Screening and Assessment Approaches Rooted in Culturally Strength-Based Values

Collaboratively Growing Our Understanding and Nurturing of Child Development

Funded by Multnomah Early Childhood Program, this guidebook was supported by the All:Ready Network, a Portland Metro Regional Kindergarten Readiness Network, and Clackamas County Children, Families and Community Connections

Acknowledgement

This guidebook was informed and developed by a diverse group of Community Health and Education Workers, Early Intervention and Early Childhood professionals, Healthcare and Public Health providers, community members and more. These individuals share a common goal of ensuring a family's home culture and language are central to a child's development, as well as a commitment that family's feel seen, valued and heard in the screening and assessment process. Over a year, we had the opportunity to listen to over sixty individuals share their stories and insight, as well as the practical strategies they apply when connecting with families to ensure culturally and linguistically affirming care. This guidebook is a collection of these reflections woven to create a basket of strength-based practices for children, families, communities, programs and organizations.

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Contents

SECTION 1

Overview

Introduction

We believe that all our families, caregivers, providers, and children from birth to age 7, should feel secure and comfortable seeking supportive services that they can trust to be respectful and responsive to their community and cultural norms, values and beliefs. As a child's first teacher, parents and caregivers help them develop throughout their years with their cultural wisdom at the core. As we welcome families and children into our clinics, enter their homes or connect in community spaces, the privilege of our role is to share understanding of how strength-based screening can create family engagement and trusting relationships, leading to appropriate support and referral. Whether we are a cultural navigator, a community health worker, a healthcare or public health worker or an early childhood, special education or school district employee, our role is to work with families and communities to weave together a basket of resilience for our children.

In our early childhood and pediatric screening and assessment work, we may often find ourselves working in multicultural spaces to support families in their child's development. While we all strive for shared outcomes of healthy children who are thriving physically, socially, emotionally and spiritually, our approaches need to support a family's traditions while also informing early childhood exploration and development. Through this approach, we build trust, create shared relationships and honor a family's cultural practices and traditions. Successful collaboration and coordination of systems proceed from a holistic, relational model that understands the values and the culture of the people being served.

This guidebook is for providers and programs who are engaging with families in early childhood screening and assessment. However, the guidance can be applicable across many settings. This guidebook is not meant to be used as a narrative read, but as a reference with its "stand alone" features, recognizing there will be redundant concepts.

This guidebook is an invitation to:

a. Strengthen our understanding of how we engage with families in a way that honors and affirms their culture.

b. Strengthen our understanding of needed values and strategies for multicultural engagement.

c. Create awareness, insight and respect into cultural traditions, practices and norms that can inform our conversations and relationships with parents about child development.

Foundational Principles for Culturally Responsive Screening and Assessment

1. Follow family's lead. **Embrace process rather than outcome.**

2. **Engage and empower parents, caregivers and families** with their knowledge of their child's development through the use of screening and assessment.

3. **Create cultural safety and linguistic comfort** for families, supporting them to nurture their child's development.

4. Acknowledge and honor **parents, caregivers, family and community culture as primary resources** for understanding and informing child development.

5. **Engage in a multigenerational approach**, drawing on the strength of extended family and community.

6. **Understand the privilege** inherent within building family provider relationships.

7. Create an understanding of **screening as a service for information gathering** and not for labeling.

8. **Promote, reinforce and map positive behaviors** throughout the screening and assessment process.

9. **Promote depth and clarity of behavioral observation** resulting in successful strategies.

10. **Inspire parent-child interactions and play** as essential, supportive elements of child development.

11. **Support staff with training and coaching to build skills across multiple communication settings**, creating culturally responsive service delivery.

Considerations Regarding Culture, Language and Linguistic Diversity:

Collaboratively work with an interpreter and/or another bilingual and bicultural person (cultural navigator) to learn about the relationship between the family's culture and their identified wellness markers.

Within families where English is a second language, providers will want to anticipate and prepare for language differences ahead of time to diminish potential misunderstanding. For example, there may be items in the communication domain that ask questions specific to the English language structure and development that will not be relevant in the target language. Consider whether a speech-language pathologist, in concert with a cultural navigator, can identify equivalent items that demonstrate early language development in the target language.

It is important to have access to an interpreter that can contribute broad cultural understandings of values, beliefs, activities and materials. For example, if a provider is visiting a family for whom water is sacred, it will be beneficial to know that it is not a substance for sensorial play. Presenting mirrors before age two is another example of inappropriate use of a material for many cultural groups. By simply asking about these topics, the parent may feel as though you want to make their child perform the skill—which they may find intimidating and view as forced cultural change.

Confirm understanding. Ask your families to tell you what they understood about what you shared. Take responsibility for clear communication by ensuring that they can accurately and comfortably summarize key points. For example, "what seems most important to you?" "What would you like to focus on first?"

Offer support and encouragement to the parents and describe the progress of the child throughout the screening process is important. When possible, make helpful suggestions for practicing emerging skills or trying new activities with the child is also a good way to set small goals that will give the parents and child something to connect and work on between visits.

Barriers to Participation and Engagement:

Providers and families express strong fears and anxieties about the screening and assessment experience. Assessments can be scary. Measurements can create a sense of competition and a fear of failure. They often involve ranking and scoring metrics, which may feel like a test that they can't pass. It's critical we eliminate deficit-based language that implies or states a parent is doing something wrong.

Families need time to build trust and to understand the 'why' of screening and assessment. Providers need to destigmatize and demystify the process of screening and assessment. For example, they need to shift their language from the words 'screening or assessing' to 'supporting your child's development' and 'understanding your child's health and wellness'.

This is also the perfect time for providers to empower parents to inform the process from their cultural perspective. Some families express feeling stigma and fear around being rejected by their community if their child is labeled in a way that identifies them as 'broken'.

It may be even more overwhelming when we consider past and current traumas families have experienced, including negative experiences with systems. Examples include:

- Negative medical / physical experiences
- Harmful educational experiences
- Involvement with protective services
- Immigration / Deportation
- Justice System involvement and Corrections

Caregivers fear a label that might reflect on them as not caring or supportive of their child who they fear may be identified as broken or inadequate. It's critical we eliminate deficit-based language that implies or states a parent is doing something wrong. We need to understand the fears of families at the beginning of the screening process.

Consider that the impact of screening could create a sense that a parent is a 'bad parent' even though the intent may be to ensure the child has physical or behavioral health support and added resources. A low score in one area of an assessment may fuel this concern. These fears of judgment, labels and intrusion are very real, so we need to contemplate how we create trust and safety.

SECTION 2

Cultural Considerations for Family Engagement

Initial Contact and Engagement with Family

Engaging in relationships with families is a privilege. The reciprocity of that gift is informed by the respectful humility with which we seek to understand the values and culture of the people being served.

We need to move beyond the idea of cultural nuance and alignment to create cultural responsivity. Our families deserve to feel that we are intentionally weaving and embedding their cultural assets as the strengths to be used as relevant building blocks within all implementation.

We must identify those values that the family shows and tells. We can sensitively explore a family's parenting practices regarding 'independence vs interdependence' and 'competition vs cooperation'. We can also then identify the traditional practices and cultural assets that the family shares, like providing self regulation through drumming or patterning and fine motor through beading.

Here are some cultural considerations when engaging with families:

- Create comfort, engagement, trust and understanding by listening to learn.
- Validate the importance of the family's cultural belief systems and reflect your understanding of their culture.
- Prepare to set aside your own biases and try to see through the lens of the family. If you encounter parenting practices that you don't agree with, recognize those as your implicit bias and set them aside.
- Consider developing additional questions about child qualities/skills not found on the screening tool but are valued by the family and community. Examples may include: developing a cultural identity, learning language and songs, demonstrating respect, learning through nature, sharing, helping, waiting, creative play, artistic strengths, observant, attentive, focused, bi- lingual acquisition, mixing language and shifting dialect.
- Understand that some families experience challenging barriers from: lack of trust in systems, fear of judgment, fear of labels, fear of family disruption, lack of resources, as well as environmental and neuro trauma.
- Use community based interpreters and/or cultural navigators who have been oriented to your program's screening process. Community Health Workers (CHW), Community Education Workers (CEW) and Traditional Health Workers (THW) are well positioned for this role as they often are members of the unique cultural and linguistic communities they serve.

Preparing for the Family Visit

Our first meeting with parents and caregivers is critical. The space, pace and grace with which we nurture their trust will look different based on the family's circumstances, preferences and worldview. They need to feel seen, valued and heard. We need to arrive in a state of openness, curiosity and empathy, affirming the values they share with us. Consider using cultural navigators to increase your understanding of the norms, values and beliefs of the family and the community.

Where we meet, what we say and how we say it are critical when engaging with families. Each community's unique cultural traditions and practices create a profound opportunity to inform screening and assessment.

Create Environments:

Choose safe, respectful and comfortable environments to talk with families about their child's development. If outside the home, create spaces that will be responsive to family culture. Here are some cultural considerations when thinking about the environment you set up for screening:

- Design natural play spaces for families that include culturally specific components, reflecting developmental areas/domains commonly observed during screening.
- Create parent child play groups that incorporate developmental tools to guide developmental awareness and promotion.
- Inquire about the kinds of toys/activities families encourage or discourage with their young children. For example, many families do not encourage playing with food items or water. They may not provide scissors and writing tools or they may discourage certain activities based on the child's gender.

- Take appropriate materials and toys to home visits that can be used to engage children and observe skills asked about on the developmental screening tools.
- Be considerate of families with less resources. Talk with the family about their ideas for culturally appropriate homemade learning materials and activities that promote developmental skills. Support parent's gathering of developmentally and culturally appropriate activities for home.
- Choose culturally relevant play materials for clinics and classroom settings.

Our families deserve to feel that we are intentionally weaving and embedding cultural assets as strengths to be used as relevant building blocks within all implementation.

First Visit. Laying the Landscape:

Choose the setting that feels most appropriate and comfortable to the family. Whether the first visit is in a clinic, classroom or in the home, it is ideal to spend enough time with the family to gain familiarity, comfort and safety. Inquire about their preferences for where to meet and how to communicate between visits.

Cultural navigators like Community Health Workers (CHW), Community Education Workers (CEW), and Traditional Health Workers (THW) can create more abundant and trusting relationships with families over a longer period of time. Often being members of the unique cultural and linguistic community they serve, they can more effectively bridge community and home-based settings with clinical settings where the screening process may need to be conducted.

Inquire about key family members or community advocates that the parent or caregiver would like to invite to the first meeting. Take time to make relationships. If possible in your program, take time to establish safety and trust before moving into the screening process. **Culturally responsive providers will:**

- Welcome and greet families.
- Take time to introduce yourself and explain your program and the purpose of your visit.
- Look for beauty within the family context. Ask…listen…connect…and bond.
- Enter a home respectfully, having prepared for customs or protocols unique to the family.
- If hosting a family in a clinic, classroom or community space, offer comfortable seating, cozy play spaces, and nourishment.
- Accommodate a family's unique languages by providing interpreters, translations or other visuals.
- Get to know what the family members enjoy and value in their parenting journey and incorporate those into conversation. For example., "What cultural practices do you especially enjoy sharing with your child?" "Do you have special songs?" "Are there any cultural values and practices you would like me to know about?"
- As you move into introducing the screening process, consider using visuals to help illustrate any unfamiliar topics and concepts related to child development.

Communicate with families for understanding and engagement. **Culturally responsive providers will:**

- Use strength based language and words that are concrete and familiar.
- Observe communication styles and respect the rhythm, inflection and speed that family members use to express themselves.
- Adjust and attune your own communication style with theirs. Consider the pace and structure of your words.
- Be comfortable with pauses and silences.
- Remember that information you will share may be new to your families. Break down language commonly used in the screening process to create easy understanding. Avoid acronyms and professional jargon.
- Empower families by providing explanations of frequently used medical and educational terminology, especially any terms relevant to the family or the screening process.
- Limit content to a few key specific points.
- Avoid generalization, e.g., instead of telling a parent or caregiver that a child needs adequate sleep, say "children need 7-8 hours of sleep each night."
- Ask questions in a way that promotes meaningful conversation, e.g., "What kinds of activities do you enjoy doing with your child?" "What other things does your child engage in on their own?"
- Check for understanding. Do you have any questions about me or the program that I can help explain or answer? Leave space for questions and clarification.

SECTION 3

Introduction to Developmental – Behavioral Screening

Quality early experiences with caregivers can modify brain structure, forming healthier, more robust neural connections and structures in young children. These experiences have the potential to improve social, health, and academic outcomes *(Fisher, Gunnar, Chamberlain, & Reid, 200; Fox Levitt, & Nelson, 2010; Gluckman, Hanson, Phil, Cooper, & Thronburg, 2008).* Brain development is also impacted by neuro trauma and environmental trauma.

Early detection or Child Find systems are focused on the timely discovery of young children who may have a medical, learning, or environmental condition that interferes with their acquisition of critical developmental skills. Creating the very best opportunities for children to thrive requires early and timely identification of conditions that may hinder their development. At the heart of early detection or Child Find is the process of developmental – behavioral screening.

Developmental-behavioral screening provides a snapshot of the child's skills across developmental and behavioral areas to determine if a more comprehensive evaluation is needed. It also serves as a tool to follow development while more effectively providing activities that may promote healthy developmental and 'behavioral outcomes. *(Bricker,D., Macy,M., Squires, J., Marks, K. 2013)*

Bricker,D., Macy,M., Squires, J., Marks, K. (2013) Developmental Screening in Your Community, Paul Brookes Publishing Co.)

The Types of Child Developmental Screening and Assessment Tools

Screening, assessment, and evaluation are not only means of identification and measurement but can be key components of developmental support services for young children and families.

There are three different types of assessments used in early childhood practice and each type of assessment has a different purpose:

- Screening assessment answers the questions, is the child developing on track or meeting expected milestones for age? What areas may the child benefit from practice/ support? Does the child need a referral for further evaluation?

  Examples include: ASQ™ (Ages & Stages Questionnaires®, Third Edition), BINS (Bayley Infant Neurodevelopmental Screening), BRIGANCE II, CDI (Child Development Inventories), DENVER II, DIAL-3 (Developmental Indicators for the Assessment of Learning) and PEDS (Parents' Evaluation of Developmental Status).

- Diagnostic assessment or professional evaluation answers the questions, does the child have an established delay or diagnosis and for what services do they qualify?

  Examples include: BDI (Battelle Developmental Inventory), Bayley, Gesell, Peabody, and Mullen.

- Curriculum-based (i.e., programmatic, ongoing, criterion-based) assessment answers the questions, what skills does the child have now and what may be goals for teaching and supporting the child? Is the child making progress?

  Examples include: AEPS™ (Assessment, Evaluation and Programming System), Teaching Strategies GOLD and HELP (Hawaii Early Learning Profiles).

Screening, assessment, and evaluation are dynamic processes. They are tools to organize observations about a child's and family's needs, including resources and next steps. These activities have an impact on the family and should be an integral part of family goal setting, parent education, and curriculum development*.

* *(Task Force on Screening and Assessment of the National Early Childhood Technical Assistance System (NECTAS) in collaboration with ZERO TO THREE (Meisels & Provence, 1987)*

SECTION 4

The Screening Process

In this section, we focus on cultural responsivity in all steps of the screening process. Steps include introducing screening to families, administering the tool, gathering and interpreting all the relevant information and finally discussing parents' responses and next steps they may want to take.

Introduce screening

After establishing trust with the family and hearing more about their needs, desires and hopes for their child, it is time to introduce the screening process as a way to learn about a child's development. **The following questions can be used to help begin the conversation about child development.**

- What does your child enjoy?
- What do you most enjoy about your child?
- What are they learning to do now?
- What are you looking forward to seeing them learn?
- What are you wanting to teach them?
- Do you have any concerns about how your child is growing and developing?

Introduce screening by explaining what it is, why we do it, how we do it and what the benefits are. Some programs introduce the screening to a small cultural cohort of parents together. This allows a collective approach more aligned to non western cultures.

If a provider or program is requesting or offering an online parent completed method, it is important that language, reading and comprehension are considered. Providing time for a relational, informative introduction is even more essential for independent completion. Providers will benefit from practicing introducing screening with positive, concrete explanations. **Some scripted examples include:**

- "Developmental screening is a quick check of a child's development to see what skills they have, what skills are coming next and what we can do to support their progress".
- "There are questions related to how your child communicates, how they move their bodies and use their hands, how they play and explore, solve simple problems, and interact with others."
- "We look for skills with a developmental survey or questionnaire. You can complete it alone but it may be more helpful when we can do it together, especially for the first time."
- "We can read questions together and I can help adapt any of them that you don't understand or that may make you uncomfortable."
- "Please let me know if any of the materials or activities feel unsupportive of your family's cultural values or practices. We can certainly skip the questions or we can explore other ways we can observe the skill".
- "Do you have any specific toys and materials you'd like us to use?" "We could go outside or to the park and find things in nature to use."
- "I also have some materials and toys we can use."
- Remember that we also have toys and materials in the classroom /clinic that can help us observe your child's play and development."
- "After we're done, we'll name and discuss your child's strengths and what they are learning to do now and what skills you can expect them to do next." "Throughout the process, we'll get to celebrate your child's success!"

Administer the Screening

Administer the screening based on parents preferences and needs for support. A one size fits all does not allow for individualization. Offering options and choices will increase family engagement. Many parents appreciate a natural, conversational format within a play based approach either in their home, in a familiar community setting or in the clinic or classroom. It is important to respect and empower the family's choice of the most appropriate setting. Some examples include:

- Home
- Community based cultural settings
- Parks
- Classrooms
- Clinics
- Online
- Other community based venues like libraries and playscapes
- Combination of above

A one size fits all does not allow for individualization. Offering options and choices will increase family engagement.

Consider combining some of the approaches. For example, send a questionnaire home with the family prior to meeting. This allows the family to observe skills at home before the appointment, providing a few days to observe skills in natural routines… including other family members.

It is important to consider adult characteristics that allow for successful independent completion of a parent report measure. The provider should be certain that reading and comprehension levels offered in the translation are adequate to complete the questionnaire without support. Other characteristics include the parents readiness, interest, and comfort level with the screening process. Offering a relational option for the first screening, provides a natural way to support a family until they gain familiarity and comfort.

If you are supporting the family in the screening process, model positive interactions with the child and parent. Engage the child with the materials and activities, while showing and pointing out the learning and teaching opportunities. Understand the profound opportunity to map the positive, praising the parents and the child in cooperatively building their skills together.

Encourage parents to try activities with their child that they may not have observed. Inviting parents to share their observations helps create a sense of partnership in the process. Spending good relational time in this discussion will also increase the accuracy of screening outcomes. If a child doesn't demonstrate a skill, encourage the parent to continue to teach and provide opportunities. Sharing fun and culturally responsive activities increases the educational benefit of developmental screening and reinforces a child's sense of self and belonging within their family and community.

Adapt or reframe any questions or activities that are confusing to the parent. Observe questions that may be misunderstood or not appropriate to the family culture and practices. Culturally responsive providers will prepare by reading the questionnaire beforehand and anticipate adaptations and modifications. Remember to consult with cultural navigators.

Prepare to modify materials, suggest alternative activities or natural routines through which to observe a particular skill.

- Prepare for cultural variations including: areas of attachment and bonding practices, differing expectations for independent vs interdependent acquisition of skills, and opportunities for pre-academic skills identified on screening tools.

Adapting and reframing questions ensures we are respecting families' cultural and parenting practices critical to successful developmental screenings.

Both the ASQ-3 and ASQ:SE-2 may have questions that need to be adapted to be respectful of a parent's values, beliefs, and perspectives. We may need to re-frame or re-explain a question for greater comprehension and relatedness. The culturally responsive provider can learn to successfully do this by considering the following:

- In what domain/area does this item belong?
- What is the intent of the item? i.e. memory, problem solving, coordination of fingers and hands, etc.
- What are the possible confusions, assumptions, resistance a parent may have to a question?
- If the way the question is asked is confusing or contrary to parenting beliefs or practices, how or where else might the skill be observed?
- If the materials/activities required to demonstrate the skill are not available, acceptable, or the child lacks opportunity to practice, talk with the family about alternative materials and/or activities that may be more acceptable.
- Practice providing developmental guidance to the family as to why a question such as this is on a screening. What function does it serve in a growing child's life? Often, questions are prerequisite skills for later milestones that the family may appreciate.
- Re-frame or restate the question differently for greater understanding.
- Skip a question that cannot be adapted. For ASQ, use the adjusted score calculation to re-calculate the domain/area so the child's score is not negatively impacted by an inappropriate question.

- Translations of questions should be functional interpretations, not literal word for word translation

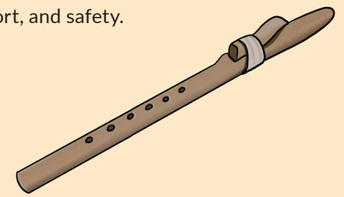
Score and Interpret the Screening

This is one of the most important steps where a provider can make the biggest difference in outcome for a family. This is the phase of screening that, if not sensitively approached, can cause fear, harm or alienation for families. Culturally responsive providers prepare for a conversation with the family by reviewing all findings on the screening tool, child observations and other shared information from the family. The provider will then be ready to guide a holistic, culturally strength based overview of the child's functioning. In preparation for this conversation, the culturally responsive provider will:

- Determine whether scoring the screening tool is appropriate.
- If scoring, summarize findings:
  - Review answers provided on the screening tool, noting all the skills the child has accomplished. Use these notes as the first step when sharing findings with the family.
  - Next, review skills that are emerging, or things the child is beginning to do but has not yet accomplished.
  - Review skills the child has not yet accomplished.
  - Last, acknowledge and celebrate the child's skills and the parents' supportive engagement.
  - Help families understand what and why a skill is functional to learn and how it will contribute to their overall life skills that may be important to them. Families will benefit by your help in suggesting natural, fun ways to practice skills.
- Prepare to skip a question if it seems disrespectful to cultural values. On the ASQ™, use the adjusted scoring method so a child's score does not negatively reflect any inappropriate questions.
- Review any parent concerns noted or expressed in conversation and within the screening process.
- Create a story about the child's current level of functioning as reflected in conversation and by family responses on the screening tool* (see link below).

Review Findings and Choose Next Steps with the Family

- Encourage family to invite any key family members or community advocates to the meeting. Include multi-generational participation in your approach.
- Invite family to identify their preferred setting for a meeting to review the screening, assuring confidentiality, comfort, and safety.



** https://vimeo.com/746707651/28357f67b3*

What's the difference between adapting and translating an ASQ™ questionnaire?

By Kimberly Murphy, ASQ Co-developer

If you need to screen a child whose family does not speak English or is not bilingual enough to ensure clear and accurate communication, you will need to make accommodations to ensure the questionnaire can be completed accurately. This could take a few different forms.

Adapting a questionnaire involves working with an interpreter or someone else familiar with the family's culture and language to review and modify ASQ questions if needed, so that the translation can be linguistically equivalent and culturally appropriate.

Translating a questionnaire relies upon a person who is fluent in both English and the target language and culture. Translating ASQ questions from English to that target language is a first step in the adaptation process. These are not simply word-by-word translations, rather a nuanced approach that includes item adaptation as necessary to ensure the questions make sense and are culturally appropriate.

For more on this check out:
https://brookespublishing.com/cultural-diversity-toolkit/screening-and-assessing-culturally-and-linguistically-diverse-children

- Offer relevant translations. Provide copies of the screening tool for family to read it together while reviewing. Have visuals to help explain any confusing or unfamiliar concepts.
- Exclude scoring sheets and any complicated metrics associated with the tool. Use an alternative approach to guide conversation or design a guide to summarize the findings in a more conversational, strength based way.
- Begin by expressing your appreciation of their child by sharing specific strengths and qualities that you've enjoyed.
- Review the purpose of the screening. Check in with the family to see if it meets their expectations.
- Guide the conversation by reviewing all skills the child is doing. Other supportive language to use may include; strengths, benchmarks, or markers of well-being. Then talk about the skills that are emerging…those skills the child is learning but has not yet fully achieved.
- Next talk about the skills the child has not yet accomplished. Ask families for their understanding, feelings or values about any specific skills marked 'not yet'.
- Identify how to distinguish between impacts of exposure and culture. For example, has the child experienced this activity? Is this activity culturally inappropriate for the child? If the question is culturally inappropriate, try to reframe, restate, or encourage the parent to interact with the child using alternative activities or materials. If this is not possible, consider skipping the item and adjust scoring accordingly.
- If the child has not had the experience, you can offer materials and model the interaction. Change answers on the screening if the child demonstrates the skill.
- Guide conversation about family concerns. An example of opening questions are "tell me more…", or "what happens when…?"
- Be prepared to offer potential next steps in the community, as informed by the findings of the screening process. Allow the family to take the lead on follow-up to assure it is aligned with and informed by their cultural practices.
- Collaboratively seek and identify goals, expectations, resources and referrals as appropriate.
- Express appreciation and gratitude to the family for their commitment to participating in the screening process.
- Explain that more frequent monitoring increases the supportive and educational benefits of screening as a service.
- Let them know when the next screening will happen. For example, the ASQ-3 offers questionnaires 21 times between 1 month and 66 months of age. The ASQ:SE-2 offers 9 intervals between 3 months and 72 months. *https://agesandstages.com/wp-content/uploads/2015/12/ASQ-3-and-ASQSE-2-Combo-Age-Administration-Chart-1.pdf*
- Discuss and offer support and resources available to the family.
- Celebrate success!

SECTION 5

An Example of A Commonly Used Screening Tool

The Ages & Stages Questionnaires®, Third Edition (ASQ-3) and the Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2) as an example…

The ASQ-3 is a series of 21 age-specific parent-completed questionnaires for children ages 1 month to 66 months that checks on general development (communication, gross motor, fine motor, problem solving and personal-social areas). The companion tool, ASQ:SE-2, is a series of 9 age specific parent- completed questionnaires for children ages 1 month to 74 months that checks on social- emotional development. Together we refer to both tools as ASQ.

The ASQ was designed to be completed by parents with support as needed from a variety of providers (i.e., health, education, social services, mental health, protective services, preschool, childcare and other community services that support families and young children). ASQ is used in many community settings including childcare settings, home-based services, preschools, health clinics, developmental play groups and therapeutic family treatment programs.

ASQ-3 asks about skills and behaviors that are easily observed in play and natural routines at home and in early learning settings such as childcare and preschool. ASQ:SE-2 asks about both competent and challenging behaviors from the parent's perspective.

A completed ASQ captures parental concerns and provides a foundation for next steps, including referrals to appropriate agencies for further assessment and services, if concerns arise.

ASQ has been rigorously researched and updated every 10-12 years and reports higher than adequate agreement with diagnostic measures and early intervention eligibility. `

Understanding and using the ASQ optimally, can bridge communication, promote partnerships, and provide educational value for both providers and parents, while celebrating and promoting the natural growth and development of young children birth through kindergarten.

Understanding and Using Flexible Features of ASQ in all steps of Screening Process.

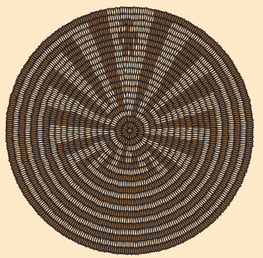
An ASQ service in any program should be empowering, strength-based, and culturally responsive to families being served. The provider needs to understand and utilize the flexible features of ASQ, while setting the tone with respectful, positive engagement skills.

The ASQ was designed to be flexible in all stages of the screening process. The steps of the screening process include; planning for ASQ completion, introducing ASQ, interpreting ASQ responses, reviewing ASQ responses, and moving into the next steps. The following table provides cultural considerations and ASQ flexible options for each step of the ASQ process.

Ages & Stages Questionnaires® (ASQ).
Using ASQ Flexibility for Culturally Responsive Screening

ASQ Step	Cultural Considerations	ASQ Flexible Features
Notes: Each Tip listed in the left column is not meant to align directly to adjacent tip in the right column. *The acronym "ASQ" references both ASQ-3 and ASQ:SE-2. Any use of the acronyms "ASQ-3" or "ASQ:SE-2" are specific to each individual tool.*	**Consider consulting with cultural navigators** who share linguistic and cultural background to advise on increasing cultural responsivity. Consider training/coaching navigators to administer ASQ. **Consider the relational power of partnering and modeling**, while interacting with child and caregiver. This allows embedded support to family in reading, translating, interpreting, and modeling for highest engagement. **Select and prepare the environment**. Consider a comfortable, play-based, ASQ ready space with culturally relevant, engaging materials. **Prepare to offer choices** for administration methods (home visit, on site, phone, virtual, online). Offer choices that best support unique caregiver characteristics. **Extend invitation to other key family members** or advocates. **Calculate the child's age at administration** and choose the correct ASQ interval. Correct for prematurity up to age 2.	**Individual Programs can personalize ASQ with their unique logo**. A logo can replace the image of the mother/child on the cover sheet. Copies can be made from new personalized original. **ASQ flexible administration allows creative ASQ access**. i.e., playgroups, teen parent programs, family treatment, parenting classes, library events, WIC clinics, tribal events, and online. **There are different ASQ administration strategies that can be used,** depending on the level of support family needs or chooses. Strategies can be combined. Give families a choice. **ASQ completion can be enjoyed by extended family.** Skills can be observed during play time and natural routines. **ASQ calculator provides easy, accurate calculation of the child's age at administration** and adjusted age for prematurity. It will identify the correct questionnaire to use. *ASQ Calculators*
Preparing for ASQ completion	**Consider language differences** and need for translation and/or interpretation support. **Review questions for potential cultural/linguistic misalignment** and prepare to reframe or skip questions as needed. **Review ASQ** to prepare suggestions for alternative materials and activities used to observe skills. **Practice using strength-based language** during conversation about ASQ. **Consider developing additional questions** (checklist) about child qualities/skills not found on ASQ but valued by the family/community. Examples may include: • Expressing cultural identity • Observing and appreciating people places and things. • Learning through nature • Cooperating and collaborating with others. • Playing creatively • Expressing thoughts and feeling through art. • Learning and speaking multiple languages. • Mixing languages, shifting dialects across multiple settings.	**Many translations are available.** Interpreters should focus on functional translation. Translate the meaning of the word not a literal translation. *Successfully screening linguistically diverse families* *ASQ translations* *Getting Parent Engagement in Child Care Programs* *9 Best Practices for Using Interpreters* **Questions can be re-stated or re-framed** for greater comprehension and relatability. **Questions can be skipped** if inappropriate and not able to be adapted. Use an adjusted scoring method on the ASQ calculator for a valid score* *Score Adjustment Chart for ASQ-3* *When ASQ questions are unanswered* **On ASQ-3, alternate materials or activities can be suggested to observe skill.** Take care to identify developmental domain/area the skill belongs to maintain intent of question *ASQ-3 Materials and Item Adaptation Guide* **Add questions** that may provide culturally relevant information valued by the family.

Find by ASQ Step:

ASQ Step	Cultural Considerations	ASQ Flexible Features
Meeting with family **Introducing ASQ**	**Follow the family's lead**. Embrace process rather than outcome. **Observe cultural protocols** for dress, greeting and meeting the family. For a collective option, **consider introducing and completing ASQ to small groups of parents**. **If completing ASQ with the family, provide a clear introductions first**. Ideally, the ASQ can be left with family for a few days prior to appointment for completion. This allows extended family involvement and time to observe skills in natural routines. **Take relevant translations and copies of ASQ** for both provider and family. **Take time for respectful relational greetings**. Check in with family, and bring focus to their child (i.e.,health, routines, interests, strengths, new skills and concerns). **Ask family about child qualities** that they consider markers of health and well-being. **Take time to explain concepts** such as child development, screening, milestones, developmental promotion. **Introduce ASQ**. Why do we do it? What are the benefits? What is it ? How do we do it? **Review materials suggested in ASQ-3**. Check with family if they are acceptable within their cultural practices and/or if they are available at home. Consider lending materials for independent completion or bring materials for joint completion. **If a family chooses to complete an ASQ independently, help get them started**. Consider completing the overall section and a few questions in the scored section together. This may build interest and confidence for independent completion.	**Ensure a comfortable, empowering and informative process**, through a warm and informative ASQ introduction. *ASQ-3 Parent Introduction Guide-English* *How to Introduce the ASQ* **ASQ introductions can vary**. They may include 1:1, groups of parents, newsletters, or individualized video introductions. **Use strength-based language** to review ASQ. Use relevant translations and/or interpretor. **Many ASQ translations are available** *Translations of ASQ-3 and ASQ:SE-2* **Use ASQ-3 materials lists available** for reviewing and sharing with family prior to completion. These can be adapted per community. *ASQ-3 Materials Needed to Administer by Age* **Providers may begin ASQ completion by starting with the Overall Section**. This approach begins the process with conversation and sets the stage for observation and sharing of the child's skills. *Tips for Screening Children from Diverse Cultures* *Engaging Families in Healthy Development Toolkit* 

ASQ Step	Cultural Considerations	ASQ Flexible Features
Administering the ASQ	**Create time and space**. Families need a few days to complete an ASQ independently at home. Providers need enough time to support completion and have meaningful conversation. **If requested or needed, consider assisting in ASQ completion** in order to help read, interpret, reframe or clarify questions. Model play activities, and celebrate success! **Prepare for a home visit by considering materials that may be needed for ASQ completion**. **If completing on site, select and prepare the environment**. Consider a comfortable, play based, ASQ ready space with culturally relevant, engaging materials. **Encourage families to try activities** if they are not sure if the child has the skill. This increases the accuracy of parent's responses by reporting on observable skills rather than guessing. Model play interactions to demonstrate skills. **Celebrate skills the child is doing**. Help the parent identify and map their child's positive behaviors. **Remind the family that the child is not expected to do everything on a questionnaire**. **If the child demonstrates a skill inconsistently, it may be an emerging skill**. **Communicate the opportunity and strategies** that can support skills that the child is not yet doing. **Once completed, the provider can take the questionnaire for scoring and interpretation** and prepare for a strength-based review with the family. **Score the ASQ if appropriate.**	**ASQ completion can be done in a variety of settings and administration methods**. **Programs are encouraged to individualize ASQ completion by considering unique family culture**, characteristics and needs.. (ex., first language, reading comfort and comprehension, familiarity with developmental screening, life experiences resulting in distrust, caution, fear, mental health instability or neurological differences). **Providers can interpret, functionally translate, adapt, reframe, modify, clarify and teach** during ASQ interactions. **Ideally, whatever the method, ASQ-3 is left with family for a week** to observe skills in natural routines and play. This allows extended family involvement with ASQ completion. *ASQ-3 Materials Needed to Administer by Age* **ASQ-3 suggests caregivers try out activities that they are not sure about** to increase accuracy, engagement and educational value of tool. Note: ASQ:SE-2 does not require trying out activities. **Skills on ASQ-3 in every developmental domain are listed in an order from easy to more difficult**. #1-2 being lower age skills, #3-4 a bit higher, and #5-6 near age level of questionnaire.

ASQ Step	Cultural Considerations	ASQ Flexible Features
Interpreting Responses on ASQ	**Be culturally responsive** if you choose to share scoring results with the family. Ask family whether they choose to have the screening scored or not. (Remember that scoring can be perceived as harmful and produce anxiety) **Comparing a child's score on the questionnaires with empirically-derived cutoff points** shows how closely the child's development compares to that of other US-based children of the same chronological age. **Review all responses**. Begin with strengths, shift to emerging or inconsistent skills, then inquire about skills the child is not yet demonstrating. **Review overall questions** and any parent concerns. **Interpret scores carefully**. What other factors do we consider from a holistic context? (i.e., health, developmental history, culture/language, stressful events, protective factors, parent perspective) **Environmental and cultural characteristics may explain responses**. Consider the family's cultural/ linguistic context, including differences in developmental expectations and environmental characteristics (e.g. materials? opportunity? access?). **Prepare to meet with family to review ASQ responses** by generating sensitive questions for meaningful discussion and possible options for next steps.	**Remember that ASQ accommodates cultural values that require flexible adaptation**. **Scores are totaled and entered onto the summary sheet for interpretation**. **ASQ responses include those with scores and the overall questions**, that don't have scores. **All responses, as well as information gleaned from conversation, need to be taken into consideration for a holistic developmental profile**. **Comments and concerns may help providers understand responses** in scored questions. *When ASQ questions are unanswered*
Follow-up: **Reviewing responses on ASQ**	**Help family choose where they will be most comfortable to meet for a review**. Assure privacy, safety and confidentiality. Plan for adequate time. **Invite extended family** and/or supportive advocates. **Prepare for interpreters, translators and cultural navigators**. **Have culturally appropriate materials/ toys available** to engage the child and explore any skills the parents may not have had the opportunity to observe. **Be cautious if you share ASQ summary sheet**. It may be too clinical for many families. Use ASQ itself or an ASQ conference form. Consider including wellness markers already identified by families. **Consider designing an alternative summary form** for families that reflects information gathered in a more culturally responsive way. This can serve as a guide for conversation, creating a current developmental story that can be shared with the family. **Always begin by celebrating the child** and the skills on the ASQ that the child has accomplished. **As you review questions marked as "sometimes", "not yet"- inquire about importance of a skill from within the family cultural context**. Attempt to explain the purpose of a question and how it may be a building block skill for later skills the family may value.	**The ASQ summary sheet can be removed and used only for providers**. **ASQ offers monitoring sheets for provider use**. This functions as a paper tickler system for monitoring, or more frequent screening with ASQ. It also allows for quick glance at developmental history, or how the child did on previous ASQs, an important factor in interpretation. *ASQ Child Monitoring Sheet in different languages* **ASQ offers a conference sheet that providers can use** to help organize a meeting to review ASQ responses with family. This conference sheet can be used as a template for programs to create their own version. *Parent Conference Forms in different languages* **Have materials ready to try out skills** the family may not have been able to observe or weren't sure about. If the child demonstrates the skill, change the answer on ASQ. **Prepare to change answers on ASQ** based on observations, conversation and understandings with family.

ASQ Step	Cultural Considerations	ASQ Flexible Features
Follow-up: **Reviewing responses on ASQ** *(continued)*	**Learn about the family's expectations of when specific skills are promoted**. There is cultural variability that requires understanding and adaptation. **Identify culturally unique child qualities**, often misunderstood, and used in deficit-based ways (ex., independence vs interdependence in self help skills, avoidant eye contact, quiet/observant, reserved, loud and confident, speaks dialect (not understood by providers), bi-lingual, etc.). Identify and describe these qualities as strengths within the cultural context. **Avoid deficit-based language or medical terminology.** Use positively stated terminology. (See Glossary of Terminology, page 30) Responses on ASQ can be used to tell a current developmental story about the child. **Learn to tell a strength-based story that highlights skills the child is doing** and in what areas they may need some encouragement and practice. (See video, "You are You." link at end of this section) Understand and read the family's communication style and needs. **Provide adequate time** to discuss with the family their concerns and their wishes for next steps.	
Suggestions for home	**Follow family's lead.** What are ideas you have to help your child grow and develop? **Share ideas** for growing their child's development. **Ask permission to share ideas** that other families have found helpful. **In unison with family, brainstorm culturally specific alternatives** for ASQ developmental follow-up and developmental promotion. **Consider lending toys and materials.**	**ASQ has associated developmental activities and tips for all age intervals and all areas of development.** *ASQ-3 Play / Intervention Activities-English* *ASQ-3 Parent Activities-English* *Links to AS:SE-2 activities-Spanish* *ASQ:SE Areas and How to Support Children's Development* **Providers are welcome to use their own curriculum or activities.** **ASQ-3 has 21 intervals.** ASQ:SE-2 has 9 intervals. If any scores fall in the monitoring or referral area, provide the next ASQ interval for more frequent re-check and review the child's progress. This provides extra educational impact. *Age Administration Charts* *ASQ Child Monitoring Sheet in different languages* **Consider referral for further information** if concerns arise. This step is only taken sensitively with family's full understanding and approval

ASQ Step	Cultural Considerations	ASQ Flexible Features
Making community referrals	**Gather and confirm updated lists and current contact information**. Discuss with family the community and educational resources available for their child. Include less typical resources such as parks and recreational and cultural opportunities. **Inquire about kinship supports**, culturally relevant supports and faith-based supports that may be more relevant and provide a comfortable first step for families. **Explore with the family what they would like to do next.** "What would you like to do next?" "What are your resources?" "Who do you trust and go to for parenting support?" **Offer to help the family make calls and appointments.** Also be prepared to diminish anxiety by being the 'caller', while sitting with the family. **Invite and encourage** trusted family/community/ providers to accompany parents with appointments. **Encourage families to identify and to invite supportive advocates** to accompany them with appointments. **Assist family access to referral agencies** by advocating for any cultural/linguistic understandings and accommodations prior to their appointment. **Identify and deliver culturally relevant parenting support.** Ideally, **culturally specific referral agencies can collaborate with special education teams** to help bridge cultural and linguistic barriers to delivering effective services.	**Referrals to health providers can rule out and/or treat medical or physiological issues that impact development.** **ASQ has been validated with the Battelle Developmental Inventory (BDI).** The BDI is a common diagnostic assessment that is used to gather more information and establish eligibility for services. Referrals to early intervention or early childhood special education should be made if ASQ scores and parents indicate concerns. **Referrals often include community-based programs** like childcare, preschool, social services, specialists, culturally specific programs, and kinship supports identified by family.

Additional ASQ Links:

Cross Cultural Handbook

Early Learning Programs Administration Guidance

Resources for using ASQ in a Pediatric Practice

Guidance for Screening Children receiving Individualized Services (on IFSPs/IEPs)

Squires, J., Bricker, D., (2009). Ages & Stages Questionnaires®, Third Edition (ASQ-3): A Parent-Completed Child-Monitoring System. Paul H. Brookes Publishing Co., Inc

Squires, J., Bricker, D., Twombly, L. (2002). Ages & Stages Questionnaires®, Social Emotional, Second Edition (ASQ:SE-2): A Parent-Completed Child-Monitoring System for Social-Emotional Behaviors. Paul H. Brookes Publishing Co., Inc

Squires, J., Bricker, D., Twombly, E., & Potter, L. (2009). ASQ-3™ User's Guide. Paul H. Brookes Publishing Co., Inc

Squires, J., Bricker, D., Twombly, E. (2003). The ASQ:SE-2™ User's Guide. Paul H. Brookes Publishing Co., Inc

SECTION 6

In Our Voices

Throughout our community, we have individuals who are working with families every day to support them in nurturing their children's development, adapting and changing early childhood screening tools in response to a family's home culture. This section offers reflections and insights from these individuals in their own words, sharing deep, rich words specific to their communities, their values and approaches to screening.

Communicating Hope *by Dallas Brock, Community Outreach Liaison, Help Me Grow Oregon*

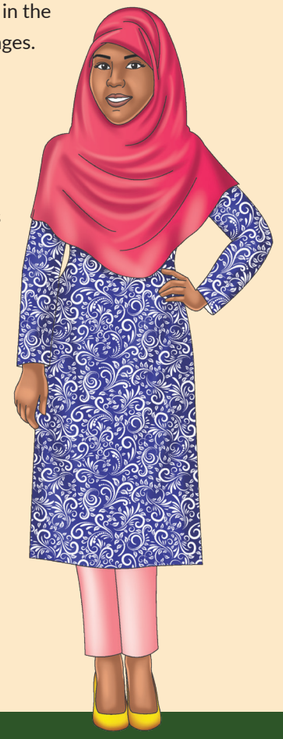
As facilitators of developmental screening, we are ambassadors of hope. Communicating hope is a core function of providing appropriate care to children and families. It requires that we understand parents' goals, hopes and fears. Hope is greater than simply feeling optimistic. Hope is a pathway of realistic confidence, shaped by a shared vision.

Communicating hope is about providing supportive, empathic, and realistic feedback, illuminating a shared vision for the path forward. Ambassadors of hope disarm parental shame by communicating confidence in the strength, resilience, love, and ability of parents to nurture thriving in their child, regardless of the challenges. We communicate strength in the network of care to help celebrate milestones and strengthen delays in child development.

Hope is built on fostering mutual respect, engaging and empowering families, and communicating clearly so the family can make informed decisions toward desired outcomes. It breaks down complex, overwhelming problems into short term, achievable goals and communicates care and concern for the child's well-being and a commitment to ongoing collaboration and support.

Working with Muslim Families *by Shimaa Kennedy, Mental Health Consultant*

As we first connect with families, it's important we honor some of the cultural traditions of Muslim families, acknowledging that not all Muslims follow this rule. It is often challenging to know who may be following these traditions, so it's vital we respectfully ask. Muslims love it when others ask about their culture - what is and what is not permissible. In the initial engagement, we:



- Make sure to not shake hands with the woman in the family because their religion prohibits women from any contact with outside/ strange men (men other than father, brother, son, uncle, husband, grandpa).
- Talk to the man in the family, out of respect
- Make strong eye contact with the females and ensure we avoid interacting solely with females, especially in Afgani, Somali, Bangladeshi families.
- Describe child development to families by explaining the child milestones and that it is okay if they have not reached them yet. Some Muslims tend to have this mindset that if the child is a bit behind, then they are "stupid" and there is something wrong with the child. Mapping the positive is critical to help families understand their child's development.

Working with Somali Families with Children with Disabilities *by Nathira Osman, Early Education and Curriculum Program Manager*

Many Somali families are not used to the term "disability." When they hear that word, it can be a little intimidating because it carries a lot of negative connotations. We are still coming to terms with the fact that this is something that even exists in our community. When the word "disability" is translated into English, it means "broken," which is not what we want our families to hear about their child.

How do we slowly introduce new terminology? One effective way to introduce this terminology is by contacting someone in the community who is familiar with the language and has experience in disability and inclusion rights. Families tend to be more receptive when someone from their community, who also speaks their language, gradually introduces such a significant concept.

How do we communicate in a way that fosters self-affirmation? How do we work together as a community to normalize these terms and diagnoses in their lives?

The most important thing families need is time and patience. Building a solid relationship can be challenging in a world where we are constantly pushed to rush. However, a deep connection is vital in our culture and is the foundation for discussing sensitive topics. Even if someone is trying to help and may feel frustrated if a Somali family hesitates to accept assistance, it's essential to consider their perspective and practice patience. While some families might understand or accept this new concept more readily, many likely won't. It's crucial to lean in, understand where their concerns stem from, and ensure everyone involved in supporting them can navigate their care appropriately."

Working with Ukrainian Families *by Tatiana Terdal, Ukrainian Foundation*

When we consider how to affirm a family's culture, one of the first things to remember is to first—do no harm. Unless you are very familiar with your family's culture, it is important to not pretend you know it and say something flippant you learnt from popular culture. This can do more harm than good.

I've had personal experiences when, I assume well-meaning people would make me wonder about their intentions. They would ask me: "Where are you from?", when I respond: "Ukraine", they would say: "Oh, I know about Ukraine, I know a few words" and then say something….in Russian. And then I am left wondering about their intentions—were they trying to troll a Ukrainian? Were they trying to be hurtful on purpose? It's important we are curious about a family's culture, and do not make assumptions or associations that could be unintentionally harmful.

If we want to create linguistically and culturally supportive care, we need to use the first visit to establish rapport with the family, giving 100% of their attention to the family. This means:

- minimizing computer/smart phone/tablet time
- giving full attention to the family
- paying particular attention to people's body language

I've accompanied immigrant patients with average to below average English skills on visits and have observed how much important communication was lost because the provider was staring at the computer screen and typing the family's answers into the computer, instead of looking at the family.

Example from my experiences in a clinic that may be helpful. A doctor asks a Ukrainian female patient if she is in pain. The patient replies "it's OK". The doctor is not looking at the patient, he is reading questions from a computer screen and then typing something on the keyboard. The patient is visibly not OK, she is anxious, her body language is showing that she is in pain, but she is used to saying "it's OK" in English to everything. If the doctor was looking at the patient, he would have realized that something is not right. The patient also comes from a culture that values toughness and resilience, she is not likely to easily admit she is in pain verbally. The doctor needs to be paying particular attention to the body language in this instance, instead of staring at the screen.

Another reason for minimizing computer time when speaking with an immigrant family may be cultural. Paying more attention to the computer vs. the family will likely be seen as a sign of disrespect. Immigrants are less used to speaking to people who are staring at their computer screens the way we are used to it here, in the US.

Also, it's important to provide families with written instructions on what to do after the visit—directions for medications, contact number for the specialists, etc. It's also important to provide contact information for the office they just visited in case they have any questions—both emails (if available) and phone.The post-visit information should be sufficient but not overwhelming. If the doctor's office gives too much information, the family may be confused on what exactly it needs to do and disregard the entire package if parts of it seem to be irrelevant, or not specific to the family.

Letting Families Lead *by Lydia Dennehy, Special Health Needs Family Peer Support*

What are cultural considerations for each step of the screening?

First interaction with families: Make sure that you have an interpreter on hand if you know the home language. Know that What's App or texting is preferred by some families. Many families will use google translation on their phones. Keep it short and specific on your end and be prepared to listen.

First meeting with families: Make sure to offer to meet them where they are comfortable and tell them that they can have whomever they want present at the meeting. In their home, at the library or park with grandma, father, older siblings or neighbors.

It's important to do the ASQ with families, including introducing the tool. This is a way of gathering information about your child to get a picture of how they are doing. Some babies and young children are advanced in one or more areas of development but will need support in other areas. Some will need support to develop all of their skills.

Sharing results with families: How do you feel that your baby is doing? Is there anything that you are concerned about? Is there any family history or stories about other children's development? What do you think about...ability to hold up their head...following your movements around the room etc.

How do you describe child development to your families? Share three specific statements. All of us learn and grow at different paces but most of us learn to walk, talk and jump eventually. Child development helps you get the supports your child needs to achieve building block skills, so that they do not feel left behind or left out.

What is important, from a cultural standpoint, to the families you work with? Please identify the culture and/or language spoken. In Deaf and Hard of Hearing Culture children often feel left out of family events and gatherings. Parents need coaching on how to include them and they need coaching in self advocacy so that they can ask for support or clarification on their own.

What are strategies you think are helpful when doing a cross-cultural meeting with families? (for example when a White individual is screening)?

Bring something for the child to play with or do that they can keep. The first time, have a set routine so that families know what to expect going forward. Make sure to greet each person present. To show trust (breaking bread), accept food or drink (non-alcoholic) if offered. Comment on positive relationship signs, but not necessarily on the child's beauty or gifts (can be considered bad luck). "Your baby has gained weight, how do you think feeding is going?", "I see that your child is mirroring your expressions! This means that you are important to them!"

Within some offices (such as clinics), families often only have a few minutes to fill out the ASQ. What strategies or suggestions do you have for these offices to ensure a better experience for families?

Make sure they have a translated copy in advance. Coach them to fill out the sections that are most important to them first. If there is an area of concern, that is the most important thing to capture in a few minutes. Let families know that they can fill out the ASQ on-line for free ahead of time and bring the results with them to their Dr. visit. Assure the family that if they don't finish before the appointment, they can take it home to complete and then email, or mail it back.

Supporting Indigenous Families *by Valeria Atanacio, Native Mama Scholars*

Describing child development

"Child development is supported by your family's language, culture and traditional knowledge through the interactions you have with your child(ren). Learning how children grow and develop can help us as parents better support and be there for our children. Child development is the process of how your child changes at different ages and stages and noticing the ways you help support this as a parent."

What is important from a cultural standpoint to the families you work with?

"For the Native Chinook Wawa community, it means a lot when someone who I am working with takes time to learn about my culture and background. The person pays attention to stories I have shared and remembers language words or culturally significant items that I have shared with them."

What are strategies you think are helpful when doing a cross-cultural meeting with families?

"Acknowledging when you as the professional do not understand or resonate with something I am saying or sharing. I really appreciate the openness of professionals to say things like "can you tell me more about that?" or "I have not experienced this before, would you be open to sharing more with me?" Instead of just nodding and acting like they know or understand or mistakenly trying to be relevant by bringing up a book, movie or friend's experience to relate, we appreciate just being humble and honest when you do not understand something and welcome asking questions to better get to know our culture and community."

What suggestions do you have for clinical offices that may not have time to support a family in completing a child development assessment to ensure a better experience for families?

"Ensure the family understands that this is part of their well-child visit when you call to schedule. If you expect a family to fill out, for example the Ages and Stages Questionnaire, in/at an appointment then the appointment time needs to account for that time rather fitting it in with an already brief time with the doctor. If possible, having a dedicated person to work with the family on the ASQ is helpful and to answer questions they may have on some of the items. In addition, providing materials and or items that the ASQ asks about for the family would be helpful including blocks to stack, paper and crayon for little ones to practice drawing a line, etc."

Additional Anecdotal Voices from the Communities We Serve

Every family has its own unique experience in working with providers. Here are some of their anecdotes and stories.

"The word "normal" is like "what is normal?..compared to whom?"

"The first question for parent's needs to be "what do we want for our children?" If we back up and don't even use the word "measuring" but their hopes, dreams, visions…"

"I remember family's saying "I just want my children to behave, not embarrass me…" and today we call that positive socioemotional health"

"We need to work with the family's first before we work with the children. In African cultures, we need to work within the "We" – the beauty of interdependence that works with nurturing and trust."

"Some cultures are more compliant related and will fill it out and want to do it well to be seen as competent…what do we do to create the comfort for families…"

"Sometimes we fill it out the way we think they want us to fill it out and we say yes, so we don't "get in trouble."

"Our people are mountain people – in the US they get worried about people taking them away… sometimes it miscommunication and sometimes its trust…maybe I'm in the six month check in, they now know who I am, even though my culture doesn't know how to read and write…only Christian people know how to read and write – who do they trust?"

"In our culture we have a child of 3 years pick a pen, scissors means grow up to be educated…if you pick knife, you become farmer…(in Chinese)…but since being in America here, I really assess the family, what kind of knowledge in US society they have (how long they have been here) and do they trust me…checking to see what your children skills are….I don't know how an interpreter can be accurate and can they trust the interpreter..because they are so worried about taking the kids away."

"With my Vietnamese culture (some new arrival or a new parent) – the main goal for parents is that the child be happy and healthy…with the developmental some parts you want to fill your child every single meal – they forget the part of a child developing their skills of using a fork and spoon…with my children, my mom does it all the time because "that's how we get them to eat fastly."

"We need to help parents understand the "what" so they do not feel shame. Sometimes new parents may worry; sometimes with the parents (esp newcomers), baby can't sit by himself i.e. but baby sits in the bed all day because there is no space for a kiddo….5-6 people in a studio room."

"As Mynamar families we need it to be done with the whole family in a circular space. Take it beyond the language translation. Translate thoughts, actions and approaches. Building the relationship in the most trustful way."

"Some of our cultures do not use the time/space concept we have – for example, -ing or -ed – these tenses can be challenging for families, and we struggle to adapt…."

"Actually we really loved every part of doing the ASQ. It was everything that you could want as a parent in terms of a home visitor being a trusted friend. She was not of our Indigenous culture but she cared to learn and she absolutely respected and showed no desire to take our culture. She used it to make her strategies fit our ways of doing things. Most of all she showed us trust from the very beginning when she gave us the ASQ and asked us to read through it. When she came back, she asked to see what we thought about both the questions and where we thought our daughter might be in her abilities. We really enjoyed this process as parents because we were able to do them throughout each week. They really gave us some good ideas of the kinds of things we could play with and help our daughter grow. She always made us proud of our home and who we were as parents."

"It's important we change the language in these tools to accommodate families. For example, there is a question about climbing stairs. For some cultures they might live in a Native village where there are no stairs but at age 4, expect their kids to be able to climb into a boat or canoe; or a family might live on a ranch, there is no place to learn to ride a bike but their kids can ride a horse, or drive an ATV. These might be great modifications."

The following is a powerful example of a family, community, provider mapping a positive story. Tutchone's story: *https://drive.google.com/file/d/1izY25zxgj0VG64zoOVB_Vt545Y3Whmde/view?usp=drivesdk*

SECTION 7

Common Terms Used When Navigating the Screening Process with Families

Purpose: to provide functional use and shared understanding of terminology and approaches that create cultural responsivity and engage family caregivers and community.

Terms	Definition	Description	Alternative 'Script' when Talking with Parents
Child Development **Early Learning**	The process of physical, cognitive, and socio-emotional growth from birth to adolescence. It is complex and multifaceted process, influenced by both genetic and environmental factors.	Growth and development includes the physical, social emotional and cognitive changes that occur from infancy to adolescence as they begin to understand and interact with the world around them.	"We often see our children build skills in how they play, learn, speak, act and move. We call these 'milestone's or 'benchmarks'. Children develop at their own different pace. Learning about skills and milestones your child is learning to do can give us a general idea of what to look for and what to celebrate!"
Developmental Domains or Areas	General development is broken into 5-7 primary developmental areas or domains that describe communication, mobility, thinking/reasoning/learning, social and emotional health..	The 6 developmental areas include: communication, cognitive, fine motor, gross motor, social/emotional, and adaptive.	"The areas on the ASQ-3 can be described as: Communication; ability to understand and express language Fine motor: ability to use the hands and fingers functionally. Gross Motor: ability to coordinate, balance, mobilize and move. Problem Solving: ability to imitate, play with toys, remember and reason. Personal Social: ability to initiate and respond to social interactions and to carry out life skills with increasing independence." Note: On the ASQ-3. social and adaptive skills are combined into what is called the personal-social area. The ASQ:SE-2 is a companion tool that addresses only the social- emotional area
Communication Skills	Ability to understand and express thoughts through speech, language and body movements.	The communication area includes questions about the child's ability to understand what others say and to express themselves.	"What do you see as your child's main form of communication? Are they able to show their skills in understanding? Are they able to express their wants and needs? How do they do that? (e.g body language, gestures, signs, words.)"
Gross Motor Skills	Ability to coordinate, balance and move their physical body.	This area asks questions about the child's ability to coordinate and move their bodies through space.	"When you are playing with your child, do you see these early gross motor skills that may include sitting, rolling, cruising, walking, running, jumping, climbing and bike riding?"
Fine Motor Skills	Ability to functionally use the hands and fingers.	This area asks questions about your child's grasp, use of tools, and their ability to do things like picking up small things and eventually writing.	"Do you see your child using fine motor skills that include grasping and using tools like crayons, scissors, toothbrush and toys and activities like bead stringing?"
Problem Solving Skills **Cognitive Skills**	Ability to navigate and negotiate concepts, people, places and things.	This area asks questions about how your child imitates patterns, plays with toys and plays with others. It is the ability to solve simple problems, as well as store and retrieve information.	"When they are playing, do you see your child showing problem solving skills that may include imitating sounds, patterns and actions? Do they remember things like finding their toys, following directions, learning songs? Do you see them trying to solve simple problems by trying out different strategies?" "It is good to remind ourselves that real problem solving is different from a child's ability to recite numbers or the alphabet from memory. However, this skill can contribute to their visual and auditory memory."
Social Emotional Skills	Ability to initiate and respond to social interactions, explore and self regulate emotional states.	The child's ability to show interest, interaction and attachment with others... exploring and shifting from one feeling to another.	"As parents and family you are in the best position to see and observe your child's social and emotional skills. Children express these skills while they interact and play with others and explore their environment. We often see them moving back and forth from being upset to being calm. The ability to navigate that roller coaster develops social emotional skills." "The more closely we observe their social emotional behavior, the more we understand what their behavior is communicating."
Adaptive Self Care Skills	Adaptive skills impact how a child acts within the home and community regarding growing independence, personal responsibility, and making age appropriate choices.	Adaptive skills are often called activities of daily living (ADLs) and include: eating, dressing, toilet training and personal hygiene. They also include a child's ability to learn about safety and show caution when they sense danger. Adaptive skills impact a child's level of maturity.	"How much help does your child need to carry out daily self care routines such as eating, dressing, bathing, and using the toilet?" "Their growing independence with some of these skills may or may not be within your cultural or parenting expectations." "Please share your own age expectations of when you teach your child to become independent with these skills."

Terms	Definition	Description	Alternative 'Script' when Talking with Parents
Accommodation	Modifying to increase accessibility and function within the physical, cognitive, sensorial and social environment for the purpose of creating successful outcomes.	To change something in order to accommodate individual needs in order for that person to be optimally successful.	"You may have already noticed some things your child does to adapt to different settings for their comfort and success. One example is taking a favorite toy on outings. Have you noticed any adaptations your child prefers?" "You may also have cultural practices that help your child build skills. For example, stringing beads to grow pattern recognition, or using the hand drum for self-regulation." "When screening, we can adapt or change the activity to something more familiar to you and your child. We can also adapt or change the materials by using things from your home."
Emerging skills	Skills that are just beginning to happen or 'emerge'. The child performs the skill inconsistently until increasing mastery.	Emerging skills are skills the child is learning and ready to master with practice.	"An emerging skill is a skill that your child is just beginning to show. It may be inconsistent but with time and practice it will become a strength!"
Developmental milestone	A functional skill or task that most children are expected to accomplish by a certain age.	Skills that children accomplish and family members celebrate; like 1st smile, 1st word and 1st step.	"Look how your child is demonstrating this skill now. That's really a beautiful strength. Some people call this a "mastered skill or a milestone".
Developmentally Appropriate	Skills or behaviors expected for the age of the child.	What most children do or how most children behave at the same age.	"Behavior or skills that most people expect at a certain age. Understanding why babies cry, toddlers have temper tantrums, and preschoolers enjoy playing with friends." "Your child's skills and the way they behave may be expected for their age!"
Average skills	Mid-range level of proficiency, aptitude or competence in a particular area or domain.	Average skills represent a baseline or typical level of ability, or a common level of proficiency that is often expected in everyday situations.	"Your child's skills are competent and capable for their age!"
Developmental progress	When children grow and develop by acquiring new skills.	A child grows and develops skills over time.	"You must be so proud. Look how your child has learned new skills as they grow. Clearly, you are really helping them develop and make progress."
Assessments	Evaluation tools used to measure skills.	Developmental assessments have different functions. Some screen (i.e., ASQ), some diagnose (i.e., BDI), and some show a child's skills, next steps, and ideas for teaching (i.e., Teaching Gold).	"A screening assessment, like the ASQ, can tell us if everything is progressing well, or where you think your child may benefit by practice. Perhaps a different assessment is needed to get more information and/or help."

Terms	Definition	Description	Alternative 'Script' when Talking with Parents
Evaluation **Medical vs. Educational**	Evaluations are used to accurately detect and name a medical condition or establish an educational eligibility.	If a parent wants more information about any concerns, a referral to a medical provider or specialist will use a diagnostic evaluation to see if a condition exists and name it as a diagnosis. A parent may also go to an early intervention program or school and request evaluation to determine if the child is eligible for services with or without a medical diagnosis.	"Considering your responses on the ASQ, our conversations and your concerns about your child's development, a referral for an in depth educational evaluation will provide more in depth information to see if your child may be eligible for services." "A medical evaluation may help you rule any medical causes for your child's developmental differences."
Medical Diagnosis	Identification, recognition, detection, determination, confirmation, verification	A medical term- to determine and name a condition.I.e., autism spectrum disorder, fetal alcohol spectrum disorder, attention deficit disorder or an educational eligibility.	"Please remember, a diagnosis is never intended as a label. Diagnoses are provided by medical practitioners or specialists for the purpose of creating understanding and strategies for you and your child."
Developmental Screening	A quick, valid, initial assessment that looks for signs of any medical, developmental or behavioral issues that may warrant further evaluation.	Screening tools will tell us if a child is developing on track, is in need of extra support in certain areas, or if the child needs further evaluation in any areas.	"Screening can provide a quick way for you and others (providers, teachers) to observe, identify and share skills your child has, skills that are emerging or skills they don't yet have. It will help us get to know your child better and give us a strength based perspective of your child's talents which can be used as building blocks to address and support them as they grow and develop."
Surveillance and Monitoring	Routine developmental screening at periodic times in a young child's life.	Monitoring is rescreening more frequently over a child's early life. Surveillance is a medical term used to describe checking in on children's health and development, often called well baby checks.	"Observing your child's progress through observations over time to document growth and change."
Reframe	To restate or to describe differently.	Reframing restates a question in a way that creates better understanding and comprehension.	"Reframing can help us look at and ask things in a different way. You are the best guide for that reframing."
Results/ Findings	An outcome or finding that results from an evaluation process.	Results on an assessment like the ASQ, includes an interpretation of the total scores, the answers on the overall questions, parent's report in conversation, and overall observations of the child by both parent and provider.	"The word *results* is used to identify what skills your child has achieved. Let's review your responses and see. Your observations can help guide us to supporting your child in their next steps."

Terms	Definition	Description	Alternative 'Script' when Talking with Parents
At risk	A classification that indicates risk factors are present that may put a person at a disadvantage, but for whom supports can help prevent or mediate the risk.	'At risk' refers to a child having risk factors such as; extreme prematurity, medical situations, alcohol and drug exposure, neglect, and abuse. Risk factors can negatively affect developmental progress and social emotional stability.	"Identifying risk factors can be the first step in reducing their negative impacts. By providing your child support, safety and nurturing environments, you are promoting your child's health and wellbeing."
Actual age	Child's chronological age at time of screening, in months and days.	Child's age at time of screening in months and days.	"Your child's age in months and days, i.e., a 3 year old is 36 months."
Adjusted age	Child's age at time of screening, adjusted for prematurity.	If the child, under 24m, was 3 or more weeks premature, the #or weeks and days is subtracted from the child's chronological date, making a new adjusted age. This gives the child extra time to meet milestones, up until age 2, when adjustment stops.	"If your child was premature over 3 weeks and is under 2 years of age, by adjusting their age, your child has extra time to learn early skills. At age 2, if a child has not yet caught up, extra support may be needed, so we stop adjusting."
Behavior	Behavior Includes how one acts, conducts oneself, and interacts with others.	Act, action, emotional display, attitude, style, role.	"Your child's behaviors on the ASQ show how they are able to demonstrate a skill, play, interact with others and calm down when they are upset. We always need to remember that behavior is communication!"
Competence	The ability to do something well or efficiently.	A range of ability or skill or a specific ability or skill that someone does well.	"As a parent, you know your child's strengths are their competencies. These are the skills that they do well and are considered beautiful strengths."
Concern	Feelings of wondering, worry and increasing anxiety about an issue.	Parent concerns often are in areas of health, development and behavior of young children, as well as other life concerns.	"Your concerns are valid. This is a good time to talk about issues you are worried about."
Confidentiality ***Note: all programs need to be clear about information sharing policies.***	To preserve authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information.	Set of rules or a promise usually executed through confidentiality agreements that limits the access to or places restrictions on distribution of certain types of information.	"All the information you share with me will be confidential, meaning it will not be shared without your permission."
Consent	To agree.	Consent is a verbal and often written agreement to an action, procedure, or sharing of information.	"Your consent expresses your willingness to participate in a service or a process or to allow providers to speak with one another. i.e., "Do you consent that I talk with your doctor?"

Terms	Definition	Description	Alternative 'Script' when Talking with Parents
Developmental Delay	A term often used in early childhood, referring to a slower pace in meeting milestones expected for age in any area of development. The word delay suggests a potential catch up, with support.	This is the category of eligibility often given to children in early intervention programs who are demonstrating slower timelines to meet milestones compared to their peers. Children can have delays in one area of development but not others.	"The in depth evaluation done at the early intervention program shows your child is experiencing challenges in _____ (name domain, i.e., communication, or gross motor) With helpful therapy, developmental supports, and you and your family's encouragement, your child will continue to grow and develop."
Developmental Disability	A diverse group of chronic conditions, comprising mental or physical impairments that arise before adulthood. Developmental disabilities can cause individuals living with them many challenges in certain areas of life, often in language, mobility, learning, self-help, and independent living.	Developmental disabilities can be suspected when a child does not reach expected childhood milestones. Developmental disabilities can be detected early on and often persist throughout an individual's lifespan. Early Intervention can reduce the impact and improve an individual's developmental outcomes.	"All of our children have strengths and challenges. Sometimes these differences are identified as disabilities. We'd like to hear how you feel about those words so we can discuss your child's growth and any concerns you have as a result of this screening process." "Most importantly, we will support you in identifying your child's strength as tools of help for mapping the positive."
Referral	Supportive suggestions to help make links with systems and community resources that offer knowledge and expertise.	When there are parent concerns expressed through a screening process, like the ASQ or in general conversation, a provider may refer them to a relevant program or provider to get more information and help.	"Based on what you see and have shared about your child, I have some referral resources that might be helpful. There are people who have knowledge in this area and can help you gather more information. They will also be able to offer you other supportive referrals."
Inclusive	An environment that adapts itself to include everyone, without bias toward race, culture, or disability.	Inclusive classrooms include children with disabilities. An inclusive work place respects and values all employees.	"Our program embraces all families and the diverse languages and cultures they represent." "Our childcare setting includes children with special needs."
Strength Based	Putting emphasis on a child's intellectual, emotional, physical and cultural skills and abilities.	Emphasizing positive attributes in personality, temperament, physicality and cultural identify.	"Your child's strengths are all the skills that they have mastered along with their personality traits and cultural identity that help them be successful."
Routines	The things we do everyday often associated with play, meals, sleep, dressing, and excursions into the community	Most people have routines they do in a similar way everyday to move through daily functioning like eating, bathing, dressing, sleeping, playing, doing chores and going out into public.	"Can you share with me what you see your child doing during natural routines like dressing, toileting. bathing, eating, and playing. What do you see? Do they have special ways of doing things?"

Terms	Definition	Description	Alternative 'Script' when Talking with Parents
Structure	How things are organized, shaped, designed or put together.	Structure in early childhood often refers to how homes or early learning environments are organized, designed, and ordered, e.g., predictable routines, organized play spaces, behavioral expectations, and engaging activities.	"Structure helps a child's regulaton when they can anticipate when certain events will happen, like a predictable routine. It also helps them stay engaged when activities are designed with your child's unique needs in mind. Can you share how you structure or organize your home, routines, and your child's play time? "
Predictability	When events, actions, and behaviors are repeated the same way for successful outcomes.	Doing the same things in the same way at the same time and even in the same place. For example, we always use the bathroom before we go in the car.	"Strategies like visuals and verbal reminders let your child know ahead of time what is going to happen next. This creates predictablitity which can help them self regulate and feel calm when things are changing."
Self Regulation	Is the ability to calm one's body, mind, and emotions.	When a child self soothes to come back from upset to calm.	"Often it is important to provide our children with a quiet space, and soothing things where they can calm down. Have you noticed what things help your child calm down? What do they do on their own when overly excited or upset? These things are helping them 'self regulate'."
Self Stimulation	Repetitive movements that can create a calm state.	Often referred to as 'self stimming', it is a way to calm down by engaging in repetitive behaviors like tapping a pencil, jiggling their leg, or spinning an object.	"What behaviors does your child do to calm down or self soothe? Sometimes teachers and others can be annoyed by this behavior until they understand that these repetitive actions are actually calming the brain or central nervous system."
Health Care provider	A general term for a provider of health services.	Can be a doctor, nurse practitioner, public health nurse, or specialist like an audiologist.	"Who is the person you take your child to for well baby checks when they are sick? Do you see any specialists? These doctors are your health care providers."
Cultural Sensitivity	Awareness and appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one's own.	A person can adapt to another person's culture with an open minded, kind, respectful and curious approach.	"This refers to a provider's ability to recognize and put aside personal biases; and to approach all people in a kind, respectful way, with open minded willingness to learn about their thoughts, values, and experiences."
Cultural Responsiveness	Ability to collaborate effectively with individuals from different cultures in personal and professional settings. This usually involves a recognition of the diversity both between and within cultures, a capacity for cultural self-assessment, and a deep understanding and willingness to adapt personal behaviors and practices.	A person can adapt their own behaviors to collaborate well in a cross cultural group.	"This refers to a provider's committment and ability to be thoughtful, and to adapt and work across multiple cultural settings within the context of the norms, values and beliefs of diverse groups of people. This relational response is characterized by deep willingness to listen with humility and openness. It is a part of understanding the privilege of participating in each others' lives."
Inter-generational and Environmental Trauma **Learn More:** SAMHSA/Historical Trauma	Adverse childhood experiences that can be passed from generation to generation.	Environmental trauma refers to physical, psychological and emotional experiences that produce lasting impacts. Intergenerational trauma refers to the ability of those traumas to be passed on through future generations.	"As a person, you probably already know what childhood experiences may have impacted your feelings. As parents, we have the opportunity to understand how to grow healthy responses to these feelings. Always feel free to reach out for support." "In reflecting on the trauma you or your family have gone through, it is often helpful to consider what you've learned and how you cope with that past pain? Your coping is called resilience and is a strength for you and your child."
Neuro-trauma	Neurotrauma refers to the organicity of the brain and nervous system that are impacted by both external injury such as Traumatic Brain Injury (TBI) or the impact of injury to pre-conceptual and prenatal development and genetic predisposition.	Neuro trauma is characterized by cognitive, behavioral social, emotional and sensory expressions that result from brain injury and can often be misunderstood as challenging behaviors	"We often have trauma that is more hidden and maybe recognized as learning or behavioral differences or disabilities. We do not have to see these as deficits and challenges. Instead when we understand them, we often can see ways to create positive responses and strategies to those challenges. I am guessing that you as a parent and caregiver have not only recognized these differences but may have already identified some strength based strategies."

SECTION 8

Provider Suggestions for Systems Improvement

- Systems' partners benefit from working collaboratively to reduce multiple screening processes for families.
- A "Collaborative Circles of Care" model can increase provider capacity for time and delivery of assessment
- Systems will benefit from investing in outreach and education for the purpose of normalizing the value of early childhood screening.
- Invest resources in culturally specific organizations to champion "screening and assessment" as a service for ensuring families receive the resources and supports that they want…promoting assessment as a process of nurturing and "loving your child's development".
- Systems can utilize Oregon Department of Education support to provide financial resources to culturally specific organizations for staff training and continuing education.
- Systems and programs can continue to promote legislative leverage for funding and expanding training with Community Health Workers, Community Education Workers and Traditional Health Workers.
- Systems success grows from attention to the concept "Words matter". Learning to de-stigmatize and demedicalize language associated with screening, assessment and special education services. It is also important to understand the difference between language translation and linguistic understanding.
- Systems need to recognize that translation and cultural adaptation is different across cultures. Across cultures, we are not asking for direct translations. Providers need to learn how to provide functional translations. We are asking for the heart and soul of a culture within child development…understanding the true cultural meaning of wellness markers.
- Systems need to support providers in creating comfortable and open communication with families. Ensure understanding that "children are not broken" and that in fact, many cultures may recognize disability as a difference, conveying a special asset or strength.
- Social, educational and health systems historically have produced stigma, shame and harm through policies and procedures that have produced negative consequences throughout generations. The impact of these harms are trans-generational and cannot be immediately resolved. Systems have the opportunity to profoundly change this trajectory.

SECTION 9

Conclusion: Wrapping and Carrying the Gift Forward

Throughout this guidebook we have invited you as providers to recognize and feel the privilege inherent in participating in children's and families lives. With the understanding of this privilege comes the responsibility to compassionately observe…hearing and seeing with respect and appreciation what is being shown. Screening, assessment and diagnosis have no utility as labels…but they can be powerful in creating the understandings that can in turn generate successful strategies…changing the trajectory of a child's life.

For that to occur, a family must feel free from the fear, the shame and the stigma that often feels embedded with the access and processes of education and health care. Linguistically and culturally responsive services require an understanding of the challenging dynamics of time and space. It also demands a functional capacity for delivery that can collaborate with other provider systems to effectively give time and responsive connection for the relational reciprocity, the trust and the comfort so essential to family engagement.

Partnering with and utilizing the provider assets of cultural navigators, offers and expands the capacity for providers to extend their ability to collaboratively provide a circle of culturally strength based screening and assessment. We must move beyond just being culturally sensitive or nuanced to implementation informed by a family's cultural practice (their norms, values and beliefs). This is how we can demonstrate a real appreciation of the privilege and pleasure of building wellness and healing cooperatively with families and community. When we partner and collaborate across systems with responsive cultural navigators we are creating a space, an environment in which our children, families, community and providers feel supported and comfortable engaging in strength based screening and, when appropriate, creating effective pathways leading to successful support and referral.

Again, as providers we have been given a great gift and like all gifts its abundance will be proportional to our ability to see, to carry and to share its riches, informing our screening and assessment processes. We feel gratitude to our children, families, and communities as our teachers and we can learn and appreciate what they have to share. We will all be better for our listening. Our education and behavioral health practices will be culturally informed and can evolve equitably and justly from "the inside out" because in learning to hear and to respond to what they have to say we are called upon to build and practice reciprocity of trust and relationship so critical to successful family engagement.

We are rewarded by the beautiful generosity of these families. With this dance of reciprocity, as communities of families, providers, and systems we weave in cultural wisdom that moves us all beyond shame and blame and gloom and doom to the light of engendered hope and delivered promise for our future generations. Hopefully this guidebook has provided an invitation to receive and carry this gift of privilege and in this process it has also invited you to consider and appreciate how your own strengths and gifts as providers can dance in rhythmic concert with our children and families. Thank you for all you do to make it so!