

SUPPORTING FAMILY HEALTH AND DEVELOPMENT

University of North Carolina at Chapel Hill
Frank Porter Graham Child Development Center

early *Developments*

Spring 1999

Volume 3, No. 2

Family-Centered
Research &
Practices

SUPERVISING EDITORS
Virginia Buysse & Pam Winton

EDITOR
Lloyd Little

GRAPHIC DESIGN
Miki Kersgard

CIRCULATION
Jay Hargrove

PHOTOGRAPHY
Don Trull

COPY EDITOR
David Syracuse

EDITORIAL OFFICES
521 S. Greensboro Street, Suite 206
Carrboro, NC 27510

POSTAL ADDRESS
Send change of address to:
Jay Hargrove
CB #8185, UNC-CH
Chapel Hill, NC 27599-8185
Periodicals postage paid at
Chapel Hill, NC

Early Developments is published three times a year by the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill.

For subscription information contact Jay Hargrove (919) 966-0888 or email jay_hargrove@unc.edu

6,500 copies of this public document were printed at a cost of \$5,000.00 or \$0.77 per copy.

Early Developments is funded in part by the University of North Carolina at Chapel Hill and in part by PR/Award Number R307A60004, administered by the Office of Educational Research and Improvement, National Institute on Early Childhood Development and Education, U.S. Department of Education. Contents of articles do not necessarily represent the positions of the U.S. Department of Education. Endorsement by the federal government should not be assumed.

Join our Family

If you're not on our mailing list for this newsletter, please fill out the form below and send to the postal address listed in the masthead.

Please check here if this is a change of address

If you are an editor of a newsletter yourself, please check the appropriate areas below. We'll send you press releases and brief articles detailing our latest research as soon as they become available to share with your constituents.

Your name _____

Title _____

Address _____

Phone _____

Fax _____

Email _____

How would you describe yourself?

- Administrator/Policy maker
- University/Community college faculty/Trainer
- Family member
- Teacher/Service provider
- Other _____

NEWSLETTER EDITORS

Newsletter name _____

Circulation _____

Number of issues per year _____

What is your target audience?

- Administrators/Policy makers
- University/Community college faculty/Trainers
- Family members
- Teachers/Service providers
- Other _____



Gazelle Technologies, Inc.

WHY DO THEY DO THAT?—new research examines intentionality of infants, page 4



Adobe Image Library

FOCUS ON FAMILIES—cultural diversity is expanding intervention and early education practices, page 6



Kersgard

I DON'T WANT TO TALK ABOUT IT!—marital disagreements and infant interaction, page 8



Trull

PUTTING PARENTS IN THE PICTURE—increasing family involvement in early education and intervention, page 10

Cover photo by Adobe Image Library



Kensgard

From the director's office

The big picture

MOST YOUNG CHILDREN in America today are raised in some sort of family. However, there is enormous variation in the nature of the American family—who is in it, where they live, their financial resources, their values and ways of interacting with each other. Understanding the development of young children cannot be studied apart from understanding the families in which they live.

We know quite a bit about the importance of the family's role in children's social development and on their success in school. Early relationships with parents and siblings form the basis for later social development with peers and teachers. Language use in the home and the variety of experiences families provide for their children shape later language and cognitive competence of children. Attitudes about school, work, and whether effort can make a difference in one's life are transmitted very early to children and their effects are evident in children's participation in school.

This issue of *Early Developments* highlights some of the work on families being conducted at the Frank Porter Graham Child Development

Center. Some of our research is devoted to understanding families better and how they influence their children. We are interested in how families respond when they have a child with a chronic illness or disability, and how cultural background influences those responses. We are studying early childhood, early intervention and early elementary school programs to find out how family-friendly those programs are. Finally, a number of investigators have developed and are testing strategies for helping programs be more supportive of families in the context of parenting roles.

So, although we call ourselves a child development center, that inevitably means a focus on families as well. Hopefully this work will lead to a better understanding of families in today's society and how agencies, schools, and programs can be more responsive to the wide variation in family needs, parenting styles, and goals for their children.

—Don Bailey

Bailey is director of the Frank Porter Graham Child Development Center and holds academic appointments in both the School of Education and the School of Medicine at UNC-Chapel Hill.

New research examines the intentionality of infants and their parents' perception of it

Why do they do that?

HOW A FAMILY INTERACTS during its very earliest formation is the focus of new research by two fellows at the Frank Porter Graham Child Development Center. Steve Reznick and Barbara Goldman are studying parent perception of infant behavior that seems intentional and how this perception affects parent-child interaction. Byproducts already include a new series of measuring tools, and may include a way to screen parents in cases of child neglect or abuse as well as suggestions on intervention in cases of risk to infants.

4 A study that Reznick began at Yale University is still underway, and depending on the results may be replicated at FPG. He had been at Yale for 10 years before joining the UNC-CH psychology department last year. Barbara Goldman, who is also in the psychology department, has worked on a number of studies involving children over the years.

The two are beginning a study funded by the National Institute of Child Health and Human Development to pinpoint cognitive changes in infants during the first year. I believe the data support the idea that there is a change somewhere between 4-6 months, Reznick explains. This change in the infant's cognitive ability can be viewed from two perspectives."

From the infant's perspective, the world changes such that it has a past and a future. The infant recalls things that have occurred previously, and that same ability allows the infant to extrapolate into the future, to predict what's going to happen, to form expectations. For example, a six-month-old hears footsteps in the hall and smiles wider and its father sticks his head into crib. Before that age, the infant would recognize the footsteps but wouldn't necessarily go the next step and expect a particular face to appear.

From the parents' perspective, it is when these changes begin taking



Gazelle Technologies, Inc.

place that infants become capable of what parents call goal-directed behavior and capable of expressing their desires explicitly and acknowledging when their desires have been met or not met. Parents begin to perceive that an infant is doing something on purpose.

Study at Yale

Reznick's study at Yale, funded by the W.T. Grant Foundation, is looking at several issues. Whether early signs of infant memory-based behavior presage early emerging sophistication of thinking skills is one. Another is what difference the parents' perception of intentionality makes. One difference may be in how parents provide a framework or scaffolding to let children find their way into an interactive world. The reasonable bet, Reznick says, is that it's important that parents provide scaffolding but individual differences in the normal range aren't that significant.

Because parents are interviewed and tested repeatedly during these studies, a natural question is, Does

interaction with the researchers and their tests change how parents perceive intentionality? Numerous measures and cross-measures are used to check this. If you take mothers who are being tested for the first, second and third times, mothers taking the test for the third time see more intentionality. Perhaps our interviews raised their consciousness. On the other hand, if we want to intervene, then we already have a clue that we can do that successfully," Reznick adds.

Measuring tools

Over the years, Reznick and graduate students working with him have developed a number of measuring tools. We do straightforward things such as interviewing parents about what they believe. Also, we have a tape with 25 snippets of infant behavior between 6-12 months. For example, a ball falls from an infant's hand. One parent may say that the baby intentionally threw the ball, while another


parent looking at exactly the same tape will say that the ball dropped and give the child no credit. In another technique, we show each parent a videotape of a baby and ask each parent to narrate what the baby is doing. The parent's language can betray an attitude of intentionality or an attitude of less intentionality, he explains.

The other side of measuring is, can one say definitively that a baby does something deliberately? It's a remarkably important distinction in our culture. It's the difference between murder and manslaughter, pardoning someone and not pardoning him or her. With babies, we determine what kinds of behavior that parents regard as intentional, and we set up situations where babies have the opportunity to perform those behaviors, Reznick says.

For example, we tie a string to a toy and the child pulls the string and the toy moves. Then we remove the string without the child realizing it and see if the child persists in trying to move the toy. We play peekaboo with a child and see how the child responds and whether the child will initiate the game. We have 14-15 of these procedures, and we put children through these, which are opportunities to behave intentionally. We feel this is the first battery of tests that is an explicit measure of this construct, he says.

The other side of measuring is, can one say definitively that a baby does something deliberately?

Reznick and Goldman began pilot testing of infants in late 1998 for the new NICHD study of cognition. One aspect of that study is measuring where babies are looking. In the past, this was done by frame-by-frame analysis of videotape, which was tedious, slow and not particularly accurate. They are now using a new procedure involving a video camera that follows the movement of an infant's eyes. Most of the study is being carried out in the FPG Observational Methods Unit.

Reznick is cautious about over-interpreting the significance of when a child becomes intentional and the parental response. You have to distinguish behavior inside and outside a normal range. We run the risk of leading people to assume that doing more will make a difference. That's not necessarily what the data would let us say. This is a very sensitive topic because some parents are so eager to do the very best for their child, and if they read a research paper that says you can get infants to learn words faster if you present information in a certain way, then some parents will feel that if they're not presenting it in that way, they are harming their child. I have no reason to believe that is the case." 

If you want to know more

Reznick, J.S., & Feldman, R. (1996). Maternal perception of infant intentionality at 4 and 8 months. *Infant Behavior and Development* (19), 483-496.

Intentionality study may yield policy implications

Research by Steven Reznick and Barbara Goldman on parent perception of infant intentionality may have significant policy and practice implications.

What has attracted interest to this topic and what makes it salient to people interested in policy is that extremes of parent perception could be extremely important, Reznick says.

At one extreme are parents who dramatically underperceive infant intentionality. If you don't think of a baby as doing things on purpose, then there's no reason to read, to play, to interact with them. What's the point in telling these parents to read to their children? It's like telling them to read to their plants. At this extreme, a parent may use underperception of intentionality to justify child neglect.

At the other extreme are parents who overstate infant intentionality. They believe babies do things on purpose that most people would believe was not on purpose. These parents are particularly willing to

make that attribution concerning negative behaviors. Reznick gave examples: She soiled her diaper because she knew I was in a hurry, or She's crying now to get the upper hand." If a parent believes a 6-month-old is capable of such distinct intentional behavior, then that can be license to forms of punishment that most in our culture regard as abuse. Indeed, if you interview parents who have abused infants, the language they use is one of punishment, and we believe that this extreme overt view of intentionality may be dangerous, Reznick says.

If their studies support these observations, Reznick and Goldman may discover ways to help parents get a sense of how they view an infant's behavior. Furthermore, if we want

to intervene and reduce a child's risk, our work is revealing how you might go about doing that, says Reznick.



© Gazelle Technologies, Inc.

FOCUS ON FAMILIES

In many FPG projects cultural diversity is expanding early education and intervention practices

GETTING A BETTER UNDERSTANDING of how Latino families view and use services for young children with disabilities is but one of a number of studies at FPG involving the center's commitment to increasing our knowledge of families. For example, one study is studying family literacy programs, while another is looking at how researchers can better ensure that families understand what "consent" means when helping researchers. Transition considerations for families with fragile X children are being examined, and several research instruments concerning families are being translated into Spanish.

Updates on these projects

Regarding services, findings indicate that only 39% of 200 Latino parents of young children with disabilities were mostly or very satisfied with services for their children. This finding was lower than found in several previous studies.

Don Bailey, one of the study investigators, said that an interesting inverse relationship was found between satisfaction and awareness as well as use of services. For both mothers and fathers, greater awareness and use of services was associated with greater dissatisfaction. A potential explanation is that those who actively seek out and use services have higher

expectations for the service system and thus are likely to be less satisfied than those who have lower expectations.

OTHER FINDINGS

- Mothers (but not fathers) of children with more severe delays and older children reported less satisfaction with services. The fact that this relationship was not found for fathers likely reflects the greater awareness and use of services by mothers and the fathers' frequent allocation of decision making with respect to services to the mother.
- Dissatisfaction is more likely to occur when the program characteristics do not match the needs of the family, as in the case where a Spanish-speaking family does not have access to materials in Spanish or a translator, or when service providers are perceived to be non-accepting or unwilling to be helpful.
- Researchers found very little pursuit of alternative treatments, such as the use of folk medicines or practices that seem exotic to western medicine.

Bailey reports several implications for practice have emerged so far.

- Families of Puerto Rican and Mexican heritage vary widely in terms of awareness, use, and satisfaction with services, and the family characteristics commonly believed to influence these outcomes generally did not seem to be related. Professionals should be careful to not draw general conclusions about Latino families; thus, again, emphasizing the need for an individualized approach.
- Clearly for some families, providing written materials in Spanish or a translator would be of both functional help as well as send an important message about the program's willingness to be responsive to individual differences.
- Although it is critical to understand the history, traditions, and values of various cultures, it is probably a disservice and a misrepresentation to assume that members of immigrant groups do not subscribe to what we consider a modern approach to services, said Bailey.



Adobe Image Library

Others working with Bailey are Debra Skinner and Patricia Rodriguez at FPG, and Vivian Corea at the University of Florida.

Helping parents understand research

One important barrier to obtaining informed consent while enrolling people in studies is a lack of true comprehension of what a given study involves. Most consent forms used by researchers to get permission from those participating in research are at a college reading level. Parents who have limited reading are especially vulnerable in this situation. With that in mind, a team head by FPG researcher Frances Campbell is examining better ways to explain research procedures to parents when seeking their permission.

Working with parents representing a range of literacy levels, the team is evaluating how information is comprehended when it is presented in four ways.

- 1 A traditional printed consent form
- 2 A graphically enhanced consent form
- 3 A video-enhanced consent procedure
- 4 A procedure in which the parent interacts with a computer using a video and a touch screen

Parents will be recruited for a hypothetical study and assigned to one of the above consent procedures. The research capitalizes on FPG's expertise in research involving children and vulnerable populations, such as low-income families. Other researchers working with Campbell are Barbara Goldman and Maria L. Boccia.

Fragile X children

Fragile X syndrome is the most common inherited cause of developmental disability, affecting as many as one in 2,500 people. Since 1993, FPG has been following selected young children with fragile X syndrome in Virginia and the Carolinas.

Children in these two studies are now moving into kindergarten and first grade. Researchers Don Bailey and Deborah Hatton say that while most parents are pleased with the transition from preschool programs to kindergarten and from

problems more of a challenge than mental retardation.

- By the second grade, virtually all parents of fragile X children request specialized services, even those who had

Adobe Image Library



kindergarten to first grade, such transitions can create anxiety.

been adamant about inclusion in preschool and kindergarten.


OTHER EARLY FINDINGS

- Placement in classes is driven more by the resources of school systems rather than the goals in the Individualized Education Plans.
- Some parents shop around and look at classes that they think would be best for their child, and then they try to secure the label necessary for getting the child into that class.
- Fragile X is not an eligibility category for receiving services, and so children are given different labels, depending in part on schools' resources and eligibility requirements and in part on the desires of the parents.
- While most fragile X children may be mentally retarded, that label can be misleading for teachers. In many cases, teachers find attention and hyperactivity disorders and behavior

Translating instruments

Researchers Syndee Kraus and Robin McWilliam are translating two broad-based questionnaires (*Brass Tacks: The Family Report* and *Children's Engagement Questionnaire*) into Spanish and will test and disseminate them so that early intervention specialists can do a better job capturing the voice of Latino families who receive these services.

Brass Tracks measures the family's perceptions of services they are receiving and what is important to them. *The Children's Questionnaire* measures the family perceptions of their children's persistence, social behavior, and attentiveness.

We want to ensure that our practices with these families and their children are based on first-hand perceptions rather than making assumptions based on previously gathered research data from members of other cultures," says McWilliam. 

I don't want to talk about

WITHDRAWAL FROM A PARTNER during a marital disagreement, rather than the amount of disagreement, predicts more negative interactions months later with infants.

This is one of the findings reported in a longitudinal study of the transition to parenthood headed by Martha Cox, a researcher at the Frank Porter Graham Center. Cox says women who were more withdrawn in their interactions with their husbands were later more likely to be flat and disengaged in interactions with their infants, especially with sons, than were women who were not withdrawn during marital interactions.

This finding occurred even after researchers controlled for mothers' depressive symptoms, mothers' education, and the child's negative affect in the interaction with the mother. Withdrawal in the marital interaction also predicted fathers' flat, disengaged parenting, but fathers were especially disengaged from their infants when they were withdrawn and angry in interaction with their wives.

Cox has studied families through a variety of projects over the years at FPG, and some of her work is included in *Causes and Consequences*, a book just published by Lawrence Erlbaum & Associates. Cox and Jeanne Brooks-Gunn of Columbia University are editors of the book.

We need to understand more about when conflict and tension in the marital relationship spill over into other family relationships, notes Cox. It is clear that the avoidance of conflict that accompanies withdrawn marital behavior can be as detri-

mental to parent-child relationships as angry arguing." She said other studies show avoidance of conflict, particularly in the form of withdrawal from interaction, is a marker of poor marital relationships.

Constructive conflict

Indeed, conflict may be constructive in some marital relationships. Conflict can highlight the individual differences, needs, desires, and goals of each partner. Ideally, making those individual needs an understood part of the couple's dialogue and planning would let the marriage stay close and the partners connected.

Conflict between marital partners may be necessary to stimulate the adjustments needed to keep a marriage intimate and satisfying. Furthermore, constructive conflict may provide children with models of effective strategies for conflict resolution. Cox said that this quality of marriage has not been sufficiently explored.

There is also the growing recognition of the need for a more complex understanding of the association between conflict in marital relationships and children's adaptation. Conflict, whether marital or parent-child or sibling, is a fact of family life, and it may have constructive as well as destructive effects on the development of children.

Spillover of tensions

For distressed couples (those who scored as distressed on screening instruments and desired treatment for their difficulties) as compared to nondistressed couples, one study found there was greater continuity of marital tensions from one day to the next and greater "spillover" of tensions from the marital relationship to the parent-child relationship. It may be, observed Cox, that the ongoing tension in the marital relationship and the failure to resolve conflicts, rather than the frequency of conflict or negative affect is most detrimental to parenting."

Another thread running through this book is that development is seen as occurring in



Illustrations by M. Kersgard, source photos by Kersgard and Gazelle Technologies, Inc.

How wives handle marital disagreements may indicate how they interact with infants



ut it!

the context of relationships. Thus, the way healthy or disturbed relationships are defined for children in

families must take into account the way that the relationships serve a child with respect to critical developmental issues. For example, cohesive parent-child relationships are important in fostering the collaboration needed for good parental supervision of young adolescents. Supervision as an aspect of parenting in adolescence is a key to preventing delinquent behavior.

Parents who are emotion-coaching are more likely to be in marriages in which the couple believes in discussing emotional issues and that marital conflict is worth the struggle. The willingness to tolerate and accept some negative affect in family relationships may be an important common element associated with good outcomes for family members.

Relationships

An overarching theme of the book, and indeed most of Cox's research, is that individual development needs to be understood in the context of relationships in the family. In line with that, another portion of the book theorizes that changes in parent-adolescent relations derive not only from biological and cognitive changes in the adolescent which result in increases in conflict (overt hostility and negative affects) and decreases in cohesion (observable warmth and support) in parent-child relationships, but also from the social interactional histories of parents and adolescents.

One study shows even greater hostility among

adolescent girls toward their parents than among boys, reflecting perhaps the more rapid pubertal and social development of girls during that age. The findings also showed that parents and children who were higher on warmth and support at an earlier time increase their emotional closeness over time, while those who were low on warmth and supportiveness showed declines over time.


A 1995 study showed that closeness and conflict coexist in most families, and consequently, the balance between the two may be important for the adolescent daughter's development. Mother-daughter relationships do change at the time of puberty.

The patterns have long-term implications. For example, in one sample, a pregnancy during the daughters' college years was predicted by lower family cohesion, more family conflict, and a more controlling environment than for girls who did not become pregnant as early as the college years. Interestingly, it was conflict with fathers that predicted the early pregnancy, rather than conflict with mothers.

In another study reported in this book, mothers and daughters show difficulties in negotiating autonomy when daughters have a high degree of symptoms that are kept inside. Chronic internalizing symptoms in girls lead to high levels of

both conflict and submission. And conflict and submission together are a behavioral combination unlikely to lead to success in negotiating more autonomous relations with mothers.

One study of mothers and daughters supports the idea that it is developmentally important for mothers of adolescent girls to tolerate a moderate degree of conflict. Again, noted Cox, tolerance for a certain amount of negative emotion in family relationships may be important for healthy outcomes.

Cox said that while a fair amount is known about how families fail under conditions of severe or pervasive adversity, little is known about the many families whose children show successful adaptation, positive functioning, and competence despite conditions of adversity. We know little about families that successfully negotiate risk conditions, although we know that many of these families exist." 





Putting in the

Projects aim
family involvement
and inte

10

TWO OF THE NEWEST PROJECTS at the Frank Porter Graham Child Development Center and the National Center for Early Development & Learning are creating models to increase family involvement and empowerment in early childhood arenas.

THE PARENT LEADERSHIP DEVELOPMENT PROJECT is developing a cadre of parents to fill a variety of advocacy and advisory roles with state and local agencies and organizations.

THE COMMUNITY-BASED MODEL FOR IMPROVING EARLY CHILDHOOD PRACTICES AND POLICIES PROJECT will integrate parents into the planning process of local Smart Start partnerships in North Carolina.

Both projects build on a growing body of research showing the efficacy of involving parents and other family members in all aspects of planning, delivering, and evaluating early education and intervention services. Developing strong parent-professional alliances is a critical first step in improving the quality and cultural responsiveness of services to children and families, explains FPG Researcher Pat Wesley, co-principal investigator of the Parent Leadership project.

Here's a closer look at these two projects, each of which is developing a model that can be replicated by local communities, agencies, and education partnerships.

Parent Leadership

Comprehensive, high-quality, individualized early care and intervention for children with disabilities now require simultaneous

attention to child development, community building, professional development, and family involvement. Virginia Buysse, another FPG researcher and co-principal investigator of the Parent Leadership Development Project, says, "Families should be considered essential advisors in public policy, research, personnel preparation, and program development, as well partners in all aspects of their children's care and education."

The Parent Leadership project is recruiting 72 parents and other family members of children with disabilities interested in developing or improving partnerships with professionals. These parents will receive intensive training, including follow-up activities to develop leadership skills. This cadre will then be linked to institutions of higher learning and organizations and agencies providing early education, early intervention, and family support services.

Although many professionals recognize the value of having families serve as consultants, advisors, and members of boards and committees, there are a number of barriers.

- Logistical problems such as lack of transportation or difficulty in making child care arrangements and balancing family needs
- Administrative constraints
- Lack of money for parent reimbursement
- Parent's lack of knowledge or experience with leadership roles
- Limited opportunities and support for parents in these positions
- Inadequate representation of the full spectrum of families who participate in early intervention

Spring 1999

early
Developments

parents picture

at increasing in early education intervention



Irull/Kersgard

Our assumption is that most early intervention professionals already understand the importance of collaborating with families, but lack effective strategies for putting this philosophy into practice, explains Wesley. Project participants will represent diversity of culture, language, family constellations (single parents, teenage parents, foster parents, grandparents) and socioeconomic resources.

OTHER FEATURES OF THE MODEL

- A series of leadership retreats for parents focusing on information about early care and intervention systems to increase parent leadership skills
- Follow-up activities with parents as they implement action plans to expand their partnerships with professionals and develop individual portfolios
- Production of a *Parent Leadership Directory*, a *Facilitator's Guide to Parent Leadership Development*, and a videotape about parent leadership roles
- Helping professional organizations, programs, and agencies across North Carolina meet their goals to increase parent representation and involvement
- A comprehensive program evaluation and dissemination of findings to a wide audience

The Parent Leadership project is funded for 3 years by the U.S. Department of Education, Office of Special Education Programs.

Model to aid Smart Start

The Community-Based Model for Improving Early Childhood Practices and Policies is aimed at developing specific guidelines,

tools, and strategies for involving families in reforming early childhood policies and practices. Specifically, the study will work with the NC Partnership for Children, which oversees a statewide childhood initiative known as Smart Start. Smart Start is a public-private initiative and is not just one program; it's many. Local Smart Start partnerships of parents, educators, child care providers, nonprofits, churches, and business people plan how to improve (or provide, in some cases) local child care, health care, and family services to children under the age of six. (See related story on page 15.)

Pam Winton, director of the project, says that Smart Start evaluation studies have shown that a particular challenge for communities is implementing the state requirement that families be involved in the planning process. People know it's important, but it's really hard and because of that sometimes they give up. An immediate need is the development of a technical assistance model, and that's what we're doing. The involvement of families is based on the assumption that families have unique perspectives about gaps in systems and solutions that are likely to work. Without these perspectives, it is felt that plans likely will promote the status quo, she explained.

PROMOTING INVOLVEMENT

Researchers have posed these questions:


- What are strategies for meaningfully involving families in decision-making?
- What are strategies for providing current, relevant early childhood research data to stakeholder groups, including families?

continued on next page

- What processes lead to shared knowledge and values among different stakeholder groups, including families?
- What are strategies to meaningfully identify the needs of families and children in ways that lead to realistic plans for change?
- How can family involvement in making improvements in early childhood programs and policies be monitored and evaluated?

A participatory evaluation approach is based on the needs and perspectives of the NC Partnership for Children and local Smart Start participants, including families. The study is in two phases. During Phase 1, which is taking place now, information is being gathered about ways to involve families and the effectiveness of those strategies.

Data collection includes interviews with key informants, including families; observations of board meetings; document reviews, and surveys. Researchers will examine the relationship between family involvement in decision-making with positive outcomes for children and families. According to Winton, this is a missing piece of evidence in the field now. We believe that family involvement in decision-making is important. We also know it is challenging to implement and requires time, money and resources. If we could document the ways that it makes a difference, then we would know it is worth the time and money to enlist and support family participation. This evidence would encourage community leaders to make that extra effort. During Phase 2, the researchers will work in partnership with local communities in developing a model that supports family involvement.

This project is part of the Research to Practice Strand of the National Center for Early Development and Learning, which is administratively based at UNC-Chapel Hill. Winton is director of the strand and also a FPG researcher. Researchers at FPG have been involved in a number of Smart Start studies and projects over the years. 

If you want to know more

FAMILY INVOLVEMENT IN LEADERSHIP

Winton, P., & DiVenere, N. (1995). Family-professional partnerships in early intervention personnel preparation. *Topics in Early Childhood Special Education, 15*(3), 296-313.

Capone, A., Hull, K., & DiVenere, N. (1997). Parent-professional partnerships in preservice and inservice education. In P. Winton, J. McCollum, & C. Catlett (Eds.), *Reforming personnel preparation in early intervention* (pp. 435-451). Baltimore, MD: Paul Brookes.

PARTNERSHIPS IN SERVICE DELIVERY

Winton, P., Roberts, J., & Zeisel, S. (1997). Family-professional partnerships in managing otitis media. In J. Roberts, I. Wallace, & F. Henderson (Eds.), *Medical, developmental, and educational considerations: Otitis media in young children*. Baltimore, MD: Paul Brookes.

Winton, P. (1996). Family-professional partnerships and integrated services. In R. McWilliam (Ed.), *Rethinking pull-out services in early intervention: A professional resource* (pp. 49-69). Baltimore, MD: Paul Brookes.

that at 15 months boys received less responsive care than girls in both child-care homes and centers. This suggests that sex may be a particularly salient child characteristic, even in toddlers.

credit. Those in the middle are less likely to receive any federal benefit.

- Nonmaternal income tended to be negatively related to the hours per week that children were in child care, whereas mothers' income was positively related to the hours that children were in child care.

- In contrast to families whose infants began to receive care before they were 2 months old and who were more dependent on mothers' income than any other families studied, families whose children entered care between 3 and 5 months of age had relatively high nonmaternal income, as well as the higher mothers' income of any group. These families also tended to have fewer children, better-educated mothers, and mothers who scored higher on measures of extraversion and agreeableness.

- Demographic variables other than income were not good predictors of the amount of nonmaternal care received by children at 6 and 15 months of age.

Further, that such differences were observed with unrelated caregivers but not with relatives suggests that fathers and grandparents may be responding more sensitively to the unique characteristics of the children in their care, but care providers who are not relatives may be responding more stereotypically to children.

- Children at the lowest and highest income levels received higher quality care than those in the middle. This pattern is consistent with early findings for centers serving preschool children. One reason may be that the care for children from families with very low incomes is often directly subsidized, and families with higher incomes receive a child-care tax

Key findings from the NICHD family study

Overall, family economics, rather than other demographic characteristics, account for both the amount and kind of nonmaternal care that infants receive, according to a study by the NICHD Early Child Care Research Network. Among the authors of that study, published in the *Journal of Marriage and the Family* (May, 1997), was Martha Cox, a FPG researcher.

Other key findings of the study, which examined 1,281 children in 10 locations around the U.S., include:

- A startling finding with regard to the quality of nonmaternal care was

Recent publications

by researchers at the Frank Porter Graham Child Development Center

Resources within reason: Materials that translate brain research into activities for daily use

C. Catlett, & P. Winton. (1998). *Young Exceptional Children*, 1(4), 29.

Infant-toddler planning guide

F. Derks, B. Bardin, L. Lohn, & P. Wesley. (1998). Lewisville, NC: Kaplan Corp.

The family-centeredness of individualized family service plans

R. McWilliam, A. Ferguson, G. Harbin, P. Porter, D. Munn, & P. Vandiviere. (1998). *Topics in Early Childhood Special Education*, 18, 6982.

A longitudinal study of factors associated with Wechsler Verbal and Performance IQ Scores in students from low-income African American families

F. Campbell, & L. Nabors. (1998). In J.S. Carlson (Series Ed.), *Advances in cognition and education practice*, W. Tomac, & J. Kingman (Eds.), *Conceptual issues in research on intelligence* (pp. 774-12). Greenwich, CT: JAI.

Enhancing the life course for high-risk children: Results from the Abecedarian Project.

C. Ramey, F. Campbell, & C. Blair. (1998). In J. Crane (Ed.), *Social programs that work* (pp. 163-183). New York: Russell Sage Foundation.

Identity and agency in cultural worlds

D. Holland, W. Lachicotte, D. Skinner, & C. Cain. (1998). Cambridge: Harvard University Press.

Selves in time and place: An introduction

D. Skinner, D. Holland, & A. Pach III. (1998). In D. Skinner, A. Pach III, & D. Holland (Eds.), *Selves in time and place: Identities, experience, and history in Nepal* (pp. 3-16). Lanham: Rowman & Littlefield Publishers.

Contested selves, contested femininities: Selves and society in process

D. Skinner, & D. Holland. (1998). In D. Skinner, A. Pach III, & D. Holland (Eds.), *Selves in time and place: Identities, experience, and history in Nepal* (pp. 87-110). Lanham: Rowman & Littlefield Publishers.

Early developmental trajectories of males with fragile X syndrome

D. Bailey, D. Hatton, & M. Skinner. (1998). *American Journal on Mental Retardation*, 1, 2939.

Socially valid but difficult to implement: Creative solutions needed

P. Winton. (1998). *Journal of Early Intervention*, 21(2), 114-117.

Resources within reason: Materials for supporting fine and gross motor development

C. Catlett, P. Winton, J. Case-Smith, H. Masin, K. Perrin, B. Sher, & J. Solomon. (1998). *Young Exceptional Children*, 1(4), 28.

Otitis Media, the caregiving environment, and language and cognitive outcomes at 2 years

J. Roberts, M. Burchinal, S. Zeisel, E. Neebe, S. Hooper, J. Roush, D. Bryant, M. Mundy, & F. Henderson. (1998). *Pediatrics*, 102(2), 346-354.

Interactions of African-American infants and their mothers: Relations with development at 1 year of age

I. Wallace, J. Roberts, & D. Lodder. (1998). *Journal of Speech, Language, and Hearing Research* (41), 900-912.



Adobe Image Library

Following are excerpts from a presentation made by Richard Clifford, associate director of the National Center for Early Development & Learning (NCEDL), during the fall, 1998, Education in the Early Years conference in Atlanta. NCEDL was one of the sponsoring agencies for the conference.



National Center for Early Development & Learning

AFTER DECADES OF THINKING THAT the changes occurring in family and work life were temporary, policy makers in the 1990s have given serious attention to increasing resources for programs for child care and early education. While this attention has been heartening, the programs have mainly been aimed at providing financial assistance to families and providing the very basic rights of family members to family leave and job security. Much remains to be done.

Changes in child care programs and early education programs are raising critical policy questions

On the other hand, little attention has been paid to the development of an early childhood services system to meet the needs of families. The result is a market-based set of services. That means a set of unconnected services reacting to the pressing needs of families for child care has emerged with little attention to the impact on the children themselves or to the long-term consequences for our society.

This approach has been quite effective at generating new programs and controlling costs, which have remained essentially flat in inflation-adjusted terms over the past decade. However, in terms of quality, we have not fared as well. We use the term quality to describe the degree to which programs meet the needs of young children - protection from injury and disease and enhancement of learning potential. Several major studies of early childhood services have painted a rather bleak picture. Reports that less than 15% of child care centers and family child care homes can be rated as good are disturbing. Salaries for those who care for and educate our youngest citizens are among the lowest of any work group in the country. Turnover rates for people working in these settings are three times those for teachers in elementary and secondary schools.

Four policy questions

Over the next decade the US must deal with four pressing policy issues related to services for young children. I will phrase them as Who cares? Who serves? Who governs? And Who pays?"

Who cares?

We allow virtually anyone to be a teacher for children below kindergarten age in most states in the U.S. This contrasts with kindergarten teachers who are universally required to hold at least an undergraduate degree and a formal teaching certificate. No state has an effective system for monitoring and upgrading the training of early childhood professionals, and no state mandates college-level training. Is this good enough for America's future?

Who serves?

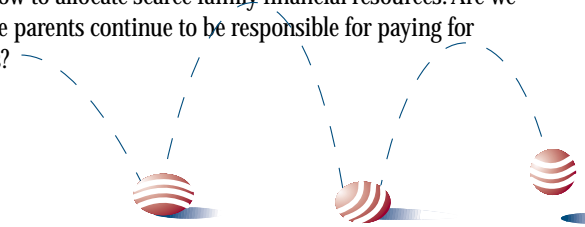
In the U.S., we have a parallel set of players in the early childhood field. We have Head Start, child care centers (for profit, nonprofit, and public), family child care (both regulated and unregulated), school-based prekindergarten programs, early childhood intervention programs, and family and relative care. We have no policies to establish the relative roles of each of these service providers. Will we let the marketplace decide which providers will survive?

Who governs?

With the wide variety of service providers we have a nebulous governance structure for services. Many programs are governed by a set of child care regulations set by states. Some have to meet federal standards (Head Start). Some have to meet standards set by education agencies. Many do not have to meet any external set of standards. This situation puts enormous financial pressures on the regulated providers since most services are paid for by the families themselves. Some overarching decisions are needed about the role of government in relation to these programs.

Who pays?

Best estimates are that 30-40% of the cost of early childhood services is born by some level of government. While business and industry have been identified as partners in providing services, they provide only about 1% of the costs. Parents continue to be the primary source of financing services for children prior to entry into kindergarten. High quality services for young children are expensive. Economic pressures force parents to make unacceptable choices in regard to how to allocate scarce family financial resources. Are we willing to have parents continue to be responsible for paying for these services?





The collaborative service model

How one state provides services for young children

In his Atlanta presentation, Dick Clifford pointed out that there appear to be two fundamental approaches to handling services for young children. One is a single-service model and one is a collaborative model. Clifford discussed the collaborative model using the Smart Start initiative in North Carolina as his example. The operation and early results of Smart Start were featured in a previous issue of *Early Developments* (Vol. 1, No. 3). Here are excerpts from his talk.

The funding and infrastructure of Smart Start

The heart of Smart Start is a set of nonprofit agencies established in each county (in a few cases multi-county agencies). Each agency, usually called a partnership for children, is governed by a board comprised of the major early childhood players in the community, business leaders, parents, and other community leaders. (See related article on page 10.)

Individual agencies are charged with improving early childhood services and ensuring that all children come to school healthy and ready to succeed. The agency develops a plan and once the plan is approved, the agency gets a substantial allo-

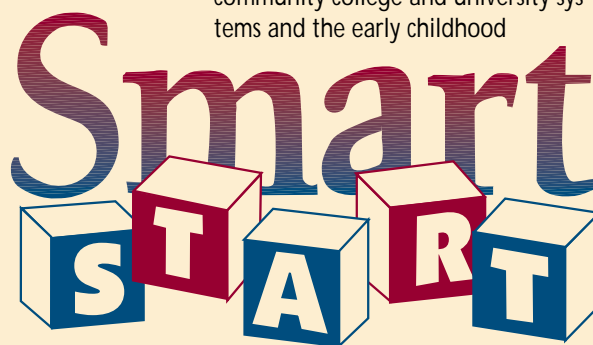
cation. North Carolina is spending about \$100 million annually for the first 45 of the 100 counties in the state. The cost is projected to be somewhat over \$300 million a year when all counties are fully integrated. This money complements existing resources for child care, Head Start, public schools, early intervention, and family support.

Some 95% of the funding for Smart Start is from state tax revenues funded from the general fund of the state. The enabling legislation requires a match of 5% cash and 5% in kind from other sources. Most of the cash match has come from business and industry with smaller amounts from foundation and matching federal government grants.

The NC Partnership for Children (NCPC) is a nonprofit agency at the state level that approves local plans and allocates money. Funding is through the State Department of Health and Human Services to NCPC and then to the local partnership. Other funding streams remain in place

through traditional agencies. Staff of NCPC provides technical assistance. For example, a common financial accounting system has been adopted, and regular training is provided to executive directors of the local partnerships.

Another part of the overall Smart Start program is TEACH Early Childhood, which brings together the resources of the community college and university systems and the early childhood



providers. Financial incentives are offered staff who improve their education and are willing to work with young children.

An ongoing evaluation of the Smart Start initiative provides formative information to help with program modifications as well as summative data for evaluation.

Smart Start has changed the expectations of parents, providers and policy makers in North Carolina and is improving the lives of children and their families all across the state.



Garzelle Technologies, Inc.

Frank Porter Graham Child Development Center
CB# 8185, UNC-CH
Chapel Hill, NC 27599-8185

Check here and return if you would like
to be removed from our mailing list

Address service requested

Non-Profit Org
U.S. Postage
PAID
Permit 177
Chapel Hill, NC
27599-1110

Research spotlight

Recent findings at FPG

The Family-Centeredness of Individualized Family Service Plans

R.A. McWilliam, Ardith Ferguson, Gloria Harbin, Patricia Porter, Duncan Munn, & Patricia Vandivere. (1999). *Topics in Early Childhood Special Education*, 18(2), 6982.

THE LINCHPIN OF EARLY INTERVENTION for infants and toddlers with disabilities and their families is the individualized family service plan (IFSP). This is the document that lists both the outcomes for the family and the services required to achieve those outcomes. The family is supposed to participate in the development of the IFSP. Because it is supposed to be a tool for the family and one that reflects their concerns, priorities, and resources, investigators at FPG, with officials from the state of North Carolina, assessed the family centeredness of 100 randomly selected IFSPs from four agency types (home-based early intervention, home-based health department, center-based segregated, and center-based inclusive).

Overall, the items that were rated highest (according to a number of factors) were identifying the family's role and writing in the active voice. The lowest-rated items were integration across disciplines/professionals, specificity, and positiveness. Overwhelmingly more child-rated goals were written compared to family-related goals.

Other findings

- Home-based health department IFSPs contained about the same number of family-related concerns as child-related concerns. IFSPs from the other three programs showed far fewer family-related concerns.

- Center-based segregated IFSPs contained more child-related long-range outcomes than did IFSPs from the other programs.
- Center-based inclusive IFSPs contained more family-related long-range outcomes than did the others.
- Home-based health department IFSPs had one half as many child-related goals as the others.
- Center-based segregated IFSPs had one half as many family-related goals as the others.

The authors said that in 1993, when the data for this study were collected, the focus of family goals and the level of goal specificity had not changed much since 1986, when IFSPs were first mandated. They were still overwhelmingly child related and nonspecific.

These results suggest that training in family-centered practices should include skills in IFSP development. Training should also address the characteristics of a family-centered IFSP: writing, active voice, positiveness, judgment, necessity, specificity, context-appropriateness, match outcome, inclusion, target date, integration, and family's role. These efforts could increase the likelihood of IFSP development being used as a medium for supporting families. The document itself could even become useful and appreciated.