

## HAVING DIFFICULT CONVERSATIONS WITH PARENTS/CARERS AND PREPARING FOR MEETINGS

### 1. **Identify your concerns**

Identify what you want to discuss with the family beforehand. Make some dot points if needed. Gather evidence of your concerns, in case needed during the conversation. You may ask a colleague to observe the child as well. If you are not confident then consider asking a colleague to attend the meeting with you as it can be helpful to have someone to share the conversation with.

### 2. **Ask the family to meet with you**

Arrange a suitable time (e.g. after today's session, etc.) You may choose to let them know you wish to discuss concerns or wait until the meeting with family before raising the issue/s.

### 3. **Create a positive connection with the family**

Begin with some positive engagement about how their child presents and how you connect with the child. Ask the family how they think the child is going at kinder. Listen to their response. Often families will introduce their own concerns. If they do, try to respond to those, adding your own concerns in time.

### 4. **What if the family has no concerns?**

Ask some questions about relevant areas of development, such as:

- 'How does (child) play at home?'
- 'How are you finding (child) is going with following instructions?'
- 'Has (child) had their 3 ½ year check with MCH/speech screening/hearing test/vision test?'

Sometimes concerns come up during this chat, but regardless it is a good opportunity to show the family that you are interested in them and their child, not just interested in pointing out 'faults'.

### 5. **Being first to raise concerns**

If no opportunity has presented itself after this, introduce concerns by talking about your observations of the child:

- 'We have noticed that (child) will often play by themselves.'
- 'At kinder we have observed that when (child) has to wait for a turn/not get a toy they want, they become upset and lash out at others.'

Parents may have 'excuses' for this – child is tired, not used to sharing or (the classic) 'dad was the same and he's fine now'. Have some evidence handy such as observations, checklists and samples of work.

### 6. **Here to help**

It is important to communicate to the family that you want to help the child and your concerns are about accessing further support for the child's benefit. It is not about judging the family.

### 7. **Discuss support options**

Present the family with a range of options to further support the child:

- Hearing/Vision checks
- Community Health Speech Pathology referral
- Visit to discuss concerns with GP
- GP can refer child for a Paediatric review
- GP can also create Care Plans to access private Speech Pathologist, Occupational Therapist and Psychologist
- PSFO referral – to support 4-year-old Funded Kindergarten Teacher in planning and programming to support child
- Early Childhood Early Intervention (ECEI) referral

If families agree to involve other services, make it clear with them who will do what in terms of accessing those services. Have a plan.

### **8. Be flexible and patient**

It is important to keep in mind that your conversation with families may not result in the outcome you want. Families may need time to process what has been said and will come back to you wanting further discussion. Sometimes families do not want to hear what is being said.

While challenging, it is important to be able to 'read' when a family is beginning to struggle in the conversation and when to stop before going 'too far' to ensure they do not disengage with you.

Having a supportive relationship is important and it may take several discussions with the family before they trust you enough to listen to what you are saying.

It is also possible that you may not reach this point. Knowing that you have 'sown the seeds' for future discussion with other services/professionals may be all you can achieve. At that time, it is important to leave the family with a good knowledge of future support pathways if they have concerns at a later date.