the PCP process as well as the vocational exploration opportunities could be a model for school-based initiatives. The *VAP-T* is the only program that does not include any direct service for the youth and does not target the family engagement area of promoting autonomy. However, the *VAP-T* empowers families and encourages collaboration with the service providers which may have an indirect effect of promoting autonomy on the youth with ASD. The direct service components of *Transitioning Together* and *SPECS* are quite different. *Transitioning Together* provides a small group social program, whereas *SPECS* provides PCP coaching and vocational experiences one on one. Each program shows promise for being implemented with CLD families, yet only *Transitioning Together* used a robust process to create a culturally adapted program.

Further work is needed to support CLD youth with ASD and their families with the transition process, using a development process that integrates the needs of community stakeholders, addresses challenges unique to the community, and builds upon community strengths. Furthermore, although the program features differ, each of the model programs has appropriate activities for meeting the unique goals of the program. Aligning program activities and goals is critical for successfully supporting families with secondary transition. To that end, when selecting or developing community-based postsecondary programs, practitioners should consider the ways in which programs address family engagement.

Conclusion

There is a persistent gap in the outcomes for youth with ASD after high school when compared to their peers. This gap is likely due to the lack of adequate transition planning and supports, especially for CLD youth on the spectrum and their families. Parent involvement often acts as a moderator to postsecondary success with some parents facilitating social capital, advocacy, high expectations, autonomy, and school engagement. However, parents need more support given the immense amount of responsibility that falls on their shoulders when high school services are no longer available. *Transitioning Together*, *SPECS*, and the *VAP-T* represent model programs for engaging and empowering families in the transition process from secondary school to adulthood.

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Chapter 3
Community Involvement: What Supports Are Available for Diverse Families of Students with Disabilities?

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Abstract Research has suggested that the level of parent engagement has a positive correlation with student achievement. Parent engagement in special education is even more crucial. However, due to linguistic differences among culturally and linguistically diverse (CLD) families and schools, cultural challenges, and a lack of understanding of the American special education system and parental rights, many CLD families may have difficulties advocating for their children. Currently, many schools in the United States are facing a shortage of funding and bilingual professionals. As a result, they are unable to provide training and support for CLD parents of children with disabilities in meeting their children's needs. Parents have to seek support elsewhere, their community. This chapter will provide an overview of the types of community support that are available for diverse families of students with disabilities in the United States and challenges these communities may encounter. Therefore, family, school, and community partnership becomes critical.

Keywords Community involvement · Family partnerships · Diverse families · Special education · Family engagement

Community Involvement: What Supports Are Available for Diverse Families of Students with Disabilities?

In the last several decades, extensive research has consistently suggested that when schools and families work collaboratively, students are more likely to perform well academically, have better attitudes toward learning and school, have better school behavior, and graduate from high schools (e.g., Henderson and Mapp 2002; Jeynes 2007; Heynes 2007; Wilson-Simmons et al. 2017). Family engagement is even more crucial for students with disabilities. In special education, families are not only the guardians of their children with disabilities but also their decision-makers

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and advocates, who will ensure that their children with disabilities receive supports and services that address their individualized needs.

In order to ensure that families are engaged in the development of special education programs of their children with disabilities, the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA 2004) updated its policies by setting up certain requirements. For example, families must be members of their children's Individualized Education Program (IEP) teams (IDEIA § 300.321). Before any evaluations can be administered, schools must obtain parental consent (IDEIA § 300.300). When working with families whose primary language is not English, schools must take whatever action that is necessary to ensure that families understand what is discussed in the IEP meetings and what is written on their children's IEPs (IDEIA § 300.322). Although the regulations try to ensure that families of students with disabilities are included in their children's special education process, a significant discrepancy has continued to exist between this requirement and actual school practices, especially for culturally and linguistically diverse (CLD) families of students with disabilities.

Barriers CLD Families Face

As the demographics of the US population continue to grow increasingly diverse, the US Census Bureau (2015) projects that, by 2044, more than half of the US population will belong to a minority group. The number of individuals who is foreign born will have increased to 20% by 2060. Among the CLD population, Asian Americans continue to be the fastest growing population, with a projected increase of 128% between 2014 and 2060 (US Census Bureau 2015). This demographic change can also been seen in the US student population. There was a 14% reduction in the number of White students enrolled in public schools in 2014, while students from diverse backgrounds had a 51% increase, with Asians and Hispanics be the two largest groups (US Department of Education 2017a). This pattern of change is expected to continue through the next decade. In special education, the number of students from diverse backgrounds comprises over 53%, a 45% increase since 2000 (US Department of Education 2017b). However, as the demographics of our US student population get more diverse, a majority (82%) of the US teachers remain White (US Department of Education 2016). Research suggested that teachers who are unfamiliar with other cultures are less likely to know how to support students and their families from diverse background (e.g., Diller and Moule 2011; Nieto and Bode 2011). CLD families of disabilities continue to face a number of barriers when engaging in their children's special education process, such as lack of knowledge and skills, cultural and language differences, and time conflicts between parents' work schedules and school meetings (Harry 1992; Lian and Fontànez-Phelan 2001; Lo 2009; Park and Turnbull 2001).

In order for families to take on the roles of being their children's decision-makers and advocates, they must be first familiar with the US school system, special education system, and parental rights. In the United States, the special education organizational system is governed by a number of regulations, such as the IDEIA 2004, Americans with Disabilities Act, and Civil Rights of Institutionalized Persons Act. Students with disabilities are ensured to receive free and appropriate public education and services that address their individualized needs. As these students get older and enter higher education and/or the taskforce, their institutions and employers cannot discriminate them due to their disability. However, such strong regulations do not often exist in other countries. Immigrant families who move to the United States suddenly need to learn the US school system and special education system. Previous studies consistently indicated that many CLD families lack knowledge about the regulations, how to navigate the American school system, and how to be engaged in schools (e.g., Landmark et al. 2007; Lo 2009, 2012; Park and Turnbull 2001).

Furthermore, cultural and language differences are also key barriers that prevent families from being engaged. Although the IDEIA has clear definitions of each disability type, causes, and interpretations, such information may be different in many other countries. For example, autism is defined as “a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance” (IDEIA 2004, §300.80.c.1.i). However, autism can be interpreted as individuals who like to keep to themselves and do not associate with others (Lo 2005). Additionally, causes of disabilities can be interpreted very differently in many countries (Lamorey 2002), which can affect how families perceive the supports and services that their children with disabilities need. Since many cultures view school professionals as authority figures, CLD families may be reluctant to seek assistance from schools (Chan and Chen 2011). Often, community that is familiar with the cultures and languages of families may be able to help bridge this gap.

Community Support

Epstein (2001) has developed a framework for defining six different types of parent engagement: parenting, communicating, volunteering, learning at home, decision-making, and collaborating with community. While partnerships between schools and families are important, community involvement is equally crucial. Due to the budget constraints schools face, they do not have sufficient funding to support all families. Additionally, while the US student population becomes more and more diverse, a majority of the US teachers remain White. Many teachers do not speak a language other than English and may not be familiar with other cultures, which hinder their abilities to support students and their families from diverse background (e.g., Diller and Moule 2011; Nieto and Bode 2011). Often, community can offer help to support these diverse families. Epstein (2001) encouraged schools to make connections with organizations and agencies that families are involved with or may benefit. Additionally, schools should collaborate with the community and hold workshops and meetings to educate families about what resources and supports are available (Epstein 2001). While there is a variety of community support for families of students with disabilities, this chapter will highlight three of them that have been considered as the most helpful for CLD families of children with disabilities: (1) parent training and information centers, (2) parent-to-parent support network, and (2) parent support groups.

Parent Training and Information Centers

Every state in the United States has at least one Parent Training and Information Center (PTIC), which services families of children with all types of disabilities from birth to 26 years old (US Department of Education 2018). In addition to PTIs, some states, such as California and Minnesota, have Community Parent Resource Centers (CPRCs) which work mainly with underserved families of children with disabilities, such as low-income families, parents with disabilities, and families whose primary language is not English. CPRCs are required to maintain a collaborate partnerships with the PTICs in their states. There is a total of 70 PTIs and 24 CPRCs (CPIR 2018). Staff of these centers are mostly families of individuals with disabilities, because they believe that these trained and experienced parents are more likely to be able to connect and better support families who face similar challenges and are new to the process (Ainbinder et al. 1998; Mueller et al. 2009).

The mission of PTIs and CPRCs is to educate and empower families of students with disabilities, so they can be equipped to take on the roles as their children's decision-makers and advocates. On a 5-year cycle, the centers compete for federal funding. Funded centers are required to provide families of students with disabilities with a variety of supports, such as free workshops, one-on-one in-person or phone support for assistance, trainings, publications, and resources, so families can be aware of their rights and responsibilities under IDEA (US Department of Education 2018). Some of the centers also train experienced parents of individuals with disabilities to be parent advocates, so parents of students with disabilities, who are new to the process and/or need guidance, can hire these advocates to help with the process and resolve disagreements with schools (Federation for Children with Special Needs 2018). Besides parents of individuals with disabilities, all training in these centers are also open to professionals who seek advanced knowledge about collaborating with families.

In 2013, the National Parent Technical Assistance Center collected data from almost all the funded centers to determine the effectiveness of these centers in supporting parents and professionals (PACER Center 2013). The data indicated that over one million parents and professionals received individual assistance from PTIs and CPRCs, 61% of them were parents. Among the served parents, 95% indicated that the information they received from these centers enabled them to work with schools, while 90% of the parents reported that, by participating in the workshops provided by the funded centers, they were able to work with schools and address critical needs of the children's education. Eighty-three percent of the parents also indicated that PTIs and CPRCs provided information and support to them, so they could resolve disagreements with schools. In addition to receiving information, over 83% of the served parents stated that they had shared information they received from the funded centers with other families.

Among the parents who received help from the centers, 27% were from diverse backgrounds. The demographics of the parents these centers served included, but were not limited to, Chinese, Vietnamese, Samoa, Hispanics, Hmong, Portuguese, and Arabic. Because families from diverse backgrounds are more likely to feel comfortable seeking help from others who can speak the same language and understand their cultural backgrounds (Lo 2010), many funded centers hire families from diverse backgrounds as employees, so they can connect with the population. In addition to empowering and training families of individuals with disabilities, PTIs and CPRCs are required to collaborate with other organizations and state agencies (US Department of Education 2016), such as serving on their advising boards and/or committees. The goal of these involvements is allowing PTIs and CPRCs to inform policy makers the struggles and concerns families of individuals with disabilities face and ensure that policies were revised with the consideration of how these populations should be supported.

Parent Support Groups

In addition to PTIs and CPRCs, parent support groups can be considered as another way to support diverse families of children with disabilities. The birth of a child with a disability can be a challenge for many families. When parents learn that their child has a disability, they often go through a series of mixed feelings, such as denial, anger, guilt, grief, loss, isolation, and disempowerment (Smith 2003). For many families with diverse backgrounds, additional stress can come from how they view disability. Depending on the cultural backgrounds, causes of a child's disability can have many different interpretations, such as sins committed by parents or family members, types of food mother consumed during pregnancy, a test by God, and inappropriate activities mother participated during pregnancy (Lamorey 2002; Lynch and Hanson 2004; Parette et al. 2004). Attending parent support groups has been considered as one of the effective ways for families of children with disabilities to not only seek emotional and psychological assistance, but also to obtain information and be empowered (e.g., Bennett et al. 1996; Bull 2003; Santelli et al. 1995).

Support groups for families of individuals with disabilities come in many different sizes, forms, and structures. A majority of them led by parents of individuals with disabilities, while others were led by professionals. Some support groups are developed for families of individuals with various types of disabilities, while others may target on just families of individuals with a specific type of disability, such as autism spectrum disorder or oppressive compulsive disorder. Most of the support groups meet in person once or twice a month for 1.5 to 2 h. With the advanced technology we have nowadays, online parent support groups are also available. No matter what forms and sizes of the support groups, their primary goal is to provide families of individuals with disabilities emotional and psychological support, information, and friendships. Having the opportunities to hear, see, and learn from other families of students with disabilities about how to work with children with disabilities and navigate the special education process can be a powerful and an effective means of supporting families (Ainbinder et al. 1998).

In order to examine the parent perceptions of helpfulness of participating in support groups, Solomon et al. (2001) surveyed 56 parents of children with disabilities and had focus group discussions with 43 of them. The participants indicated that the groups were very helpful. Their participation in the groups not only allowed them to gain knowledge and skills in coping with their child's special needs but also improved their parenting skills, increased their use of community resources, and developed positive relationships between themselves and the schools. They were satisfied with the support they received in the groups.

In another related study, Lo (2010) focused on two local support groups that were created for Chinese families of students with disabilities. She interviewed 15 Chinese immigrant parents of students with disabilities who participated in the groups and examined reasons of their participation in the group and their perceived benefits of the group. Results indicated that the participated parents struggled to seek help and obtain support for their children with disabilities. Due to their limited English proficiency, they encounter difficulties seeking information and resources. Furthermore, many of their family members and/or relatives refused to accept their child's disability and/or did not want to associate with them because of their child's disability. Participating in the support groups not only allowed them to meet other Chinese families of students with disabilities who could understand them but also received supports from the ones who had already gone through the process and were able to provide them with advices. The parent participants also reported that they and their children with disabilities were able to develop friendships with their fellow group members and their children. With the information, knowledge, and skills they gained from the groups, they felt empowered and confident to serve as their children's advocates.

Parent support groups exist in every state. However, not all parents support groups widely publicize their groups, since many of them are in small scale. One of the best ways for families to search for a parent support group that suits their needs is by contacting their PTIs and CPRCs.

Parent-To-Parent Support Network

While PTIs, CPRCs, and local parent support groups are helpful to families, parent-to-parent support can be another option for diverse families of individuals with disabilities. Parent-to-parent is a free program that is offered by community organizations that focuses on personalized support for families of individuals with disabilities (National Dissemination Center for Children with Disabilities 2011). Veteran parents of individuals with disabilities, who are interested in being matched with parents, contact organizations that offer such program. The organizations would collect information about these trained and experienced parents about what knowledge and skills they have and types of families they are willing to support. Qualified veteran parents will receive training, so they will know how to better support referred parents and address their needs. Training topics can include, but are not limited to, listening and communication skills, community resources, advocacy skills, and leadership skills (Santelli et al. 1995). When veteran parents have completed the required training, organizations match them with referred parents, based on a variety of characteristics, such as disability types, family issues, living location, age of children with disabilities, cultural background, and languages.

Once a referred parent is matched with a trained and experienced parent, it would be up to them to determine how their relationship and connection should be developed. Length of their relationships varies. Some referred parents may only seek information and/or support for an issue, and then their relationships may last for just a few contacts or a few days. However, there are some matches that may last for years and become long-term friends. Organizations will check in with each set of veteran and referral parents, find out the status of their relationship, and see if the needs of the referred parents are met. In order to learn more about the effectiveness of parent-to-parent programs, Santelli and her colleagues (1995) surveyed 330 veteran and 240 referred parents of 115 different parent-to-parent programs nationally and examined the impact of these programs on families of individuals with disabilities. Results indicated that before veteran parents were matched with referred parents, the parent-to-parent programs provide trainings in a variety of topics, such as listening and communication skills, goals of the match, and available resources about supports for families of students with disabilities. Forty-four percent of the veteran parents reported that they received 10 or more hours of training. When veteran parents were matched with referred parents, the referred parents viewed the individualized support they received from the veteran parents as the most important. Not surprisingly, receiving emotional support and having someone who had similar background to listen to and understand was important to the referred parents. Furthermore, receiving information about their individualized needs was also highly preferred by the referred parents.

Besides parent-to-parent support programs organized by community organizations, some schools also offer such support Kutash et al. (2011) conducted a study to evaluate the needs of implementing a 32-week school-based peer-to-peer support program for families of youths with emotional disturbances and its impact on the families. Ninety-three parents of youths with emotional disturbances in two of the public schools in Florida participated in the study. Forty-six of the parents were placed in the intervention group, who were matched with veteran parents of youths with emotional disturbances recruited from a national organization. Veteran parents were required to phone contact their assigned referred parents each week. The goals of these weekly phone calls were to increase parent engagement in their child's education and treatment and improve the academic and emotional functioning of the child. Veteran parents were instructed to emphasize the need for referred parents to encourage their youths to participate in mental health services that were provided in the school. The remaining parent participants did not receive parent-to-parent support. Instead, the research staff worked with their youths' teachers on building positive relationships with the families. Various data were collected, such as parent interviews, youths' academic performance, and disciplinary data. Results indicated that 98% of the parents in the intervention group were very satisfied with the opportunity to be connected with veteran parents. Furthermore, 97% of the referred parents were pleased that they were able to receive information, be connected to available resources, and have veteran parents who were good listeners and cared about them. Parents who were in the intervention group became more empowered and involved in their youths' education. Additionally, attendance and academic performance of their youths were improved.

Parent-to-parent program is shown to have positive impacts on families of individuals with disabilities. Having the ability to receive help, emotional support, and information from veteran parents who are experienced, from similar background, and have gone through the special education progress is crucial. The main difference between parent-to-parent program and other community supports is that individualized supports are provided to parents in the program.

Challenges Community Organizations Face

While there is a variety of community support available for families of individuals with disabilities, community organizations do face various challenges. First, in order for organizations to offer various supports to families of individuals with disabilities, a great deal of funding is needed. Although PTIs and CPRCs can seek federal funding to support their activities, the amount of funding is not always sufficient to offer competitive salary to their staff (R. Richardson, personal communication, January 20, 2017) and provide a variety of supports to families who are in need. Seeking funding continuously and from a variety of sources becomes crucial. Second, not all local supports to families of individuals with disabilities are advertised. Many of these supports, such as many parent support groups, were initiated and organized by individual families who want to support others who are in need. These individual families may not have the abilities and resources to have a website about their group and funding to publicize their work. Finally, even when community supports are available, not all families of individuals with disabilities are aware of them. This is especially true for families who do not have access to computers and the Internet and/or who are non-English or limited English speakers (Lo 2010).

Clearly, supporting families of individuals with disabilities is the responsibility of schools and the community. There is a need for schools and communities to work collaboratively, since each brings its own strengths. For example, school professionals have extensive knowledge about evidence-based instructional strategies, while communities can help bridge the cultural and language differences between the families and schools. Below are several ways that schools and community organizations can work collaboratively:

1. Offer resource fairs at least twice a year, which schools can invite various community organizations to share the types of supports and services they offer to families of individuals with disabilities from various backgrounds. Having such information in a central location would be much more convenient for families.
2. Work together and organize workshops to educate families, especially for those who are from diverse backgrounds, about the special education process, so they can ensure that information being shared at schools and in the community is consistent. Schools have the knowledge and skills about the regulations and special education process, while the community can help bridge the cultural and linguistic gap between schools and diverse families. These workshops can be scheduled in schools or the community, whichever families feel most comfortable.
3. Develop a directory which lists all the available community supports and resources, which can be offered to new and existing families of individuals with disabilities. While offering resource fairs can be helpful, not all families and organizations are available at the scheduled times. This directory enable families who are unable to attend the resource fairs to see what organizations offer what supports to families of students with disabilities and to choose the ones that best suit their needs.

Conclusion

Having children and youths with disabilities can be a difficult journey for many parents. Due to the cultural differences and views of disabilities, CLD families face even more challenges. While schools have the responsibility to guide and support these families, community also has the responsibility to offer these families with needed support. Both parties need to partner and work collaboratively and determine what and how they can better support these families, so they could take on the decision-making and advocacy roles policy makers expect.

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Part II

Evidence-Based Practices on Home-School Partnerships

Chapter 4
Building School-Level Capacity Through a Problem-Solving Approach to Parental Engagement in a Large Urban Setting

Angel Rodriguez, Rosalia F. Gallo, Juan Carlos Gonzalez, and Elizabeth D. Cramer

Abstract Parental engagement continues to be a struggle for parents of students with disabilities, English language learners, and students at risk for academic failure. Throughout legislation such as the Individuals with Disabilities Education Act (Individuals with Disabilities Education Act of 2004, P.L. 108–446). And the Every Student Succeeds Act (Every Student Succeeds Act, 2015), parental involvement is specifically referenced and supported. Although parental involvement research has suggested that parents who are engaged in school activities significantly impact the achievement and educational benefits of their children, there are still many parents who are marginalized from being engaged in their children's education, especially those trying to navigate the complexities of special education. Through a collaborative initiative in one large urban school district, a unique, family-focused engagement program was created. This chapter explores the development of this initiative and its effects using the data gathered from the first year of implementation, including the implications and lessons learned.

Keywords Parental engagement · Urban education · Family collaboration · Special education · Disability

Parent engagement continues to be a struggle for disenfranchised groups of families of students with disabilities (SWD), English language learners (ELLs), and students at risk of academic failure (Francis et al. 2016). Throughout legislation such as the

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Individuals with Disabilities Education Act (IDEA 2004) and the Every Student Succeeds Act (ESSA 2015), parental involvement is specifically referenced and supported. Although research about parent engagement has suggested that involving parents significantly impact the achievement and educational benefits of their children (Fehrman et al. 2015), there are still many parents that are marginalized from being involved in their children's education (e.g., parents of SWD, ELLs, and students at risk). Disenfranchised parents are often described as "Parents are apathetic, unresponsive, and uncaring about their children's education" (Jones 2016). For instance, female-headed households have been linked to such epithets as poverty, decreased supervision, and low achievement. In the case of SWD, parents and professionals need to fully understand the students' abilities to best address their needs (Murray et al. 2009). Furthermore, parent participation, in all aspects of the provision of specially designed instruction through an Individual Educational Plan (IEP), is a basic principle under IDEA 2004 (Schultz et al. 2016; Starr and Foy 2010). However, often parents of SWD feel resentment from school personnel and other parents (Schultz et al. 2016; Starr and Foy 2010). Numerous factors contribute to the marginalization of parents of SWD, particularly those that come from culturally and linguistically diverse backgrounds. Cultural mistrust, communication, understanding, and low expectations for participation by low-income families and/or families of color by school professionals, as well as lack of training for both parents and professionals, are some of the barriers that contribute to this ostracism (Francis et al. 2016).

SWD require extensive support not only for the implementation of their IEP and academic achievement but also for their social and emotional development so that they can become contributing members of their society (IDEA 2004). Communication and collaboration between parents and educators is foundational to supporting families, as well as the success of students with disabilities (Francis et al. 2016). In order to achieve this effective level of communication, positive family school outcomes are necessary, and this includes a level of parental engagement (Barton et al. 2004; Centers for Disease Control and Prevention 2015; Henderson 2007; Mapp and Kutter 2013) that is measured through parental skill development, enhanced satisfaction, understanding their role as participatory members in their child's education, social connections within the school and community, and a contributing member in the life of the school (Francis et al. 2016). Parental engagement ensures that parents are systematically included in their schools and collaborating with professionals at the classroom, school, and district levels; conceptually, it refers to parents being "authors" and "agents" within their schools (Barton et al. 2004).

Context of the Program

This chapter will focus on how one large urban district created the Parents-Helping-Parents (PHP) initiative, an innovative approach to increasing parental engagement at 37 elementary schools in Miami-Dade County Public Schools (M-DCPS), the fourth largest school system in the nation serving over 350,000 students. Of the 472 schools in the district, 280 are elementary or K-8 centers, 74 are middle schools, 77 are high schools, and 41 are combined or alternative education sites. There are additional 342 charter schools in the district. The students come from White (7%), Hispanic (71%), and Black (21%) ethnicities. Over 35,700 (10%) students are identified as having a disability under IDEA. Over 67,000 (19%) students participate in programs for ELLs. Over 66% of all students receive free or reduced-price lunch. Of the 18,100 teachers hired during the 2017–2018 school year, 20% were White, 26% Black, and 53% Hispanic. Of the 1210 administrators working during the 2017–2018 school year, 17% were White, 30% were Black, and 52% were Hispanic (M-DCPS Statistical Highlights 2017–2018). The 37 schools participating in PHP were composed of students from White (2%), Hispanic (60%), and Black (38%) ethnicities including ELL (31%), SWD (13%), as well as students identified as gifted (6%). Most students (93%) at the selected schools received free or reduced-price lunch.

Theoretical Framework and Development of Parents-Helping-Parents Initiative

Parents of SWD in M-DCPS have been involved in their children's education at the school level (e.g., attending IEP meetings), in school associations (e.g., Parent Teacher Association), as well as in district advisory boards (e.g., Superintendent's District Panel for Students with Disabilities; Parent Involvement Committee). In addition, families are involved at the state level providing input to state and local committees (e.g., Family Care Council; Parent-to-Parent of Miami; The Children's Trust). Nevertheless, numerous barriers in their attempts to problem-solve and seek information to address the needs of their child with disabilities resulted in the need for a department being established for families to express their grievances. To reduce the number of parental complaints related to special education, the number of due process cases filed, and the litigious environment within M-DCPS, district staff sought guidance from the Florida Department of Education.

The FLDOE suggested Sharing the Commitment (STC) as a successful parent-district partnership implemented in neighboring Collier County Public Schools (CCPS). The Central Florida Parent Center (CFPC; Collier County Public Schools 2018) is a nonprofit agency that collaborates with CCPS in the implementation of the partnership. Since its inception in 2002, STC, founded by a father of a student with multiple disabilities, uses problem-solving and a win-win approach to resolve adversarial situations between parents and the school district (FLDOE, BEESS 2018). STC has become a model of teamwork and collaboration in the district. Since 2009, there have been no due process hearings and only one state complaint filed by a parent in that district.

Based on the positive outcomes of the STC initiative, staff from M-DCPS proposed the PHP initiative. Family-centered projects are designed and based on the posits of cultural-historical activity theory which suggests that, within social practices and their mediating environments, unequal distributions of power can arise from differentiated divisions of labor (Barton et al. 2004). Furthermore, the theory indicates that individuals are not positioned equally within networks of activity and, therefore, do not derive the same kinds of benefits from their mediating environments. To this end, central to the PHP design was the role of the Family Support Specialist (FSS) at each of the 37 selected schools. FSS would not only serve families of SWD but also those of ELLs and students at risk of academic failure, relying on school-based problem-solving strategies and resources to obtain positive outcomes for families of SWD. The FSS empowered families through advocacy training, problem-solving, and providing them with an understanding of the school system.

During the 2016–2017 school year, the School Board of Miami-Dade County approved seed funding for the PHP initiative under Title I Schoolwide Programs. As part of the PHP implementation, a contract was executed with the CFPC. The CFPC served as the fiscal agent that hired a local education expert (LEE) to support the initiative. The LEE selected had over 30 years of experience in the fields of special and bilingual education and a profound understanding of the unique dynamics of the school district. Title I funds were also used to establish a new Department of Family Support Services (DFSS) that supports and addresses family concerns of all 317 Title I schools in the district, including the 37 PHP schools. The DFSS structure includes a family liaison officer, a compliance expert, a licensed family therapist, one clerical support staff, and a community liaison specialist.

The mission and vision of the DFSS includes fostering strong partnerships between families, schools, and community partners. The three main functions of the department are (1) helping families gain greater access to existing services and supports, (2) assisting agencies seeking funding for family services, and (3) providing direct supervision for the FSS. Staff from the DFSS also participate in the Superintendent's District Advisory Panel for Students with Disabilities to report on the concerns of parents. The department also serves as a liaison between schools and community stakeholders on advisory boards and collaborates with community entities such as Florida International University (FIU), The Children's Trust, and The Advocacy Network on Disabilities. Collaboration with district departments, community-based agencies, and universities is vital in leveraging resources and maximizing outcomes on behalf of the families served.

Function, Role, and Responsibilities of FSS

Schools selected for PHP must meet four criteria: (1) participation in schoolwide Title I programs, (2) low parental engagement data, (3) evidence of an effective Title I Community Involvement Specialist or Community Liaison Specialist, and (4) representation from the schools throughout the nine school board voting districts. Among 472 schools in M-DCPS, 37 schools met these four criteria and participated in the project. Each participating school principal hired a parent from the school or community, who had a SWD, an ELL, or a child at risk of academic failure to serve as the FSS of the school. The selected parent must also have a minimum of a high school diploma or equivalent, in addition to meeting other district employment eligibility criteria, such as passing background checks and verification of schooling credentials. A total of 24 FSS was hired. Each of the 16 FSS was assigned to support one school, while each of the rest needed to support two schools.

The main function of the FSS was to mentor and advocate on behalf of families through problem-solving, as well as increasing their level of involvement in their children's education. FSS fostered empathic collaboration between the school and the home. They served as role models, helped parents enhance their advocacy skills, and promoted a sense of shared responsibility. This paradigm shift promoted collaboration and helped reduce adversarial situations. Through their use of customer-centered service and active listening skills, they demonstrated the capacity to avoid or minimize combative situations with the school or district. In this role, the FSS provided technical support to the schools, connected families to key school staff (e.g., teachers, counselors, administrators), disseminated valuable information to parents, participated in trainings, and facilitated the simulcast of webinars for families at the school sites.

Building the capacity of the FSS was essential. The initial group of FSS hired received approximately 30 h of training by DFFS during a 3-week period before starting at the assigned schools. The training module topics included ethics, job expectations, customer service, teamwork, problem-solving, the vision and mission of PHP, following the referral system protocols, school-site procedures, IEP/504 and ELL guidelines, and how to access district services and supports. The collaboration with the LEE and other staff from the CFPC was invaluable in providing essential expertise and resources to the FSS. Another vital role of the FSS was to train parents on interpreting and following school procedures and guidelines, helping their children complete schoolwork, and requesting assistance from the school and district offices. This was primarily accomplished through face-to-face meetings and facilitating monthly webinars conducted by the DFSS in collaboration with the CFPC. The FSS were responsible for promoting the webinars, preparing the event at their schools, obtaining feedback from families, and interacting with family members during and after the webinar. In many instances, the interactions with the parents led to additional meetings to address their individual concerns.

The FSS were required to work 10 h per week and report to the DFSS and site administrators. The FSS was supported by the department through ongoing technical assistance and training, collaborating with community agencies, providing access to resources, and following up with families needing assistance navigating the complexities of special education within a large school system. FSS also participated as members of committees that affected student attendance and academics. They helped parents prepare for meetings such as IEP, 504 Plans, behavior intervention plans, and parent-teacher meetings. In addition, the FSS assisted schools in complying with federal, state, and local requirements related to SWD (e.g., completing the annual FLDOE parent special education survey). They helped disseminate relevant school-community information such as newsletters and announcements.

To help the FSS address the concerns of the families, a process was established. Each concern (e.g., implementation of accommodations) brought by a parent to the FSS was classified based on the actions required to resolve the issues, and the case was documented on a PHP Referral Form. This form was used to document the progress made toward attaining resolution. Issues were classified as either “school level” or “district level” based on the intensity of the action required. School-level concerns were resolved using available school-site resources. Most school-level referrals were related to academic grades, attendance, discipline, homework, and second-language acquisition. These referrals did not require the intervention of the DFSS staff. If the FSS determined the concern required additional help beyond what the school site could offer, they contacted the DFSS, thus escalating the concern to a “district-level” referral (e.g., IEP accommodations, ELL Committee, ESE evaluation). These issues would be managed by the staff at the DFSS. The referral information was then recorded using an online database system created by the DFSS. Many cases were also documented in the district’s student case-management system. Staff from the DFSS monitored cases weekly to determine progress made toward obtaining desired outcomes. Examples of outcomes included changing of a student’s schedule, obtaining transportation for students, completing a psychological evaluation for students, and referring a family to an outside agency for additional services. After 6 months of full implementation, the data gathered from the referral system were compiled, disaggregated, and published on the district’s website.

Of the more than 800 PHP referrals submitted for review to the Department by the FSS, 427 were entered into the district’s student case-management system due to the nature of the parental concern and the intensity of the intervention required. Most district-level referrals were related to the IEP, transition, and Section 504 Plans. Overall, 43% of all PHP referrals made, regardless of the level, were related to special education. The most common action taken at the school level by the FSS included face-to-face meetings with parents, problem-solving over the phone, and accompanying parents at meetings with school staff (PHP Annual Report 2017).

Outcomes

Outcomes of the project were evaluated using both qualitative and quantitative data. Data included stakeholder satisfaction surveys, focus group with FSS, and performance indicators such as school performance (based on state-issued grades), student attendance rates, student reading proficiency on state assessments, and parental engagement in school activities.

Satisfaction Surveys

Satisfaction surveys were developed by the authors to obtain feedback from the participating principals, teachers, family support specialists, and families served by the PHP initiative. The surveys were sent to an expert reviewer (special education professor) for feedback and evaluation of their content validity. The identity of survey responders was kept anonymous. Principals, teachers, and FSS completed surveys online. Participating families received surveys via the postal service and were asked to return surveys using prepaid self-addressed stamped envelopes provided the by DFSS. A four-point Likert-type scale was used to rate statements ranging from 1, "strongly disagree," to 4, "strongly agree." Surveys ranged from five to eight Likert statements followed by one to two open-ended questions to gain more detailed information.

Principals A total of 34 out of 37 principals responded to the survey (see Table 4.1). Three of the principals chose not to participate in the survey without providing any reasons. While all responses averaged above "agree," the highest-ranking response was related to the amount of support provided by DFSS, whereas the lowest response was related to the perceived increase in parental engagement. Nineteen responses were received to the open-ended question, "Please tell us anything you want us to know about the PHP initiative." Positive comments included, "I appreciated having the program here at the school. I trust it will continue and will provide more opportunities for parents to interact with the school" and "Our FSS is excellent! She is very accessible to parents and helps them a great deal. It is also a great benefit that she is bilingual." Three principals indicated the need for additional hours of work for the FSS assigned to their school.

Teachers The aim of the teacher survey was to identify teachers' satisfaction with the PHP program and their self-efficacy in collaborating with parents. A total of 175 teachers responded to the survey (see Table 4.2). Nearly all teachers strongly agreed

Table 4.1 Principal satisfaction survey means

Survey question	Mean	SD
The FSS increased parent engagement at my school	3.15	.78
The FSS addressed family concerns effectively	3.29	.84
The PHP initiative at my school was adequately supported by DFSS	3.35	.88
The FSS collaborated with families and school staff to achieve positive outcomes	3.29	.84
PHP is an essential part of our school improvement initiatives	3.21	84

Table 4.2 Teacher satisfaction survey means

Survey question	Mean	SD
I am aware that my school is participating in the PHP program	3.48	1.03
I am familiar with the components of the PHP program and what that means for my school	2.83	1.13
I have seen a difference in parental engagement in my school since the implementation of the PHP program beginning the 2016–2017 school year	3.15	1.01
I have had interactions with the PHP FSS assigned to my school	3.02	1.23
I am satisfied with the level of parental engagement in my classroom or school	2.74	1.14
I think parental engagement is an important part of the overall success of my students	3.94	.26

that parental engagement is an important part of student success. When asked about the ways PHP had impacted parental engagement and remaining needs to improve parental engagement, themes of teacher responses included opportunities for parent education, importance of parent-school collaboration, and professional development for staff. Some survey responses also revealed negative views held by many of the teachers about parental roles within the home setting, feeling that parents were not "doing their job at home" and leaving too much parenting in the hands of teachers.

Families Served A survey was sent to all 450 families who were served during the 5 months of initial implementation during the 2016–2017 school year. These families were selected based on the cases entered in the student case-management system. Forty-two families returned the surveys via US Postal Service, 9% response rate. Families whose surveys were returned (e.g., wrong address) were contacted and offered an opportunity to complete electronic surveys. An additional of 12 families completed the survey electronically. Results of the survey indicated that participated parents' perception of the FSS was not as positive as the principals and teachers (see Table 4.3). Twenty-four of the participated families included additional comments about the PHP initiative. Only two of the participated families felt that the FSS was not helpful. The rest stated that "Thank you for having the program that helped us a lot especially when you're a single parent" and "I am so pleased and overjoyed with the family support services. They have an amazing family support specialist, Ms. J, who is an outstanding professional." Families also indicated that FSS should schedule more training for parents or having face-to-face training was preferred.

Family Support Specialists Twenty-four FSS were hired at the time and all of them responded to the survey (see Table 4.4). The participated FSS commented that they "like meetings where [they] get to share with peers." When asked "Do you have any suggestions for improving the PHP initiative?" and "Please tell us anything you want us to know about the PHP initiative," FSS responded that more training should be scheduled in the evenings for families who worked during the day. Additionally, FSS also felt that their workload required them to work more than 10 h per week.

Table 4.3 Families served satisfaction survey means

Survey question	Mean	SD
With the assistance of the FSS, I was able to resolve issues related to my child	2.95	.91
The FSS provided valuable training and information	3.07	.78
The FSS was courteous and demonstrated professionalism	3.19	.86
With the support of the FSS, I am more confident in meeting my child's educational needs	3.05	.96
Overall, I am satisfied with the services provided by the FSS	3.02	.90

Table 4.4 FSS satisfaction survey means

Survey question	Mean	SD
The DFSS responded to my inquiries in a timely manner	3.91	.28
I received an adequate amount of training in order to perform the duties of an FSS	3.83	.38
The PHP initiative at my school was adequately supported by the Department of FSS	3.79	.41
The school administration was supportive of the PHP initiative and my role as an FSS	3.75	.44
The PHP initiative helped families adequately address individual concerns at my school	3.75	.44

Family Support Specialist Focus Group Results

In addition to satisfaction surveys, two focus groups were held with all the FSS to obtain feedback to determine future PHP programming, as these were the stakeholders who were most directly involved in the day-to-day operation of PHP. One focus group was held in the north section of the district (n = 14), and one in the south (n = 7). Three of the 24 originally hired FSS had been promoted to other positions and did not participate in the focus groups. The focus groups were conducted by FIU faculty and a research assistant who recorded, transcribed, and analyzed for common themes. Examples of questions included: "What has your experience been like as an FSS?" "In what ways has your work as an FSS affected your empowerment as a parent?" "What changes have you seen at your school as a result of this work?" "What types of training would you like to see?" "What has been your biggest obstacle as an FSS?" "What has been your most rewarding experience as an FSS?" and "What else would you like us to know about the project?"

Six overarching themes emerged across both focus groups. These included positive components of PHP, rewarding experience of FSS, personal improvements, personal negative outcomes, challenges/obstacles, and recommended changes. Positive components included external outcomes such as helping improve parent and student performance (e.g., attendance, academics) with rewarding experiences such as feeling appreciated and accomplished. Personal improvement included such comments as noted improvement in themselves as parents, gaining knowledge of school and special education policies, improved parent-child relationships, and helping their own child's well-being. Personal negative outcomes primarily centered on the time commitment of being a FSS affecting their own family. Negative feelings of stress and helplessness were also noted.

When asking the groups about challenges and obstacles faced by PHP personnel, one subtheme that emerged was the need for more resources and support, including knowledge of available programs, technology, designated work spaces, and administrative support. The lack of definition of the role and responsibilities of a FSS and their perceived lack of belongingness at their schools were seen as contributing to these challenges. Obstacles were also reported in relation to unwelcoming school climates. One underlining subtheme that was ubiquitous across schools was the duality of being a school member both as a parent and FSS. Conversely, many FSS reported how being in this role has been an “eye opener” as a parent.

The focus groups further revealed suggestions for changes to the PHP program. One subtheme that arose was the need to modify trainings/webinars offered to parents. Changes discussed included timeframe for trainings/webinars, languages offered, and greater relevance of trainings to parents. Other suggestions for improvement included the addition of parent support groups, collaboration between FSS at various schools, and expansion of the PHP program to secondary schools where great need was emphasized by participants.

Parent Participation

As part of the Title I school accountability system, parental engagement is monitored by schools implementing Title I programs. The PHP schools implement schoolwide Title I programs and are required to submit monthly parent participation counts to the district Title I office. Parent signatures are obtained as a way of documenting their participation in school activities. These may include student performances, parent-teacher meetings, parent trainings, and open house events.

Over 1000 parents participated in facilitated webinar sessions that were offered in three languages: English, Spanish, and Haitian-Creole. Sessions were interactive and participants submitted questions to the presenters via the Web. This was the first attempt by the district to provide this level of in-school support and training to families. The number of parents attending school functions at the 37 PHP schools during the 2015–2016 school year was 23,076. The number of parents attending school functions at the same schools during 2016–2017 was tripled to 79,517 (M-DCPS Title I Administration, 2017). This drastic increase is attributed to the efforts of the FSS and the school’s participation in PHP activities. This rate of parent participation is holding steady for the 2017–2018 school year (M-DCPS Title I Administration 2018).

Discussion

Overall, FSS were the most satisfied stakeholders in this PHP project, followed by principals, then teachers, and lastly parents. To accomplish the goal of empowering families, the FSS played an essential role as “agents” of change and “authors” of their own stories (Barton et al. 2004) at their schools. FSS encouraged other parents to become engaged through participation in committees and councils (e.g., attendance review committees, school advisory councils). The FSS were extremely satisfied with the training and support provided by the Department of Family Support Services. Through these efforts by the Department, the FSS were able to address the individual needs of parents, particularly those who have children with disabilities as it related to the provision of free and appropriate public education (Murray et al. 2009; Schultz et al. 2016). Their integration in facilitating PHP activities (e.g., webinars) at their school sites resulted in an overall increase of approximately 300% in the District's parental engagement in Title I schools (M-DCPS Title I, 2018). Although FSS addressed the individual needs at their schools, continuous training is required to update skills sets and remove barriers (Francis et al. 2016). Through the implementation of PHP, schools were perceived as more welcoming toward parents. This helped build the trust necessary to help families at deeper levels.

The principals reported high level of satisfaction with the role of the FSS in addressing individual parental concerns. They also attributed positive school outcomes to the FSS. Similar results were noted in Fehrman et al.'s (2015) work with parental involvement where the impact on student achievement was evident in high school students through school-site involvement of parents. However, principals' responses suggested overall parental engagement was the least impacted by the FSS. This may be a perception that contributes to marginalization of groups of parents (Schultz et al., 2016).

Teachers reported feeling confident in their ability to collaborate with parents and were aware of their school's participation in the PHP project. Awareness of the needs of parents and collaboration with teachers (Francis, et al. 2016), particularly those teaching students with disabilities, is essential in supporting their youngster's educational program (IDEA 2004). Although teachers indicated that they had seen an increase in parental engagement at their school site during the year of PHP implementation, they were not satisfied with the level of parental engagement at their schools. Parental engagement is correlated to an impact on achievement and educational benefit (Fehrman et al. 2015); both are essential to the success of students with disabilities (IDEA 2004; Schultz et al. 2016).

Families felt that in their role, FSS were professional and provided a significant amount of training and information. Lack of training and understanding of the system is reported as a significant barrier by parents in their lack engagement (Francis et al. 2016). This relegation is particularly felt by parents of students with disabilities (Starr and Foy 2010). Resolving issues related to their child was the least satisfied area for families, thus increasing the alienation of these frequently underrepresented stakeholders (Barton et al. 2004).

Lessons Learned and Implications for the Future

Based on the outcomes reported and correlations made, PHP continues to expand within M-DCPS. Since the initial implementation, this evidence-based program has proven to be effective in helping increase parental engagement in schools. The authors agree that the most unique aspect of the initiative is the role of the FSS as a school-level advocate-employee. Their ability to build trust and interact with families has been vital in strengthening the home-school partnership. Nevertheless, the FSS continue to need training and support, especially in the area of working with families of SWD. Continuing to strengthen partnerships with other area universities and community agencies, the PHP will also help facilitate access to specialized services that would otherwise be out of reach to families of SWD within a large urban school district.

Hiring and retaining eligible FSS was challenging at times given the job requirements and specifications. Six of the initial FSS accepted higher paying positions within months of being hired by the DFSS. Working for 10 h a week was also insufficient to meet the needs of the families or schools. As a result, FSS who possessed the right set of skills (i.e., a second language) accepted a second school assignment as FSS vacancies occurred at the PHP schools. This helped to improve morale, FSS retention rates, and services to families.

Districts considering this model are encouraged to be fiscally creative. Rather than replicating efforts, they should collaborate to create a strong and unified parental engagement initiative building on existing programs. Leveraging resources will ensure the longevity and sustainability. For example, M-DCPS is identifying other sources of funding to increase the number of hours for the FSS at selected schools. The creative and deliberate use of federal and state grant funds such as Title I and IDEA as well as developing university partnerships (e.g., FIU) is also highly recommended.

As with all new initiatives and programs, scheduled monitoring and reporting on the impact of the initiative is vital in ensuring continuity. PHP, and its problem-solving, family-centered approach, is a promising and innovative technique to engage and empower disenfranchised families in any school setting.

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Chapter 5
Partnering with Families of Students at Risk for Emotional and Behavioral Disorders

Maureen Conroy, Kim McKnight, and Kevin Sutherland

Abstract Students' early experiences at school and home are critical to their social, emotional, and behavioral development. Research has found that family engagement in their child's school experience can positively impact a child's educational experience. Unfortunately, research has also demonstrated that teachers and families of students who engage in chronic problem behavior are less likely to develop positive relationships with their teachers. The purpose of this chapter is to describe the BEST in CLASS-Elementary Home-School Partnership (HSP) designed to support teachers, students who engage in chronic problem behaviors, and family members to create positive home-school relationships and communication. First, an overview of the development process of the BEST in CLASS-Elementary HSP component is described. Next, a description of the HSP component is provided. Finally, results from a pilot investigation are shared.

Keywords Emotional and behavioral disorders · Home-school partnership · Coaching

Approximately 9–16% of school-age children in the United States are identified with emotional and behavioral disorders (EBD) that negatively impact their educational experience (Forness et al. 2012). These students display a number of different types of problem behaviors (Belden et al. 2008) that impact their abilities to develop social, emotional, and behavioral skills and result in negative short-term and long-term consequences, including future academic failure (Hamre and Pianta 2001) and the development of more intense behaviors in future years (Dishion and Stormshak 2006).

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Families serve a critical role in supporting their child's social, emotional, and behavioral skills; yet, some families need support and effective strategies to manage their children's problem behaviors (Simpson et al. 2011). Family involvement in a child's educational experience is an important part of supporting students with or at risk for EBD (Simpson et al. 2011). Hoover-Dempsey and Sandler (2005) identified three factors that influence families' decisions to engage in their children's education, including their self-efficacy for fostering their child's educational success, perceptions of the schools' invitation to become involved, and personal life situations and contexts. Unfortunately, research has found that significant problem behaviors can negatively impact home-school partnerships, specifically the partnership between the family and the teacher. Thijs and Eilbracht (2012) found that when students demonstrated high rates of problem behaviors, parents and teacher were more likely to develop negative relationships. Greene et al. (2002) also found that when students in a teacher's class engage in high rates of problem behaviors, teachers are less likely to extend invitations to family members to become a part of their child's educational experiences. Additionally, teachers' decisions to partner with families can be influenced by their perceptions of the family (Rimm-Kaufman et al. 2003).

The Critical Role of Home-School Relationships

Adopting Bronfenbrenner's (1986) ecological-systems perspective, there is an understanding that the two primary systems in most students' lives are their family and teachers within their school. Students' early experiences across multiple settings (e.g., home and school) are critical to their development. Christenson and Sheridan (2001) argue that by promoting continuity between individuals in the child's life at home and school, students can make smooth transitions across these environments.

Continuity or congruence can be described as the degree of similarity and shared perceptions on the same issue between home and school (Sheridan et al. 2004). Pianta and Walsh (1996) found that a mismatch (i.e., incongruence) between home and school in regard to education, support, and communication could be a significant risk factor for children and youth. One way to create congruence between teachers and families of students with problem behaviors is through the development of positive home-school partnerships. Strong home-school partnerships aim to connect the home and school settings and are characterized by collaborations between families and schools with shared responsibility to support student learning and development (Epstein 2010). Henderson and Mapp (2002) suggest that one of the key practices of partnerships was building trusting and collaborative relationships among families and teachers. To cultivate trusting partnerships between families and teachers, communication and interactions between partners are critical. In addition, families may be open to share in the process of creating expectations if they have established trust with their children's teachers (Ebmeier and Nicklaus 1999). To illustrate, partnerships built on trust may de-escalate conflict during meetings between teachers and families of students at risk for EBD (Lake and Billingsley 2000). Interactions between teachers and families may also improve through empathy. Researchers conducted a brief empathy intervention, and they concluded the importance of teachers' mind-sets about discipline policies and creating high-quality relationships (Okonofua et al. 2016). Findings suggest that teachers' perceptions of the relationship quality with students' families may increase parents' receptivity to teacher-initiated interactions, as long as the family is in agreement with the relationship quality (Serpell and Mashburn 2012).

Home-school partnerships have been shown to lead to a number of positive outcomes including decreased problem behaviors, increased social functioning (El Nokali et al. 2010), and improved academic performance (Hughes and Kwok 2007). In an effort to improve home-school partnerships, various supports and challenges at the family (e.g., socioeconomic status), school (e.g., school climate), teacher (e.g., professional development), and child (e.g., behavior problems) level have been identified (Hoover-Dempsey et al. 2005). High-quality relationships between families and teachers can have positive influences on students' behavior (Kim et al. 2013). Given that teachers often lack the necessary skills to engage with the families of students at risk for EBD (Mihalas et al. 2009), the development of home-school partnerships and interventions addressing teacher factors that impact these relationships is needed. The purpose of this chapter is to provide an overview of the BEST in CLASS-Elementary Home-School Partnership (HSP) process and report findings from a pilot investigation.

BEST in CLASS-Elementary

The Behavioral, Emotional, and Social Training: Competent Learners Achieving School Success-Elementary (BEST in CLASS-Elementary) is a Tier 2 classroom-based intervention designed for use by teachers in early elementary grades (K–2nd grade) to address the learning and behavioral needs of students who engage in elevated rates of problem behavior that place them at risk for EBD. The BEST in CLASS-Elementary intervention is designed to enhance and support teachers' use of effective instructional practices that can help prevent targeted student's problem behaviors and support their learning. One critical part of the BEST in CLASS intervention is the inclusion of a home-school partnership (HSP) component.

BEST in CLASS-Elementary Home-School Partnership

The BEST in CLASS-Elementary HSP component is designed to enhance and support teachers' use of effective practices to engage families in their children's school experiences. The HSP component emphasizes building collaborative, reciprocal partnerships between teachers and the families of students at risk for EBD that are individualized to meet the child's needs as well as the family's preferences and goals for their child. Using the CARES framework (Rosenberg 2007), through ongoing professional development activities (including practice-based coaching), teachers learn practices that are key to developing effective home-school partnerships including developing authentic home-school relationships, engaging in reflective thinking, communicating effectively with families, and demonstrating cultural sensitivity when working with families.

The BEST in CLASS-Elementary HSP component was designed through an iterative development process, including a systematic literature review and interviews with families, to identify barriers and supports to family involvement with their children's teachers and schools. First, we conducted a systematic literature review to identify programs and practices that foster family engagement with a particular focus on families of young students who are demonstrating chronic problem behavior. The systematic literature review identified interventions that incorporate classroom-based strategies to increase home-school engagement of children (kindergarten to 2nd grade) who are at risk for EBD. An initial review of article abstracts was completed using the following inclusion criteria: (1) an empirical study that employs an intervention that trains teachers to facilitate home-school communication with a family component as an outcome; (2) teachers working in grades kindergarten to grade 2; and (3) intervention involving children at risk or who have been identified for EBD. A full version of each article that was not excluded after the initial abstract review was then read further in order to determine inclusion/exclusion based on the parameters listed above. After duplicates were removed from the 1913 identified articles and articles were screened, only seven studies remained that met criteria. Common themes among the seven studies included the following: (1) a family-school specialist or coach to support home-school engagement; (2) teachers' use of personalized communication, such as phone calls, visits, or daily behavior report cards that were individualized to each student's needs; and (3) teachers' integrated structure and individualized problem-solving strategies used when interacting with families. Additionally, a need to educate teachers on strategies for home-school partnerships was illustrated by a lack of empirical studies with significant family outcomes. Although a need to educate teachers is critical, it was important for the teachers to understand the value of partnering with families.

Next, we partnered with two individuals (a family outreach coordinator at a community center and a mother) from the community in which our partner schools were located to conduct family interviews. We interviewed seven families from the community with elementary school-aged children to identify challenges and supports to home-school communication. Data from these interviews were combined with the literature review and used to design the home-school partnership component of BEST in CLASS-Elementary. Once developed, a family consultant reviewed the training materials (including teacher resource manual and teacher workshop content and handouts) and the manualized HSP process, contributing suggestions to make the training materials and making examples more culturally relevant. We conducted an initial pilot study to determine if the HSP component was effective. Following the initial pilot study, we interviewed teachers and families of students who participated. The information obtained through these interviews led to further adaptations in the BEST in CLASS-Elementary HSP component, with modifications to both the professional development activities as well as the intervention itself.

BEST in CLASS-Elementary HSP Framework When developing the BEST in CLASS-Elementary HSP component, we adapted the CARES framework (Rosenberg 2007) to help teachers learn to engage with families of students in their classrooms in a culturally responsive and supportive manner. The CARES framework was originally used to support teachers' use of effective strategies when working with students in their classrooms who are culturally diverse (e.g., Rosenberg 2007). In the original CARES model, teachers learn how to (1) incorporate exemplars from their students' culture into learning activities, (2) engage in positive interactions with their students, (3) consider how their own attitudes may influence interactions, and (4) limit judgmental verbal interactions. Additionally, they learn to make connections with students' cultural community and families. In the BEST in CLASS-Elementary intervention, we used the same principles but expanded the CARES model to focus primarily on practices for partnering with families who may be diverse. The "c" in the CARES framework stands for "connection to practices." Teachers learn how to *connect* the families to the BEST in CLASS-Elementary practices being implemented in the classroom and provide information on how to implement the practices within the home setting. Through the use of the BEST in CLASS-Elementary Behavior Report Card and BEST in CLASS-Elementary Home Notes, teachers share information with families about how the practices are being used with their child in the classroom and ideas for how families can implement the practices at home. They also check in with the family to obtain feedback on the family's use of the practices and whether the practices are effective in managing their child's behavior at home.

Next, "a" in the CARES framework refers to how teachers learn to build "authentic relationships" with the families. Authentic relationships have been defined in the literature as being "trustworthy" and "genuine" (Adams and Christenson 2000). When teachers are dependable partners, welcome open and honest communication, and prioritize the child's and family's needs, relationships between teachers and family members that are positive and collaborative are more likely to develop (Kim et al. 2013). Through the BEST in CLASS-Elementary HSP component, teachers are taught how to actively welcome students and families into their classroom and how to let the family know they are valued as a member of their child's educational team.

Third, teachers learn how to use "reflective thinking" (the "r" of the CARES framework) when working with families, recognizing they may have false assumptions or prejudgments of families that might interfere with the development of a positive partnership with families. For example, if a family does not respond to a teacher's repeated attempts to communicate with the family, the teacher is taught to engage in perspective taking skills and develop strategies that might facilitate communication that are more aligned with the family's needs. The teacher is also taught to use a strength-based approach when reflecting on interactions with the family.

Teachers learn how to frame their interactions to highlight the strengths of the family and the contributions the family makes to their child's learning and development.

Next, the "e" in the CARES framework focuses on developing "effective communication" skills with the family. A critical part of developing a reciprocal partnership with families is effective communication. Teachers are taught how to actively listen when families are expressing their needs or concerns. They also are taught how to convey clear and concise messages so that families can understand and receive the message in a positive manner that is supportive of the family's goals and priorities for their child. Appropriate language is emphasized including paraphrasing, reflecting, and using acknowledgment as well as using nonverbal communication skills (e.g., attentive silence, open posture).

Finally, teachers' "sensitivity" to families' culture is developed through the HSP component (the "s" of the CARES framework). Through professional development activities, teachers learn to understand the influence of family experiences, race, ethnicity, and culture on home-school partnerships. Through reflection of how their own personal cultural background and family experiences impact how they view others, teachers learn to demonstrate flexibility when communicating and engaging families, while respecting and acknowledging the families' diverse perspectives.

BEST in CLASS HSP Process The BEST in CLASS HSP process occurs sequentially through a planned series of home-school activities. During weekly practice-based coaching meetings, coaches work with teachers to implement each of the activities and provide support on the implementation of the practices outlined within the CARES framework. The HSP process is standardized; however, teachers and families move through these activities using an individualized approach that meets the goals and preferences of the family and the needs of the student.

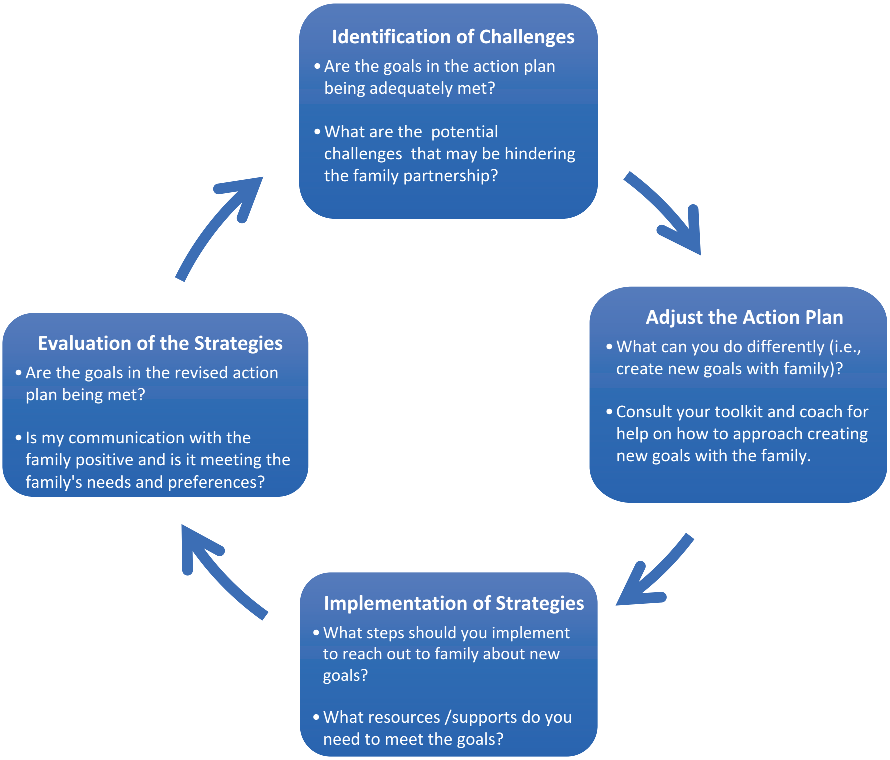
The BEST in CLASS-Elementary HSP process begins with an initial meeting designed to establish a positive connection with the family. During this meeting, the teacher meets face-to-face with the family to introduce the BEST in CLASS-Elementary intervention, discusses the student's strengths as well as behavioral concerns, and encourages the family to share their goals for their child. Using the HSP action plan form, the teacher and family members jointly set a home-school partnership goal to help support the student's behavior at school and at home and plan steps for achieving the goal. They also determine a means for establishing communication between the teacher and family that works for the family as well as the teacher, such as text messages and weekly phone call, and a plan for "checking in" with each other over the next several weeks.

The HSP goal and communication strategies developed during this initial meeting are individualized to meet the family's priorities, needs, and preferences. For example, family members may indicate that they would like to meet weekly with the teacher to learn practices for implementing at home with their child or they may indicate that they do not need to meet regularly; rather, they would like to have the teacher provide written weekly updates on their child's behavioral strengths and needs at school. Again, using the CARES framework, teachers are taught to engage in reflective thinking practices to help support the needs of the family as well as the student.

Following this initial meeting with the family, the coach and the teacher meet to review the home-school partnership action plan developed and discuss ways to communicate information about the BEST in CLASS-Elementary practices with the family. The teacher follows up with the student's family on the goals outlined in home-school partnership action plan – communicating and providing support with the family as discussed. After about 4–6 weeks of implementing the BEST in CLASS intervention with the student in the classroom and implementing the plan outlined with the family during the initial meeting, the teacher initiates another meeting with the family using the "Family Meeting: Checking-in and Reconnecting" and "Home-School Partnership Action Plan: Review" forms. During this follow-up meeting, the teacher and the family review the HSP goal and action steps, discuss satisfaction with the plan and whether the practices are meeting the family's needs, and identify any changes that need to be made. Depending on the outcome of this meeting, the teacher's home-school partnership activities continue as planned or are modified to address the family's current priorities or needs. Following this meeting, the teacher and the family continue to engage in the HSP activities and adjust as needed throughout the remainder of the BEST in CLASS-Elementary intervention.

Proactively Addressing Challenges Through the implementation of the BEST in CLASS-Elementary HSP component, the action goals and activities developed by the teacher and the family may not always occur as planned. For example, the teacher and the family may identify an effective way to communicate; however, after the practice is implemented, they find the system they are using to communicate is not effective. Additionally, the teacher and the family members may identify ways to implement the practices at home, but after the family tries out the practices, they find they are not effective in the home context. If challenges such as these occur in implementation of the home-school action plan goals, rather than let the challenge interfere with meeting the action goals, the teacher and the coach engage in a systematic problem-solving process to help the teacher find a solution for meeting the home-school action plan goals (see Fig. 5.1).

BEST in CLASS-Elementary Professional Development Activities To help support and frame teachers' approach toward collaboratively working with families of students who are at risk for EBD, a series of professional development activities for teachers are provided. Initially, teachers are exposed to knowledge of the BEST in CLASS HSP intervention through a 1-day interactive teacher workshop that also includes information related to the BEST in CLASS-Elementary practices. Following the teacher workshop, ongoing practice-based coaching is provided to encourage and support teachers in implementing strategies based on the CARES framework, communicating with and engaging families, developing collaborative action plans with families, implementing a problem-solving approach to address challenges that may impede development of home-school partnerships, and individualizing partnerships based on family and child needs and preferences.



Identification of Challenges

- Are the goals in the action plan being adequately met?
- What are the potential challenges that may be hindering the family partnership?

Adjust the Action Plan

- What can you do differently (i.e., create new goals with family)?
- Consult your toolkit and coach for help on how to approach creating new goals with the family.

Implementation of Strategies

- What steps should you implement to reach out to family about new goals?
- What resources /supports do you need to meet the goals?

Evaluation of the Strategies

- Are the goals in the revised action plan being met?
- Is my communication with the family positive and is it meeting the family's needs and preferences?

Fig. 5.1 BEST in CLASS-Elementary Home-School Partnership problem-solving approach

Teachers are also provided the BEST in CLASS-Elementary Teacher Toolkit, which serves as a resource and includes strategies (aligned with the CARES framework) designed to enhance collaborative and reciprocal teacher-family partnerships, foster family engagement and communication, and support teachers and families to help proactively problem solve strategies to assist students at school and home.

Preliminary Evidence of the BEST in CLASS HSP Intervention

To examine the initial impact of the BEST in CLASS HSP component, we conducted a pilot study employing a mixed methods research design. This approach allowed us to gather data on the potential impact of the intervention as well as to provide data for adaptations for a small randomized controlled trial. Below is a description of the participants in the pilot study, data collection, and key findings.

Setting and Participants

The pilot study was conducted with teachers and families from two elementary schools in a medium-sized city in a southeastern state. Both elementary schools serve a predominantly African-American, low-resource community, with over 99% of students at both schools qualifying for free or reduced price lunch.

Teacher Participants Eight female teachers volunteered to participate in the study. Five of the teachers were Caucasian, and three were African-American; all teachers had Bachelor's degrees, and five held Master's degrees. Two teachers taught kindergarten, four taught 1st grade, and two taught 2nd grade (one of whom taught in a self-contained special education classroom). The average years of teaching experience for the participants were 11.75 (range 1–29 years).

Student and Family Participants Students and their families were recruited from the eight participating teachers' classrooms. Students were eligible for the study if they had elevated rates of externalizing behavior and were identified as at risk for emotional/behavioral disorders (EBD) using the Systematic Screening for Behavior Disorders (SSBD; Walker and Severson 1992). Fourteen students (four female) met eligibility criteria for the study (93% African-American, 7% Caucasian). Three of the students were in kindergarten, seven in 1st grade, and four in 2nd grade.

Of the 14 students identified for the pilot study, 11 families agreed to participate in the qualitative component of the current study. Eleven mothers (10 African American, 1 Caucasian) were interviewed and ranged in age from 18 to 45 years. Nine mothers reported making less than $15,000 as an annual income, while two mothers reported making less than $25,000. Two mothers indicated having achieved an Associate's Degree, while the remaining participants held a high school degree or less.

Measures and Data Collection

Teachers and families completed quantitative measures at pretest and posttest. At the end of the implementation of the intervention, project staff conducted teacher and family interviews.

Quantitative Measures Teachers completed a revised version of the *Parent-Teacher Involvement Questionnaire* (INVOLVE-T; Webster-Stratton et al. 2001), which is designed to measure facets of parent-teacher involvement, including the amount and type of contact that occurs, and teacher's interest and comfort in interacting with families. Teachers also completed the *Parent-Teacher Relationship Scale* (PTRS; Vickers and Minke 1995). Families completed companion versions of the INVOLVE and PTRS.

Qualitative Interviews At the end of the pilot investigation (i.e., April–May of 2017), teachers and families were interviewed about their experiences with the BEST in CLASS HSP intervention. Two project consultants, a social worker and a parent, were trained and conducted the family interviews at a local community center. These interviews had several objectives including identifying barriers and supports to (a) communicating with their child's teacher during the school year, particularly around problem behavior; (b) engaging in partnerships with their child's schools, and specifically partnering with teachers around issues associated with problem behavior; (c) identifying barriers and supports to families' participation in school activities; (d) identifying issues related to trust with the school and teachers; and (e) focusing on engaging in interactions that are culturally competent.

Teacher interviews were conducted by BEST in CLASS project staff at locations away from the schools. The purpose of these interviews was to learn more about the teachers' experiences and perspectives in partnering with their students' families using the BEST in CLASS HSP, including successes and challenges they faced in the process. Semi-structured interview protocols with open-ended questions were used to allow the teachers to speak openly about topics. Both family and teacher interviews were transcribed, coded, and analyzed between April and June 2017.

Preliminary Findings

Quantitative Findings Data from the PTRS indicated positive changes from pretest to posttest for both teachers and families. Mean increases from pretest to posttest were noted on the PTRS-Joining subscale (e.g., affiliation, support, shared expectations) by teachers (60.25–66.85) and families (67.33– 68.27). Mean increases on the PTRS-Communication subscale (e.g., sharing of information) were also noted by teachers (28.69–31.86) and families (28.83–30.18), while mean increases on the INVOLVE-Total score were noted for teachers (29.43–35.57) and families (64.75–67.00).

Qualitative Findings Several challenges as well as supports were identified through the interviews. Identified challenges to home-school partnerships included a lack of teacher skills in behavior management, poor support from administration, lack of cultural awareness from teachers, and family schedules. Identified supports included themes such as family trust in teachers' abilities to foster supportive relationships with their child, culturally sensitive collaboration between teachers and families leading to positive communication, and individualized supports for children at risk for EBD. For some families, the BEST in CLASS HSP intervention seemed to improve communication with their child's teacher. One mother noted that "Communication has become more effective especially with text and email," while another said that "My son's teacher and I learned how to communicate a lot better and figure out more ways to come to a common ground and help my child."

Identified themes from teacher interviews included barriers to home-school partnerships such as insufficient time to contact families, difficulty initiating and maintaining contact with families, and feeling nervous about connecting with families due to prior negative experiences. Teachers also identified supports that encouraged home-school partnerships such as teachers feeling congruent with families and being vulnerable in order to build trust with families. One teacher noted that "I feel like you need to know what's going on in the home and if you don't, you can't really be understanding towards the child" and another spoke of the importance of partnering with families, saying "You need to be on the same team."

Interpretation of Preliminary Findings The data collected in the pilot investigation indicated that many of the activities within the home-school partnership component were effective in fostering more positive teacher-family collaboration and communication for some of the teachers and families. However, several challenges were also identified. Based on these findings, the research staff revised the home-school component to address the challenges identified. For example, modifications included providing further training to coaches and teachers in techniques for communicating and collaborating with families in culturally sensitive ways, alternative strategies for reaching out to families to initiate contacts, and additional opportunities within the home-school process for connecting with families. Last, an extra week of coaching around home-school partnerships within the broader BEST in CLASS-Elementary program was added to support teachers in their attempts to partner with families.

Conclusions

The BEST in CLASS-Elementary HSP component was developed with the goal of fostering positive, interactive partnerships between teachers and families of students. Through a series of interactive meetings, teachers and families implement effective strategies to foster partnerships by engaging in proactive communication and problem-solving with the purpose supporting students' behavior at school and home. Data from a pilot study indicate the HSP component positively impacts home-school interactions and communication. Although positive outcomes were found, several challenges (e.g., lack of time, miscommunication) to promoting partnerships between families and schools were also identified. Fortunately, the HSP teaches teachers and families to proactively work through these challenges as they occur. Through the development of these partnerships, students who are at risk for EBD are likely to have more success in school and at home.

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Chapter 6
Families as Mentors: Preparing Teachers to Partner with Culturally and Linguistically Diverse Families

Ariane N. Gauvreau, Margaret R. Beneke, and Susan R. Sandall

Abstract This chapter describes one university's experiential model for family-centered personnel preparation, which supports pre-service teachers to partner with families from diverse backgrounds and empowers diverse families of individuals with disabilities. One of the unique features of the Families as Mentors program was that families of individuals with disabilities from diverse backgrounds served as mentors for pre-service teachers and were positioned as experienced and knowledgeable guides. Pre-service teachers spent time with their mentor families, in the Mentor Family's home and community, over 9 months, meeting at least five times. Impact of this program indicated that prolonged engagement with Family Mentors resulted in pre-service teachers developing more family-centered, culturally responsive philosophies, as well as demonstrating greater understanding of how diverse families of children with disabilities navigated life in and outside the school system. Additionally, Family Mentors demonstrated increased feelings of competence and empowerment. Graduates of the program described participation in the Families as Mentors program shaping their beliefs and practices around scheduling meetings with families, selecting a location for these meetings (e.g., school, home, or in the community), and the feasibility of interventions in the home or community.

Keywords Experiential · Family mentoring · Cultural and linguistic diversity · Family engagement · Diverse families

Developing culturally reciprocal family-professional partnerships is essential to supporting the learning and well-being of students with disabilities (Kalyanpur and Harry 2012). Built on mutual trust, honesty, and shared responsibility, family-professional partnerships can be defined as interdependent relationships between educational practitioners and families (Brotherson et al. 2010). Culturally reciprocal family-professional partnerships are created and sustained when educators

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initiate a process of two-way information-sharing with families, grounded in recognition and appreciation for each other's values, practices, expertise, and contributions in decision-making (Barrera et al. 2003; Turnbull et al. 2015). This process requires that practitioners continuously examine and reflect on their own cultural values and belief systems as they interact with families (Kalyanpur and Harry 2012). As populations in the United States become increasingly diverse, it is critically important that practitioners be prepared to support and sustain relationships with families from cultural, racial, ethnic, linguistic, and socioeconomic backgrounds that differ from their own (Gauvreau and Sandall 2017). Indeed, as Kalyanpur and Harry (2012) noted, "Without cultural reciprocity…the ideal of parent-professional collaboration will continue to elude those who work with families from diverse cultures and belief systems" (p.13). Yet, despite the recognized need, teacher educators have faced challenges in effectively preparing pre-service teachers to partner with families from diverse backgrounds (Banerjee and Luckner 2014; Beneke and Cheatham 2016; Fults and Harry 2012).

This chapter describes one university's experiential model, Families as Mentors, for preparing educators to develop culturally reciprocal family-professional partnerships and the benefits of this model for (a) supporting pre-service teachers to partner with families from diverse backgrounds and (b) empowering diverse families of individuals with disabilities. The Families as Mentors program has been one component of the special education teacher preparation program at the University of Washington in one form or another for almost 20 years (Gauvreau and Sandall 2017).

Theoretical Framework

Our experiential model for preparing pre-service teachers to partner with diverse families is grounded in three complementary perspectives. First, we draw on Artiles et al.'s (2011) expanded definition of "inclusive education" as ongoing inquiry and action toward inclusive and equitable practices for individuals from historically marginalized groups (i.e., groups who have experienced historical discrimination based on race, ethnicity, language, culture, etc.). An expanded definition of inclusive education guides our emphasis on pre-service teachers' prolonged engagement and ongoing inquiry in developing positive and meaningful partnerships with families from diverse backgrounds. Thus, we believe that for pre-service teachers to develop inclusive and equitable family-professional partnerships, they need in-depth opportunities to understand and reflect on the unique experiences of families from diverse backgrounds, as well as guided inquiry into their own identities and professional assumptions.

Second, we draw on standpoint theory, which posits that historically marginalized groups may have distinct and important knowledge to share in regard to understanding social systems (Wylie and Sismondo 2015). From this perspective, families from historically marginalized backgrounds can offer critical insights for pre-service teachers in understanding and building culturally reciprocal family-professional partnerships. In pre-service teachers' learning to become inclusive and equitable educators, our program model privileges the knowledge of families from diverse backgrounds by centering their experiences and perspectives in the context of their daily lives.

Finally, our program is guided by experiential learning theory, which prioritizes activities in which learners directly interact with the reality being studied (Kolb 2014). From this perspective, teaching pre-service special educators strategies to partner with families from diverse backgrounds within the walls of a university classroom is not enough to advance inclusion and equity. We believe pre-service teachers need direct experiences interacting with families from diverse backgrounds outside of professional educational settings. Experiential learning theory guides our program's emphasis on long-term, field-based learning experiences in families' homes and communities.

Preparing Teachers to Partner with Diverse Families

Beginning teachers are often challenged by how to effectively engage and collaborate with a range of diverse families (Able et al. 2014; Bruder et al. 2013; Pretti-Fronczak et al. 2002), especially families whose cultural and linguistic backgrounds differ from their own (Banerjee and Luckner 2014; Fults and Harry 2012; Sewell 2012). Yet educators' implicit assumptions about culture and language, including deficit views and cross-cultural misunderstandings, can exacerbate challenges in communicating with families (Beneke and Cheatham 2016; Harry 2008). To engage and empower diverse families of children with disabilities, beginning teachers need both tools and experiences that allow them to unpack these assumptions. Indeed, to ensure all families are positioned as active participants in their child's education, special educators must strengthen awareness of their own identities and beliefs while recognizing diverse families' perspectives on and experiences with special education (Kalyanpur and Harry 2012). Given the positive outcomes associated with educational programs in which families are highly involved (El Nokali et al. 2010; Marcon 1999), preparing special educators to develop family-professional partnerships with culturally and linguistically diverse families is imperative.

Coursework and Family-Professional Partnerships

While there is still much to learn about effectively preparing teachers to partner with culturally and linguistically diverse families, research has focused on two main concepts: (a) the importance of opportunities to engage with families in fieldwork (Able et al. 2014; Capone and DiVenere 1996; Murray and Mandell 2004) and (b) questions around the effectiveness of stand-alone courses (Fults and Harry 2012; McBride et al. 1995). Opportunities to engage with diverse families in and out of the university classroom are crucial. For instance, field experiences in which pre-service teachers regularly interact with families from diverse backgrounds have been found to positively influence pre-service teachers' beliefs and attitudes (Able et al. 2014; Murray and Mandell 2004). Moreover, traditional classes and assignments addressing the theoretical background, methods for collaboration, and importance of family partnerships in special education may not be enough. Rather, pre-service teachers need more than just a stand-alone course to construct beliefs and approaches to practice that will adequately prepare them to develop culturally reciprocal partnerships with families (Bingham and Abernathy 2007; Capone and DiVenere 1996; Gauvreau and Sandall 2017; Sewell 2012). Furthermore, course materials have historically excluded the voices and experiences of marginalized groups (Harry 2008; Spring 2007). When course materials center multicultural histories and issues (Harry 2008), and when assignments provide structured opportunities for pre-service teachers to engage with diverse families (i.e., through interviews or observations) (Capone et al. 1997; Fults and Harry 2012), pre-service teachers can begin to question their own assumptions and cultural beliefs. Stand-alone experiences are not enough. To support pre-service teachers in developing culturally reciprocal approaches toward future family-professional partnerships, they need ongoing, authentic opportunities to interact with and reflect on the perspectives of families from diverse backgrounds.

Fieldwork: A Crucial Component of Teacher Education

Field experiences include the "authentic contexts in which preservice teachers can apply the theory of teaching" (O'Brian et al. 2007) and are some of the most influential aspects of a teacher's preparation (Potthoff and Alley 1996). Through field experiences (also called "practicum," "student teaching," "internships," and "fieldwork"), pre-service teachers can observe a skilled mentor using effective practices, develop course-to-field connections, engage and collaborate with other practitioners, and implement instructional strategies they have learned in coursework (Aiken and Day 1999; Fieman-Neimser 2001; O'Brian et al. 2007). However, given that many practicing teachers report feeling unprepared to support families from diverse backgrounds (Able et al. 2014; Bruder et al. 2013; Pretti-Fronczak et al. 2002; Sewell 2012), pre-service teachers may not be observing family-professional partnerships in which educators and families honor cultural differences and successfully negotiate different value systems. Even more troubling is the possibility that pre-service teachers may observe in-service educators who perpetuate deficit-based approaches to working with diverse families (e.g., Harry et al. 2005; Lalvani 2015). Therefore, teacher education programs may consider alternatives to such field-based experiences by specifically cultivating partnerships with culturally and linguistically diverse families. Such dynamic, living relationships can create space for pre-service teachers to learn from and with diverse families as they navigate inequitable educational systems.

The Families as Mentors Program

The Families as Mentors program is one required component of the dual endorsement in the graduate teacher preparation program at the University of Washington. The Families as Mentors program builds on the early description of Capone et al. (1997) and includes numerous iterations to align with our context (Gauvreau and Sandall 2017). A central aspect of this program is that *families serve as mentors*: families are positioned as highly skilled and knowledgeable teacher educators with valuable information and personal experiences to share. Every special education pre-service teacher in our program is paired with a Mentor Family and spends time with their Mentor Family over one academic year. A main goal is for pre-service teachers to gain critical awareness and understanding into the routine joys and challenges Family Mentors may experience as they navigate the special education system. Over the past 20 years, we estimate that roughly 300 students have completed this program, working with approximately 100 Family Mentors.

Who Are Family Mentors?

Family Mentors live within a 25-mile radius of the teacher preparation program and are selected based on their child(ren) having a disability and their willingness to participate in the program. We recruit Family Mentors through our partnerships with school districts, agencies, parent groups, PTAs, and other organizations serving children with disabilities by sending flyers describing the Families as Mentors program. In recent years, we have attempted to learn more about the families who have participated in this program with us. Of the 39 Family Mentors surveyed in 2018, 15 completed our survey. They identified as Asian (3 families), Mixed Race (3 families), and White (7 families). Two participated families preferred not to share their ethnicity. Families included parents who were married or in a domestic partnership (13 families) and single-parent family (1 family). One respondent elected to skip this question. Among all of them, 13 families had biological children, while the others had adoptive children. Five of the 15 families were multilingual. Families' children have a range of disabilities including Down syndrome, deafness, autism, cerebral palsy, multiple disabilities, genetic conditions or syndromes, vision impairment, intellectual disabilities, and developmental delays.

After Family Mentors are recruited, we follow up with them on an individual basis, meet with them in person or over the phone to further explain the program, and answer any questions. Our emphasis is to position families as teacher educators and to empower them to select all shared experiences in this program. Thus, we do not provide Family Mentors with any training and deliberately refrain from making suggestions as to how they may engage with their student and only provide examples of previous shared experiences from years past. The program is then introduced to students in our fieldwork seminar, where we discuss expectations for activities students may do with their Mentor Family and provide examples of an introductory email to send when scheduling an initial meeting. Students and Family Mentors then meet at their own paces, with some students completing all five required visits over a summer and others spending the entire school year to meet with their family five times.

Student and Family Mentor Activities

Given the individualized, context-specific nature of our Families as Mentors program, pre-service teachers and Family Mentors engage in a wide range of shared experiences. Across the years, activities have ranged from trips to a pumpkin patch, to dentist appointments, to joining the family for a dinner. Common activities included time spent in the community (e.g., at a park, community center, playground, etc.), observations of an appointment (e.g., medical, occupation therapy, physical therapy, applied behavior analysis, speech and language therapy, etc.), extracurricular activity (e.g., a sports practice, music lesson, swimming, etc.), and simply spending time in the families' home or sharing a meal. Some families have invited their mentees to a religious service, to a school meeting (e.g., IEP or IFSP, home visit), or to accompany them while running errands. These activities were negotiated by Family Mentors and students, with Family Mentors deciding which events, appointments, or outings would be more appropriate for the students to join. Given the range of activities any family may do on a regular basis, students' experiences with the Family Mentors have been very different, with most students completing at least four visits with their Family Mentors.

Throughout the program, we encourage students to be flexible and accommodating of families' busy schedules, and many learn a great deal about the multiple activities and priorities families are juggling through trying to schedule meetings. As students navigate scheduling with the Family Mentors, they begin to understand all that parents are managing and often have questions about school systems, district resources, private services, and supports available for diverse families. A key aspect of this success of this program is the opportunities for students to periodically discuss the Families as Mentors program in our fieldwork seminar and with their field supervisors. Providing a time and space to discuss and reflect on the family mentor program is essential. We also follow up with Family Mentors several times, to check in on how the program is going and answer any questions. Once students have completed the program, we send a survey to all Mentors, soliciting their feedback and opinions. At the end of the program, each student is asked to send a thank you note to their Family Mentor.

Impacts for Families

In recent years, our program was interested in learning about the effectiveness of the Families as Mentors program in relation to students, graduates, and families themselves. We contacted Family Mentors who have participated in this program between

2014 and 2017 to better understand their experiences as mentors and their thoughts on teacher education and family-professional partnerships. A 27-question multiple-choice and short answer electronic survey was emailed to 39 Family Mentors asking about their perception of their student's ability to engage in collaborative family practices, the types of activities they did with their student, their perceptions of this program, and their demographic information and included four open-ended questions about their overall thoughts on family-professional partnerships and teacher education and what they hoped their student learned from their family. Fifteen families completed the survey. Quantitative survey data were analyzed by questions, while open-ended responses were coded for themes. Additionally, four Family Mentors consented to be interviewed to discuss their perceptions of family-professional partnerships, what they hoped their student learned from their assigned family, their experiences partnering with educators, and what they wished teachers knew about families with children with disabilities or neurological differences. These interviews were transcribed and coded for themes (Merriam 1998). Our research team also invited Family Mentors to review the transcripts.

Results from interviews and survey data indicated that the Family Mentors found this program to be useful and important and had positive experiences mentoring pre-service teachers. Survey data suggested that 87%, or 13/15 of respondents, had an "excellent" or "good" experience with this program (two families reported having an "average" experience mentoring). When asked to rate their mentee on several characteristics using scale of 1–5 (with 1 being the lowest and 5 being the highest), Family Mentors overall found their mentees to be highly professional ($M = 4.53$, $SD = 0.81$), respectful of their family ($M = 4.8$, $SD = 0.54$), willing to learn from their family ($M = 5.53$, $SD = 1.09$), open-minded ($M = 4.6$, $SD = 0.88$), and flexible ($M = 4.6$, $SD = 0.71$). When asked what they hoped their mentee learned from them in a short answer question, Family Mentors shared that they hoped their mentee gained understanding and empathy for families and emphasized that every family's experience was different. Several Family Mentors also discussed the challenge of balancing educator-recommended interventions in the home and community, with one family noting they hoped their mentee understood "about all the 'other' stuff that goes into each day." Indeed, across our data, we found that Family Mentors from diverse backgrounds hoped mentees learned about the complexities of navigating an inequitable system many diverse families encounter and gained insight into the continuous effort parents from historically marginalized backgrounds put forth in managing schedules, behavior, activities, and multiple providers.

Furthermore, all Family Mentors have found their role in the Families as Mentors program to be a crucial aspect of teacher education. One Asian parent who has mentored several of our students shared that she felt the Families as Mentors program "enriches [student] learning and increases empathy for families they serve," while another Indian Mentor noted "I really appreciate this program and am so glad that graduate students get a chance to interact with families before beginning their practice." Moreover, all Family Mentors reported that it was "important" or "very important" for pre-service teachers to learn from families, and 92% (13 out of 14 respondents; 1 family did not respond to this item) reported feeling confident in their mentee's ability to engage in family-centered practices.

Impacts for Teachers

As a key component of the master's level collaboration class, students are required to interview their Family Mentor.[1] With family consent, this interview is video recorded as a way for students to understand and apply family systems theory but also to critically reflect on and analyze their own communication with families. Students share short video clips from these interviews in a small group in class. Sharing their video clips provides students with an opportunity to collaboratively identify areas of improvement in their own practice and in the practice of their peers. Students then write a paper reflecting on this experience. In class, students peer edit each other's papers, which affords an opportunity for students to learn from multiple and diverse family perspectives.

To further understand if how this program has influenced the beliefs and practices of in-service teachers, we sent electronic open-ended surveys to students who had participated in the Families as Mentors program in 2015 (12 students were sent surveys; 5 were completed) and completed qualitative interviews with 4 graduates in their first year of teaching, who completed the program in 2016. Student surveys included nine opened-ended questions, asking respondents to discuss how this program has influenced their thinking and their professional interactions with families and how prepared they feel to engage in family-professional partnerships and to share any challenges they may have experienced in learning from their Mentor Family. Qualitative interview questions inquired about teachers' current and past work with families within the educational system, their philosophy of family-professional partnerships, and to what extent the Families as Mentors program has influenced their beliefs and practices. Survey data was analyzed and coded for themes. Qualitative interviews were analyzed separately and divided into four cases. An initial step involved reading through each interview transcript and identifying broad themes. As themes began surfacing, an open-coding scheme was developed (Merriam 1998; Huberman and Miles 2002).

Survey data demonstrated that pre-service teachers and graduates of our program gained valuable knowledge and developed greater understanding and empathy for the routine successes and challenges of diverse families of children with disabilities. Pre-service teachers shared that the Families as Mentors program helped them understand how to better accommodate families in the future and connected their theoretical coursework into realistic practices. As a response to one open-ended survey question, one student who worked with an Asian family further explained,

> This [Families as Mentors] project helped me put our interventions into a more meaningful context. Seeing how my mentor family adapted interventions for the chaos of daily life helped me understand why information for families and plans for children need to be accessible, and in as much plain language as possible.

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[1] This assignment has been adapted (with permission) from the work of Dr. Gregory A. Chatham and Christine Hancock at the University of Kansas.

When our graduates described their experience with the Families as Mentors program within qualitative interviews, and how this influenced their current work with families, all four teachers discussed the importance of collaborating with families in culturally sustaining ways, supporting families in settings outside school, and understanding the sustained effort of families in homes and communities. One preschool teacher commented on how learning from a single mother shaped his understanding of collaborating with and supporting single-parent families. Another early interventionist shared that she often recalled her experience with her Family Mentor, a parent managing multiple in-home providers, in her current work as a home visitor, sharing that:

> Mom was managing all the appointments…which therapist was coming on what days…It was really eye opening …We forget that the families are so busy too…so they may have four or five people come into the home, in addition to medical appointments and finding time to go grocery shopping.

Several teachers discussed the importance of understanding each family's individual culture and acknowledging their own biases as educators. One teacher shared how, based on his experience in the Families as Mentors program, he sought to understand individual family perspectives and values. He also examined his own bias in his work with families. For alumni of our program, their experiences of working with diverse families raised their awareness of family values and beliefs and allowed them to begin questioning the values and beliefs that undergird their own practice. Through their work with a Family Mentor, students increased their awareness of families' range and diversity of priorities, as well as their own assumptions as educators, leading to a deeper understanding of family needs.

Conclusion

Given the literature suggesting that traditional coursework is not adequate in preparing pre-service teachers to partner with families (Bingham and Abernathy 2007; Sewell 2012), and the effectiveness of sustained interactions with families in changing the beliefs and practices of pre-service teachers (Able et al. 2014), combined with our research on the Families as Mentors program, our model for engagement with diverse families is a compelling consideration for teacher education programs. While involving parents and caregivers in traditional coursework through panels, as guest speakers, and as co-instructors are some methods for embedding the perspective of families (McBride et al. 1995), hands-on opportunities may be required to support pre-service teachers to truly understand the perspective of diverse families and engage effective, culturally reciprocal family-professional partnerships. Results from our research suggest that authentic, hands-on opportunities facilitated culturally reciprocal approaches to family-professional partnerships.

The Families as Mentors program remains grounded in our theoretical framework, and as such, through long-term, hands-on experiences in homes and communities of the families, our model teaches students that ongoing inquiry (including inquiry into their own identities and professional assumptions) is required to advance inclusive and equitable practices for families from diverse backgrounds, that families from diverse backgrounds bring valuable and important knowledge to cultivating culturally reciprocal family-professional partnerships. Given this, we believe that to prepare special educators who can develop meaningful, collaborative, and supportive relationships with diverse families, ensuring pre-service teachers have opportunities to learn from and with families outside the walls of a university classroom is a crucial aspect of teacher education.

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Part III

Evidence-Based Practices on Community Involvement

Chapter 7
A Community Not Forgotten

Denice Love and Rebekah Harrelson

Abstract Family, school, and community partnerships can contribute not only to the academic achievement and overall well-being of a child but also to the life and vitality of an entire community. Not Forgotten is an organization designed to create myriad partnerships that bring greater awareness, acceptance, and opportunity for those with disabilities in a Central Illinois community. To date, partnerships have been formed among families, school districts, museum, zoo, library, and several businesses. As a result, initiatives have been launched to help the families of individuals with disabilities to be more accepted and welcome in locations across the community. Educational and research initiatives have also helped families and education professionals learn and work together cooperatively for the benefit of those individuals with disabilities. These initiatives not only contribute to greater acceptance and integration for the individuals with disabilities, they also allow the entire community to become more enlightened and welcoming.

Keywords Community partnership · Special education · Disabilities · Students with disabilities · Family engagement

Not Forgotten is a burgeoning community organization created in 2015 to assist individuals with disabilities in Decatur, IL. Decatur is a modest-sized, racially, and economically diverse city of 74,000 people in Central Illinois. Not Forgotten was founded with the vision of assisting individuals with disabilities in this community by bringing families, schools, community agencies, businesses, and a university together through a variety of innovative, needs-driven initiatives and partnerships.

In this chapter we first describe the broad, multifaceted scope of the Not Forgotten family-school-community partnerships, using Bronfenbrenner's theory

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of bioecological systems as a conceptual framework for encompassing the many levels and parties. Then we explain how the authors went from having a vision to creating a flexible and growing organization. Finally, we highlight lessons learned from key components of the Not Forgotten model and how those lessons extend the family-school-community partnership literature.

Family, school, and community partnerships are not a new phenomenon. Much literature documents the benefits of collaborations between families and schools, schools and communities, and efforts uniting all three (Deslandes 2009; Epstein 2001). What is fairly novel is the collaboration of all three of these elements – family, school, and community – for the benefit of individuals with disabilities. That is the design and aim of Not Forgotten: to unite families, schools, a university, businesses, and other community groups to help make Decatur a place where individuals with disabilities and their families are fully included in their community and have the freedom to contribute to society as equals.

Genesis

What is extraordinary about Not Forgotten is that it was founded by a parent. Not Forgotten was born out of the second author's vision for her son's future and launched through an inspired collaboration between her and the first author, a faculty member at Millikin University.

The second author, a young, single mother of three children, was living in Decatur, IL, when her youngest child was diagnosed with autism spectrum disorder. She quickly realized that her community did well in addressing the needs of individuals from ages 0–3 through early intervention but had limited resources and services to support individuals with exceptional needs beyond that age. As she looked further forward to when she hoped her youngest would live independently, she saw only limited local opportunities for employment and independent living. These concerns left her determined to begin taking action right away to ensure that her son would have the resources to promote his steady growth, independence, and success.

During this time, she was completing her MBA at Millikin University, a small private liberal arts university in Decatur with a reputation for excellence and innovation. Her capstone project called for a business plan for something absent in the community, so she proposed a not-for-profit organization focusing on developing resources for individuals with autism. There were 22,000 people with developmental disabilities in Illinois, many of whom needed services. Service providers struggled under the weight of limited funding and increasing need. Individuals with disabilities and their families often felt isolated, frustrated, and at the mercy of others. New program structures were needed to tackle these issues. Therefore, her mission was to help provide a focused set of resources for those with disabilities and their families so that the goals of employment, independent living, and social integration could be achieved. The second author reached out to the first author and they developed Not Forgotten.

While Not Forgotten was founded with the long-term goals of helping develop independent living, social integration, and employment opportunities for individuals with disabilities, it was clear from the beginning that work needed to be centered on creating a partnership of families and educators of children with disabilities. Once that was accomplished, this community began to mobilize and work on creating the acceptance and understanding of individuals with disabilities that would be necessary in the broader community of Decatur for the long-term goals to be realized. Specifically, the initial goals were to:

1. Empower, inform, and support the families of children with disabilities
2. Provide opportunities for families, schools, and local agencies to learn together and from each other
3. Develop awareness and understanding in the community on the needs and potential of individuals with disabilities

Theoretical Framework

Through Not Forgotten, the authors have facilitated collaborations between families, a university, schools, businesses, and agencies. The power of these collaborations is well illustrated by framing them through the lens of Bronfenbrenner's Bioecological Systems Theory (Bronfenbrenner 2005). Research on family, school, and community partnerships has utilized Bronfenbrenner's framework, in part because its complex, dynamic, and multidirectional nature aptly encompasses the multiple factors that comprise these types of partnerships (Gonzalez-Mena 2017; Gordon et al. 2018; Haney 2013; Leonard 2011; Scully et al. 2015). Bronfenbrenner maintained that a child's development is affected by a series of nested and expanding systems. Each system influences a child's development, but that development is also affected by how the various systems interact with one another. The child, in turn, has an impact on the various systems (Bronfenbrenner 2005).

The framework's center is the microsystems, which comprise the place(s) where the child has the most enduring relationships and spends the most time. For a school-age child, one microsystem is typically the child's home, and another is the child's school – the two places where the child is most acutely influenced by the interactions, experiences, resources, and relationships he/she has in each. A child's microsystems often meaningfully interact with one another, and Bronfenbrenner refers to the collection of these microsystems and their interactions as the mesosystem. The next level in the framework is the exosystem. This is also a collection of systems, at least one of which does not directly impact the child, but does have an indirect impact (e.g., the parent's place of work). Finally, the macrosystem includes the broader cultural and societal factors that influence the other systems in the framework (Bronfenbrenner 2005).

Bronfenbrenner's framework provides an integrative way of understanding what Not Forgotten has done in its efforts to impact the local community. The framework helps reveal how Not Forgotten's efforts have influenced each level and facilitated interaction among the various levels. Bronfenbrenner's theoretical framework is used throughout this chapter to locate the work the organization has done.

The Not Forgotten initiative has had two phases to date. The first phase aimed to provide opportunities for families of children with disabilities to learn with, and from, education personnel and other professional experts, while the second phase of the project focused on creating disability awareness and understanding in the Decatur community.

Not Forgotten's First Phase

The first phase of the project began in 2015. Based on Bronfenbrenner's framework, Not Forgotten started at the microsystem level and gradually worked outward. The home and family could be taken as one microsystem and the school as another. Not Forgotten initially worked to influence both microsystems through parent and teacher education and communication, with a focus on empowering families to become equal partners with their children's schools. This was accomplished through monthly invited speaker forums that educated parents about the IEP process and encouraged them to recognize their important role in their child's education and development.

The monthly forums brought together families in the community who had children with disabilities and the educational professionals that served them. This partnership approach also offered a way to influence the mesosystem – that was, the two microsystems (home and school) *and* the interactions between the two. The initial efforts were held together through a focus on the common goal of the two microsystems – optimal growth and development of children with special needs. The forums were put together through collaborative efforts across multiple organizations, with many of the forum speakers working in local school districts. Inviting them to present acknowledged the integral role that these individuals played and the essential knowledge and training they had.

Twenty invited speaker forums have been held over the past 2 ½ years. Featured experts have presented on many topics, ranging from how to understand the IEP process to Emotion Regulation issues. A sample of the most well-attended forums are listed in Table 7.1.

The monthly forums held to date have been attended by more than 100 parents, teachers, therapists, administrators, and community agency personnel. Comments from attendees indicated that they appreciated the forums, have learned a great deal from the invited speakers, and looked forward to future talks. Beyond their education functions, the monthly forums have helped to create a sense of community among the members of Not Forgotten. This evidence-based practice of bringing individuals together to learn, share information, and grow as a community promotes

Table 7.1 A sample of the most well-attended expert forums

Speaker	Topic
Director of special education	The IEP process and tips for family-school collaboration
Behavioral interventionist	Behavior management tools
Special educator	Growth mindset
Developmental pediatrician	Interventions, therapies, and resources
Certified behavior analyst	Emotion regulation and self-monitoring tools
Attorney	Parental rights, IEPs, education law

social capital and helps to allay feelings of isolation (Bryan 2005; Epstein 2001). People in different groups have become more comfortable listening to one another, sharing information, and being supportive of each other. Additionally, attendees have remarked that they appreciate the opportunity to get to know other families in the community that have similar situations and experiences.

In addition to the expert-led forums, Not Forgotten has also held three open forums to date. During the open forums, families and educators shared information with one another, instead of passively taking information from speakers. The authors facilitated the open forum discussions so that everyone had a chance to be heard, pose questions to the group, and share information. This process helped build relationships among the participants, as it enabled everyone to get to know each other better and can support each other. Attendees have shared methods for creating sensory tools, techniques for encouraging better sleep, and solutions for health and medical issues. Approximately 40 individuals have attended these open forums, and attendees have reported that they appreciated the opportunity to share information and got support from one another.

Not Forgotten's Second Phase

After the monthly forums had been running for nearly a year, the authors decided it was time to start the second phase of Not Forgotten's initial goals: to create awareness and understanding of the needs, challenges, and potential of individuals with disabilities in the Decatur community. The initiative thus began to influence the next level in Bronfenbrenner's framework, the exosystem. Key elements of this system included Millikin University, school district administrations, businesses, and agencies in the community. Not Forgotten has worked at this level to develop community awareness of the presence and needs of individuals with disabilities and to create greater opportunities for recreation for their families. Notable collaborations have involved Decatur institutions such as the Children's Museum of Illinois, the Scovill Zoo, and the Decatur Public Library. This work should broaden the community's understanding of what it means to have a disability and the potential that individuals with disabilities have to contribute to their local community. Working with the community to create awareness can also be understood as influencing the last of

Bronfenbrenner's levels, the macrosystem. That is, these efforts will change societal views of individuals with disabilities and their rights, needs, and potential. It is hoped that, over time, the efforts will motivate the development of more employment and independent living options for citizens with special needs.

The work of the second phase began in collaborations with a museum, zoo, and library. Parents of children with special needs often feel pressure to avoid such destinations, because their children can become overwhelmed and have meltdowns. Across the country, though, museums and libraries have begun to take measures to be more accommodating and welcoming to these families. An example is the Cultural Accessibility Consortium in Chicago, which aims to empower Chicago area museums, theatres, and libraries to become more accessible to individuals with disabilities. Not Forgotten resolved to similarly empower destinations in Decatur.

The Children's Museum of Illinois was the first Decatur destination with whom the authors collaborated. Museum staff welcomed the opportunity to work with Not Forgotten, and together they came up with initiatives to make the Museum more accessible. The second author contributed a social story for the Museum's website and a packet of Velcro-backed pictures of each exhibit so that families could customize their visit's schedule. The Museum applied for a grant for noise-cancelling headphones and sunglasses and made those available at the front desk. The Museum also now schedules regular, sensory-friendly hours with a quiet zone, quiet kits, and dimmed lights. Millikin education students volunteer to assist families during these dedicated times.

Families appreciate the Museum's new sensory-friendly initiatives. One parent said, "It was calm, and my son got to enjoy himself with little distraction. The staff was very accommodating with sensory concerns. And the Millikin students were very helpful and understanding of the kids." Another parent reported, "My son tends to have trouble around a lot of people chatter. The sensory time helps him stay calm since it is quiet." A third parent said:

> My daughter loves to play at the museum! It can be difficult for us to go into public places where she can play … she melts down if she has to wait in line or wait to play … The sensory night allows us to be around other people who understand and accept each other's kids just the way they are. They get a chance to enjoy being a kid in a less stressful environment.

The second destination that the authors worked with was the Decatur's Scovill Zoo. They met with the Zoo Director to discuss ways it could be more welcoming. Ideas included adding a social story about going to the zoo on their website, providing wheelchairs free of charge, establishing a quiet zone, and having noise-cancelling headphones, quiet kits, and a kid-friendly map of designated children's areas. The Zoo's Director has written the social story and wheelchairs are now available. The zoo is steadily implementing the remaining accessibility features.

The third location was the Decatur Public Library. The authors discussed with the Library Director about the importance of making sure that the library was fully accessible and welcoming to all, including ones with disabilities. The Director was very receptive to the suggestion, since their librarians had also indicated that their institution could be more accessible. They previously had held a sensory-friendly movie night. The Director arranged for the authors to meet with the librarians to further their efforts through establishing a model similar to the one that the Children's Museum had adopted. The proposed work is ongoing and will include a social story for the library's website, photo labels for the different sections of the library, and a list of sensory equipment and quiet kits that will be available at the reference desks. The librarians are eager to put these features into place.

Not Forgotten has also formed additional partnerships with several local businesses and the university. The partnership with the university actually started very early, as the forums mentioned previously were facilitated through collaboration with Millikin University's School of Education. The University sponsors the monthly forums by providing space, funding for flyers, speaker honorariums, refreshments, and child care. Millikin also supports Not Forgotten through its marketing department which has helped make connections to newspaper, television, and radio stations. Interviews with these outlets spread the word about this new community organization, the monthly forums, and the sensory-friendly initiatives.

The impact of these several community outreach initiatives is twofold. First, they enable children with disabilities and their families to enjoy fun destinations in the community, just as other families do. Second, the initiatives create greater awareness and understanding of individuals with disabilities among employers.

Building a Leadership Team

During the second phase, the Not Forgotten management team greatly expanded. The need for more assistance was clear, given the initiative's multiple goals. Accordingly, all parents and educators were invited via the Not Forgotten Facebook page to join a Planning Committee that would help to organize and drive future efforts. Ten parents eagerly signed up and brought with them new energy, ideas, and talents to the group.

These parents on the newly expanded Not Forgotten Planning Committee include construction workers, nurses, and stay-at-home moms. They have already made a number of contributions to the initiative's mission. One parent, a formally-trained parent advocate, offered to start a program to build social skills for young adults. Several families had expressed a desire for such a program, which started meeting monthly and was aptly named the Bridge Club. Another parent with strong organizational and fundraising skills reached out to potential donors and organized the groups' records. Through her efforts, multiple company sponsors were found for future sports clinics. A third parent put together creative games for a Not Forgotten holiday party and ran a popular monthly forum that taught parents and educators how to make sensory toys. She and her husband also offered the use of their Decatur game store, Board Knight, for Bridge Club get-togethers. A group of parents organized participation in two annual parades in Decatur, arranging for signs, transportation, and other requirements. Other parents have provided new community connections, offered their time, and brainstormed workshop ideas and community outreach initiatives. The contributions of these parents to planning and development have been invaluable.

Evaluating Effectiveness and Progress

From the beginning, the authors considered evaluating effectiveness and progress as a critical dimension of their efforts. During the first phase of the project, forum attendees were asked to complete surveys to ascertain the effectiveness of the expert forums. Surveys included questions such as “On a scale of 1-10, where 10 is the most positive, how would you rate the impact of Not Forgotten in your life?” “What speakers/topics were most informative for you?” “What topics would you most like to learn about in future talks?” “What other ways could Not Forgotten support you?” and “What other community resources would be helpful for you?”

Survey results indicated that the forums were successful in providing attendees with valuable information about how they could work together to help children with special needs to be more successful at home and at school. Initially, these surveys were administered after every few forums, but recently the authors have begun asking attendees to complete exit slips at the end of each monthly forum to collect more specific feedback on each speaker. The exit slips ask attendees to answer the question “On a scale of 1–10, where 10 is the best, how would you rate tonight’s talk?” and to provide any comments that would support their rating. Speakers generally earned ratings of 9 or 10 on a 10-point scale, and feedback has included comments such as “The speaker is very personable which makes listening to the complex world of autism so much easier;” “Loved this talk, always enjoy them, and the opportunity to go into more detail;” “Very informative and professional;” and “We are seeking information, and this was helpful. We are new to autism, so this was a nice foundation for us to build upon.”

Not Forgotten’s Next Phase

Recent feedback from the Not Forgotten community has led to the creation of a different format to better meet the needs of the growing organization. Many members have requested more clinics and workshops as well as opportunities to build community awareness and understanding. Moving forward, the tempo will be quarterly rather than monthly. Each quarter will include an invited speaker forum, a clinic for Not Forgotten families and educators, and a community event. The invited speaker for the first quarter with this new model will be the Director of Special Education for the Decatur School District. She will talk with families and educators about how to collaborate with school personnel and utilize the IEP process to help ensure school success. The Special Education Director has offered to meet with the Not Forgotten community at the start of each school year to answer parents' questions and provide information on how to best help their children. As Bronfenbrenner would suggest with the two-way influences within the mesosystem, input from parents will also help the Director of Special Education ensure that her teachers, therapists, and paraprofessionals are aware of the specific needs of the children they are working with.

This first quarter with the new format will also include a clinic for siblings of children with disabilities. Parents have requested this as well. Amy Paige Cohen, Psychology Professor at the nearby University of Illinois in Urbana-Champaign, had created a Sibling Support Program and is working with the authors to bring it to Not Forgotten families. The community event for the new format's first quarter will be a book talk on a book about autism by a local author at the Decatur Public Library. The Library's new accessibility features will also be unveiled at this time.

Future clinic plans for the Not Forgotten community include yoga and meditation instruction, sports clinics, and music and art therapy. Future community events will include a sensory-friendly night at the movie theatre, a nature walk and talk, and a special zoo event. These community events will not only help families be more at ease in public venues but will also build relationships with community enterprises. The hope is to begin to remove the stigma associated with disability and gradually create employment opportunities for individuals with disabilities. Going forward, Not Forgotten will work with movie theatres, restaurants, and other businesses to create awareness and understanding so all families can feel welcome and accepted wherever they go in Decatur.

Not Forgotten has also been approached recently by St. Mary's Hospital, which has requested autism training for their mental health professionals. The authors developed a staff training program that they can implement not only at St. Mary's Hospital but also at other businesses and family destinations around Decatur to best support everyone's efforts to understand, accept, and welcome individuals with disabilities.

Lessons Learned from the Not Forgotten Model

Bronfenbrenner's Bioecological Systems Theory has been used to exquisitely frame the multifaceted goals, partnerships, and initiatives of Not Forgotten. While researchers have often utilized this framework to describe their complex work, each endeavor will have had a unique mandate and approach. Therefore, each will have its own resulting bank of knowledge. The experience of Not Forgotten has revealed several components that have been critical to its success and that should be considered by others embarking on such an endeavor:

Recognize the Drive and Motivation of Parent Leadership

Parents have long led the way for legislation and effective practices in the education of children with disabilities (Hiatt-Michael 2004). Not Forgotten has demonstrated that parents can be a powerful force in the launch and success of family-school-community partnerships. One reason for this is their passion and dedication. The second author devoted much time to researching, exploring current community resources and opportunities, planning, and launching the organization. Her desire to help her son realize the future he deserves provided powerful motivation and sustained her drive. Many parents joined forces with her to grow Not Forgotten, and they also brought drive and dedication as well as talents and connections. Teachers and other school and community leaders should note and be encouraged by the initiative these parents took to step up and drive this new family, school, and community partnership. Supporting parents as they work to develop partnerships can help these initiatives succeed, and endeavors like Not Forgotten are much more feasible when many groups – especially dedicated parents – are involved.

Communicate

Communication is one of the key factors in building the trust required to initiate and sustain successful partnerships (Haney 2013; Patrikakou 2011). The experience of Not Forgotten further demonstrates various levels at which communication can and should be fostered. Communicating to the greater Decatur community increased awareness, support, and resources. Local news outlets for radio, television, and newspaper are always interested in reporting on local human-interest stories, and this can also provide credibility and validation to a new organization.

According to Patrikakou (2011), establishing a routine to have frequent and regular communications among members of the organization is critical to the organization's success. Social media sites and regular email updates have kept Not Forgotten members connected in between events and have given them a place to share information, ideas, and questions. In fact, some members of the Not Forgotten community have participated solely through social media, which has offered a way for them to remain connected that fits with their complicated lives.

Collaborate

Bronfenbrenner's theoretical framework illustrates the potential for collaborations to enhance development and quality of life. Not Forgotten illustrates many ways in which building collaboration across groups was critical to helping gain resources, build relationships, and accomplish goals at a faster pace. A noteworthy case in point involved a significant donation from the largest employer in Decatur, Archer Daniel's Midland (ADM). The donation happened serendipitously, as an employee at ADM had heard about Not Forgotten's work and the company wanted to donate 1000 dollars to help support the initiative. The donation and nascent collaboration would have been stalled, however, if Not Forgotten had not recently established itself as a formal legal organization and filed for 501 3c not-for-profit status. This legal work was itself done through collaborations with individuals and companies in the community, who provided guidance through this process and advice gratis.

ADM's unsolicited recognition of Not Forgotten's work in the community is also a powerful example of Bronfenbrenner's proposition that influence occurs in different directions and via multiple channels. Not Forgotten had planned to reach out to the firm in the future, but ADM's initiation of this contact expedited this already powerful collaboration.

Share Ownership

Developing an action *team* is one of the recommended steps in creating a successful partnership (Epstein 2001). Initiatives often begin with an individual's vision, but they cannot be fully realized unless others help grow the initiative. It is also important that ownership of the initiative grows over time from the founders to a larger group, as ownership fosters commitment and care (Bryan 2005). Developing the Planning Committee reinvigorated Not Forgotten by involving people with fresh energy, unique talents, and connections. In turn, having ownership in Not Forgotten has clearly empowered those on the Planning Committee and others. Family empowerment through active participation in a school-family-community partnership has been a result of many successful initiatives like Not Forgotten (Bryan 2005).

Be Flexible and Responsive

Successful family-school-community partnerships often face unanticipated challenges and must be responsive and flexible (Gordon et al. 2018). Not Forgotten's ultimate goals are to establish opportunities for employment and independent living for those with disabilities, but it quickly became obvious that short-term and interim goals would have to be achieved leading to the ultimate goals. Another example comes from the speaker-led forums. At times, when speakers are unavailable, we take the opportunity to hold an Open Forum or Planning Meeting. Being flexible while keeping the goals in sight becomes critical.

Evaluate Progress and Effectiveness Regularly

The importance of program evaluation is emphasized by many researchers, but often partnerships either neglect this process or do so in simplistic fashion (Epstein 2001; Shapiro et al. 2010). Multiple facets of an initiative need to be evaluated over time. Is the initiative continuing to meet its objectives? Is the pace at which it is moving sustainable? Regularly checking in with members of the Not Forgotten community was critical to ensure that their needs were being met. This was done through online and in-person surveys, interviews, open forums, and exit slips. These multiple methods enabled us to triangulate the input and put into motion the changes most desired by community members.

Commit to the Long Game

Research indicates that it often takes 3 years to launch a successful partnership and that long-term commitment to goals is essential to success (Epstein 2001; Gordon et al. 2018). Launching an initiative like Not Forgotten has also shown that success is not likely to be achieved through a smooth, linear process. Not Forgotten faced many obstacles and challenges. For example, some businesses in the community did not always see the need to make changes or felt that they were already accommodating enough. Many educators and families found it challenging to come out on a school night. Attempts at collaboration can also surface conflicting priorities and become charged with emotion. However, Not Forgotten provides evidence that if everyone keeps their focus on shared goals and commits to working together to realize them, multifaceted partnerships can reap benefits no one could anticipate, and communities are all the better for it.

Not Forgotten began with the wish of a mother, a wish for her son to have an independent, productive, and fulfilling life. Motivated by her love and desire, she established collaborations and initiatives that are laying the groundwork so that someday her son may have the life she envisions. But she is not doing it alone. As Bronfenbrenner's theory would predict, the help of other families, teachers, social workers, behavioral specialists, administrators, a supportive university, and an increasingly accepting community has helped her form alliances that have demonstrated the power in working together toward a common goal. The children in our communities deserve these efforts, and our communities will be all the better for them.

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Chapter 8
Building Capacity to Engage Culturally Diverse Families Through Interprofessional Partnerships and Training

Sheri Stronach, Marilyn Fairchild, and Elizabeth Watkins

Abstract Students with disabilities who come from diverse families face challenges and potential educational disparities beyond their special educational needs. Recommendations for engaging English language learning (EL) families include providing adequate training and professional development for educators and collaborating with all stakeholders and families. In this chapter, we describe how several organizations, including parent advocacy centers, school districts, and an interpreter stakeholder group, are partnering in Minnesota to improve communication and engagement with immigrant and refugee families of children with disabilities, such as providing training and developing resources to foster effective communication between schools and EL families of students with disabilities. Eighty-eight percent of the interpreters strongly agreed that they gained knowledge from the training. The impact of this partnership also led to changes in an educational Code of Ethics which defines professional practices when working with EL families and their children with disabilities.

Keywords Special education · Interpreters · Communication · Community partnerships · Disability

Students with disabilities who come from English learner (EL) families face challenges and potential educational disparities beyond their special educational needs. Recommendations for engaging EL families include providing adequate training and professional development for educators and collaborating with all stakeholders

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and families (Park and Thomas 2012). Spoken language interpreters and cultural liaisons play critical roles in facilitating communication between school personnel and families, thereby reducing cultural barriers to mutual understanding, enabling better advocacy for families, and helping them better understand and navigate the system. Bilingual personnel working in public schools are the first line of communication with families, yet their roles may be poorly defined and their training limited (Langdon and Saenz 2015; Minnesota Department of Education [MDE] 2015). Additionally, educators may lack the skills needed to effectively communicate via an interpreter and may be unaware of cultural issues that could have implications for education. Thus, there is a pressing need for bi-directional education of interpreters and other school personnel (Karliner et al. 2007; Langdon and Saenz 2015).

Context

Minnesota is home to the largest Somali population in the United States and one of the largest Hmong populations. There are nearly 251 languages spoken by families of students in Minnesota, including many languages that were not traditionally written and for which there are few or no published resources (MDE 2016). Thus, even though programs to recruit and train bilingual licensed staff are important, these efforts will never reach every language community, and there will always be a need for non-licensed personnel with language and cultural skills.

Minnesota has several initiatives underway in collaboration with parent advocacy organizations, school districts, colleges and universities, an interpreting stakeholder group, and other state professional organizations to provide training and develop resources to foster effective communication between schools and EL families.

This chapter begins with an overview of the unique roles of interpreters and cultural liaisons in schools and reviews the process of developing resource materials in other languages, with an emphasis on languages other than Spanish for which there are few published materials. The implementation of professional practices in interpreting is outlined through the description of a recently developed educational Code of Ethics and Standards of Practice which define professional principles and practices when working with EL families and their children with disabilities. We also describe professional development programs, with a focus on the collaborative partnerships between professional associations for educators and interpreters for the purpose of improving communication with EL families. Outcomes from these training programs are discussed, including recommendations generated by experienced school interpreters and liaisons for improving communication with EL families. Next steps of this project are highlighted.

Defining Roles of Stakeholders in Schools

School staff who play a helping role with EL students and families serve in a variety of functions and carry many different job titles, such as multicultural liaison, cultural facilitator, and bilingual communications support specialist. Some positions primarily focus on the *interpreting and translation* functions to facilitate communication between individuals who do not share a common language. Under this umbrella, the word "interpreting" is used for oral communication, while the term "translation" applies to written information (Downing et al. 2002). Other positions emphasize *family engagement* or *cultural mediation* functions and are loosely categorized as "cultural liaisons."

These cultural liaison positions have a long history in the state of Minnesota, beginning with a program in the early 1980s that provided special education training to American Indian family outreach workers. A definition of cultural liaison was formally adopted as part of Minnesota State Rules for Special Education in 2001 (Minnesota Rules 3525.0210). The definition of a cultural liaison delineates three roles: (1) providing information about the student's race/culture/socioeconomic status/language to the individualized education plan (IEP) team, (2) helping the IEP team to determine how these racial/cultural/socioeconomic/linguistic factors may impact educational progress, and (3) facilitating the student's family's involvement in and understanding of the IEP process. A parallel change was made in statutes to clarify that salaries for cultural liaisons that work with children with disabilities and their families may be paid under the state's special education funding system (Minnesota Statutes 125A.76). Public schools in Minnesota tap into a variety of state and federal resource streams in addition to special education funds when hiring staff who will have cultural liaison roles.

Another way to frame the job functions of both interpreters and cultural liaisons is in the context of the Individuals with Disabilities Education Act (IDEA 2004): *interpreters* ensure that parents give informed consent to decisions regarding the education of their child with a disability. A *cultural liaison* may be needed to ensure that parents are engaged in decision-making in a meaningful manner and that school personnel are sensitive to cultural issues that affect the way that parents perceive their child's disability and engage with the school.

A third function exists that is not reflected in these job titles: that of the *student or family advocate*. Minnesota has a long history of providing advocacy services for students with disabilities, including advocates who focus on outreach to immigrant and refugee communities. The PACER Center, Minnesota's Parent Training and Information Center funded by the US Department of Education's Office of Special Education Programs (www.pacer.org), has provided bilingual, multicultural advocacy services since the early 1990s. PACER plays a national leadership role in parent advocacy and provides training on multicultural issues in special education and also participates in trainings for interpreters described in further detail below. Other disability organizations offer similar multilingual and multicultural advocacy services.

There are several critical points of discussion among interpreters, cultural liaisons, and advocates. One common issue is whether a single individual can ethically serve as both an interpreter, who is neutral, and as a liaison who interacts and builds relationships with families. During trainings, participants frequently discuss ways to differentiate these roles. Another area of concern is the professional boundary when parents ask for advice regarding their child with a disability. School employees should be cautious in answering these requests and refer parents to an independent advocate when appropriate. A general maxim is that interpreters interpret what other people say, cultural liaisons explain information about special education, but only advocates give advice. Because of the dynamic nature of immigrant and refugee communities, new issues and situations emerge constantly. Regular opportunities for dialog among advocates, school cultural liaisons, and licensed special education staff allow for collaborative problem solving on how to address both known challenges and new situations that arise. School personnel in Minnesota commonly serve as interpreters in meetings with parents and as liaisons in other contexts. For the purpose of this chapter, the term "interpreter" will be used to describe bilingual personnel that serve in either interpreter only or interpreter and cultural liaison roles.

Multilingual Resource Development

Resources such as handouts, brochures, or booklets are often considered to be educational materials, developed for families as a means of transmitting information from the professional to the layperson. These resources are then translated for families that speak other languages. Using the framework of community engagement leads professionals to approach the concept of resource development from a different angle.

While the traditional models of research and education have utilized a top-down approach to creating and dispersing knowledge, community engagement is defined as research and practice that focuses on reciprocal collaborative partnerships between members of higher education institutes or policy organizations and members of local, regional, national, and global communities to exchange knowledge and share resources toward mutually beneficial goals (Carnegie 2016). In other words, "engaged scholarship is viewed as a form of collaborative inquiry between academics and practitioners that leverages their different perspectives to generate useful organizational knowledge" (Barge and Shockley-Zalabak 2008, p. 251). Effective engaged scholarship hinges on the establishment of reciprocal, long-term relationships with community partners. In the context of these partnerships, research and learning occur *with* community members rather than *for* community members. The communities that scholars or policy-makers engage with can include cultural groups, geographic communities (e.g., neighborhoods), professional communities (e.g., state and national organizations), or disability populations (e.g., families of children with Down syndrome). This community-engaged approach has been utilized to develop a number of multilingual resources in Minnesota.

Glossaries for Interpreters

In order to assure that information is being conveyed accurately to parents, communities need to reach consensus on how technical terminology used in special education is translated, particularly in languages where the concept may not exist. Glossaries are used as sources for written translations to ensure consistency and also used as a reference by interpreters who communicate with families orally. Because Spanish-language glossaries were available from a number of sources, MDE's engaged translation efforts focused on the development of glossaries for the Hmong language and then for Somali.

The process for developing these glossaries was to first create an English word list and write definitions in English for those terms; this source glossary is updated regularly. MDE then set up working groups that consisted of native speakers with subject matter expertise (e.g., experienced interpreters and multicultural advocates) and people with language expertise. The groups worked together to reach an agreement on whether there was a single word or short phrase that corresponds to English. If there was not, then the glossary essentially contained the translated definition of the term. Because languages change as groups adapt to an English-dominant environment, the glossaries are periodically reviewed and updated.

Materials for Parents

Because Somali and Hmong existed primarily in oral rather than written form until recent decades (Andrzejewski 2011; Smalley et al. 1990), print materials may not be effective in getting information to parents, and video is often a preferred means of communicating information. In developing videos, cultural informants (e.g., parents or interpreters) identify the key issues and facts that need to be presented and then help develop the initial script in the target language, rather than writing a script in English and having it translated. The narrative will thus be more authentic and will follow cultural conventions for expressing complex ideas. MDE staff recently developed a set of Somali videos in this manner. A Somali disability advocate assisted in identifying parents who have a good understanding of how the US special education system works. The group met to discuss the information that would be shared, after which the parents outlined their own scripts. The disability advocate monitored the process to make sure that information was accurate. After recording in Somali, subtitles were added in English. This unique approach to partnering with members of the parent community exemplifies the principles of community engagement. Rather than parents being told what is important to tell other parents, the power to create the videos was shared with them.

Resource Guide for Special Education Professionals

In 2001, the principles of community engagement led to a reciprocal professional community partnership as members of the Minnesota Speech-Language-Hearing Association (MNSHA) and MDE collaborated to produce *Talk with Me: A Resource Guide for Speech-Language Pathologists and Early Childhood Special Education Teams Working with Linguistically Diverse Young Children and Their Families*. The materials within the manual were subdivided by topics such as dual language development, evaluation and intervention procedures and resources, culture-specific information, and parent resources in other languages. Many of the resources included were developed by teams of interpreters and speech-language pathologists (SLPs) who work together regularly in the evaluation of and intervention with EL children backgrounds. The resources represented an extension beyond mere translation of English resources into other languages and reflect an engaged process among the collaborators that resulted from long-term working relationships within school settings. In 2002, a hard copy version of this resource manual was published by MDE and disseminated to early childhood special education programs and SLPs across Minnesota.

With the passage of time, advances in technology changed how people access and share resources. Beginning in 2008, stakeholders from MNSHA and MDE reconvened in order to develop a dynamic, online update to the manual. *Talk with Me-Revised 2012* became available to the public through the MNSHA website (Christians et al. 2012). Updates included the addition of chapters regarding biliteracy, international adoption, and staff training.

Code of Ethics

As discussed above, professionals in a variety of positions can serve potentially overlapping functions. One way of delineating roles is through the creation of codes of ethics and standards for professional practices. The National Council on Interpreting in Health Care (NCIHC) published their Code of Ethics (COE) in 2004, and, by the end of the decade, it was becoming widely used by interpreting agencies and organizations within Minnesota and nationally. However, some health-care interpreting standards were inconsistent with the obligations placed on schools by IDEA, leading to confusion within the interpreting community. In 2010, with the support from a State Professional Development Grant awarded by the US Department of Education (Grant number: H323A100010), MDE began working on the creation of a COE for interpreters working in public schools in collaboration with the Program on Translation and Interpreting at the University of Minnesota. The Code of Ethics and Standards of Practice for Educational Interpreters of Spoken Languages was finalized and published by MDE in 2015.

The Minnesota COE for educational interpreters defines nine ethical principles, what members of the profession should do, and accompanies each principle with statements of professional standards – how the ethical principles can be incorporated into their daily work. The nine principles (referred to as canons) are confidentiality, accuracy, impartiality, respect, professional boundaries, advocacy, cultural awareness, professionalism, and continuing education (MDE 2015; NCIHC 2004). The COE also describes liaison functions and how they may differ from interpreting functions. A unique component of this COE is the focus on interpreting for special education services, including guidelines for interpreting during psychological or speech-language assessments, during which the interpreter may be asked to, for example, describe whether an error is appropriate within the context of the language or culture. The COE will continue to evolve as practices are better defined and through the results of collaborative interprofessional discussions and trainings.

Professional Development Programs

Interpreters have primary responsibility for communication with EL families regarding many aspects of education as well as general school programs, and it is important that they receive professional development to master content knowledge of special education and to acquire the skills that are needed for interpretation and cultural mediation. The professional development programs for interpreters in Minnesota are grounded in the concept that the education system must itself be understood as being a culture and that special education is a subculture within that larger system (Kalyanpur and Harry 1999). IEP meetings are not just interactions between immigrant or refugee parents and predominantly white English speakers; they are also interactions between parents and educators that have strong professional affiliations and beliefs regarding disabilities. During trainings, the nature of high ability and disability is examined within environmental, economic, and historical contexts to consider what skills and abilities are highly valued and, conversely, what abilities – when limited or lacking – will hinder a person's ability to function in their environment and community (Ott 2013). By understanding the cultural values that lay beneath the current special education system, interpreters can better bridge the gaps that often exist between licensed school personnel and language minority parents.

Two models of training for interpreters have thus far been developed in Minnesota. The first model consists of three levels of professional development for interpreters, whereas the second model is a collaborative interprofessional training program between interpreters and SLPs. While both of these models were developed with a focus on the community of interpreters, the second model was explicitly framed within a community-engaged approach, such that the workshop was developed *with* input from the community of interpreters and participation at all stages in contrast to a training being developed *for* interpreters. The model one programs had their first inception in the 1996–1997 school year and now have established content, while the second model is a recent and growing collaboration; thus, the description of model two will focus on this ongoing development process.

Model One: Interpreter Training

Basic The basic level of professional development consists of a set of materials, such as a Word document giving recommendations on how to set up in-district interpreter trainings, PowerPoint slides divided into 5 modules, a 55-page booklet giving an overview of special education, and glossaries that special education administrators may use to provide their own training. These materials are available for districts to use voluntarily to train their own staff, but MDE does not regulate or collect data on their use.

Intermediate The intermediate level of professional development consists of a 5-day workshop series that is offered annually which addresses both interpreting and liaison functions. Information is presented by experienced interpreters that have completed university training programs or who are recommended by MDE or district staff joined by special educators that have extensive experience working with immigrant and refugee students and families. Sessions are typically offered once a month and cover topics such as the roles of interpreter vs. cultural liaison, interpreting ethics, styles of interpreting and interpreting protocol, historical and cultural context for special education, overview of disabilities, roles of disability advocates, first and second language acquisition, and working with SLPs, school psychologists, and special education teachers to conduct culturally and linguistically appropriate evaluations and determine whether there is a disability. Multicultural disability advocates also share information about their roles and discuss ways of responding to difficult or unusual situations.

Intensive The intensive level of professional development focuses on the interpreting function and consists of two courses offered by the Program on Translation and Interpreting at the University of Minnesota. The first course in the sequence, *Special Education Terms and Concepts for Interpreters*, covers similar content as the workshop series, but students complete assignments and research projects to expand and solidify their knowledge of special education. This course is offered online following an in-person orientation. The second course, *Interpreting in Special Education*, is offered in-person and emphasizes the development of interpreting skills through role plays, exercises to improve memory and note-taking, and recordings of interpreted interactions that are analyzed by language experts and by the students themselves to develop skills for self-assessment and correction of errors. Either course may be taken with or without university course credits. Most individuals who enroll in the intensive courses have had some prior experience working in special education and may also have taken the workshop series.

Outcomes of Model One Programs During the 2017–2018 academic year, MDE developed and distributed an electronic survey to gather information about job functions and to learn more about the impact of training. This survey consisted of 19 open-ended, multiple-choice, and fixed-choice questions. A link to the survey was sent to 152 individuals who had participated in special education interpreter training over a 3-year period. Fifty interpreters completed the survey for a response rate of 33%. Participants included individuals representing 35 school districts from around the state. Just over half (55%) of participants spoke Spanish, while the remainder was equally divided among speakers of Somali, Hmong, and other languages.

Although they do not serve as instructional aides, interpreters are often classified as paraprofessionals, as they do not require a license. Nevertheless, 69% of survey respondents have at least a 4-year college degree. At the time of hiring, 58% of respondents reported that their employer tested their dual language proficiency using the American Council on the Teaching of Foreign Languages Oral Proficiency Interview, a written translation sample or both. Participants were asked to report on the frequency of their involvement with basic special education functions. The survey showed that MDE workshops and courses are the primary sources of training for interpreters. In general, the survey data confirm that the special education tasks which interpreters most frequently carry out are the same as those covered in professional development trainings as summarized in Table 8.1.

In addition to identifying the special education tasks that are most frequently carried out, the survey also asked whether tasks are performed independently or in concert with licensed staff members. The simplest task, contacting parents to set up meetings, is the one that is most frequently done independently. Roughly equal proportions of survey respondents carry out more complex tasks, such as helping parents complete rating scales, independently or with licensed staff. When interpreters carry out these functions independently, there is a need to have frequent communication between interpreters and licensed staff (Langdon and Saenz 2015; Council of Chief State School Officers 2017). Given that the data presented in Table 8.1 indicate that licensed staff and interpreters are involved in many of the same tasks, interprofessional training and collaborative practice are recommended. Regular meetings between licensed staff and interpreters allow for opportunities to review procedures as well as the questionnaires or other tools that are used.

In addition to the spring 2018 survey, since the inception of this program, MDE has gathered information from interpreters who participated in professional development through end-of-training evaluations. Survey participants included approximately 300 individuals who have participated in intermediate and intensive training as currently configured, plus additional interpreters that took part in earlier versions. Participants have consistently reported that their knowledge of special education and of their roles in the process increased. Individuals that have completed the University of Minnesota intensive courses in particular reported that both their knowledge of special education and their interpreting skills have greatly increased, even though many of them had prior experience and training in the field.

Table 8.1 Frequency of reported tasks by survey respondents

	At least weekly		1–2 monthly		1–2 annually		Never	
	n	%	n	%	n	%	n	%
Interpret for IEP meetings	26	53.1	17	34.7	2	4.1	4	8.2
Contact parents to set up special education meetings	31	64.6	10	20.8	3	6.3	4	8.3
Talk to parents to explain special education information	24	48.0	16	32.0	2	4.0	8	16.0
Interview parents to gather information about their child	18	36.7	20	40.8	6	12.2	5	10.2
Help parents fill out questionnaires or rating scales	15	30.6	18	36.7	8	16.3	8	16.3
Make home visits	13	26.5	9	18.4	14	28.6	13	26.5
Work with speech/language pathologist to test language	14	28.6	16	32.7	9	18.4	10	20.4
Work with a school psychologist to assess intelligence, adaptive behavior, or social/emotional skills	10	20.4	15	30.6	11	22.4	13	26.5
Work with special education teachers to test academics	11	22.0	10	20.0	11	22.0	18	36.0

Qualitative information was gathered through informal surveys and facilitated discussions during professional development to identify priorities for parent training and for resource development. School interpreters were in a unique position to be aware of questions and concerns regarding special education that parents may hesitate to share with other school personnel. Some of the parent questions and concerns reported by interpreters, during the 2017–2018 school year, included *Why does my child need special education? Will my child be in a different classroom? Am I losing my kids by signing all these forms – will someone take them away? Is something in the environment causing mental issues? Why was he diagnosed even though he's not physically handicapped? There is nothing wrong with my child. What did I do wrong?* Information from interpreters has informed training and technical assistance to licensed special education staff such as a brochure and a webinar, both based directly on input gathered from interpreters (MDE n.d.).

Recommendations for licensed staff when working with EL families were gathered from interpreters working in Minnesota schools as part of professional development workshops held during the 2015–2016 and 2016–2017 school years and are available on the MDE website. Some of these recommendations include meeting with the interpreter ahead of time to discuss the purpose of the evaluation or the meeting and to give the interpreter time to share background information about the culture or the family, speaking directly to the family using first-person language that avoids jargon and acronyms, and allowing a few minutes after the evaluation or the meeting to talk with the interpreter about how things went and if there are any follow-up questions.

Model Two: Collaborative Workshops

Development In 2016, responding to requests from SLPs who worked regularly with interpreters, members of the Multicultural Affairs Committee of MNSHA approached MDE regarding the possibility of developing resources for interpreters that explained what SLPs were looking for when they were attempting to distinguish between language difference and language disorder in EL individuals. Representatives from MDE suggested collaborating with the Interpreting Stakeholder Group (ISG; www.isgmidwest.org), an organization that sought to improve interpreting services in health care and other fields to allow for a dialog between SLPs and interpreters. After an initial meeting among collaborators from MNSHA, MDE, and ISG, the decision was made to plan a professional development event for both interpreters and SLPs. The goal was to bring interpreters and SLPs together to improve mutual understanding regarding the needs of the respective professions.

While preparing for the event, the planning committee built professional relationships among committee members that would extend beyond the training event. This engagement process included navigating power dynamics, establishment of trust, and negotiation of terminology. For example, there were different reactions to the word *collaborate*; while SLPs saw this word as an optimal way to reflect a reciprocal professional relationship, interpreters were concerned that it implied that they were involved in making diagnostic decisions.

Year One In the fall of 2016, the first half-day workshop training event was well attended by both interpreters and SLPs with over 130 participants. The first half of the workshop was designed with two breakout sessions: an introduction to the field of speech-language pathology for the interpreters and an introduction to the field of interpreting for the SLPs. Principles such as training, scope of practice, and codes of ethics were discussed. This introduction was followed by a group of panel discussion with both interpreters and SLPs participating. Attendees requested that similar events be held in the future. Thus, beginning in early 2017, the planning committee reconvened and began planning a second event.

Year Two Building upon the greater understanding that now existed among the planning committee members (a representative from MDE, three MNSHA members, and three members of ISG), the second phase of the workshops was structured to be more interactive. The second year workshop was divided into two sets of small group breakouts. Pairs of interpreters and SLPs were selected through professional connections of planning committee members to facilitate these breakouts. In the first set, SLPs and interpreters demonstrated common elements of the evaluation process, such as briefing/debriefing, collecting a case history, performing an articulation assessment, and explaining test results. In the second half of the workshop, pairs were asked to facilitate group discussions of topics such as navigating terminology, rapport building, and ethics. Building upon the success of the year one workshop, the University of Minnesota (UMN) was represented in the collaborative planning of the year two workshop and evaluated the outcomes of these workshops by using pre- and post-surveys.

Outcomes of Model Two Program Collaborative workshop outcomes were measured by workshop organizers through workshop evaluation forms and surveys. Workshop evaluations from interpreters and informal comments from SLPs were positive in year one. On post-workshop evaluations conducted by ISG (which consisted of five Likert scale items related to satisfaction with the training) which were completed by 43 interpreters, 95% of interpreters rated that they were "satisfied" or "very satisfied" with the training. Over 70 participating interpreters and 50 SLPs reported that they were able to interact with one another and learn about common concerns and issues faced by members of the other discipline. Survey data collected before the second workshop using an eight-item survey including Likert scale and open-ended questions to gather information on work experiences, interprofessional practice perceptions and experiences, and barriers to working together as SLPs and interpreters revealed that SLPs who took the survey (n = 27) had a range of 0–40 years of experience and worked in a variety of healthcare and school settings. Over 60% of these SLPs reported feeling somewhat or very comfortable working with interpreters; however, 22% reported that they felt somewhat uncomfortable. Of the interpreters who took the survey (n = 36), experience levels ranged from 6 months to over 20 years. Of those who responded, 3% feel very uncomfortable working with SLPs, while 86% reported feeling at least somewhat comfortable working with SLPs. Following the second workshop, 33 interpreters and 36 SLPs completed a brief survey about the applicability of content to their professional work consisting of two Likert rating questions and one open-ended question; 88% of SLP and interpreter participants strongly endorsed gaining knowledge from the workshop that would have immediate applications. Among SLPs, 69% strongly agreed that this training would help them work with interpreters in the future; 79% of interpreters endorsed the same opinion.

Summary and Future Directions

The efforts undertaken in the state of Minnesota to enhance training and ethical practice have emphasized community engagement – that in order to effectively serve EL students with disabilities and their families, schools need to partner *with* these families and with the professionals who are in the best position to understand and serve them. These bilingual and bicultural staff provide not only a vital service to families but also a window into concerns and perceptions that is invaluable to licensed special education staff. Engaging in interprofessional and intercultural partnerships can lead to the development of resources and trainings that are customized for the populations being served. In Minnesota, these programs include special education training for interpreters, two university courses for interpreters in special education, and collaborative workshops for interpreters and SLPs. This collaborative approach exemplifies best practice in improving family engagement within special education (Dearing et al. 2016; Suárez-Orozco et al. 2010).

The next step in Minnesota is to share information gathered from interpreters with school administrators to ensure their roles are clearly understood and are integrated into district special education procedures. In addition, efforts will be made to build awareness of the COE among licensed staff and encouragement for its use as a tool to better understand the needs of EL families and existing communication issues. The collaboration among SLPs, interpreters, and MDE will continue and be replicated with another professional group.

Professional alliances have been formed and strengthened among individuals from two fields and four professional groups (MNSHA, MDE, ISG, UMN), and cross-disciplinary relationships are being built that will help to improve communication between professionals and, most importantly, with families. Engagement continues after resource development, trainings, and workshops. The hope is that the interprofessional collaborations will continue, perhaps expanding to legislative advocacy for the two fields, focus groups, and initiatives to expand the level of diversity within special education. When communication is stronger among professionals, it is possible to increase engagement with EL families of children with disabilities and improve outcomes for these children.

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Chapter 9
A Community-Based Approach to Providing Health and Education Supports for Students with Disabilities in Affordable Housing

Sarah Irvine Belson, Anastasia Snelling, and Jessica Young

Abstract Children with disabilities are likely to have unmet health needs, including access to quality health care, and many face significant challenges related to poor housing conditions. Studies find significant negative correlations between neighborhood disadvantage and health and education outcomes for students with disabilities (SWDs). SWDs are overrepresented in public housing communities and represent an especially at-risk and understudied segment of the population. This chapter examined the use of the Whole School, Whole Community, Whole Child (WSCC) framework as a means by which to improve both health and educational outcomes for SWD living in a public housing community. Families reported that 27% of the children in this community have a disability, so attention to providing a holistic set of interventions to support families of SWD in this community is essential.

Keywords Community support · Community partnership · Quality of life · Disabilities · Poverty

Few systematic health assessments of public housing residents with disabilities have been undertaken, but available findings show that residents of public housing communities report substantially poorer health and greater depression than other residents across a wide variety of conditions (Digenis-Bury et al. 2008; Ruel et al. 2010). According to the Urban Institute's HOPE VI panel study, one in four children living in public housing receives special education services (Popkin 2002). In this chapter, we describe how we used the Whole School, Whole Community, Whole Child (WSCC) framework as a lens to improving the health and education outcomes of students with disabilities (SWD). We describe WSCC framework and

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how to use it to evaluate and support interventions to address ongoing health, education, and everyday household needs of families of SWD living in public housing communities. Finally, we present a call to action for schools, communities, and other groups to work collaboratively and provide coordinated, culturally responsive health programming to families with children with disabilities in their own communities. Research suggests that we need to empower families to advocate and support SWD to improve education, health, and overall quality of life (Evans 2004; Roberts et al. 2016).

Introduction

Among the factors that have a significant effect on outcomes for children, including and especially those with disabilities, none predict achievement as much as poverty. Park et al. (2002) describe the impact of poverty across health, development, home environment, emotional well-being, and family interactions and report that these multiple factors can significantly interfere with cognitive development. According to the National Council on Disability (NCD), data from the US Department of Housing and Urban Development (HUD) identifies 544,561 as "disabled families" (28%) in the USA (NCD 2010). These data indicate a high percentage of individuals with disabilities living in public housing, as compared to families of students with disabilities not living in public housing programs (NCD 2010). The concentration of students with disabilities in public housing communities presents an opportunity for educators and community leaders to come together to assess needs and implement programs to improve conditions for individuals with disabilities. There is a need to better understand the everyday issues faced by families of children with disabilities living in public housing and implement programs which may positivity impact educational opportunity and health of all residents. Given current gaps in knowledge, research is needed about the ways in which housing and health can affect education outcomes and the quality of life for families of children with disabilities and to identify how community support programs can improve health and education outcomes among public housing residents.

Furthermore, obesity and overweightness are associated with negative health outcomes in children, specifically those with disabilities (Au 2014; Herlina et al. 2016; Huizinga et al. 2008; Li et al. 2008; Taras and Potts-Datema 2005). Students with disabilities are significantly more obese and less likely to meet physical activity standards than their nondisabled peers (Pontifex et al. 2014; Rimmer and Rowland 2008a). Studies connect obesity with low numeracy, poor cognitive skills, poor psychosocial well-being, and increased incidences of bullying (Au 2014; Huizinga et al. 2008; Li et al. 2008). Individuals with disability are at a much greater risk of suffering from poor social emotional health and emotional abuse than their nondisabled peers (Home et al. 2001). Physical activity not only improves children's physical health but is also significantly associated with improved cognitive function and academic performance (Hillman and Biggan 2016; Janak et al. 2014;

Smith et al. 2011). For example, prescriptive physical activity has been found to help individuals with attention deficit/hyperactivity disorder control behaviors, improve executive functioning, and can increase quality of life (Archer and Kostrzewa 2012; Ash et al. 2017).

Theoretical Framework

The Whole School, Whole Community, Whole Child (WSCC) framework considers how the academic, health, and social needs of a child's life interdependently contribute to that child's overall well-being (Lewallen et al. 2015). The framework was developed in 2014 as a result of the combined efforts of the Centers for Disease Control (CDC) and the ASCD, and the Washington, DC, Public Schools have adopted this model as the framework for the school system's wellness policies. As shown in Fig. 9.1, the WSCC framework makes use of a social-ecological approach directed at the whole school, with the school in turn drawing its resources and influences from the whole community, serving to address the needs of the whole child (Lewallen et al. 2015). This can be applied both in home and school settings as it was designed to provide a holistic, comprehensive model to improve each student's cognitive, physical, social, and emotional development.

The WSCC model attends to the educational, health, and social needs of all students through a framework designed to be applied to both policy and practice. At its core, the model combines elements of the *Whole Child* approach, focusing on long-term and pervasive academic, health, and social wellness instead of short-term success in specific categories, and the coordinated school health model, first proposed in 1987, establishing health as an essential foundation for learning in the classroom. Its creation is the result of widespread demand for greater communication and collaboration between different aspects of student wellness services. The WSCC enables these higher levels of cooperation and integration between education, health, and wellness by providing a functional model of operation for schools to follow. Research supports the idea of learning as an interdependent state related to whole wellness, rather than isolated successes (Ash et al. 2017). Health interventions aimed at increasing physical activity were less successful in low-income schools than middle-income schools, suggesting the importance of supportive home and family in bettering health (Ash et al. 2017). Recent data suggest that the USA boasts some of the highest rates of evictions among poor socioeconomic families, making issues of home and community a vital contemporary issue for children (Desmond and Gershenson 2016). As Connery (2016) suggests in a study of housing options for individuals with disabilities, while education for students with disabilities is guaranteed under the Individuals with Disabilities Education Act (IDEA) and similar provisions, there is little comparable guarantee for adequate housing or community. Integrating communities in promoting general health and inclusionary practices presents an opportunity for growth both for our children and the adults they will become. Indeed, the role of community in supporting child health and

Fig. 9.1 WSCC model. (Reprinted from *ASCD*. Retrieved June 29, 2018, from http://www.ascd.org/programs/learning-and-health/wscc-model.aspx)

education is a pivotal point within the WSCC framework, making it an ideal method of supporting the needs of students with different disabilities in our education system and their families.

Approach/Program Description

The WSCC model has been adapted to fit the needs of many diverse school systems and statewide requirements. For example, the Vermont State Department of Education has adopted the model and continues to form their own wellness teams, based on the partnership between the CDC and ASCD, in order to promote collaboration and integration of services for the overall well-being of the student (Vermont State Department of Education 2018). In Oklahoma, the Department of Health has advocated for the model as a targeted response to issues such as obesity, tobacco use, and pediatric physical and behavioral health (Oklahoma Department of Health 2018). Both states described high levels of community support and resources through the adoption of the WSCC model, alleviating the exclusive responsibility for child wellness from school programing and administration. Nationwide policies are changing to reflect the importance of the health and wellness of the whole child as related to current and future academic and personal success (Lewallen et al. 2015).

The comprehensive, evidence-based WSCC model is the framework used by Washington, DC, Public Schools for wellness programs. As a district-wide wellness policy in 2010, the Washington, DC, Public Schools adopted the WSCC framework, implemented nutrition and physical activity programming, promoted health education and healthy behaviors, offered healthy food to students, and increased physical activity of students before, during, and after school days. Food service providers were required to provide meals that met the required nutritional guidelines. More school time was allocated for health and physical education. The curriculum of the health and physical education programs were revised, which aligned with the national standards. Additionally, services for psychological and social supports were increased. The number of school nurses and school-health centers increased. New programs were also created to address absenteeism. We evaluated the degree to which each component of the WSCC model was being addressed in the schools that serve this affordable housing community. Based on this evaluation of the implementation of the WSCC model, we make recommendations to better meet the needs of SWD in public housing in the Washington, DC, area.

Following the WSCC (ASCD 2018) framework to examine the effectiveness of a range of support provided by the school system, including expanded health and physical education programs, improved nutrition in meals, and expanded health screenings for families of children with disabilities living in poverty, we used three sets of data regarding SWD living in an affordable housing community using data from several sources. These data include recent findings from the 2016 American Community Survey (ACS) 1-Year Supplemental Data from US Census Bureau, data from a school-based assessment known as the School Health Profile (SHP), and a set of informational surveys conducted with families in these communities. These data sources, presented in Table 9.1, were used to assess health and education outcomes for students with disabilities living in one affordable housing community in Washington DC.

The first source of data is ACS, conducted each year by the US Census Bureau on over 3.5 million households across the USA via online, mail, phone, and in-person interviews (U.S. Census Bureau 2016). The ACS included information from two sets of observations: housing units and people living "group quarters" such as homeless shelters, nursing facilities, correctional facilities, and college dormitories. People experiencing homelessness who were unsheltered were not surveyed by the ACS.

Table 9.1 WSCC framework data sources

WSCC framework component	Variable type	Source
Health education programs	Minutes of HE	SHP
PE and physical activity	Minutes of PE	SHP
Nutrition environment	Vendor use of USDA rec.	SHP
Health services	Nurses/local health Center	SHP/ACS
Counseling and psychological services	Mental health services	SHP/ACS
Social and emotional climate	Availability of services	SHP/ACS
Physical environment	Available/resident reports	
Employee wellness	Available/resident reports	ACS/survey
Family engagement	Available/resident reports	ACS/survey
Community involvement	Available/resident reports	ACS/survey
		ACS/survey

SHP School Health Profile, *ACS* American Community Survey, *Survey* Resident Survey

Next is the School Health Profile (SHP), a self-report survey measure, collected by the state education agency and completed by the school principal or his/her designee annually. The SHP included items related to each of the implementation of provisions of the city's Healthy Schools Act and included items related to access to mental and behavioral health resources, the nutritional components of the school menu, minutes allocated toward Physical and Health Education, curricular alignment with the city's health standards, the presence of a school garden, as well as additional items.

Finally, a survey was conducted in 2017 with 145 residents, including the guardians of 25 SWD living in this community. This included an assessment of the physical environment (such as buildings, walkability, and safety) and an individual survey of social, economic, and health factors. The survey was conducted by a graduate student who was trained in conducting surveys through the university and took place in homes or in public areas in the housing community. This 40-item survey queried residents regarding demographics, economic stability, employment, health, neighborhood perceptions, accessibility, and social capital. Survey questions asked participants to rate their health status from excellent to poor, indicate if they had physical or mental health concerns, identify who in the home had a disability, indicate the nature of the disability (e.g., physical, sensory, intellectual, learning, and/or speech/language), and indicate whether or not children with disabilities were receiving support in school.

Findings

The public housing portfolio in Washington, DC, consists of more than 8000 apartment or townhome units in 56 properties owned and managed by the local housing authority and an additional 23 mixed-income properties with 4500 units, serving nearly 50,000 qualified low-income residents through traditional affordable housing, tenant- and project-based housing vouchers, and mixed-income properties. Units provide very low-income families, seniors, and disabled persons safe, well-maintained, affordable rental homes. There are income requirements for public housing; priority is given to those with greatest need. According to the ACS, 12%, or 75,710 of the total civilian, noninstitutional population living in this large urban setting reported having a disability. These included sensory, intellectual, and learning. In this group, individuals aged 18–64 years represented more than half of all individuals with disabilities (60%). Others were 65 years and over (34%), 5–17 years (6%), and children under 5 years. Of those ages 5–17 years, the most reported disability was vision impairment (1%). Of these SWD, 46% lived in households with annual incomes below the poverty level. The population under 5 years old had the lowest reported percentage of disability.

Demographics of the Participants

The survey data collected from residents living in this affordable housing community provided insights regarding their children with disabilities living in the community. The neighborhood was renovated in 2017 and included 208 housing units, a community center, and management office. The current average income for individuals living in this community was $11,000/year, and the community was home to 328 individuals, including 177 children ages 3–21 with a disability receiving special education services in the neighborhood school. Over half (53%) of respondents reported that someone in the household has a disability. Out of those with a disability, 59% of respondents reported that they were individuals with a disability, 34% reported that another adult in the home has a disability, and 28% reported that a child or children in the home was an individual with a disability. Among families with at least one SWD, the majority of families are identified as Black or African American (96%). Of SWD, 28% had a learning disability, 24% had speech impairment, 20% had physical impairment, 16% had intellectual impairment, 8% had a sensory disability, and 40% had other types of disability which they didn't specify. However, only 67% reported that their child with a disability received special education services at schools. In addition, over half of the children were diagnosed with asthma.

Ten public schools serve this public housing community. These schools include four traditional public schools, three public charter schools, two private Catholic schools, and one alternative education program. Data from the SHP were only available for the seven public and public charter schools. The four traditional schools reported that 11–25% of students are in special education, while the three charter schools reported that between 3% and 7% were disabled. All students in these seven schools are economically disadvantaged.

The following sections and Fig. 9.2 present the findings as measures of progress toward meeting each of the WSCC framework component goals based on the changes made by the district in 2014. Evaluation of these changes made use of data from the SHP, the ACS, and family surveys.

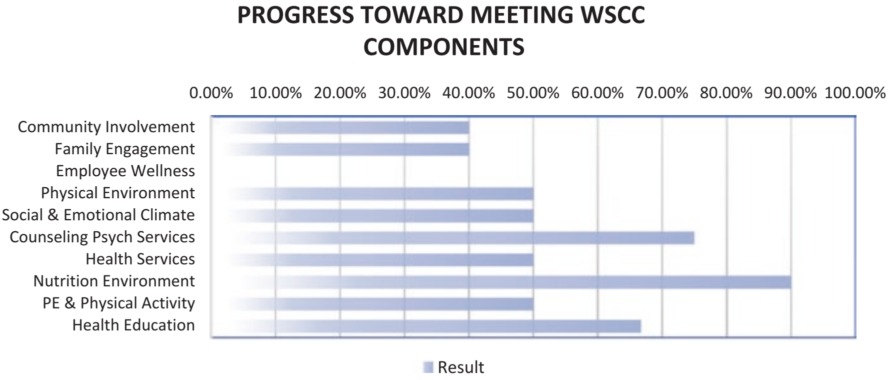

Fig. 9.2 Alignment with WSCC components

Health Education

According to the SHP, health education was required at all schools in Washington, DC, except one charter school (early childhood education). Of the six that required health education, all had a certified or highly qualified health teacher on staff. Health education was incorporated differently at each school. Three required that all students took a course, while three offered an annual assembly. Schools reported spending between 45 and 80 min per week on health education across grades. Health education curricula were based on national standards and were intended to help students develop the skills to analyze health influences, evaluate valid health information, and practice health promoting behaviors.

Physical Education

All but one school required children to participate in physical education. All schools had at least one certified physical education teacher on staff. Students spent an average of 40 min per week in physical education. Schools used activities to encourage physical activity. All schools reported that the physical education instruction is based on physical education standards. Sample activities were Active Recess, a structured recess program, and Safe Routes to School, a program that supports walking and bicycling to school.

Nutrition Programs

SHP reports indicated that each of the schools serving this community was able to meet student nutritional needs. All schools offered free breakfast, lunch, and a snack each day and had a cafeteria where students had access to a “grab and go cart" to pick up food to take home. All schools provided meals that met the nutritional standards required by federal and district laws. Schools offered between 35- and 45-min lunch periods. All schools but one served locally grown/unprocessed foods. Approximately 75% of families in this community report they received food assistance, compared to 14.5% for the city. Hunger is a concern – 1 in 4 respondents reported having gone hungry during the past 30 days due to an inability to buy food.

Health Services

All schools reported having a full-time nurse on staff. All but one school reported on-site services to screen, test, and provide treatment to students. Only one school reported on-site prevention materials and resources. Interview data showed that 95% of child residents have health insurance. Almost 96% had seen a health provider in the last 12 months.

Counseling and Psychological Services

Results from the SHP revealed that five of the seven schools that offered mental health or similar services on-site had at least a part-time psychologist. All but two of those schools reported having a licensed social worker (all but the early childhood academy). All but one school reported having a full-time licensed social worker, and four reported at least a part-time licensed professional counselor.

Social and Emotional Climate

Out of the seven schools surveyed, three partnered with outside organizations to improve mental health/social-emotional needs and/or anti-bullying programs. None of the schools reported having a student led club that aims to create a safe and welcome school environment for all youth. All schools agreed that they have a need for more school-based behavioral/mental health services. Families reported that they are optimistic that their quality of life will improve in the next 3–5 years (90%). According to ACS survey, families living in affordable housing in this city felt that accessing to housing assistance would allow them to feel more safe, secure, and stable.

Employee Wellness, Family Engagement, and Community Involvement

Employee wellness, family engagement, and community involvement were major areas of weakness in this community. Neither the SHP, the ACS, nor the survey indicated that there were services about wellness for school staff or the staff of the housing authority. Neither the SHP nor ACS asked direct questions about family engagement and community involvement. Only two of the schools mentioned in the SHP that they have parent associations and provide health education related to family, cultural, media, and technological influences.

Discussion and Recommendations

Findings from these data indicated that the wellness policy in Washington, DC, in 2014 resulted in benefits for the community, especially for those whose child had a disability, such as access to quality food and opportunities for physical activity at school. However, there was little coordination beyond the health education curriculum between programs that can support a holistic and coordinated set of interventions for children living in public housing. There was a great need for greater access to psychological and social services. With the high percentage of SWD living in this neighborhood (27%), services could be provided that allow more support for children at school and at home, such as school-community garden programs, meal preparation workshops for families, and more physical activity programs.

Data from various sources indicated that Washington, DC, schools had developed different programs to address specific recommendations, for coordinated services need to focus on community-based interventions to increase physical and mental health and nutrition of the SWD living in the community. However, more collaboration between schools and communities is needed. For example, while school space is often limited, school staff can consider using the new community center or the nearby recreation center to offer afterschool tutoring programs for children with disabilities and provide extension of school-based programs, such as anti-bullying programs, nutrition education, or food distribution. Such programs can also foster positive family interactions that support the mental health and social needs among SWDs. Holding workshops in the community may attract a wider population, including families of SWDs school serve and other families in the community.

While there are multiple community advocacy programs in this community providing access to everything from food pantries to sports programs to job training, schools and other community groups could join together to create and coordinate programs that would provide for coordination of these supports. For example, three of the nearby schools participate in program in which college-aged volunteers come to play with the children at recess, and two schools work with an afterschool literacy program. Coordination of these programs could increase more active after school sessions and more academic discussions during recess play.

Because physical activity is positively associated with health and socioemotional development among children, increasing physical activity among SWDs should be a community priority. Physical activity supports the physical and mental development of SWDs (Bloemen 2017; Rimmer and Rowland 2008b). However, too few SWDs meet physical activity recommendations and are at higher risk of being overweight or obese. Several systematic reviews have found that common barriers to physical activity among children with disabilities include attitudes, physical environments, and lack of support from staff and service providers (Anaby et al. 2013; Shields et al. 2012). Service providers, such as school staff, may not be adequately trained to support physical activity among SWDs or understand the importance of physical activity for SWDs.

A final recommendation is to provide employee wellness programs at both schools and at in housing authority organizations. Teachers and housing staff are permanent residents of these communities and investing in the promotion of their health can allow them to serve as role models for children (Snelling et al. 2013).

Conclusion

Park et al. (2002) suggest that poverty be considered a "new morbidity" for SWD to evoke the pressing need for a multipronged approach for developing interventions to support the particular needs of children with disabilities living in poverty (p 159). As research affirms the effects of poverty and other external factors on academic factors and development for students with disabilities in the classroom, more sustained and comprehensive approaches are needed. Family income and poverty status are "powerful determinants of the cognitive development and behavior of children" and play a significant role in how lessons and the classroom environment are structured (Evans 2002, p. 88). Interventions for students with disabilities must incorporate approaches that attend to the home environment, physical and emotional health, safety, and belongingness (Pontifex et al. 2014).

Living in poverty has serious implications for all children and can impact their academic, social, and physical development. Children in poverty are more likely to live in dangerous, inner-city neighborhoods with weak institutions and inadequate public services (Popkin 2002). The schools in these neighborhoods are often inadequate, with few resources, overcrowded classrooms, and low achievement scores. Inner-city schools often have high rates of mobility, creating additional challenges for teachers and a chaotic learning environment (Hartman 2003). According to a detailed review of the literature on the relationship between family income and outcomes for children (Evans 2002), children living in poverty are more likely to experience academic and developmental delays and learning disabilities than those whose families are more financially stable.

Effective community intervention programs can promote learning, self-advocacy, and problem-solving by understanding family context and needs. In order to build strong classrooms that embrace learning for all, teachers must understand the context of their students' lives and work to expand that context for academic and social development in meaningful and culturally competent ways. While it happens regularly, schools cannot ignore the importance of families – recognizing and being conscious of individual learning differences and differences of beliefs, traditions, and values that children bring to school every day. Community-based programs must keep these differences in mind when building relationships with students and families. Programs are able to be successful only when they can build upon the relationships they have with each child's family. Each school team must devote significant and purposeful time with each family trying to understand learning differences and how each student's disabilities and other factors can impact learning and family dynamics. Strong relationships with each family make it easier for educators to get permission and buy-in to ensure that learning continues to outline the school day. Special education teachers and administrators should consider actively seeking to make connections with the housing agency their community and other important people in their student's lives. Teachers communicate the school's educational goals for children, how children are progressing toward those goals, and how families can complement and extend classroom learning.

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Chapter 10
Cultural Brokering Intervention for Families of Children Receiving Special Education Supports

Yali Pang, Dana Yarbrough, and Parthenia Dinora

Abstract The intersection of disability and other identities can present significant challenges to culturally diverse families and schools. Cultural brokering is an emerging practice that shows promise for helping parents navigate the special education system. In the past decade, cultural brokering has been increasingly used in healthcare and education as an intervention to provide appropriate and effective services to culturally diverse families. Using an intersectionality theory framework, this chapter highlights a cultural brokering initiative in a statewide parent to parent program to introduce the practice and utility of a cultural brokering intervention for diverse families of children with disabilities. Program evaluation for the project demonstrates that the cultural brokering intervention is effective in engaging parents to build connections and collaborations with schools and other service agencies and to be more confident in navigating educational and healthcare systems.

Keywords Cultural brokering · Community services · Special education · Family support · Disabilities

Parenting a child with a disability can present unique challenges. Research has demonstrated that parents of children with disabilities have increased levels of isolation and stress as compared to parents of children without disabilities (Hayes and Watson 2013; Woodgate et al. 2008). Culturally diverse parents[1] of children with disabilities face additional obstacles. Language barriers, cultural conflicts, unfamiliarity with disability systems, resettlement issues, and financial problems are challenges frequently reported by culturally diverse families in navigating disability services (e.g., Brandon and Brown 2009; Jung 2011; Lynch and Stein 1982).

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[1] Culturally diverse parents (families) in this chapter refer to parents (families) that have nonmainstream cultural patterns in the United States because of their different countries of origin, races, ethnicities, cultures, languages, traditions, and/or religions.

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In recent years, the practice of using parent to parent (P2P) cultural brokers is emerging as an intervention to build connections and collaborations among diverse families of children with disabilities, schools, and community-based agencies (Dodds et al. 2018; Lindsay et al. 2014). This chapter highlights a cultural brokering initiative within a statewide P2P program as a promising model to better prepare culturally diverse parents who have children with disabilities to partner with schools and other support organizations.

Cultural Brokering

A cultural broker is an individual who serves as an intermediary between individuals or different cultural groups with aim of helping people effectively navigate the human service system (Robinson and Weng 2014). Cultural brokering is defined as the "act of bridging, linking or mediating between groups or persons of differing cultural systems for the purpose of reducing conflict or producing change" (Jezewski 1995, p. 20). It is an intervention increasingly used in healthcare and education to provide appropriate and effective services to culturally diverse families (Brar 2010; Yohani 2013). In education, school administrators, counselors, and teachers have been known to take on the roles of cultural brokers to facilitate the communication and collaboration between schools and families (Amatea and West-Olatunji 2007; Gentemann and Whitehead 1983). However, this can be very challenging in the special education setting because of the differences in special education systems, divergent cultural perspectives on disability, and language barriers (Rossetti et al. 2017).

The Need for Cultural Brokering

The intersection of different cultural identities, such as nationalities, races, ethnicities, disabilities, and/or languages, creates strong barriers for culturally diverse families and schools to understand each other and build effective partnerships (Kalyanpur and Harry 2012; Lindsay et al. 2012; Mueller 2014). Culturally diverse families may have little knowledge about the special education system in the United States (Lynch and Stein 1982; Mirza and Heinemann 2012), speak a different language (Jung 2011), and not understand their rights and responsibilities in special education (Tratcher 2012). Culturally diverse parents frequently reported that they felt lost, overwhelmed, stressed, powerless, and marginalized in the special education system (e.g., Childre and Chambers 2005; Lake and Billingsley 2000; Valle 2011). Schools also report difficulties in engaging culturally diverse families in their children's education (Szente et al. 2006), because minority teachers are largely underrepresented in the school system (Wolfe and Duran 2013) and school staff are not well prepared to address language barriers and cultural differences when working with culturally diverse students and their families (Burke and Goldman 2015).

Research indicates that strong and effective partnership between families and schools is critical for children's success in school adaptation (Aceves and Higareda 2014; Esler et al. 2008). Strong parental involvement in their children's special education journey can enhance the appropriateness of educational services and improve the long-term success of children in schools (Epstein 2005; Tratcher 2012). Schools are in need of culturally adaptive interventions to ameliorate barriers caused by cultural differences and cultural intersections and help culturally diverse families of children with disabilities better engage with schools and other human service agencies (Azzopardi and McNeill 2016; Brar-Josan and Yohani 2017).

Intersectionality Theory

Cultural brokering interventions have increasingly been recognized as an effective approach for linking diverse families of children with disabilities to schools and local service agencies (e.g., Cooper 2014; Lindsay et al. 2014; Hasnain 2010). This intervention is based on intersectionality theory asserting that an individual is collectively constructed by his/her different cultural identities and all these intersecting identities should be taken into account when human service agencies support culturally diverse populations (Crenshaw 1989; Garran and Rozas 2016). Focusing on only one or two identities and ignoring other social components of an individual will lead to misunderstanding, discriminations, and social injustice in services (Crenshaw 1989). Intersectionality theory lays a solid theoretical foundation for the necessity and importance of using cultural brokering approach to people with divergent cultural backgrounds.

Model Project

Cultural Brokering Initiative in a Statewide P2P Program

This chapter will share the cultural brokering initiative embedded in a statewide P2P program. P2P programs offer parent to parent support as a core resource for families with children who have a special healthcare need, disability, or mental health issue. These organizations recruit, prepare, and match support parents with families seeking the support of an experienced parent (Santelli et al. 1995). P2P support has been shown to enhance referred parents' capacity for meeting challenges and collaborating with schools, provide valuable information for the overall child care, and help parents access legal, healthcare, special education, and other social services (Lazarus and Folkman 1984; Mueller et al. 2008, 2009; Singer et al. 1999).

A P2P program, established in 2005, received an increase in federal and state funding in 2009. The program director allocated funds to focus their services on culturally and linguistically diverse communities and develop a cultural brokering initiative in response to the difficulties and barriers these families were experiencing accessing and understanding disability benefits, services, and supports.

Cultural Brokers and Their Roles

Since 2009, the P2P program has hired seven parents of children and youth with disabilities (aged 3 to 22) to act as cultural brokers. The cultural brokers represent African American, Arabic, Asian, Latinx, and Refugee/Immigrant communities. Of the seven cultural brokers, one is male and six are females, and two were born in the United States with the remainder identifying as foreign born. These cultural brokers work 12–20 h per week providing enhanced one-to-one emotional, informational, and systems navigational support to racially, ethnically, and/or linguistically diverse families of children with disabilities. Specifically, cultural brokers map the school system, cultural/ethnic associations, healthcare providers, and other community-based organizations for the community they support; understand traditions and beliefs of the diverse community for whom they represent or support, and develop and sustain a trusting and supportive relationship with schools, organizations, and families in that community; use culturally appropriate outreach methods to find and support families of children with disabilities, educating families the special education system, providing emotional support, and helping them locate and access the education and other resources they need; and serve as a "bridge" between schools and culturally diverse families of students with disabilities. All of this support is either provided in person, in a group, or by telephone. Cultural brokering is not a one-time effort. Families may not be clear about their needs; their needs may change over time; and/or they may identify new needs during their support by a cultural broker. While most cultural brokering occurs at least two to four contacts with a family, there are some instances where more than ten contacts with the family occur to accurately identify needs and support the development of the parent's confidence in accessing services that will meet those needs.

In addition to these supports to families, cultural brokers build connections with professionals and culturally specific organizations to address the divergent needs of children and families in their respective communities. Cultural brokers also recruit and train qualified parents to serve as volunteer "family navigators[2]" for the statewide P2P program to provide peer support for families with similar cultural context.

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[2] Family navigators in this chapter are parents of children with disabilities who volunteer to provide peer support to families of children with disabilities to help families identify key issues they need to address to get specific services for their children and help their family overcome barriers to obtaining these services.

Training and Support for Cultural Brokering

As cultural brokers in this statewide P2P program are parents of children with disabilities from culturally and linguistically diverse communities who have themselves navigated a variety of human service and special education systems, they are in the unique position to serve as a bridge between these service systems and the immigrants and refugees. This requires ensuring cultural brokers have several levels of training upon hire: 4–6 h of basic employee onboarding training (i.e., team work, goal setting, public speaking, data entry); 8–10 h of P2P model implementation (i.e., role of cultural broker, active listening, cultural agility); and 4–6 h of leadership behavior development (i.e., emotional intelligence, effective collaboration, and communication). They are also encouraged to participate in ongoing professional development opportunities such as person-centered practices training, special education topical conferences and webinars, and culturally specific events in order to build their brokering skills and increase their knowledge of education topics for which parents typically call.

One cultural broker supporting African American communities commended the training provided by the statewide P2P program.

> It [the training] had to do with cultural competency. They [the statewide P2P program] invited all kinds of really great speakers on cultural biases, how to be culturally agile if you are matched with someone [say if they are African American], how to help kids avoid [cultural biases] but knowing what is happening, so you can kind of work around it. That [the training] was really helpful!

Cultural Brokering Process

The cultural brokering process in Fig. 10.1 has been adapted for the statewide P2P program based on the cultural brokering model developed by Jezewski and Sotnik (2005). In this program, cultural brokers follow the three stages shown in Fig. 10.1 to bridge culturally diverse families of children with disabilities to service providers including schools and other human service agencies. The three stages include: (1) identifying problems, (2) selecting strategies, and (3) evaluating outcomes.

In the first stage, identifying problems, cultural brokers learn about families' needs and identify barriers families experience in accessing and utilizing school services and other resources. In order to learn about families' needs and barriers, cultural brokers usually spend a great amount of time and effort building effective connections and trust with the families. They learn about families' culture, recognize cultural differences, and share personal experiences in an effort to make families feel comfortable sharing their own stories and expectations. This helps cultural brokers accurately identify families' needs and possible strategies the family can employ. One cultural broker working with Spanish-speaking families highlighted

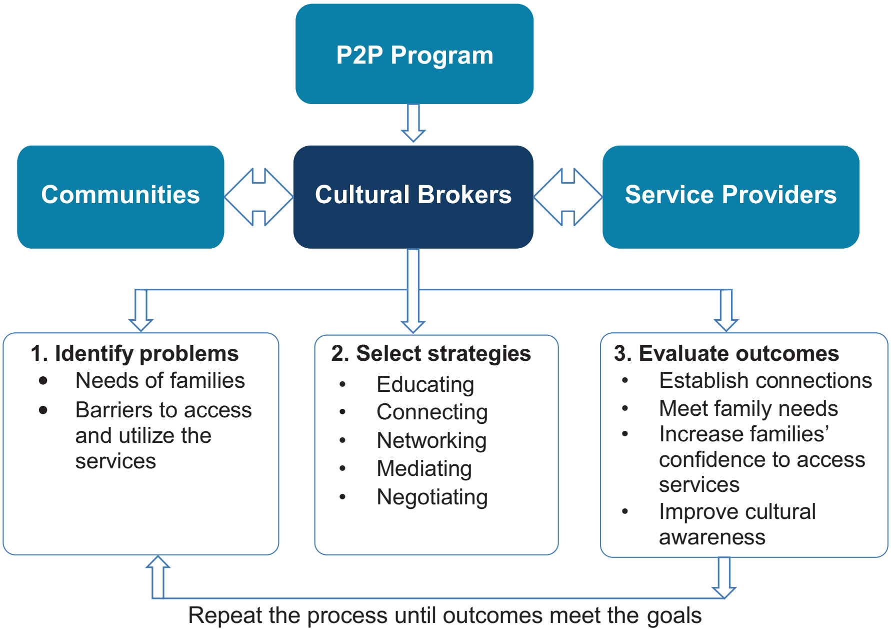

Fig. 10.1 The cultural brokering process of the statewide P2P program

some key ways to build relationships with and learn about the needs of culturally diverse families:

> First, we have to have a very clear communication. We have to be very sensitive between the two cultures. We have to have cultural awareness. And we have to have linguistic competence. I think these are the very key ingredients [to build relationship with culturally diverse families].

Once cultural brokers are clear about the families' needs and reach an agreement with families on goals they expect to achieve, the next step is selecting appropriate strategies to achieve these goals. There are several strategies frequently used by cultural brokers to interact with parents: educating, connecting, networking, mediating, and negotiating. Factors such as culture, educational level, and families' experiences are taken into consideration during this stage. Another cultural broker who works with Arabic-speaking families shared one of her major strategies during the brokering process:

> I mean most of them [Arabic speaking families], when they come here, they have no idea what the services are and where to go to get them or even don't know there is such a thing to access like Medicaid, because a lot of countries, like Afghanistan, don't have programs like Medicaid and special education. So, educating them on what is available is very important.

The final step of this process is evaluating the outcomes. Cultural brokers follow up with families to see if they get the services or resources they want and if they have other unmet needs. If families' needs are still unmet, cultural brokers review and examine the cultural brokering process, identify problems, and discuss with families other strategies or ways to adjust currently employed strategies they have used in order to improve the outcomes. Here is an example from a third cultural broker working with immigrant families who followed up with families to check if their needs were met or problems were solved:

> I follow up on them. I say, "Hey, how are you doing? Have you done this? Have you done that?" If they say, "No, we haven't done it." I will ask, "Why [haven't you done that]? It is very important to do that. Try to do it this week." So, I put a little bit pressure on them… If they say, "We have been doing it. Everything is just doing OK. We are fine." I just leave them like that [and will not call the families again].

If the outcomes do not meet the expected goals of families at the end, cultural brokers will restart the process, re-evaluate the problems, and take new approaches to meet families' needs. For example, one of the cultural brokers helped a refugee family with three children with autism spectrum disorder get an appointment set for disability programming and funding eligibility. In this family only in the United States for 2 months, the father worked outside of the home during the day. He spoke some limited English. The mother stayed at home to take care of their three children. She neither understood nor spoke English. The cultural broker was able to convince a local social service staff to conduct the eligibility assessment and evaluation of the children in the family's home because of transportation issues and language barriers. At the end of a 4-h appointment, the mother refused to sign any documents related to the assessments and evaluation (outcomes did not meet the goals). It was at that time that the cultural broker learned that the interpreter present in the house (arranged by the social service agency) did not speak the same language (Dari) as the mother. The mother did not cancel the appointment when she first realized the language barriers. Additionally, the social service agency staff never confirmed with the family prior to and at the beginning of the appointment whether or not the correct language was used to communicate with the family. This process required the cultural broker's problem-solving skills to bring the father into the discussion by cell phone to determine the issue and to connect immediately to a language line with a Dari interpreter (re-evaluated the barriers/problems). Because everyone was tired at this point (almost 5 h had passed since the appointment began), the cultural broker helped the mother reschedule the evaluations and assessments for a later date, confirmed with the social services staff that a Dari interpreter would be present to ensure the next appointment was successful, and spent a few minutes reviewing with the mother the purpose of the disability services, how they could meet the family's needs, and why an eligibility process was needed (took another approach to solve the problem).

Program Outcomes

The statewide P2P program identified two major outcomes for its cultural brokering initiative. The first one was individual advocacy. Culturally and linguistically diverse parents of children with disabilities used information and resources provided by cultural brokers to collaborate with professionals in making decisions about their children's special education, healthcare, and other special needs. The second one was peer advocacy. The parents of children with disabilities received one-on-one support through a network of experienced and trained cultural brokers (who supported the development of the families they support to "pay it forward") and become volunteer family navigators themselves.

Since 2009, there have been seven parents of children with disabilities paid as cultural brokers in the P2P program, and eight volunteer family navigators recruited and/or trained by cultural brokers to provide peer support to families across different areas in the state. For the calendar years 2013 through 2017, 233 culturally diverse families of children with disabilities received enhanced cultural brokering support by the statewide P2P program. Among these families, 2 (1%) were Asian, 98 (42%) were Hispanic/Latino, 123 (53%) were Black/African American, and 9 (4%) were identified as "some other race." These families were offered a survey that could be taken online (available in Spanish and English) or conducted via phone with language interpreter assistance. The survey was designed to learn about their satisfaction with and the impact of the support they received from cultural brokers. One staff and a graduate intern in the P2P program conducted the survey on phone and used the Language Line for any family members who preferred to use their native language to do the survey.

The survey questions and protocol were mandated by one of the federal funders of the P2P program to evaluate program outcomes. The survey had a total of nine questions which focused on families' satisfaction on the timeliness, thoroughness, and helpfulness with the P2P program staff and volunteers and the usefulness of the information in helping them make decisions, learn about community services, build confidence, and represent children with disabilities and their families. Some sample questions were: "How useful was the information in helping you talk with professionals to make decisions about your child's care?" "How useful was the information in helping you learn about community services (such as health care, school, Medicaid, Early Intervention, etc.)?" "How useful was the information in helping you feel more confident about getting the health care and services that he/she needs?"

Of the 233 families served by cultural brokers, 63 of them responded to the survey. In general, approximately 91% (N = 57) of the respondents reported that they were very satisfied with the services they received. Over 88% (N = 55) indicated that they were highly satisfied with the contact in terms of timeliness, thoroughness, and helpfulness. When asked whether the information provided by the cultural brokers helped parents communicate with professionals to make decisions about their children's support and care, about 90% (N = 57) of the participants agreed that the information was useful or extremely useful. Finally, more than 84% (N = 53) reported that the information helped them feel more confident about getting their children the healthcare, education, and other services they need.

Continuing Challenges and Implications

There are challenges when implementing P2P cultural brokering initiatives. One challenge is related to design. Since cultural brokering has a fairly broad definition (i.e. one-on-one support, catalyzing for organizational change, and advocacy for system change), the coordinators of P2P programs and other entities need to be very clear about the goal of their particular cultural brokering initiative, their working definition of cultural brokering, and articulate clear expectations for cultural brokers. When this is not done, it can cause confusion among the cultural broker staff and also for schools or other community service agencies about program scope, expectations, and outcomes.

Another challenge to consider when developing cultural broker programs is the complexity of the role of a cultural broker. Cultural brokers can serve as interpreters, educators, listeners, mediators, advocates, and collaborators and interact with various agencies in different fields including special education, healthcare, and other human social services. This requires cultural brokering entities to commit to providing at least 16–20 h of initial training as well as ongoing training and coaching support for cultural brokers to be knowledgeable in a broad range of topic areas. It is a significant commitment.

Finally, one other challenge is the lack of a uniform understanding of cultural brokering approaches. Even though cultural brokers typically follow the three general stages of practice when they work with families, the specific ways that they interact with families can be very different, driven by cultural contexts and starting with “where the family is.” This can create obstacles when conducting evaluation of overall program outcomes and the effectiveness of cultural brokering as an intervention.

As cultural brokering initiatives supporting diverse families who have children with disabilities continue to develop and grow, it will be very important to expand program evaluation and research efforts to clearly define the outcomes of the intervention. Recognizing this need, the case example program recently began such an effort to define the: (1) practices of its various cultural brokers; (2) characteristics of a successful cultural broker; (3) cultural brokers’ roles; (4) challenges faced by cultural brokers; and (5) typical steps of cultural brokering. From this work, this program and others conducting similar kinds of work will need to refine practice to identify the essential components of the intervention. With that completed, more extensive research can be conducted to identify program impacts of this promising intervention.

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Part IV
Evidence-Based Practices in Other Parts of the World

Chapter 11
Family Engagement Practices in Early Intervention: A Review of Three Countries

Serra Acar, Ching-I Chen, and Huichao Xie

Abstract This chapter aims to explore evidence-based family engagement and/or empowerment practices during early intervention/early childhood special education (EI/ECSE) in three international settings: Singapore, Taiwan, and Turkey. In these countries, the EI/ECSE program is a system of coordinated services that supports the referral, evaluation, and services for children with disabilities ages birth to 6 and their families. Family engagement is an umbrella term with key components that include (a) equal partnership; (b) individualized intervention for children and families; (c) culturally, linguistically, socially, and economically responsive practices; (d) trained service providers; and (e) supportive program administrators. Research studies have shown that family engagement in EI/ECSE yields better outcomes for families and their children. This study will provide a systematic review of family engagement practices in EI/ECSE system in the above countries.

Keywords Family engagement · International · Early childhood · Early intervention · Policies

The purpose of this chapter is to explore the research on family engagement practices during early intervention/early childhood special education (EI/ECSE) in three countries: Singapore, Taiwan, and Turkey. As EI/ECSE programs have developed worldwide and are gaining more prominence, Western research has influenced their development in the three selected countries (Diken et al. 2012; Guralnick 2008).

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This chapter provides a synthesis of the strengths, challenges, and recommendations for practitioners regarding family engagement practices in the selected countries.

For the purpose of this chapter, an EI/ECSE program is defined as comprising of services that support the referral, evaluation, and services for children with disabilities (birth to 6 years old) and their families. Family engagement is an umbrella term with key components that include (a) equal partnership; (b) individualized intervention for children and families; (c) culturally, linguistically, socially, and economically responsive practices; (d) trained service providers; and (e) supportive program administrators (Dunst and Espe-Sherwindt 2016; Kemp and Turnbull 2014). Family empowerment is defined as supporting families to identify their own strength by recognizing their existing daily routine activities and interactions as assets of EI/ECSE and understand their child's interests and needs from *family*'s perspective (e.g., Dunst et al. 2007; Friend et al. 2009). This chapter addresses the following questions: (1) What is the profile of current practice, policy, and research on family engagement practices in EI/ECSE in Singapore, Turkey, and Taiwan? (2) What are the strengths and challenges regarding family engagement in EI/ECSE in these countries?

Methods

Following a systematic literature review approach, 16 peer-reviewed studies were identified (see Table 11.1). Accordingly, five studies from Singapore, six from Turkey, and five from Taiwan were included. A two-step approach was used to compile the evidence. The first step was limited to peer-reviewed articles and book chapters published in English between 2008 and 2018 to obtain the most recent research evidence on family engagement in EI/ECSE from the stated countries. PsychINFO and ERIC databases were searched using the terms *family engagement* or *family empowerment* in EI/ECSE. Additionally, publications (e.g., Ministry of Education reports) on EI/ECSE policies written in the three countries' native languages were reviewed. This was a necessary step to collect relevant background information from each country.

The second step included coding of all identified studies according to the following categories: (1) child and family demographics, (2) policies on family engagement, (3) practice and research on family engagement, and (4) strengths and challenges on family engagement in EI/ECSE. Then, two authors independently evaluated the titles and the abstracts of the initially identified studies to determine eligibility. Disagreements were discussed, and the reviewers reached a consensus on how their disagreements should be coded. The overall agreement between the two reviewers was more than 95% across studies. In this section, the context, policy, practice, and research on EI/ECSE family engagement practices are discussed.

Table 11.1 Summaries of reviewed studies

Countries	References	Focus of the study
Singapore	Chong et al. (2012), *Children's Health Care*	Parent training
	Leong et al. (2017)[a]	Transdisciplinary team approach
	Poon and Lim (2012), *Infants and Young Children*	History and background of EI/ECSE
	Tang et al. (2012), *Child: Care, Health and Development*	Professional training of EI/ECSE practitioners
	Teng (2018), *National Institute of Education*	Parent training
Taiwan	Chiang and Hadadian's (2011), *American Journal of Chinese Studies*	Community involvement and parents' perceptions in an EI/ECSE program
	Chu (2018), *International Journal of Disability, Development and Education*	Perspectives of the parent-professional partnership in ECSE
	Huang et al. (2012), *Journal of Clinical Nursing*	Fathers' involvement in daily care of their children with disabilities
	Hwang et al. (2013), *Research in Developmental Disabilities*	The effectiveness of routine-based early intervention
	Liu (2018), *Infants and Young Children*	The effectiveness of a parent-to-parent support program
Turkey	Bayhan and Sipal (2011), *International Social Work*	Parent training on law-mandated EI/ECSE guidelines
	Diken and Mahoney (2013), *Intellectual and Developmental Disabilities*	Parent training on responsive teaching
	Karaaslan (2016), *Educational Sciences: Theory and Practice*	Parent training on responsive teaching
	Karaaslan et al. (2013), *Topics in Early Childhood Special Education*	Parent training on responsive teaching
	Karasu (2014), *European Journal of Special Needs Education*	Professional training of EI/ECSE practitioners
	Sipal and Bayhan (2010), *Journal of Disability Policy Studies*	Professional training of EI/ECSE practitioners

Note. [a]Poster session presented at the International Association for the Scientific Study of Intellectual and Developmental Disabilities Asia-Pacific Regional Congress, Bangkok, Thailand

Singapore

Context Singapore has a population of approximately 5.6 million people (Singapore's Department of Statistics 2017). The estimated number of children with disabilities from birth to 6 years old was 7000 (3.2%; Enabling Masterplan Steering Committee 2011). The majority of the population reported their ethnicity as Chinese (74%), Malaysian (13%), Indian (9%), and others (3%) (Singapore's Department of Statistics 2017). EI/ECSE services are provided for 0–6-year-old children who are diagnosed with disabilities and/or present with known biological or environmental risks. Subsidies are provided by the government to help families pay for childcare and EI/ECSE services (Early Childhood Development Agency [ECDA] 2017a; Singapore Ministry of Social and Family Development 2018a).

Policy The Enabling Masterplan series is a set of three official documents published every 5 years to guide public disability services in Singapore (Enabling Masterplan Steering Committee 2006, 2011, 2016). Empowering families has been emphasized throughout these three Enabling Masterplans. However, given that there is no specific law or legislation mandating or guiding EI/ECSE practices, the interpretation of how to empower families varied from school to school (Teng 2018).

Practice and Research The EI/ECSE service model in Singapore is still in transition from a traditionally expert-centered model to a more family-centered one (Poon and Lim 2012). New programs have been developed in the recent years with the intention to target the family as the unit of service. In 2016, ECDA in Singapore piloted KidSTART, an EI program aiming to enrich the early experiences of children from at-risk families (ECDA 2017b). For infants and children under 3 years old, KidSTART provides home visiting services to support parenting practices. For children from 3 to 6 years old who are enrolled in preschools or childcare centers, the Child Enabling Executive (CEE) from the multidisciplinary team is often responsible for providing family support, such as helping the family apply for childcare subsidies or access pediatric dentistry services in the community.

In addition to the supports mentioned above provided in inclusive early childhood settings (e.g., home, preschool, childcare center), EI/ECSE services are provided in 21 self-contained Early Intervention Programme for Infants and Children (EIPIC) centers across the country. Approximately 1300 children were referred to these EIPIC centers every year (Singapore Ministry of Social and Family Development 2018b). Some EIPIC centers have made efforts to support children and their families. For example, the Rainbow EIPIC centers have piloted a family-centered, transdisciplinary approach to service delivery since 2015 (Leong et al. 2017). However, limited information is available regarding the parent engagement practices in EIPIC centers.

Leong et al. (2017) conducted a program evaluation study using the Family Outcomes Survey-Revised (Bailey et al. 2011) with parents and a teaming survey adapted from the one in a previous study (Mâsse et al. 2008) with staff to examine changes before and after the implementation of a new family-centered, transdisciplinary model in two EIPIC centers. This new model featured three principles, one of which was “involving families as important partners in intervention.” Findings of their study indicated significantly improved family-reported outcomes, and staff-reported satisfaction is associated with the implementation of the family-centered model. In a mixed method study (Chong et al. 2012) aiming to evaluate the extent to which family-centered practices were implemented in 11 out of all 21 EIPIC centers, the Measure of Processes of Care (MPOC-20; King et al. 2004) was used to investigate the extent of family centeredness that parents perceived from the services provided in these centers. A total of 310 parents whose children attended EIPIC completed the MPOC-20 survey, and results indicated moderate to high levels of family centeredness in the professional practices. Out of the 310 parents in the survey component, 70 agreed to participate in the follow-up focus group component and reported the following three themes of parental involvement were identified helpful practices: learning how to teach their children, system support to help with accessing the educational resources for their children, and personal and family support to enhance family well-being. A survey of 213 EI practitioners' perspectives toward family-centered practices (Tang et al. 2012) found that compared with other professionals (e.g., therapists, psychologists, social workers) in the team, EI/ECSE teachers tended to spend more time on working with parents and were more likely to report positive perceptions about family-centered practices.

Taiwan

Context Taiwan has a population of nearly 24 million people, of whom approximately 1.3 million are children between birth and 5 years old (Department of Statistics of Taiwan 2018a). Even though a 12-year compulsory education is offered, early childhood care is not mandated in Taiwan, and parents have the options of providing care at home, using family daycare centers or center-based programs. In 2017, about 2% of these young children were identified as having disabilities and received EI/ECSE services (Department of Statistics of Taiwan 2018b). Once a child is diagnosed with developmental disabilities, EI/ECSE services will be provided by the government at no cost to the family.

Policy In Taiwan, several major pieces of legislation recognize the importance and necessity of EI/ECSE services, as well as family, school, and community partnerships, including the Protection of Children and Youths Welfare and Rights Act of 2015 and the Enactment Rules of the Protection of Children and Youths Welfare and Rights Act of 2015; the Special Education Act of 2014 and the Enactment Rules of the Special Education Act of 2013, and the People with Disabilities Rights Protection Act of 2015 and the Enactment Rules of the People with Disabilities Rights Protection Act of 2016. These major enactments set the legal grounds for children with disabilities and their families to receive subsidized EI/ECSE and special education services from central and local governments. The enactments also mandated that the families be fully included in the EI/ECSE process, including serving as members of EI/ECSE teams and the advisory board. Stakeholders from relevant community programs were invited to serve on the educational evaluation team and the advisory board. The laws also indicated that the provided services should be individualized and multidisciplinary to meet the unique needs of children and their families (Ho 2009; Huang and Chiang 2006). Furthermore, children should be placed in the least restrictive environment (i.e., home, daycare centers, preschools, hospitals, or special education schools) with their peers.

More recently, the central government announced a plan of community-based EI services for children at risk for or with developmental delays (The Social and Family Affairs Administration of Taiwan 2016). This plan intended to integrate the existing home- and community-based services for young children with disabilities and their families so that the resources could be well coordinated and distributed. This plan detailed individualized child and family support services (e.g., parent support groups, counseling services) and described the community partnerships and prevention services that could be provided.

Practice and Research Currently, children with disabilities receive different types of EI/ECSE services, including home-based, clinic-based, and community-/childcare-based interventions at hospitals, social welfare agencies, and public or private early childhood and care programs (Department of Statistics of Taiwan 2018b). The EI/ECSE practices in Taiwan are multidisciplinary, involving medical, educational, and social welfare services (Chang 2009; Huang and Chiang 2006). Each city/county has established an EI/ECSE coordination agency that advocates and administers developmental screening, accepts referrals, serves as a liaison between different programs and service providers, manages cases, and provides resources. When a child is suspected of having potential developmental delays, this child will be further evaluated by the EI/ECSE evaluation center. Eligibility is determined by results of standardized diagnostic and non-standardized assessments as well as clinical judgment of the multidisciplinary evaluation team. If the child qualifies for services, with parental input, the coordination agency selects the most inclusive learning environment for this child and creates an individualized program for child and family.

Previously, the traditional service model primarily had a child-centered focus, regardless of the settings for providing EI/ECSE services. While parents were considered part of the team in the traditional model, family involvement might be more passive, which meant that professionals instructed parents in goal selection and informed them about the chosen intervention strategies and implementation (Hwang et al. 2013). To develop meaningful family-professional partnerships, in recent years, a routine- or activity-based, family-centered approach has been advocated and adopted. As the focus of the EI/ECSE field shifts, parent-to-parent programs are also being offered to parents who are new to the system. Such programs focus on connecting the new families to experienced parents who are already in the EI/ECSE system in order to provide emotional and informational support (Hsu et al. 2006, 2012; Liu 2018). Support can be provided via online chats, text messages, and face-to-face meetings.

Limited research studies that investigate family engagement in Taiwan have been published in English. Generally, the research findings provide evidence for utilizing a family-centered approach to serve young children with disabilities and their families. In Chiang and Hadadian's (2011) survey, the majority (n = 11; 78.5%) of the parents of children with disabilities actually believed that caring for children who were in EI/ECSE centers was the parents' responsibility, which informed the need for a family-centered approach to team up with parents so that parents would feel well-supported in their personal needs and be prepared to take on an active role in providing intervention to their children. Huang et al. (2012) also had similar findings in their study with 16 fathers of children with disabilities. Furthermore, parents consider effective two-way communication and clearly defined roles and responsibilities would greatly contribute to a successful family-professional partnership (Chu 2018). Sharing the same family-centered focus, Hwang et al. (2013) conducted a randomized controlled trial study to compare the traditional home visiting program (i.e., the professional directly gives intervention instructions to the family or introduces a well-designed curriculum for children in the home setting) and the routine-based intervention (i.e., the professional systematically collaborates with family and coaches parents to set functional goals, implement service plans, and provide the children with learning opportunities in naturally occurring contexts). The results were favorable when providing routine-based intervention services with active family engagement because the children demonstrated better progress in functional outcomes. Additionally, Liu's (2018) action research study showed preliminary but positive findings from a parent-to-parent program that connected newly enrolled EI/ECSE parents to experienced parents for emotional and informational support.

Turkey

Context In Turkey, preschool education for children (birth to 4 years old) is optional, and preschool programs are most common in urban regions. Preschool education is provided in kindergartens, nursery schools, and childcare homes by various ministries and institutions and by the Ministry of National Education (MoNE) most of all (MoNE 2015). The children can benefit from these settings for a full day or a half day. According to the Turkish Statistical Institute (TUIK 2010), children with disabilities in the 0–9 age group comprised approximately 4%; yet, there was no available data concerning the percentage of children with disabilities in the birth–3 age group. Furthermore, as of September 2017, the number of refugees, migrants, and asylum seekers registered in Turkey is at over 3.5 million, including over 1.4 million children (United Nations High Commissioner for Refugees [UNHCR] 2017). The education response is led and coordinated by the Emergency and Migration Unit within the MoNE. However, within this population, accurate vulnerable information (i.e., at risk for developmental delays or children with disabilities) is not systematically collected in the government registration database (UNHCR 2017).

Policy The basic principles of EI/ECSE are in line with the Turkish National Education objectives that all children with disabilities should benefit from inclusive early childhood education and related services in accordance with their strengths and needs. Parental engagement in educational provisions, initiation of individualized education programs, and effective implementation of inclusion were major areas of emphasis in Act 573 of 1997 (Meral and Turnbull 2014). For instance, parents have the right to (a) participate actively in all aspects of their child's special education and training (Article 6); (b) approve or object to the evaluation records (Article 8); and (c) participate in decisions about education placement (Article 12). The parent is accepted as a constant member of the EI/ECSE team (MoNE 2015).

Practice and Research Guidance and Research Centers (GRCs) provide educational and psychological services for children with disabilities, parents, and educators in Turkey. Since there is no existing child find system, parents may be referred to GRCs by pediatricians and/or first grade teachers. GRCs provide an evaluation for children and develop an individualized plan along with a placement decision, if an EI/ECSE program is available in the region. Since preschool education is not compulsory in Turkey, there are very limited options available for families who have young children with disabilities. One solution may include nursery schools, located under Social Services and the Child Protection Institution as well as other state institutions. Alternatively, parents can choose home-based services or private GRCs programs to support their child's development and learning. Local education authorities may also open EI/ECSE units to provide educational services for children with disabilities, in accordance with the recommendation of the Board of Special Education Service. The enrollment to these programs can be extended to 78 months, with the Special Education Assessment Committee's report and the parents' written consent (MoNE 2015). In summary, children with disabilities may receive preschool education and EI/ECSE services, depending on the severity of their disability, decisions made by professionals working in GRCs, and availability of the services in the region.

The literature indicates a positive trend toward supporting parents' active participation in EI/ECSE (Diken and Mahoney 2013; Karasu 2014; Rakap 2015). To start with, much of the literature suggests that coaching and training mothers to improve their knowledge and skills to support their child's development and learning and informing them on their rights appear to be preferred strategies to support parent engagement in EI/ECSE (Bayhan and Sipal 2011; Karaaslan et al. 2013; Karaaslan 2016; Sipal and Bayhan 2010).

Diken and Mahoney (2013) discussed that the relationship between Turkish mothers' interaction style and the engagement of their preschool-aged children with autism was directive, non-engaged in routine activities, and achievement-oriented rather than a responsive approach. According to Karaaslan et al. (2011), responsive approach is a relationship-focused intervention that aims to enhance the development and social-emotional functioning of young children. Responsive approach may include turn taking, following child's lead, or imitating child's behaviors or communications by reading child's cues, interest, and attention (Karaaslan 2016). This approach was explained as partially associated with the parents' cultural child-rearing practices in Turkey (Diken and Mahoney 2013; Karaaslan 2016). Similarly, there is a need for culturally responsive EI/ECSE models, due to the mothers' unique parenting preferences and increasing refugee population in Turkey (Bayhan and Sipal 2011; Diken and Mahoney 2013; UNHCR 2017).

Other studies explored the effectiveness of responsive teaching (RT) on Turkish preschool children with disabilities, as well as their mothers (Karaaslan et al. 2013). The results showed that coaching mothers to develop a Family Action Plan to integrate RT into their daily routine activities was an effective parental involvement strategy (Diken and Mahoney 2013; Karaaslan et al. 2013). Additionally, some studies suggested the need to provide opportunities to families to actively participate in their child's individualized education program and in-service training for practitioners working in GRCs (Bayhan and Sipal 2011; Karasu 2014; Rakap 2015).

Discussion

The purpose of this review was to examine family engagement in EI/ECSE in Singapore, Taiwan, and Turkey. Although there are multiple initiatives of providing EI/ECSE services, very limited studies published in English are conducted on family engagement and its effectiveness in the selected countries (e.g., Chiang and Hadadian 2011; Diken and Mahoney 2013; Leong et al. 2017; Poon and Lim 2012). While the review provided some evidence on family engagement practices, several gaps in the literature were identified.

Even though each country has its unique history and EI/ECSE system, it appears different levels of policy support are in place across countries. Each country has mandated the importance of family involvement in EI/ECSE; however, when examining current practices, a gap exists between policy and practice. Based on the literature review, there are disparities in the implementation of policies which affects the quality of services and parents' experiences with the EI/ECSE system (e.g., Bayhan and Sipal 2011; Hwang et al. 2013; Teng 2018). Future studies should explore ways to preserve and improve existing law to incorporate implementation of family engagement throughout the EI/ECSE process (Bayhan and Sipal 2011; Ho 2009; Huang and Chiang 2006; Rakap 2015). Federal, state, and local authorities should also consider supporting personnel preparation of the EI/ECSE team members in terms of current legislations in EI/ECSE with a focus on family-centered practice (Bayhan and Sipal 2011; Tang et al. 2012).

Future research also might consider collecting systematic data on child's characteristics and services provided to families. Filling data gaps, identifying resources via inventory systems, and connecting data from private and public services are strategically important to monitor the well-being of children and channel future investments to family engagement initiatives (Department of Statistics of Taiwan 2018b; UNHCR 2017).

At present, even though family-centered practice starts to receive recognition and is advocated, the common service approach is still child-centered in all countries. Most EI/ECSE services are provided in institution-based programs (Bayhan and Sipal 2011; Leong et al. 2017). Since EI/ECSE services are being provided in multiple settings, it would be critical to examine the generalizability of the effects of a family-centered, routine-based, or activity-based intervention approach.

This chapter has provided examples of evidence-based family engagement practices in three countries. The reviewed literature indicates that family engagement practices are increasing in EI/ECSE programs. Generally, these studies explored the role of parental involvement in child outcomes that are related to subsequent school success and play skills. However, these results should be interpreted with caution given the diversity of study designs, cultural factors, and low number of participants. It is important for professionals and practitioners to recognize countries' unique perspectives, policies, and practices regarding family engagement in EI/ECSE. Understanding how other countries establish and maintain family engagement in EI/ECSE programs leads to better implementation of policy and research that improve the quality of practice.

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Chapter 12
Engaging Families: A Case Study of an Elementary Inclusive School in Hong Kong

Lusa Lo, Kam Keung Lui, and Tak Wai Leung

Abstract As the principle of including all students with diverse needs and providing them with equal opportunities to learn emerged decades ago, inclusive education has become a global movement of education reform in many countries, including Hong Kong (HK). Due to the structure of the educational system in HK, test scores are considered as the main variable to determine a student's learning ability. Parents are under immense pressure in making sure that their children are making progress in classes and are in need of information about how to assist them. However, support for parents is often limited. This chapter will share how one elementary school in HK has successfully supported students with disabilities and their parents. Teacher, teacher assistant, and parent survey results consistently indicated that the school not only supported their students/children in inclusive classrooms but also ensured that parents were frequently informed of their child's progress and engaged in the development of their child's academic career.

Keywords Inclusive education · Elementary school · Hong Kong · Students with disabilities · Family and school partnership

Inclusive education has become a movement of education reform around the world. The principle of including all students with diverse needs and providing them with equal opportunities to learn has been mandated or experimented in many countries. Hong Kong (HK) is no different. The need to provide services that cater to the individualized needs of students with disabilities and enable them to be exposed to the same curriculum as their typically developing peers is strongly emphasized in the local schools in HK (e.g., Lian et al. 2007; Lian 2008). Since HK was the colony of United Kingdom (UK), it has adopted the UK educational system which not only is

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competitive but also has a strong focus on test scores. Due to these reasons, schools and parents are under immense pressure in making sure that students with disabilities are making appropriate progress in their inclusive classes. Additionally, parents of students with disabilities are in need of information regarding how to assist their children academically at home. However, support for these parents is often limited.

Brief History of Hong Kong Special Education System

HK government has been emphasizing the importance of allowing all children to have equal opportunities to reach their maximum potential since the beginning of late 90s (Education Bureau 2008). The HK Education Bureau encourages all local schools to implement inclusive education through the adoption of whole-school approaches (Education Bureau 2008). Barriers to learning, such as attitudes and facilities, should be changed or removed. The whole school, including administrators, teachers, and staffs, should be aware that students with disabilities do have their own strengths and can learn, just like their peers without disabilities. Since then, the number of students with disabilities has increased dramatically in inclusive schools. Between the year of 2012 and 2016, there was an increase of 314% elementary students with disabilities and 31% secondary students with disabilities in inclusive schools (Education Bureau 2017a). Their disabilities included specific learning disabilities, attention deficit/hyperactivity disorder (AD/HD), autism spectrum disorders, speech and language impairment, hearing impairment, visual impairment, physical disability, and intellectual disability (The Legislative Council Commission 2014).

At the initial stage of the implementation of inclusive education, many HK schools encountered difficulties supporting the movement, because of the lack of resources and special education training of general education teachers (Michael 2004; Poon-McBrayer 2005). Since then, the Education Bureau, researchers, and practitioners worked diligently and collaboratively to determine ways to support schools, teachers, parents, and students with disabilities. For example, the Education Bureau (2017b) offered in-service general education teachers for multiple professional development opportunities, so they could advance their knowledge and skills and be prepared to teach and support students with disabilities in their inclusion classrooms. There were three levels of professional development opportunities: basic, advanced, and thematic. Each year, the Education Bureau sets specific guidelines on the required number of general education teachers at each school who must have completed which level of training. For instance, at least 15–25% of teachers per school must have completed the basic training by the school year of 2019–2020.

In addition to in-service teacher training, the importance of family and school partnerships was also greatly emphasized (The Board of Education 1996). Research consistently suggested that children performed more successfully when parents were highly engaged in their children's academic career (e.g., Henderson and Mapp 2002; Ingersoll and Dvortcsak 2006; Jeynes 2007). However, due to the competitive educational system in HK, test scores were considered as the main variable to determine a student's learning ability. As schoolwork became more demanding, students with disabilities were less likely to succeed in schools (Bryan et al. 2001; Milsom 2007). Parents of these students with disabilities often did not know how to support them at home. They were in need of resources and support. The purpose of this chapter was to share what one inclusive elementary school in HK had done to support their students with disabilities and their families.

An Inclusive Elementary School in Hong Kong

School Overview

This study took place at the San Wui Commercial Society School (SWCSS), which was established in 1958. The school has a proud history of inclusion and acceptance, with all children welcomed regardless of race, background, ability, or religion. Equal importance is placed upon academic rigor and personal development to ensure that all pupils have the opportunity to reach their potential. The school purposely offers small class sizes and integrates strategies throughout the school. Additionally, collaboration and ongoing communication between the families and the teachers are strongly emphasized.

Due to the low birth rate in HK, the school age population has shrunk dramatically (Shen and Dai 2006), which has affected student enrollment across local schools. In the school year of 2006–2012, the enrollment of HK students in first to sixth grade has dropped 24% (Education Bureau 2017a). Although the Education Bureau has implemented the Primary One Admission system to reduce the possibility for elementary school students to compete for prestigious school (Education Bureau 2018), competition continued to exist. Between the school year of 2008 and 2010, many schools, including SWCSS, were in danger of being closed, due to low enrollment in first grade. SWCSS was under immense pressure in recruiting more students. The school scheduled student recruitment events on a Saturday in September, December, January, April, May, and June each year. The purpose of these recruitment events was to give families of K1, K2, or K3 children in the nearby districts an opportunity to get to know the school and the types of supports they offered.

On the day of the event, kindergarteners were the main focus, while families were seated in the back of the classroom as observers. Each event had four sessions. First, one of the SWCSS English teachers taught an interactive lesson and engaged the participated kindergarteners by giving them opportunities to perform in an English drama. Second, each teacher was assigned to a kindergartener and evaluated his/her English reading abilities. Third, the teachers met with the parents, went over the kindergarteners' reading evaluation results, and discussed what strategies they would use to support the kindergartners in classes. Finally, the last session was structured as an interview format which involved a senior teacher and a parent whose child had attended the school. They discussed several topics, such as why the parent chose the school and what the school had done to support their child and the family.

Changes in School Practices

In SWCSS, student ages ranged from 6 to 11. In 2017–2018, the school had approximately 275 students. When comparing to other local schools in HK, SWCSS had a large number of students with disabilities, about 27%. Among the students with disabilities, a majority of them were diagnosed with autism spectrum disorder (67%). The rest were diagnosed with intellectual disability (14%), specific learning disability (10%), AD/HD disorder (7%), visual impairment (1%), and physical disability (1%). With the growing number of students with disabilities at the school, SWCSS principal and teachers had to restructure the school and identify innovative ways to better support their students with disabilities and engage their families.

First, to ensure that SWCSS teachers were prepared to work with the large number of students with disabilities in their classes, school administrators encouraged all of them to actively participate in professional development training regarding how to work with students with disabilities. In addition to the training opportunities offered by the EDB, teachers participated in post-diploma programs in education at accredited universities and workshops or courses offered by nongovernment organizations. Furthermore, the school invited expert guest speakers and offered training to all the staffs. Although teacher assistants were not required to attend any of the EDB special education professional development training that were designed for teachers, 8 of the 12 SWCSS teacher assistants chose to participate in them, because they wanted to advance their knowledge and skills so they could properly support students with various types of disabilities in inclusive classes.

Second, in order to better support the teachers and students with disabilities at the school, teacher assistants were crucially needed. However, due to the lack of funding, many schools in HK might be able to afford to hire only one or two teacher assistants, who were responsible for assisting all the teachers and students at the school (K. C. Chan, personal communication, May 19, 2018). Understanding the need of the teachers and students at SWCSS, the principal worked diligently and sought donations to hire 12 full-time and 1 part-time teacher assistants. The goal was to ensure that teacher assistants were available to support students in the classrooms, especially the ones with disabilities. The school assigned at least one teacher assistant to each Grade 1 to 3 class, so she could assist students throughout the entire school day. For classes in Grades 4 to 6, at least one teacher assistant was available in each of the three core classes: English, Chinese, and Math.

Third, multiple evidence-based instructional strategies and instructional technology were utilized at the school. Each classroom had a smart board, which allowed teachers and students to interact with the instructional materials. Fifty iPads were purposely purchased and used in all English classes. Students not only could listen to stories at their independent and instructional levels using iPads; they could also record and send their recorded readings to teachers for evaluation. This way, teachers could utilize their class time effectively and address the individualized needs of students. Furthermore, cooperatively learning groups with mixed abilities were used across classes. Students with high abilities could not only revisit and review the skills they had learned but also support their peers who were in need. Although these strategies might be widely used in schools in western countries, they were not commonly utilized in HK inclusive classrooms.

Fourth, while supporting students with disabilities in inclusive classrooms was important, engaging their families was much more crucial. At the school, multiple opportunities were created for teachers to better engage families of students with disabilities. For example, throughout the school year, classroom and subject area teachers met with parents, discussed their child's progress, and informed them how and what was taught in school. Through these meetings, teachers were able to create individualized programs and address the needs of students with disabilities. Additionally, at least three times a year, teachers and social worker at the school organized workshops and/or seminars for families of students with disabilities. Sample topics were about understanding different types of disabilities, such as autism spectrum disorder and AD/HD, and strategies of working with their children with disabilities. The purpose of these workshops was to provide families opportunities to understand their child's disabilities and needs and learn strategies to work with their children with disabilities at home.

Finally, due to the high-stake testing in Grade 12, many secondary schools in HK chose to have the same classroom teacher working with the same class of students from Grades 10 to 12, so teachers could have a better understanding of their students' needs and would be able to provide them with better guidance for high-stake testing. SWCSS principal felt that this model could be applied at the elementary school level and assigned each classroom teacher to work with the same class of students starting from Grade 1 to Grade 6.

Evaluation Methods

In order to determine whether or not the school had provided appropriate support to students with disabilities and their families, and how the school could be improved, families of students with disabilities, teachers, and teacher assistants were surveyed. Among the participants, 100% of the teachers, 80% of the teacher assistants, and 46% of the families of students with disabilities participated in the survey. First, the parent survey consisted of nine 4-point Likert scale questions ranging from 1 (strongly disagree) to 4 (strongly agree) and nine open-ended questions (see

Table 12.1 Parent survey sample questions

Types of questions	Sample questions
Likert-scale	1. The teachers at the school know how to work with and support my child(ren) with disabilities
	2. I receive helpful information from teachers or school about working with and support my child(ren) with disabilities
Open-ended	1. What types of supports does the school provide you and your child(ren) with disabilities?
	2. What types of supports do you WISH the school would provide you or your child(ren) with disabilities?

Table 12.2 Teacher and teacher assistant survey sample questions

Types of questions	Sample questions
Likert-scale	1. I am confident with working with students with disabilities in inclusive setting
	2. I provide useful information and resources to families of students with disabilities in my classes
Open-ended	1. Name at least *three* strategies you used to support families of students with disabilities
	2. How can the school better support you as a teacher (as a teacher assistant), so you can know how to support families of students with disabilities in inclusive setting?

Table 12.1 for sample questions) about their evaluation on the effectiveness of how the school supported them and their students with disabilities.

The survey for teachers and teacher assistants consisted of 10 Likert scale questions ranging from 1 to 4 (1 = strongly disagree; 4 = strongly agree) and 8 open-ended questions (see Table 12.2 for sample questions) about their perceptions of working with students with disabilities and supporting their families. Mean and standard deviation were used to analyze the quantitative data of the survey. Content analysis was used to analyze the open-ended responses. Themes that emerged from the open-ended responses related to the purposes of the study were analyzed. The open- and close-ended responses obtained from the survey were compared to cross-validate the participants' responses.

Outcomes

Parent Support Teachers, teacher assistants, and parents ranked family engagement as one of the key areas that the school did well. Many parent participants felt that SWCSS teachers were knowledgeable and prepared to work with and support their students with disabilities (M = 3.28, SD = 0.75). They felt that the teachers cared about the progress of their child and paid attention to what their child's potential was (M = 3.33, SD = 0.69). Parents also reported that they frequently received helpful information and resources from teachers about how to better support their children with disabilities at home (M = 3.33, SD = 0.59). Consistently, teacher assistants (M = 3.33, SD = 0.69) and teachers (M = 3.47, SD = 0.51) also reported that they paid a lot of attention on working with and supporting families of their students with disabilities.

Fifty-six percent of the parent participants indicated that they chose the school because of its mission on catering to the diverse needs of students. They had also attended the school's student recruitment events, which heavily impacted their decision on choosing the school. The parents stated that the teachers not only cared about their children with disabilities but also were willing to spend additional time addressing students' needs. They felt that the SWCSS teachers were experienced in working with students with disabilities and frequently informed them of their child's progress. This close communication was crucial to the families, because they felt that teachers strongly emphasized the importance of home-school partnership.

Support for Students with Disabilities In addition to parent engagement, survey data indicated that SWCSS teachers spent a great deal of time caring and supporting students with disabilities. Among the 18 parent participants, 17 of them reported that SWCSS teachers had a great rapport with students with disabilities. Furthermore, they frequently motivated and engaged their students. These data were consistently reflected on the survey data of teachers (84%) and teacher assistants (88%).

When asked what types of supports the school provided were the most helpful, parent participants who had children with autism indicated social skills group and speech therapy. Furthermore, one-third of the parents indicated that the care teachers were willing to offer to their students with disabilities was impressive. One parent of a child with hearing impairment said,

> We recently learned that our child's right ear has problems. We have a close relationship with the teacher and informed her. As soon as the teacher learned about it, she immediately moved my child to the right side of the class, so my child could listen to the lectures using her good ear, left side.

Another parent of a child with autism reported that,

> My child had difficulties with English and Chinese dictation. His teacher met with my son, provided him with guidance, and set learning goals with him. Now his academic performance has made a significant improvement. I am pleased that I transferred my son to this school.

Furthermore, 39% of the parents reported that having a teacher assistant in each class was very helpful. The teacher assistants not only could help manage classroom but could also help address the individualized needs of students with disabilities.

Recommendations to School Administrators

The survey data clearly indicated that the school had utilized multiple ways to engage families of students with disabilities, such as providing them with information and resources, maintaining close communication with families, offering workshops to them, and supporting students with disabilities in inclusive classrooms. Previous studies have shown that when families were engaged, students were more likely to make adequate progress in schools (e.g., Fehrman et al. 2015; Simpson et al. 2011). Furthermore, families could see that schools value them as their equal partners.

In addition to evaluating the school practices on engaging families and supporting their children with disabilities, families were asked to offer suggestions to the school administrators on what improvements they could make. One-third of the parents indicated that the school had done an excellent job in supporting them and their children with disabilities, so no further changes were necessary. Below were suggestions from the rest of the parent participants:

1. *Partner with parents and address student issues.* Although teachers had utilized various effective strategies to work with students with disabilities, parent participants were interested in collaborating with teachers and determining ways to address student issues, such as behaviorally and/or academically. These families felt that they knew their children very well and could offer suggestions on what might work well for their children.
2. *Reduce daily homework.* Due to the disability of the students, parent participants noticed that their children had to spend almost 4–5 h on daily homework. They would like school to consider reducing daily homework or modify the daily homework, so students with disabilities didn't have to spend too much time on them. They would like their child to be involved in activities besides homework, such as having more time to read and/or participating in other extracurricular activities.
3. *Increase activities beyond school work.* Due to the focus of testing in HK educational system, school time was often spent on academics. Parent participants would like their children to be exposed to activities beyond school work, such as outdoor activities, physical education, music, and art.
4. *Give families of students with disabilities opportunities to network.* While school did a great job in engaging and supporting families of students with disabilities, parent participants felt that it would be great if school could provide them with opportunities to network with other families of students with disabilities.
5. *Offer opportunities for parents to volunteer.* All the parent participants were strongly satisfied with what the school had done to support them and their children with disabilities. They would like to have more opportunities to contribute back to the school. The families felt that the school cared so much about their children. They were interested in having more volunteer opportunities at the school. They felt that their collaboratively relationship with the school could also serve as a good role model for their children.

Discussion

Having children with disabilities can be a difficult journey for many parents. In HK, since test scores are heavily focused in schools. Teachers often assign a large amount of homework to students. Whether or not to assign homework and what types of homework to assign continue to be a debated topic (Marzano and Pickering 2007). If the purpose of assigning daily homework is to allow students with disabilities to practice what they have learned in school, then teachers have the responsibility to determine what accommodations and modifications should be made, so the assigned homework will be meaningful and appropriate to the students and not become a burden (Warger 2019).

When families learn that their children have disabilities, they may go through a cycle of mixed feelings about their child's diagnosis, such as denial, anger, grief, guilt, confusion, powerlessness, disappointment, and rejection (National Information Center for Children and Youth with Disabilities 2003; Sheehey and Sheehey 2007). Some families of children with disabilities may feel that they may not have the ability to change the outcomes of their child's disability (Twoy et al. 2008). Some families may view the causes of their child's disability are their fault (Chan and Chen 2011; Lo 2009b). These families need not only information and resources regarding their children's disability and how to advocate for their children but also psychological and emotional support. Opportunities for families of students with disabilities, such as parent support group, to network with each other could be helpful (Lo 2010). Families of students with disabilities who are new to the special education process may be able to learn from other experienced families, who have gone through the process and could share tips and strategies with them. If a community support group is not available, SWCSS can consider creating a school-based parent support group for their families. Lo et al. (2014) conducted a study that investigated the effectiveness of a school-based support group in HK. Results of their study indicated that the participated families not only could receive support and resources from other families, but they also felt that their active participation in the school-based parent support group empowered them to take a more active role in school and improve the organization of the school.

Furthermore, providing families with information and resources, keeping families informed of their child's progress, and offering them opportunities to be engaged in school are crucial. Engaging families and giving them opportunities to problem solve issues their children face are equally important, since families know their children well and could reinforce the skills students need to learn at home (Lo 2009a). In addition to inviting families to school meetings and events, schools should consider engaging families in various contexts. For example, Adams et al. (2003) suggested that schools could survey their teachers at least twice a year and determine the types of support they need. Based on the information, school could allow families to choose the activities they prefer to participate. This would not only allow families to be more engaged in schools but also show families that they view them as equal partners. When schools and families work collaboratively, the ones who benefit from this partnership are our students with disabilities.

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Chapter 13
Preparing Israeli Teacher Candidates to Develop Professional/Family Partnerships

Rachel Ravid and Laurie Katz

Abstract This chapter describes a unique practicum in an early childhood special education teacher preparation program in Israel. During practicum, each teacher candidate at Oranim College in Israel was assigned to work with family of a child, ages 5–6 years old, who had disabilities or was considered "at risk" for developmental delays. Teacher candidates met with the child and his/her family weekly for about 5 months. Based on the strengths and needs of the child and his/her family, a transition plan was designed to promote the child's entry into formal education. Throughout the program, teacher candidates designed and implemented evidence-based interventions in areas of literacy, math, and self-regulation for young children. Program evaluation data suggested that teacher candidates communicated with families in a manner that developed trust and partnerships and, in turn, empowered families with information to make decisions about their child's growth.

Keywords Practicum · Cross-cultural dialogue · Early childhood special education · Teacher training

Family engagement has always been perceived as an important component in promoting children's growth. One such example is the provision of services to families of young children from low socioeconomic backgrounds which enhances the effectiveness of early intervention (EI) programs (Consortium for Longitudinal Studies 1983). Another example is Henderson and Mapp's (2002) analysis of 80 studies of parental involvement activities ranging from preschool through secondary grades in the United States (USA). Results of these studies suggested that family engagement led to student achievement when programs were designed to support children's

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academic learning and when respectful and trusting relationships were built among school staff, families, and community members.

Preparing teachers to engage with families is becoming more integrated within teacher education programs. Furthermore, such programs emphasize involvement in respectful and productive ways, embracing families from all cultural, racial, linguistic, and socioeconomic backgrounds as well as varying abilities of the children within the context of their families. However, only a few field experiences are embedded in teacher education programs that provide opportunities for teacher candidates (TCs) to not only practice how to develop productive and positive relationships with families but also to understand how to support families who have children with special education needs (SEN). This chapter describes a program, Partnerships with Families (PWF), which consists of in-depth field experiences connected with related coursework within a teacher preparation college in Israel. PWF has been operational for over 10 years and has recently undergone changes in its theoretical framework from a deficit to a strength-based approach.

The authors, a teacher educator in early childhood teacher education in Israel and a teacher educator in the USA, began collaborating about 7 years ago on designing a framework to support teacher candidates to work in inclusive early childhood educational settings. Through the years of cross-cultural conversations, they exchanged their experiences and knowledge regarding ideological and pedagogical perspectives on children with SEN and their families. They recognized their ethical stance and obligation for social reform that addressed equity and quality education for young children within their natural settings. These cross-cultural contributions are made visible in the redesign of PWF to enhance the TC's implementation of (1) strength-based approaches for better understanding the child within the context of the family's experiences that includes their cultural, linguistic, religious, and socioeconomic backgrounds; (2) effective communication strategies to promote parent-professional partnerships; and (3) an attitude of caring and empowering families to better prepare their child to transition to formal schooling. In this chapter, background information is provided about Israel related to the PWF program, followed by theories, program structure, principles and guidelines, program evaluation regarding the program's impact on preparing teacher candidates, and ending with lessons learned.

Families in Israel: Historical and Cultural Perspective

Israel is characterized as an immigration state in which its inhabitants have historically left or fled countries from religious, racial, and cultural persecution to find a homeland to practice their own values. The country's independence was declared in 1948. Israel's current population is estimated at about 8.8 million, with 75% Jews, 21% Arabs, and the remaining 4% comprising as Christians, non-Arabs, Muslims, and those who don't have an ethnic or religious affiliation (Jewish Virtual Library

2018). The population is becoming more diverse, as evident in more recent positive encounters between eastern and western cultures within the country.

For centuries, the Jewish tradition has stressed the importance of creating and sustaining the family unit across generations through both formal and informal structures. State regulations reflect the identification of the Jewish religion as inseparably intertwined with all levels of governance, an identification evidenced in the empowerment of the traditional family unit by enhancing individual member's rights (Gavriel-Fried and Shilo 2017). The centrality of the family unit is also evident in the general, albeit informal but pervasive view, that being single is typically considered only a temporary stage leading to the creation of family. Remaining single beyond the age accepted by the Israeli society, or being married, but remaining childless, has created some dissonance in social relationships. Having children, therefore, is considered to be the main purpose of marriage, and accordingly Israel has a considerably higher birth rate than other western countries (Birenbaum-Carmeli and Carmeli 2010).

Furthermore, many social networks are based on family-based relationships and involvements during different phases of the life span. For example, children's ages and their life processes are the basis of social relationships and institutional involvements from an early age in educational settings and through and beyond their involvement in the Israeli army. At the same time, families who have children with SEN are challenged in navigating their child's pathway to adulthood due to limited social interactions which are often experienced as a result of their child's abilities and/or as an outcome of general societal stigmas which limit their opportunities of being accepted into the mainstream. An objective of PWF is to help early childhood special educators support such families through enabling them to experience a sense of belonging in their schools and community settings.

Theoretical Framework

The authors began their collaboration through a cultural historical framework. In this framework, each engaged in a process of knowledge transfer (i.e., lending and borrowing) to improve their educational systems and, thereby, discovering what could be learned from each other's culture that would contribute to their improved practices in their home countries (Artiles and Dyson 2005). Thus, it was important to them to consider the interactions of culture and context when discussing theories and approaches regarding family engagement between families of young children with SEN and professionals.

Furthermore, Bronfenbrenner's (1986) ecological systems model was recognized by both authors as a key theory to understand the complexity of relationships within the transition process between children, families, and professionals. According to this model, the environment in which the child is active is composed of different, interrelated systems. This environment greatly influences the child's well-being within two main systems, home and school. These two are regarded as the child's direct living contexts. Interrelationships between these two contexts (called microsystems) constitute the mesosystem in Bronfenbrenner's model. An important contribution of the ecological approach lies in the claim that as long as the systems in which the child grows work together and support each other, the child's development is empowered (Bronfenbrenner 1986). Lack of collaboration or conflicts between these two systems might negatively influence the child's well-being and educational success. On the other hand, systems that jointly address the child's needs have a greater influence on the child's well-being and development.

For young children and their families in Israel, entering first grade demonstrates the importance of these systems working together. From an ecological approach, transition from kindergarten ages 5 to 6½ years old to formal schooling creates a new microsystem for the child/family and with important relationships between the child/family and this new educational setting. Families of children with SEN often find transition to school a stressful experience (Curle et al. 2017) and need a greater degree of adjustment to the school system. Families report having concerns about how their child would function in a formal first grade setting that is greatly different than their kindergarten (McIntyre et al. 2006). For example, children are required to be *ready* to enter first grade by demonstrating academic and socio-emotional competence and self-regulation skills geared toward a particular developmental level. In first grade, children perform activities that warrant higher executive functioning skills in order to obtain and reach academic goals (Blair and Razza 2007). In addition, they are required to adjust to new teachers who implement more teacher-directed and seatwork activities in a learning environment where all children are expected to perform at similar standards (LaParo et al. 2006; Sink et al. 2007). A new educational environment with new people and systems of support highlights the need to not only develop strong relationships between the family and school but with other agencies to promote a smooth transition (Curle et al. 2017).

Many early intervention programs are designed to prepare children to be ready for first grade by primarily focusing on academic competence in literacy and math. The focus on academics is influenced by the indirect contexts, such as local and national educational policies that are part of the exosystem, which affect the child's immediate environments. For example, school districts require children to be "ready" developmentally to enter formal education and, upon eligibility, determine services that may be needed, either within a segregated or an inclusive educational setting. Although parents may have a voice in the process, such services are, essentially, determined within the school district's policies, thus often placing, arguably, undue stress on the family and, indirectly, on the child.

The first author aimed to redesign the PWF in a manner where the TCs would learn how to strengthen relationships between the family and school during this transition process. Strengthening these relationships entailed developing partnerships between professionals and families where goals, power, and responsibility are shared on behalf of the child. These types of partnerships differ from a hierarchal relationship where the professional acts as an authority figure. Teachers who act in an authoritative role without considering the family's daily experiences including their cultural, linguistic, and religious backgrounds often hold a deficit orientation of children's learning by identifying and remediating weaknesses in the child and teaching skills to enhance their development. Thus, children with SEN may only be identified as to their delays, not included in classrooms with their peers or labeled as "at risk" for school failure. Children's school failures have often been linked to critical learning experiences that are deemed to be missing in some homes, particularly in homes of children from low socioeconomic backgrounds and linguistically, culturally, and ethnically diverse populations who are marginalized from society. In these situations, a message prevails "it is the family that must be fixed" (Taylor 1997, p. xvi) or "re-socialized" to compensate for its presumed deficiencies (King 1994).

The first author wanted to instill in her TCs a humanistic perspective similar to the well-known Jewish educator Janusz Korczak who promoted compassion for children and caring communities in which the child has opportunities to flourish (Korczak and Gawronski 1992). The second author's implementation of strength-based approaches with her early childhood educators was helpful in promoting a humanistic approach, particularly her use of the concept of funds of knowledge, defined as (historically accumulated and culturally developed bodies of knowledge essential for household or individual functioning and well-being) (Gonzalez et al. 2005). With the second author's support, the first author adopted and adapted the funds of knowledge approach within the practicum to help the TCs perceive families as competent and capable informed decision-makers.

Program Structure, Principles, and Guidelines

PWF is part of a four-year undergraduate early childhood special education program situated in an academic college of education near a major city in the northern part of Israel. PWF consists of a field experience that focuses on interventions with a child in the context of the child's family and community. The program involves collaboration within and outside the college community. As part of the college community, TCs enroll in content courses that are connected to their field experiences such as literacy and mathematics as well as courses related to families of children with SEN. Instructors, who lead field experiences, connect the community agencies and schools through which the families are referred to the program. These community organizations provide services to young children with SEN such as identification and assessments of children and early intervention services (e.g., psychologists, special educators, and specialists).

The PWF goals were to prepare TCs to (1) interact with families and other agencies involved in the child's life, (2) transition identity development from a student to early childhood special education, and (3) assist the family to become more a part of the life of the community and school. The program structure consisted of two phases. The first phase of the experience involved TCs getting to know the child with the context of the family for approximately 2 months. This phase usually occurred in the family's home. Home visits were considered as an essential component of the program that affords TCs opportunities to spend time with families in their natural environment and to better understand their unique circumstances and interests in order to maximize program aims, processes, and resources (Korfmacher et al. 2008). The second phase consisted of about 15 meetings that were held at the college where TCs conducted activities with the child. Family members were invited to participate in part or the entire activity. Each session usually ended with an assignment of an activity suggested to the family to conduct with the child. Throughout the first and second phases, the TCs' experiences were mediated by their supervisors, individually and with the other participating TCs, to discuss their challenges and shared understandings of these families. At the end of phase two, TCs provided a written report given to the family that entailed a summary of the interventions and suggestions offered to further enhance the child's learning during the summer break before the child entered school. TCs' contacts with the children and their families were facilitated by a college supervisor.

Program Evaluation

A program evaluation was conducted during the year of the redesign of the PWF practicum. Twenty TCs/families participated in the evaluation. TCs consisted of Israeli females between the ages of 24 and 30 years old from diverse cultural, socioeconomic, and geographic Israeli backgrounds. All but two of the TCs who participated were single. Only one participant was married and had a child.

Families were selected by kindergarten teachers and psychological services of the municipality. These families were from working to middle-class backgrounds and had children with delays and/or at risk of failure for formal education. Four children came from special education kindergartens and were primarily diagnosed with language and communication challenges. Sixteen children had diverse challenges, such as hearing loss, short attention span, and difficulties within the areas of executive functioning and self-control.

The first author knew the TCs for 3 years since they began the program. She interviewed both the TCs and families and matched each TC with a family based on their characteristics, such as personalities, type of child, and perceptions of the intervention.

The methodology conducted for the program evaluation was the qualitative relational phenomenology due to the program's emphasis on social relationships and interactions between the program's participants and the researcher (Finlay 2014). Data were collected to explore the nature of TCs' experiences with the families that included semi-structured interviews conducted by the program director with the TCs, documented conversations between the TCs and their supervisors, and the TCs' reflexive written texts including a journal of their insights following activities with their assigned families. In addition, data from the families were collected at the beginning of the program through a survey focusing on their perceptions of their child, the child's needs, and their role in supporting the child through the transition process. Throughout the project, the program manager met individually with each family at least twice and documented their experiences (e.g., field notes, photos) about the program. Analysis of the data followed the principles of thematic analysis that was searching for patterns across TC/family assignments and seeking to construct thematic structure (Smith et al. 2009). These themes were interlinked to create holistic descriptions (Finlay 2014).

Each TC completed approximately 18 activities with their assigned families that included enjoyable physical activities (e.g., running, walking, climbing on playground structures), playing games, and promoting academics through reading books and engaging in mathematic games. Some activities took place at the families' home, while the other activities occurred inside and outside of the college, such as library, zoological rooms, and botanical gardens. All of the TC/family assignments continued throughout the program except for one TC who was reassigned due to the family's lack of commitment to the program.

Analysis of the data demonstrated that many of the TCs expected to engage in these activities individually with the child. However, they were surprised to find that the children often didn't want to be alone with them and preferred engaging with the TC and other family members. Through conversations with parents and in-person contacts with the child and family, the TCs developed an empathetic perspective and were less judgmental to the family's perspectives. TCs realized that families had different ways of involving themselves in their children's growth and that interventions needed to be adapted to family's lifestyle. TCs developed a responsibility to their families in providing strategies to support the child's learning in formal and informal settings as well as providing parents with the ability to advocate for their children. Initially, supervisors were needed to support TCs' challenges with their families, but, as the TCs developed relationships with those families, they became more competent in addressing these challenges without the supervisor when engaging with families.

We will focus on three TC/family cases (Mitchell 1984) that exemplify how TC gradually gained their knowledge about the importance of family engagement and their role as a professional in engaging with families to promote the child's development. These three cases were selected for three reasons: (1) their focus on the well-being of the family and not just promoting the child's academic growth; (2) the diverse needs of the children which highlight an important aspect of EI services before starting formal education; and (3) how strength-based approach was used to interact with families.

Case 1: Sharon and Keren

Keren, aged 6, lived primarily with her mother and visited her father several times per month. Her mother was employed as a full-time nurse at a hospital and often scheduled overtime hours to increase the family income. Keren's maternal grandparents played a very supportive role by caring for Keren when her mother was unavailable. All family members were born in Israel. Her grandmother, who had a post-secondary degree, was responsible for picking up Keren from school and maintaining strong connections with Keren's kindergarten teacher. She was very aware of Keren's social-emotional and academic development and spent a lot of time promoting her growth by engaging in walks and reading with her. She was the family member who often brought Keren to PWF's visits with Sharon (TC).

Keren was described as a very smart child with a sense of humor and enjoyed engaging in play, movement, and drawing activities. She was interested in animals and had several pets she assumed responsibility for feeding, caring, and taking outside. For the first half of the practicum, Sharon and Keren's relationship took time to develop. For example, Keren would often reject Sharon's invitation to engage in an individual activity that focused on academic skills. Keren's rejection was difficult for Sharon, even though she was aware that forming new relationships was a challenge for the child. By sharing her feelings with both Keren's mother and grandmother, Sharon learned from them that Keren would speak positively about her and would be eager for her visits with Sharon.

As the transition plan was being implemented, Sharon shared several concerns in the form of questions to her supervisor. For example, how can she find time to speak with mother about her child within the mother's busy work schedule? How can she empower the mother's role during intervention? How can she engage Keren in constructive individual learning activities? With these concerns in mind, Sharon initiated a meeting to review the interventions with mother, grandmother, and PWF supervisor. Prior to the meeting, Sharon collected information from Keren's kindergarten teacher about her performance in the classroom to share with the family.

The meeting was held during the evening at the grandparents' house. All participants sat around a dining table. The mother sat by herself and the grandmother, Sharon, and supervisor sat together in front of mother. Sharon began leading this meeting with aims of the field experience, a description of Keren and transition goals. When presented with the description of the child's involvement within the intervention, Keren's mother became defensive when concerns were shared about Keren's development. The mother seemed to think that Sharon, grandmother, and supervisor negatively judged her role as a mother. The supervisor and Sharon addressed mother's concerns by highlighting positive aspects of her relationship with Keren stating the close bond the child had with her mother and stressing how apparent was the mother's caring for her daughter while also expressing empathy to her own experience as a single working mother.

When realizing the stress mother was experiencing, the supervisor initiated a change in seating arrangements, moving closer to the mother. Sharon then slowly made a shift in describing the child's strengths and needs as they became apparent in the activities. She aimed at mentioning to the parent about what's best for the child. Although the beginning of the meeting didn't go smoothly, the mother later realized herself as someone who did her best to be a "good" parent. By the end of the meeting, the mother spoke about Keren's needs and did not exhibit defensive behavior. A transition plan was then agreed upon which included goals for (a) promoting Keren's literacy and math skills, (b) helping mother better understand

Keren's needs especially spending more quality time with her, and (c) promoting positive expressions of Keren's emotions.

Case 2: Donna and Ari

Ari, aged 6, came from a working-class background and lived with his mother, father, and younger sister. Ari has an extended supporting family. All family members were born in Israel. Ari's parents worked long hours outside of the home. Ari's mother worried that he was not getting enough attention from her, because she had to work two jobs, one of which was in her home selling girls' accessories and clothes. The family wanted Ari to succeed in school and was very aware of the different requirements of kindergarten and first grade. However, they lacked knowledge about how to support Ari's development. Ari was described as a loving and positive child, always smiling and thinking creatively. He was diagnosed with attention deficit disorder and displayed a very short attention span and exhibited an impulsive behavior. His verbal language consisted mostly of short phrases.

After about only two TC/family visits, Donna (TC) found Ari's family situation very similar to that of her own childhood, including Ari's hyperactive behaviors and having professionals coming into the home to provide assistance to family members. She wrote in her journal, "the house is so similar to the house I grew in, and I remembered each time I was excited about new people who came into my house to help me." The transition plan for Ari mostly focused on (a) promoting Ari's motivation and curiosity to learning, (b) providing strategies while assisting Ari to be aware and express his emotions in an appropriate manner, and (c) promoting his verbal language.

Donna and her PWF supervisor described Donna's relationship with Ari's mother as a very close and supportive relationship. Donna often communicated through cell phone with his mother sharing concerns about Ari. By the end of the field experience, Donna recognized a change in the manner in which mother perceived Ari's behavior. The mother was no longer describing Ari's behavior in negative terms such as "drives me crazy," "doesn't listen," and "not calm and doesn't stop moving" to better understanding the nature of his behavior such as "he is impulsive and needs to regulate his reaction." Donna related this change to the discussions she had with mother describing Ari in a strength-based approach, stressing Ari's motivation to learn and how he managed to regulate his attention and behavior when engaging in a meaningful learning situation. Donna also recognized mother's constant reference to reasons for Ari's behavior as well as her modeling for him how to regulate his behavior, as evidence of change in her perceptions of her child. In addition, Ari's mother implemented activities with him that were suggested by Donna, such as word recognition, writing skills, reading books, as well as identifying numbers and counting. While doing the activities at home, mother documented Ari's responses and wrote detailed descriptions in a journal regarding Ari's involvement within the suggested activities. Donna learned that her role as a professional was not only to be empathetic but to provide information to the family that would assist in the child's transition to formal education.

Case 3: Shani and David

David, aged 6, lived with his mother who was born in the USA, father who was born in England, a sister, and a brother. All the children were born in Israel. The family communicated in English and Hebrew, with English being their first language and the language predominantly spoken in the home. The family was Jewish and observed Jewish holidays including Shabbat during which they only *rested* and did not use instruments that engaged energy such as driving. They moved from one city to another city in Israel to improve their children's lives.

The family welcomed PWF because they felt isolated with little support from friends and family. David was described as being creative and curious. Shani (TC) wrote in her journal, "when walking back from the kindergarten, David collects things he finds on the street and invents all kinds of things." David transitioned the next school year from kindergarten to a Montessori program for first grade. The family was very aware of David's developmental needs and thought the Montessori program would be the most effective educational setting for his first grade experience.

The parents were very concerned about David's socio-emotional development. He exhibited anxious behaviors such as being afraid to go to sleep and experiencing bad dreams. He had difficulty separating from his mother and siblings. Shani found that the mother's flexible work routine enabled her to provide a stable home for the children while caring for their well-being. She worked at home when the children were sleeping and was, therefore, able to provide daily family routines. The family focused more on David's socio-emotional than his academic development. During home visits, Shani found it difficult to be with David on an individual basis. Her meetings with David were held in the living room where all the family members would gather. Being with all the family members made it difficult for Shani to establish a close and trusting relationship with David. Additionally, David lacked motivation to participate in the literacy assessment, even when Shani revised the assessment to include enjoyable activities. The parents reported that David experienced anxieties, lacked interest in any literacy or math activities, and had difficulties separating from his mother. There was continuous communication between mother and Shani about David's behaviors.

By the end of the field placement, David still exhibited anxious behaviors, but for the first time, the parents reported that they didn't feel alone in the process of making educational decisions and advocating for their child. An important insight gained by Shani was that even though she wanted to focus on both academic and social-emotional goals, it was important to design a transition plan that respected family values. Ari's parents wanted transition goals to first grade that only addressed his social-emotional development.

To summarize, when given the opportunities for TCs to get to know the children and their families, they developed awareness to family strengths, structures, and dynamics. Being aware of family's value systems resulted in their ability to respectfully engage families from diverse background. In case 1, Sharon (TC) acknowledged Keren's close family relationships with family members including her grandmother who was aware of Keren's needs and actively engaged in helping Keren transition to first grade. In case 3, Shani (TC) identified and respected the family's humanistic values which included less emphasis on promoting David's academics and more emphasis on his socially emotionally preparing him for first grade. This was also highlighted in Donna's relationship with her family where she wasn't judgmental of mother's emphasis on addressing the daily needs of the child rather than also focusing on the transition process to first grade.

Furthermore, TCs grew to recognize how different families responded to their support. Although the activities were designed to be integrated into the families' daily lives, parents responded differently to these activities. Thus, TCs had to creatively design activities that were relevant to both the child and the parents and in which the parent felt competent to implement. For example, Shani recognized the mother was unavailable to implement academic assignments during the afternoon. Consequently, Shani, with mother's input, revised the activity so David and his mother would talk about his most enjoyable activities during each day while mother wrote about the activities. However, in case 2 where Ari's mother didn't implement the activities at all, Donna, based on the child's high motivation to learn and his experiences during the activities at the college, presented a list of short and simple academic assignments, visually organized in a checklist enabling the mother to easily engage with any of these activities and documented the child's performance.

Lessons Learned from the Program

PWF is a unique field experience due to the number and types of authentic interactions and experiences between TCs and families of young children with SEN within their homes and community settings. Preparing TCs to engage within families' lives requires skills and knowledge as well as sensitivity and respect to family circumstances. Although critical skills were learned and positive TC/family relationships developed, most of the TCs exhibited many concerns during the practicum regarding their roles and interactions with the families. These concerns may have been heightened since most of the TCs were single with no children and hadn't engaged with families as a professional. Supervisors played an important role in addressing their concerns by modeling engagement with families in real time, conducting reflective dialogue with TC and conceptualizing principles to engage with families. Addressing TCs' concerns and previous knowledge about the roles of parents in the child's education is supported by Winder and Corter (2016). Although the supervisors addressed these concerns, more structures within the program are needed to prevent or alleviate some of these concerns. For example, families who have young children with SEN besides the assigned TC/family visits who participated previously in the practicum could discuss with TC's interactions, suggestions, and other supports they found helpful from their assigned TCs. In addition, role-playing scenarios in a "learning context" with actual families who have children with SEN may be helpful to initially learn some of the similarities and differences between families who have children with SEN and their own families.

Throughout the practicum TCs are learning how to engage in new forms of relationships with families as well as learning how to support families of young children with SEN through the transition process to formal schooling. These roles often challenged many of the TCs in terms of unexpected interactions that occurred with their assigned families without understanding reasons for the families' interactions. The authors call for activities within the field experience that positions TCs in the role of co-learner with the child and family. Being a co-learner positions the TC as a collaborator or partner in promoting the child's development. As a co-learner, the TC explores, listens, and responds in a proactive manner that strengthens relationships between the child, family members, and teachers. As a co-learner, the TC empowers the parent with information to support the child's transition to first grade (e.g., child development, transition issues, and learning opportunities). With this information, TCs and family members can collaboratively design goals and activities that support the well-being of the child within the context of the family and the community.

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