

Using Family-Specific Language

Caring for children with special needs, disabilities, and exceptionalities is a wonderful opportunity to embrace diverse families in your community. You may hear different language or terms from families when they describe their child's condition or ability level. Some families will use "special needs" or "disability." Others will use specific terms such as, "He has Down syndrome" or "My child is deaf." Depending on how recently a family has learned about their child's needs and how they are coping, some families will avoid speaking about it at all even if they previously shared information with you.

It's important to take your cues from each individual family. Some families will be eager to share updates and suggestions they learn from doctors or specialists. If a family describes a recommendation to you as, "helpful for children with Down syndrome," it is acceptable to mirror this same language as long as you are comfortable doing so. It is best practice to use person-first language. For example, "children with autism" is preferred over "autistic children." Even though it is most important to think of children first as individuals (and not to define them by their conditions or traits), there may be times when you need to ask families questions about caring for their child. It can be difficult to avoid using medical terms and jargon during these conversations, and you may need to directly address their child's condition or ability level. If you are unsure of what to say, ask the family how they prefer you speak about their child's needs or condition. This shows the family that their input is valued, and it builds trust in your partnership with them.

Case Scenario:

Mia is a child in your program's preschool classroom. You have made many attempts to share about Mia's learning, but Mia's family members rarely ask questions or talk about their lives. Although Mia's parents have never directly spoken to any program staff about it, you know from the enrollment paperwork the family completed that Mia has a diagnosis of cerebral palsy. Since enrolling in the program two months ago, you have observed Mia to be a happy child who can do everything her peers can do, but is a bit slower than most children in class. You and other staff members have recently noticed that it is becoming increasingly difficult to help Mia put shoes on, and Mia has begun to trip and fall more frequently. You are not sure if this is "normal" or to be expected for a child with cerebral palsy. You are concerned for Mia's safety and feel it is necessary to talk with the family.

