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

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

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<td>1. <strong>Provide Early, Timely, and Equitable Access to Services</strong></td>
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  - Follow established newborn hearing screening guidelines  
  - Ensure access to an audiologist with expertise in pediatrics  
  - Provide comprehensive services regardless of income, culture, geographic location |
| 2. **Develop Balanced Family and Provider Partnerships** |  
  - 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 |
| 3. **Promote Informed Choice and Decision Making** |  
  - 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 |
| 4. **Provide Family Social and Emotional Support** |  
  - 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 |
| 5. **Promote Family–Infant Interactions** |  
  - 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 |
| 6. **Use Assistive Technologies and Support Means of Communication** |  
  - 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 |
| 7. **Ensure Qualified Providers** |  
  - 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 |
| 8. **Engage Collaborative Teamwork** |  
  - Select members based on expertise and family needs  
  - Understand value for adult D/HH community support  
  - Engage in transdisciplinary approach  
  - Work collaboratively across agencies |
| 9. **Conduct Progress Monitoring and Assessment** |  
  - 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 |
| 10. **Conduct Program Monitoring** |  
  - 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 |

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