











Best Practices in Family-Centered Early Intervention for Children Who Are Deaf or Hard of Hearing: An International Consensus Statement

<http://jdsde.oxfordjournals.org/content/18/4/429.full.pdf+html>

Moeller, Carr, Seaver, Stredler-Brown, Holzinger, 2013

	<p>1. Provide Early, Timely, and Equitable Access to Services</p> <ul style="list-style-type: none"> Follow established newborn hearing screening guidelines Ensure access to an audiologist with expertise in pediatrics Provide comprehensive services regardless of income, culture, geographic location
	<p>2. Develop Balanced Family and Provider Partnerships</p> <ul style="list-style-type: none"> Demonstrate reciprocity, mutual trust, honesty, flexibility, responsiveness; share tasks, believe in power of family Support family-child interactions, not just child-directed interactions Focus on family-identified concerns, hopes, dreams, needs Recognize family life, culture, learning styles, strengths
	<p>3. Promote Informed Choice and Decision Making</p> <ul style="list-style-type: none"> Provide unbiased information and full range of educational and communication opportunities Educate families about risks, benefits, uncertainties related to options Support vision/plans for future, be flexible with plans; view decision-making as ongoing process Inform families of rights ensured by law
	<p>4. Provide Family Social and Emotional Support</p> <ul style="list-style-type: none"> Build on or use formal/informal support systems; help identify natural community networks Respect families' diverse needs and values for support networks Actively include and engage parent organizations and leadership
	<p>5. Promote Family-Infant Interactions</p> <ul style="list-style-type: none"> Promote family self-efficacy in providing stimulating language environments Use routines, play, typical interactions to promote communicative development Encourage understanding and sensitivity to the child; adapt input to nurture the child Ensure family communication is accessible to the child
	<p>6. Use Assistive Technologies and Support Means of Communication</p> <ul style="list-style-type: none"> Ensure that providers are skilled in use of hearing assistive technology, visual technologies, alternative and augmentative technologies Provide access to providers with highest level of knowledge and skills in communication method(s) of choice
	<p>7. Ensure Qualified Providers</p> <ul style="list-style-type: none"> Give access to providers with specialized knowledge/skills for D/HH; receive specialized training Provide supervision and quality control Promote self-assessment and self-reflection
	<p>8. Engage Collaborative Teamwork</p> <ul style="list-style-type: none"> Select members based on expertise and family needs Understand value for adult D/HH community support Engage in transdisciplinary approach Work collaboratively across agencies
	<p>9. Conduct Progress Monitoring and Assessment</p> <ul style="list-style-type: none"> Routinely, authentically evaluate child development using variety of approaches Assess family satisfaction, self-efficacy, and well-being Demonstrate skill in conveying sensitive information to families Develop, reflect on, and refine plans
	<p>10. Conduct Program Monitoring</p> <ul style="list-style-type: none"> Use quality assurance to monitor program components; ensure alignment with family-centered principles Document child, family, interventionists' outcomes Include parent feedback mechanisms Use continuous assessment-validated program practices