Case Study

Equitable Developmental Screening

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| **Case Study** | **Discussion and Resources** |
| **Key Indicators**  “In this case study, Akilah and her family, along with the providers assessing her progress toward critical developmental milestones, demonstrate some of the key indicators of the equity-based early childhood practice of equitable developmental screening.”  Equitable practices key to this indicator include:   * Conducting screenings utilizing assessments, tools, and resources when observing an infant or toddler’s progress toward developmental milestones that incorporate an understanding of and respect for how each child and family’s unique strengths, cultural background, language(s), abilities, and experiences impact the outcomes. * Designing and implementing assessments, tools, and resources that are universal for all children by acknowledging and appropriately incorporating cultural and linguistic considerations and supports. * Ensuring accessibility for all families by recognizing and respecting each family’s cultural background, language(s), and experiences, and employing responsive and appropriate screening assessments, tools, and resources to reduce outcomes being influenced by past and present inequities in society. * Building an awareness and understanding of each family’s culture, personal beliefs, values, and biases is a foundational step toward highlighting parents and caregivers' voices and to encourage them to participate as informants during an equitable developmental screening. | The equitable practices key to equitable developmental screening are listed as bulleted items to the right. While reading the following case study about Akilah and her family,   * identify where/when these practices are demonstrated/operationalized * where there was a missed opportunity to engage in an identified equitable practice   Ask yourself, *Does Akilah’s case study provide opportunities for those involved to demonstrate each practice?*  Review [the DEC EI/ECSE (2020) standards, components, and supporting explanations](https://www.dec-sped.org/ei-ecse-standards).  *Do these support the practices and process engaged in by those conducting Akilah’s developmental screening?*  Equity in early intervention (EI)   * acknowledges, adapts to, uplifts, and amplifies families’ individual strengths, needs, and voices. * requires taking intentional steps toward ensuring all children and families have access to the resources necessary to meet their individual goals regardless of race, gender, class, language, disability, or other social or cultural identities. * ensures all children and families receive the individualized support necessary to fully meet their unique potential (i.e., cognitive, social, emotional, and physical).   *Do you agree with this definition of equity? How would you revise it? Do you feel those involved in this case study shared this definition? Why or why not?*  Review the [Recommended Practices (2014)](https://divisionearlychildhood.egnyte.com/dl/7urLPWCt5U) developed by the Division for Early Childhood (DEC).  *How do these practices align with the equitable practices identified for this indicator and included within this case study?* |
| **Akilah, Her Family, and Her Community**  *The following information was shared during a provider interview with Akilah’s family.*  Akilah Ahmed (2) was born “very preterm” with her mother having just entered the 28th week of her pregnancy. Her mother, Fatima (31), was diagnosed with pre-eclampsia when she was 24 weeks pregnant. Akilah was born via emergency C-section and spent the next three months in the hospital’s neo-natal intensive care unit (NICU). She was given a diagnosis of respiratory distress syndrome and digestive problems due to her digestive system not being fully developed prior to birth.  Fatima and her husband, Hassan (35), have a daughter, Bilan (4), and are the legal guardians for Fatima’s sister’s son, Taban (8). Fatima works part-time as a dental assistant three days a week, and Hassan works full-time as a mathematics teacher at a nearby public high school. He is also the head coach for the boys' soccer team, which requires him to spend an additional two hours on campus each weekday and attend occasional weekend games at schools both close to home and, sometimes, quite far away (i.e., more than a two-hour drive). Fatima was born in the United States after her family (i.e., Fatima’s mother, father, and two older sisters) fled the civil war in Somalia in the early 1990s. Hassan was born in Somalia and moved to the United States with his mother, father, and younger brother when he was about five years old. Fatima and Hassan both speak English and Somali fluently (in the home and with family) and can speak some Arabic (in the community).  Akilah’s maternal grandmother, Hafsa (61), lives with her family and speaks Somali with her family. She understands English and can speak it minimally. Two years ago, Hafsa was diagnosed with Stage 3 breast cancer. She underwent full treatment and is currently in remission. Her medical care put a strain on the family’s finances, and she was looking for part-time work before Akilah’s birth to help pay off the remaining hospital bills. Her search for work has been on hold since Akilah’s birth, and Hafsa has been a huge help as a third caregiver to all three children.  In addition to the strain of continuing to help Hafsa pay for her treatment and hospital stay, Fatima and Hassan are facing an additional financial stressor: Akilah’s three-month stay in the NICU. As a result of the financial stressors Fatima and Hassan are trying to manage, they are considering moving into a smaller apartment and recently sold one of their two cars. Navigating school drop-offs, Akilah's appointments, getting to work, and running errands for the family with only one car has been a difficult transition for the whole family.  Despite these challenges, Akilah’s family finds a sense of support in their local community. Hafsa is very active in the family’s mosque. She attends the daily prayer service 3-4 times per week, and the family prioritizes attending the weekly service on Fridays. Hafsa and Fatima find joy in the friendships they have with other women in their community, and the women they are closest with act as aunties – and sometimes babysitters – to the children. Hassan finds joy in his work and coaching, and he has developed close friendships with two of the other teachers in the mathematics department.  Within the first couple weeks following Akilah’s “graduation” from the NICU, Fatima and Hassan were contacted about early intervention (EI) services. As Minneapolis residents, they were told that Akilah would automatically qualify for services due to her low birth weight. (Minnesota is a state in which infants and toddlers are eligible to receive EI services due to low birth weight.) Although Akilah’s low birth weight makes her eligible for services, her family was told to expect a phone call (within 7-10 days) from an EI specialist who would discuss their current concerns about her development and schedule a screening/evaluation to determine which services she may benefit from. Fatima and Hassan asked that there be an interpreter available for the screening/evaluation so Hafsa could participate. Fatima also asked that the phone call be scheduled after 5pm Monday- Thursday to ensure Hassan was available. | [Review this report](https://ectacenter.org/~pdfs/topics/familyeng/best-practices-in-engaging-diverse-families.pdf) breaking down recommended practices for engaging with (i.e., interviewing) diverse families.  *How might the unexpected (very) premature birth of a child and an extended stay in the NICU impact a parent? The family? How can EI providers support parents and families who may still be processing what can be an overwhelming experience?*  How will Akilah’s ongoing medical needs be supported? How can Akilah’s EI team support her family as they coordinate between her medical and educational plan?  Akilah’s parents speak English fluently, but Somali is their primary (and preferred) language. Hafsa, Akilah’s grandmother, understands English, but speaks Somali within the home environment and Somali and Arabic when in the community.  *What kinds of resources are you aware of as being available to help with interpretation to support communication? And translation to support the accessibility of documents?*  [Read more about the responsibilities of agencies and school districts related to translation and interpretation services](https://sites.ed.gov/idea/regs/b/d/300.322/e).  Working with interpreters to support Akilah’s family throughout the screening/evaluation is a key part of ensuring everyone involved has the necessary information and opportunities to engage. [Review some helpful tips for working with an interpreter](https://www.veipd.org/earlyintervention/2018/10/30/an_invisible_bridge/). *Which of the tips listed felt more helpful as you consider how important interpretation will be when working with Akilah’s family?*  [Scan through this summary of a literature review’s key findings about grandparents as caregivers](https://www.zerotothree.org/wp-content/uploads/2022/09/Grandparents-Who-Care_-A-Literature-Review.pdf) and consider how Akilah’s EI team can fully incorporate Hafsa as a primary caregiver and an important adult in her life and development.  Respecting and incorporating a family’s community (i.e., cultural and religious) routines, practices, and preferences can be key in building understanding and trust. [What can EI providers and programs do to support children and families with cultures and religions different from their own?](https://socialsci.libretexts.org/Bookshelves/Early_Childhood_Education/The_Role_of_Equity_and_Diversity_in_Early_Childhood_Education_(Esquivel_Elam_Paris_and_Tafoya)/13%3A_Religion_in_Families/13.02%3A_What_Programs_Can_Do_to_Support_Children_with_Religious_Differences)  *Do program policies support, promote, and value different religions in a respectful way?*  *What opportunities are there for providers to educate themselves on religious differences?*  Eligibility for Part C services varies by state. [Understanding how your state defines eligibility and how eligibility for Part C is defined according to IDEA](https://ectacenter.org/topics/earlyid/state-info-summary.asp) is important when supporting potential families navigate the process of evaluation and eligibility. |
| **During the Screening/Evaluation**  *The following information was provided by the EI provider(s) who conducted Akilah’s evaluation.*  Due to Akilah’s extended NICU stay and the NICU team’s diagnosing her with respiratory distress syndrome and digestive problems directly following her birth, the service coordinator assigned to guide her family through the screening/evaluation process decided to include a speech pathologist (feeding) and an occupational therapist (sensory integration) on the consent form.  Kara, the EI service coordinator working with Akilah’s family, mentioned to Fatima, Hassan, and Hafsa that she would bring the consent form with her to the first evaluation session. The family confirmed that was fine, but they asked for the form – and any other documents – to be provided in both English and Somali. When it came time for the first evaluation session, which happened to be with the speech pathologist, Kara sent a consent form and Parents’ Rights in English only. The speech pathologist, Rebekah, apologized when the family asked for the Somali version of the consent form. She promised to follow up with Kara about it. She then let Fatima and Hassan know that the evaluation could not begin until they gave their consent (i.e., signed the consent form), so they signed at that moment.  The speech pathologist, Rebekah, who works at a local preschool also provides in-home EI services to families in the surrounding community – a community of predominantly Somali families. After working in this community for a few years, Rebekah feels confident in her understanding of the families’ culture and experiences. She believes the screening results she shares with families give them the information they want about their child’s current performance and provide goals that are important to them (i.e., feeding goals for an infant with digestive issues). Rather than take up too much of the family’s time, Rebekah evaluates Akilah specifically based on her current diagnoses and writes her summary and goals accordingly.  An occupational therapist who provides in-home support and interventions is sent to Akilah’s home to conduct the second evaluation session. The OT, Sandra, is informed by Kara that she should focus her screening on determining whether Akilah and her family could benefit from support with addressing any potential sensory integration needs. Kara makes this recommendation based on research linking prolonged time spent in NICU environments with sensory dysregulation in infants. Throughout the screening process, which she conducts over 2-3 sessions, Sandra engages Fatima in ongoing conversation about her experiences in the NICU, the transition to being in the home environment with Akilah, and how the family and community has made her feel supported. Sandra then incorporates Fatima’s concerns, routines, and hopes into her final summary and recommendations for goals (sensory integration/sensory diet). | [Culturally responsive training and strategies are critical knowledge for EI providers working with a range of families.](https://www.naeyc.org/resources/pubs/yc/nov2016/culturally-responsive-strategies)  *Has each member of Akilah’s team examined their own cultural assumptions about this family? What aspects of their story and culture should the EI team consider to ensure recommendations and interventions are equitable and relevant? What resources are available through a provider’s agency or the school district to encourage and support cultural responsiveness in practice?*  *How would you have handled getting the consent form signed differently from Kara/Rebekah?*  *As the service coordinator, how would you have engaged Rebekah in a conversation about starting evaluations with a new family with a more open attitude toward their experiences (i.e., giving space to learn about their culture, language preferences, religion, etc.)? What questions would you have asked Akilah’s family to work toward providing a summary of the evaluation that was respectful of and responsive to their culture and aligned with their goals for Akilah?*  *How would you compare Rebekah’s approach to the evaluation process with Sandra’s? Think about which provider the family is more likely to share concerns, questions, new information, etc. with once Akilah has started receiving services?*  *Who from Akilah’s family and community would you have wanted to speak with to ensure you had a full picture of her current situation and needs?* |
| **Preparation for Eligibility Meeting**  A few days before the scheduled eligibility meeting and following their separate sessions with Akilah and her family, the evaluation team had an informal preparation meeting via Zoom. The service coordinator, Kara, began the meeting by sharing with the speech pathologist, Rebekah, and the occupational therapist, Sandra, that Akilah’s grandmother, Hafsa, will be attending the eligibility meeting, and Akilah’s parents, Fatima and Hassan, have requested an interpreter be present.  Rebekah expressed surprise over this request - during her session evaluating Akilah, Hafsa wasn’t present, and Fatima and Hassan didn’t mention her involvement in Akilah’s daily routines. She asked Kara if there was even enough time to arrange for an interpreter to attend the meeting. She also added some concerns over communication with Fatima and Hassan, noting a lack of response to an email she sent after her evaluation session asking for the most recent medical updates from Akilah’s team.  Rebekah went on to say, “I’m sure they’re trying their best. They clearly have a loving home, but it has been challenging. I have been trying to get them to send me more information from her time in the NICU, but they have not responded to my emails or returned my calls.” Sandra asked if Rebekah had ever used Google Translate. She shared that she had been looking into how to translate documents, knowing that the grandmother primarily spoke Somali. Rebekah responded, “It’s just so hard having to wait to get things translated when I need the information quickly.” Kara jumped in by sharing that another provider uses Google Translate to convert emails and simple forms into Spanish for her student whose family speaks primarily Spanish. Kara acknowledged that it is not a perfect translation, but the provider is still able to communicate the overall message, and the effort shows that she wants the family to be involved. Rebekah thanked Kara for the suggestion, but she seemed slightly frustrated and didn’t make note of it.  Kara, picking up on the frustration, asked Sandra if there was anything she wanted to talk through. Sandra chimed in and said, “During my first session with Akilah, which was my first time meeting the family, the parents spoke very little and didn’t ask me any questions. They just quickly signed the consent form you sent with me and nodded in agreement while I explained why we needed it signed. I remember they looked confused when I told them that Akilah was being evaluated for possible sensory issues due to her long stay in the NICU. I wasn’t sure what else I could have done to help them to feel more comfortable during that first session. I did suggest the grandmother be there for the second session since the parents indicated her role as a consistent caregiver. She had a lot of great questions throughout that session, and Fatima seemed happy to act as an interpreter for us. The conversation seemed to flow with her there.”  Sandra continued, “For the third and final session I had with the family, it was just me and the mother, Fatima, and she seemed the most comfortable I’d seen her. She was asking questions about the evaluation and the eligibility meeting, and she shared with me some details about Akilah’s NICU stay that weren’t included in the report the medical team provided. It was great. Maybe we can think about how we can we make sure they continue to feel comfortable sharing information with us during the eligibility meeting?” Kara and Rebekah nodded in response to this question, and Kara started writing down some notes, but rather than take a minute to contemplate, Rebekah said, “I’ve worked in this community for years, and I just think these families don’t trust us. We do everything we can to help, but we’re never going to be able to convince them to be more open with us.”  Kara and Sandra both looked shocked and quickly tried to hide it. Kara tried to wrap things up by saying, “I think the most important thing moving forward is to keep Akilah’s progress a priority. Hopefully as her family spends more time with us and sees our efforts to communicate, they will come around.”  Recommended Speech and Language Goals:   * Feeding position: Akilah will maintain a safe head and trunk position while finishing a 4oz bottle during a therapist-led mealtime routine, across 3 consecutive sessions. * Modeling: Akilah will respond (i.e., turning toward adult or making a “coo” sound) when adults are communicating with her (i.e., “Are you hungry? Do you want to play with mommy?”)   Recommended Occupational Therapy Goal:   * Sensory Integration: Akilah will improve her tactile sensitivity to different textures, as evidenced by successfully engaging with five different textured toys during daily activities across 3 consecutive sessions. | *What specific challenges occurred and how did the evaluation team respond? How can you see these challenges impacting Akilah’s team as they begin working together to support Akilah’s progress? How can these challenges be seen as learning opportunities for members of the evaluation team?*  *In what ways did the evaluation team accommodate Akilah’s family during the screening process, and in what ways did they not accommodate them?*  *At what point(s) during the meeting were there opportunities for members of the evaluation team to promote a more strength-based approach to working with Akilah’s family?* [This short article on strength-based attitudes](https://eclkc.ohs.acf.hhs.gov/family-engagement/building-partnerships-guide-developing-relationships-families/strength-based-attitudes) is a great introduction to engaging with families through a positive lens.  *If you were the service coordinator, what are some steps you would take to help adjust perspectives and attitudes prior to the meeting?*  Briefly review [this script for training providers in Listening to Families.](https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/specialquest/building-rel-listening-families-2-training.pdf) *How would you approach learning more about the resources and priorities a family has? What do families say is important to them when including their child in family and community routines?*  Establishing strong practices to promote family engagement is important throughout the evaluation process. Read through [this summary of key family engagement practices](https://www.naeyc.org/resources/pubs/tyc/winter2022/fiver-rs-family) and consider, *What are some ways that, despite the identified challenges, trust can be built among team members and the family moving forward?*  *How can the team work to establish stronger communication with Akilah’s family between now and her next review meeting?*  *Consider how the evaluation team discussed Akilah and her family during the meeting. What assumptions were being made?*  *What are your thoughts on the modeling goal? Considering what we know about the family’s linguistic profile, is there anything potentially problematic with this goal in terms of respecting the languages spoken in the home?* |
| |  |  |  |  | | --- | --- | --- | --- | | **Table 1 Akilah, Her Family, and Her Community – Strengths and Accommodations** | | | | | **Strengths** | **Accommodations Requested** | **Accommodations Provided** | **Accommodations to Consider** | | Strong family support | * Sessions scheduled when Hassan is home (i.e., not during school hours) * Including Hafsa in the sessions as a consistent caregiver | * Sandra, the OT, scheduled 3 sessions to ensure Hassan would be available for at least 1 session * Hafsa was able to attend one of the OT evaluation sessions, but Fatima had to provide interpretation | * Recording the sessions Hassan isn’t able to attend and scheduling a follow-up phone call to discuss any questions/concerns he may have (would need a consent for to record) | | Strong ties to community | * Support with routines in the community (i.e., weekly services at their mosque) |  | * Co-writing an OT and SLP goal tied specifically to Akilah’s needs when in the community | | Cultural and linguistic knowledge | * Translation of documents * Interpretation during meetings | * Translation of the consent form | * Interpretation for all meetings * Interpretation during sessions involving Hafsa | |  |  |  |  | | |
| **Professional Organizations**   * [Council for Exceptional Children](https://exceptionalchildren.org/) (CEC) * [Division for Early Childhood](https://www.dec-sped.org/) (DEC) * [Early Childhood Personal Center](https://ecpcta.org/) (ECPC) * [Early Childhood Technical Assistance Center](https://ectacenter.org/) (ECTA) * [Early Head Start](https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs) (EHS) * [National Association for the Education of Young Children](https://www.naeyc.org/) (NAEYC) * [National Center for Parent, Family, and Child Engagement](https://eclkc.ohs.acf.hhs.gov/about-us/article/national-center-parent-family-community-engagement-ncpfce) (NCPFCE) * [U.S. Department of Education - IDEA](https://sites.ed.gov/idea/) * [Zero to Three](https://www.zerotothree.org/) | **Examples of Practical Applications**   * Intentionally develop a sense of awareness and understanding of one’s own beliefs, biases, assumptions, and values, as well as the beliefs, biases, assumptions, and values held by your team members due to their cultural and personal influences (ECTA, 2023; MSD, n.d.; NAEYC, 2019) * Engage in observing and listening to others (i.e., cross disciplinary teams) in a careful and consistent manner (MSD, n.d.; NCPFCE, 2023) * Maintain an open attitude toward giving and receiving constructive feedback, and be a supportive participant in discussions about alternative approaches (ECTA, 2023; MSD, n.d.; NAEYC, 2019) * Practice the cycle of learning from, reflecting on, and updating one’s approach based on the shared experiences of other team members (ECTA, 2023; Iruka, 2021; MSD, n.d.; NAEYC, 2019; Scheibe & Peyton, 2021) * Seek opportunities to maintain up to date on professional standards and approaches related to supporting children and families (i.e., strengths-based approaches to research and practice; ECTA, 2023; MSD, n.d.; NCPFCE, 2023) * Actively challenge outdated or deficits-based approaches - in curriculum, assessment policies and practices, or early learning standards (Head Start Center for Inclusion, n.d.; MSD, n.d.; NAEYC, 2019) * Seek information from families and communities about their unique communal and cultural beliefs, practices, values, and goals to strengthen your understanding and the assessment process (Drymond et al., 2023; ECTA, 2023; NAEYC, 2019; NCPFCE, 2023) * Implement authentic assessments developed intentionally to identify children’s strengths and to provide a developmental snapshot of a child that includes the influences of their family, community, and culture (Drymond et al., 2023; ECTA, 2023; MSD, n.d.; NAEYC, 2019) |
| **Additional Discussion Questions**   * Are staff members open, affirming, and trained in practices promoting equity? * Is equity defined in meaningful, specific ways and for families with multiple minority identities? * What assumptions or stereotypes about families might staff inadvertently promote? * Does the staff reflect the diversity of the community? * Do families feel supported when asking to be accommodated (i.e., translation and interpretation) * Do the structures/practices for engagement work for all families? | |

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