

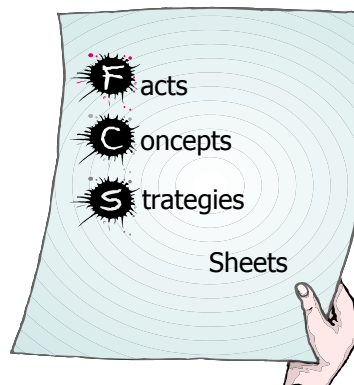
This FCS Sheet is #6 of an 18 part series on family-centred service.

If you are interested in this FCS Sheet, you may also want to read:

[FCS Sheet #7: Parent-to-parent support](#)

[FCS Sheet #14: Advocacy: How to get the best for your child](#)

Key definitions and a list of the topics in this series can be found at the end of this FCS Sheet.



Identifying and Building on Parent and Family Strengths and Resources

Does this sound familiar?

After their concerns about their youngest daughter's developmental difficulties are identified, the Jones family is referred to your program. They express their comfort with being in the hands of the "experts" because they say they know very little about disability. They appear vulnerable but are anxious to do the right things for their daughter. You learn that both parents work outside their home. They are also the parents of two other preteen children who are thriving. Despite this, the parents and grandparents are now worried about the preteen children because of the commitments they will have to the youngest child. You offer reassurance about the services and about your expectations for their daughter's further development, but recognize that they may need more support.

Relevance

In all child services – be they medical, educational or social services – service providers work with the family as well as the child. While it is the child's condition or predicament that brings the family to a specialty service, the parents are the people who work with the service providers and who receive the advice and recommendations. It is obvious that the child's development unfolds within the family setting, and that the relationship with the family is important.

What approaches can service providers use to help families overcome their initial (and often continuing) feeling that there is a large gap in knowledge and skill between "them" and "us"? There are many ways to address this "gap" including: giving parents information about their child and the child's condition, linking parents with others who have travelled the same road, and offering supportive counselling. For specific information about these approaches, refer to FCS Sheets # 7 – *Parent-to-parent support*, FCS Sheet #8 – *Effective communication in family-centred service*, and FCS Sheet #10 – *Working together: From providing information to working in partnership*. Focusing on a family's strengths and resources is another, perhaps less recognized, way for parents and service providers to reach a common ground.

Facts and Concepts

Service providers in the childhood disability field (including therapists, teachers, and doctors) work with families experiencing worries about their child's health or development. They see families at a time when their vulnerabilities and stresses might be most apparent. Although these families may be going through difficult times, individuals (including children) often display resiliency in circumstances where they might be expected to be very stressed (Garmezy, 1993; Masten, Best & Garmezy, 1990; Rutter, 1979). Research has begun to include a focus on the strengths and resilience of families, particularly those with children with disabilities (McCubbin & McCubbin, 1988; Saleebey 1992).

If we accept that the family provides the most important environment for the child's development, and that service providers work with the child within this environment, obvious questions arise, such as: What are parents' and families' strengths and resources? How can these be identified? How can both families and service providers take best advantage of their strengths and resources to serve

the child's needs, as well as their own? How will parents and families access these strengths and resources while facing the extra demands in their lives made necessary by their child's situation?

Strategies for Identifying and Building on Family Strengths and Resources

The following section provides information and things that can be done to assist families in identifying and building their strengths and resources.

Assume that all families have strengths and resources

- All families have strengths and resources. These may be forgotten in times of stress and distress, but families do possess them.
- Recognize that any parent concerned enough to bring their child to a clinic or program is a parent who cares, is worried, and wants to understand the dilemma in order to help their child.
- Assume that parents know their children best and want the best for their children (Rosenbaum et al., 1998). When more than one parent is involved in the child's life, the parents may not always agree (with each other or with the service provider) about the existence or complexity of their child's issues. Service providers can support the child's parents by promoting open discussion about their concerns and by making services available at times when both parents might be able to attend (for example, evenings and weekends).

Identify the family's strengths and resources

- Recognize that strengths and resources can be identified by discussion between parents and service providers (for examples, refer to McCubbin & McCubbin, 1993; Saleebey, 1992).
- A good place for service providers to start is to ask parents! The question might be surprising to some parents, who perhaps expect professionals to judge them and their parenting efforts, or to focus exclusively on problems. It may be very useful to let them know that all families have strengths and resources, and to ask the parents to think about their own resources.

- A good place for parents to start is to tell service providers about their strengths! An open discussion may help families to identify their resources and inner strengths. It may also remind them of other people and resources who may be helpful and supportive.

Explore the resources available through extended family and friends

- The involvement, interest, and support of extended family members and friends can be an invaluable resource to a family. Work by King et al. (1999) has shown that informal social supports are very important in reducing parental stress about a child's disability.
- It is useful to ask who else in the family is concerned about the child. What do the grandparents think? Do members of the extended family have any regular role in the life of the child and family? Are there family members or friends who are willing to be directly involved in the child's care? Can they attend appointments to learn about the child's condition and learn what they can do to help?
- With – but only with – a family's agreement, service providers can offer to involve family or friends in the issues. The idea here is to give parents "permission" to identify and then to use their supports and resources to their best advantage. Parents should always feel comfortable to involve family members and friends that they feel can be helpful and supportive to them and their family.

Explore the family's skills and interests

Parents may have strengths and resources, based on their vocational roles, past training, social attachments or special interests. Encouraging parents to identify these strengths, at a time when they might feel particularly vulnerable, may help them to recognize that there are aspects of their life that reflect capacity and ability. This process can help parents to regain a sense of competence when their child's difficulties challenge that feeling.

Recognize the family's concerns

- It is too easy for service providers to be critical of a parent who appears to be denying or minimizing what is believed to be a serious problem. For example, in the eyes of the service provider, some parents may appear to underestimate the severity of their child's difficulties.

- On the other hand, service providers may be expecting too much if they want the parents to be fully aware of the subtleties of developmental difficulties. The fact that the parent is concerned should be a sign that everyone is on the same page, even if not yet on the same line! Parents and service providers can then use the shared concerns as common ground for discussing the issues and the options for services.

Summary

Because service providers meet families under circumstances of stress and worry - families wouldn't be in these systems unless there were problems! - it is easy to see only their vulnerabilities and their sensitivities. When service providers learn about families' strengths and resources, they gain an understanding of the "persons" who are with them in the role of parent, but who have additional dimensions to their lives that may not otherwise be apparent. This may help everyone to reframe their view of a family, and relate to people and families, rather than just to the "parent", who first enters the "system".

Does this mean service providers need to befriend every parent? Not at all. It simply means that service providers should try to be aware that the people they meet are not only parents, but are fellow adults with many dimensions to their lives, and many qualities. They certainly have many strengths and resources to approach the challenges of having a child with a disability or complex health need.

Returning to the Jones family, what information have the service providers gleaned from them in a first visit that might be helpful in talking about their family strengths? Service providers can ask about the parenting strategies that have apparently worked well with their older children. They can remind the family that their role with their youngest daughter is still a parenting (rather than a "therapist") role. Remember – they are parents first! They appear to be successful in this role with their other children. It is important to offer the family the chance to involve grandparents actively, on their terms, if the elder generation plays an active role in the family's life. Service providers can inquire about the ways that the parent has been able to blend their work outside the home with their family life. It is important to know what they do for fun as a family, and to offer suggestions (if needed) about how that can still happen with a child with a disability. Finally, they can be clear about the fact that, in a family-centred approach to services for their daughter,

their perceptions, expectations and needs will be the basis of a negotiated approach to services. Family-centred service providers will support them in their roles as parents of a child whose development everyone wishes to enhance.

Resources

- Garnezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry, 56*, 127-136.
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- Rosenbaum, P., King, S., Law, M., King, G., & Evans, J. (1998). Family-centred service: A conceptual framework and research review. *Physical & Occupational Therapy in Pediatrics, 18* (1), 1-20.
- Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health, 14*, 626-631.
- Saleebey, D. (1992). *The strengths perspective in social work practice*. White Plains, NY: Longman.

Key Definitions

Family-Centred Service – Family-centred service is made up of a set of values, attitudes and approaches to services for children with special needs and their families

Family-centred service recognizes that **each family is unique**; that the family is the **constant in the child's life**; and that they are the **experts on the child's abilities and needs**.

The family works with service providers to make informed decisions about the services and supports the child and family receive.

In family-centred service, the strengths and needs of all family members are considered.

Service Provider – The term service provider refers to those individuals who work directly with the child and family. These individuals **may** include educational assistants, respite workers, teachers, occupational therapists, physiotherapists, speech-language pathologists, service coordinators, recreation therapists, etc.

Organization – The term organization refers to the places or groups from which the child and family receive services. Organizations **may** include community programs, hospitals, rehabilitation centres, schools, etc.

Intervention – Interventions refer to the services and supports provided by the person who works with the child and family. Interventions **may** include direct therapy, meetings to problem solve issues that are important to you, phone calls to advocate for your child, actions to link you with other parents, etc.

Want to know more about family-centred service?
Visit the *CanChild* website: www.canchild.ca
Or call us at 905-525-9140 ext. 27850

FCS Sheet Topics

The following is a list of the FCS Sheets. If you are interested in receiving any of these topics, please contact *CanChild* or visit our website.

General Topics Related to Family-Centred Service

- FCS Sheet #1 – *What is family-centred service?*
- FCS Sheet #2 – *Myths about family-centred service*
- FCS Sheet #3 – *How does family-centred service make a difference?*
- FCS Sheet #4 – *Becoming more family-centred*
- FCS Sheet #5 – *10 things you can do to be family-centred*

Specific Topics Related to Family-Centred Service

- FCS Sheet #6 – *Identifying & building on parent and family strengths & resources*
- FCS Sheet #7 – *Parent-to-parent support*
- FCS Sheet #8 – *Effective communication in family-centred service*
- FCS Sheet #9 – *Using respectful behaviours and language*
- FCS Sheet #10 – *Working together: From providing information to working in partnership*
- FCS Sheet #11 – *Negotiating: Dealing effectively with differences*
- FCS Sheet #12 – *Making decisions together: How to decide what is best*
- FCS Sheet #13 – *Setting goals together*
- FCS Sheet #14 – *Advocacy: How to get the best for your child*
- FCS Sheet #15 – *Getting the most from appointments and meetings*
- FCS Sheet #16 – *Fostering family-centred service in the school*
- FCS Sheet #17 – *Family-centred strategies for wait lists*
- FCS Sheet #18 – *Are we really family-centred? Checklists for families, service providers and organizations*