



Using Respectful Behaviours and Language

FCS
Sheet
#9

This FCS Sheet is #9 of an 18 part series on family-centred service.

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

- FCS Sheet #8: Effective communication in family-centred service
- FCS Sheet #10: Working together: From providing information to working in partnership

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

“Ten years from now, I may not remember the particular test or therapies administered to my son, but I will most definitely remember the interaction I had with you. I will strive to remember your name and especially the way in which you spoke with me and my child — the compassion and realism you exhibited.” (Leff et al., 1991, p. 238)

Relevance

A guiding principle of family-centred service is that each family and family member should be treated with respect (Rosenbaum et al., 1998). Treating other people with respect involves being thoughtful and considerate, and honouring individual differences (Shelton & Stepanek, 1994). We show respect for others in everything we say and do. Mutual respect between the family and the service provider can support and nurture the service relationship, while a lack of respect from either person can harm the relationship.

Facts & Concepts

Research studies have explored “respect” in family-service provider relationships. Respectful and supportive behaviours have been found to be one of the most important factors in determining parents’ satisfaction with services (DeChillo et al., 1994; King et al., 2001). Service providers and parents have rated “respectful and supportive care” to be an aspect of family-centred service that is done well (King et al., 2000; King et al., 1996). To build on this element of family-centred service provision, the following section provides strategies for service providers and families.

Strategies for Using Respectful Behaviour and Language

Create opportunities for respectful communication.

- Select an environment that allows you to share information. Consider the privacy, noise level and other potential distractions.
- When sharing information back and forth, be sure to take the time to say what you want or need to say. Breathe deeply and speak calmly.
- Service providers: Allow time for parents to digest all the information you have given them. Don’t grab a parent in a busy hallway to divulge information.
- Service Providers: Share complete, honest, and unbiased information. Avoid screening information based on your judgements and values (Edelman et al., 1992).
- Parents: Don’t be afraid to say, “I need a few minutes to take in what you have just told me”. Collect your thoughts and be ready to ask questions.

Respect one another’s position.

- Stay objective about the care of the child. If you have disagreements, don’t personalize them. Instead, work on clarifying and resolving the issue. For specific information and strategies, refer to FCS Sheet #11 – Negotiation: Dealing effectively with differences.

- Service providers: Describe families in the same respectful manner, regardless of whether or not they are present during your discussion or plan to read your written report. (Shelton & Stepanek, 1994).
- Parents: Be respectful when sharing personal opinions about service providers with other parents and other service providers. Avoid spreading negative opinions when they are based on limited encounters.

Enter new relationships with an open mind.

- Avoid drawing conclusions or developing opinions based on little information or prior experiences with others.
- Service providers: When meeting a new family, do so as if you were the first service provider they have encountered. Be sure to introduce yourself and describe your role.
- Service providers: Before an initial appointment, read only the amount of information you need to start an informed discussion (Edelman et al., 1992).
- Parents: As you meet each new service provider, start fresh to build an open relationship.

Speak to one another as equal members of the team.

- Put your best foot forward and address people as you wish to be addressed. It's up to you to set the tone.

- Service providers: Take time to learn the names of the family members you are working with. Do not refer to parents as "mom" or "dad".
- Parents: When introducing yourself, tell the other person what you would like to be called. For example, say, "Hi. I am Susan Lake. Please call me Susan."

Appreciate individual differences.

- Take individual differences into account. When you think about individual differences, consider all of the things that can define a person. These can include race, ethnicity, language, religion, geographic location, income status, gender, sexual orientation, disability, and occupation (Beach Center, 2000).
- Be aware of the cultural values that you are bringing with you and take time to learn about the cultures of other people (Shelton & Stepanek, 1994).
- Put away your prejudices before you sit down with each other. See the person for who they are and why you have come together.

Speak directly to the family member with the disability.

- As much as possible, include the child/youth with a disability in the discussion and meeting.
- Service providers: Acknowledge, greet, and speak with the child/youth with a disability, as well as the other members of the family.
- Parents: Make sure you give your child an opportunity to speak and to respond to the service provider.

Use positive “person-first” language.

- Always talk about the person before talking about the disability – say “child with cerebral palsy” instead of the “cerebral palsied child”.
- Avoid using phrases that suggest that the disability has a negative effect on the person’s life – do not say “suffering from cerebral palsy”.
- Refer to “A Way With Words”, a brochure that provides guidelines for using “person-first” language (Canada. Department of the Secretary of State. Status of Disabled Persons Secretariat, 1991).

Summary

Being respectful of others is one of the most important steps in developing positive relationships. Because we show respect to others in everything we do or say, it is essential that we develop awareness of our actions and the ways they may be interpreted by others. This, in addition to appreciating others’ differences, can improve our relationships in all aspects of life, including those developed in family-centred interactions.

Resources

Beach Center – Fact Sheets –
www.beachcenter.org

Canada. Department of the Secretary of State. Status of Disabled Persons Secretariat. (1991). *Way with words: Guidelines and appropriate terminology for the portrayal of persons with disabilities*. Ottawa: Author.

DeChillo, N., Koren, P.E., & Schultze, K.H. (1994). From paternalism to partnership: Family and professional collaboration in children’s mental health. *American Journal of Orthopsychiatric*, 64, 564-576.

Edelman, L., Greenland, B., & Mills, B.L. (1992). *Family-centred communication skills: Facilitator’s guide*. St. Paul, MN: Kennedy Krieger Institute.

Edelman, L., Greenland, B., & Mills, B.L. (1992). *Building parent/professional collaboration: Facilitator’s guide*. St. Paul, MN: Kennedy Krieger Institute.

Leff, P.T., Chan, J.M., & Walizer, E.M. (1991). Self-understanding and reaching out to sick children and their families: An ongoing professional challenge. *Children’s Health Care*, 20, 230-239.

King, G., Cathers, T., King, S., & Rosenbaum, P. (2001). Major elements of parents’ satisfaction and dissatisfaction with pediatric rehabilitation services. *Children’s Health Care*, 30, 111-134.

King, S., Kertoy, M., King, G., Rosenbaum, P., Hurley, P., & Law, M. (2000). *Children with disabilities in Ontario: A profile of children's services. Part 2: Perceptions about family-centred service delivery for children with disabilities*. Hamilton, ON: McMaster University, CanChild Centre for Childhood Disability Research.

King, S., Rosenbaum, P., & King, G. (1996). Parents' perceptions of caregiving: Development and validation of a measure of processes. *Developmental Medicine and Child Neurology*, 38, 757-772.

Rosenbaum, P., King, S., Law, M., King, G., & Evans, J. (1998). Family-centred service: A conceptual framework and research review. *Physical & Occupational Therapy in Pediatrics*, 18 (1), 1-20.

Shelton, T.L., & Stepanek, J.S. (1994). *Family-centered care for children needing specialized health and developmental services*. Bethesda, MD: Association for the Care of Children's Health.

Key Definitions

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

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

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

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

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

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

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

Want to know more about family-centred service?

Visit the CanChild website:
www.canchild.ca

or call us at 905-525-9140 ext. 27850

FCS Sheet Topics

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

General Topics Related to Family-Centred Service

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

Specific Topics Related to Family-Centred Service

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