

An integrated framework for practising early childhood intervention and family support

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Abstract

The theoretical, conceptual, operational, and performance foundations of an integrated framework for practicing early childhood intervention and family support are described. The framework is derived from theory, research, and practice in diverse fields of inquiry that collectively provide an organising scheme for engaging in practice that explicitly aims to support and strengthen child, parent and family functioning. A unique feature of the integrated framework is its ability to accommodate variations in personal and cultural beliefs, attitudes, preferences, and practices as part of using the model for implementing interventions with young children and their families.

Introduction

The origins of early childhood intervention and family support are rich and varied (Brambring, Rauh & Beelman, 1996; Weissbourd, 1987; Richmond & Ayoub, 1993). Different initiatives in Europe and the United States dating back to the late 1800s form the foundation for the current interest in early childhood intervention and family support as a means of influencing and contributing to improvements in child, parent, and family functioning (Dunst, 1996; Odom, Hanson, Blackman & Kaul, 2003).

The contemporary landscape of early childhood intervention and family support is expansive, due in part, to advances in a growing body of child, parent, and family research making explicit the environmental conditions associated with optimal positive functioning (e.g. Dunst & Trivette, 1997; Feldman, 2004; Guralnick, 1997; Shonkoff & Meisels, 2000; Odom *et al.*, 2003). Whereas three decades ago the research foundations for early intervention were sparse (see e.g. Caldwell, 1970), the research base for understanding the person and environmental factors influencing behavioral and developmental outcomes is both rich and informative (e.g. Shonkoff & Phillips, 2000; Wachs, 2000). The latter makes possible "model building" explicating the different sets of factors, conditions, experiences, and opportunities best suited as "interventions" for influencing behavioral and developmental change (e.g. Dunst, 1999; Dunst, 2000; Guralnick, 1997; Guralnick, 1998; Odom & Wolery, 2003).

The purpose of this article is to describe an integrated framework for conceptualising and implementing early childhood intervention and family support practices that specifically aim to support and strengthen child, parent (caregiver), and family competence. The article elaborates on a description of the model presented in a previous article (Dunst, 2000) by focusing on relevant theory, research, and practice for guiding adoption and use of the integrated framework. Special attention is paid to the cultural relevance of the model (Louw & Avenant, 2002; Bernheimer, 1999), cultural beliefs as a factor influencing child-rearing practices (Harkness & Super, 1996; Louw & Avenant, 2002), cultural practices as the contexts for supporting and strengthening functioning (Serpell, Sonnenschein, Baker & Ganapathy, 2002; Tudge, Hayes, Doucet, *et al.*, 2000; Mosier & Rogoff, 2003), and the extent to which different approaches to early childhood intervention and family support might have differential effects on child, parent, or family functioning (Dunst & Trivette, 1997). The integrated model would seem especially useful as a "frame of reference" for understanding the cultural context for early childhood intervention (Louw & Avenant, 2002) and translating policy into practice in ways increasing the likelihood that early childhood intervention will have optimal positive effects (e.g. Minister of Education, 1996).

Integrated framework

The framework is underscored by a broad-based definition of intervention and support. Early childhood intervention and family support is defined as the provision of support and resources to families of young children from members of informal and formal social network members that both directly and indirectly influence child, parent, and family functioning. The definition differs from most other definitions by its inclusion of informal experiences and opportunities as an "intervention" contributing to improved functioning (e.g. Dunst, Trivette & Jodry, 1996; Dunst, Hamby, Trivette, Raab & Bruder, 2000). It also differs from other approaches to intervention and provision of support by its focus on parent and family capacity building as the principle means of supporting and strengthening child functioning (e.g. Dunst, Trivette & Deal; 1988; Dunst, Trivette & Deal, 1994b).

The integrated framework has theoretical, conceptual, operational, and performance elements that, taken together, form the foundations for a particular approach to supporting and strengthening child, parent and family functioning. The key elements for each component of the model are outlined in Table 1. Each is briefly described next to highlight the particular way in which practicing early childhood intervention and family support is accomplished in order to produce capacity-building consequences.

Table 1: Foundations of the integrated framework for practicing early childhood intervention and family support

Foundations	Framework	Key Elements
Theoretical	Ecological Social Systems	Behavior and development are multiply determined by experiences and opportunities emanating from different settings and sources of support and resources.
Conceptual	Capacity- Building Paradigms	Promotion, empowerment, strengths-based, resource-based, and family-centered models are used to ensure practices have capacity building characteristics and consequences.
Operational	Practice Elements	Child learning, family/community activity settings, parenting supports, parent/child interactions, participatory parenting opportunities, family/community supports, and family-centered help giving.
Performance	Standards and Benchmarks	Practice indicators describing the expected or operationally defined behavior or conditions that are most likely to produce desired effects.

Theoretical foundations

The integrated framework is based on social systems, ecological theory which views human learning and development, and child, parent, and family functioning, as multiply determined, where the processes influencing learning and development emanate from different settings and relations between the settings in which children, parents, and families are participating members (Bronfenbrenner, 1979). According to Bronfenbrenner (1992), the aim of an ecological science of human development is the "systematic understanding of the *processes* and *outcomes* of human development" (188) where "variations in developmental processes and outcomes are [considered] a *joint* function of the characteristics of the environment and of a [developing] person" (197). Conceptualised in this way,

$$LD = f(P)(E),$$

where LD = Learning and development, P = Person factors, E = Environment factors, and the relationship among the variables can be stated: *Learning and development vary as a function (f) of both person and environment factors and both the combined influences and interactions between the two sets of factors.*

The environment component of the LD = f(P)(E) equation deserves comment because it is often misunderstood as constituting only or primarily the physical features of places and settings. It is much more than this. It includes everything outside the developing person (P) – both social and nonsocial – that he or she encounters in life and which shapes and influences learning and development. The environment variables contributing to variations in learning and developmental outcomes include, but are not limited to, the opportunities (experiences, events, situations, etc.) afforded children, parents, and families by informal and community support networks, early childhood intervention and family support programs, and the family itself.

Several things are worth noting about the ways in which environment variables influence learning and development. First, "environmental variables appear to operate *whether or not they are deliberately manipulated*" (Horowitz, 1994, 34, emphasis added). The effects of intentionally implemented environmental interventions have been studied extensively (e.g. Guralnick, 1997; Shonkoff & Meisels, 2000). The effects of more naturally occurring environmental opportunities are often overlooked despite the fact that they exert powerful influences on learning and development as well as on other aspects of child, parent, and family functioning (Dunst, Bruder, Trivette *et al.*, 2001; Trivette, Dunst & Hamby, 2004). Rogoff, Mistry, Göncü, and Mosier (1991), for example, identified the different kinds of environmental experiences and opportunities afforded toddlers promoting their participation in and acquisition of culturally valued activity and behavior where deliberate manipulations were noticeably missing (see also Lancy, 1996).

Second, environment variables affect learning even in the absence of an intent-to-teach. According to Hanks (1991), "learning (is) likely to take place whenever people interact under considerations of [situational learning experiences]. This would imply that *certain participatory [opportunities] may be 'dispositionally' adapted to producing learning* even if the participants are not attempting to acquire or inculcate identifiable skills" (19, emphasis added). Evidence as a whole indicates that for most young children in most cultures, parenting instruction (teaching) occurs informally as part of daily living rather than according to some formal agenda or script involving explicit goals, structured activities, and specific criteria for judging success (Lancy, 1996; Rogoff *et al.*, 1991; Rogoff, Mistry, Göncü & Mosier, 1993; Minami & McCabe, 1995).

Conceptual foundations

A review and synthesis of the human development literature is general and the early childhood intervention and family support literature more specifically indicate that different approaches to working with children and their families have different conceptual foundations and paradigmatic orientations (Dunst, 1995). According to Dunst and Trivette (1997), there are two contrasting "world views" for thinking about the ways in which early childhood intervention and family support are conceptualised and subsequently operationalised. The traditional world view considers children and families as having deficits and weaknesses that need treatment by professionals to correct problems, whereas the capacity-building paradigm world view considers children and families as having varied strengths and assets, where the focus of intervention is promoting competence and positive aspects of functioning by strengthening child, parent, and family capacity.

Table 2 contrasts the capacity-building paradigm characteristics with those of a more traditional approach to human services intervention. The capacity-building paradigm model elements form the conceptual foundations for the integrated model. This approach to conceptualising the *purposes* and *functions* of early childhood intervention and family support emphasises provision of formal and informal supports and resources done in a family-centered manner as the principle way of building on child, parent and family strengths as a means for strengthening existing and promoting new competence in order to produce capacity-building and empowering consequences.

Corroborating research now indicates that practices aligned with the capacity-building paradigm model produce more positive benefits than do more traditional practices, at least in certain areas of functioning (see Dunst & Trivette, 1997). Recent evidence indicates that, in some cases, traditional practices are actually associated with negative effects in certain domains of functioning (Dunst, 1999; Dunst, Brookfield & Epstein, 1998a; Janes & Kermani, 2001; Windisch, Jenvey & Drysdale, 2003).

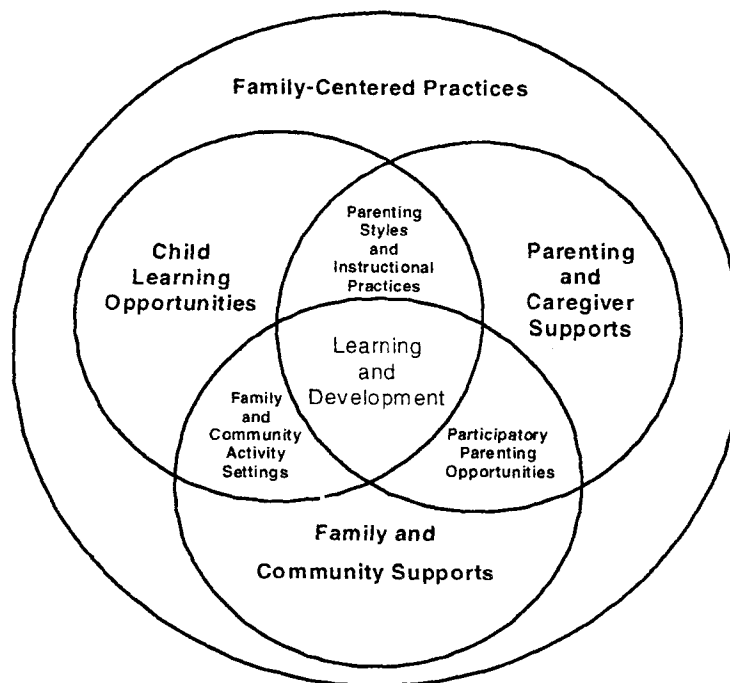
Table 2: Defining features of contrasting approaches for conceptualising and implementing early intervention

New Paradigm	Traditional Paradigm
<p><i>Promotion Models</i> Focus on enhancement and optimisation of competence and positive functioning</p>	<p><i>Treatment Models</i> Focus on remediation of a disorder, problem, or disease, or its consequences</p>
<p><i>Empowerment Models</i> Create opportunities for people to exercise existing capabilities as well as develop new competencies</p>	<p><i>Expertise Models</i> Depend on professional expertise to solve problems for people</p>
<p><i>Strengths-Based Models</i> Recognise the assets and talents of people, and help people use these competencies to strengthen functioning</p>	<p><i>Deficit-Based Models</i> Focus on correcting peoples' weaknesses or problems</p>
<p><i>Resource-Based Models</i> Define practices in terms of a broad range of community opportunities and experiences</p>	<p><i>Service-Based Models</i> Define practices primarily in terms of professional services</p>
<p><i>Family-Centered Models</i> View professionals as agents of families and responsive to family desires and concerns</p>	<p><i>Professionally-Centered Models</i> View professionals as experts who determine the needs of people from their own as opposed to other people's perspectives</p>

Operational foundations

The operational foundations of the integrated framework for practicing early childhood intervention and family support are shown in Figure 1. The model includes four major practice elements (children's learning opportunities, parenting/caregiving supports, family/community resources, and family-centered practices) and three intersecting practice elements (everyday activity settings, parenting interactional styles, and participatory parenting opportunities). Interventions aimed at influencing learning and development using the different kinds of practices implemented in a family-centered manner (Dunst, 1995; Dunst, 1997; Dunst, 2002) are seen as the mechanism for ensuring that environmental opportunities afforded children, parents, and families have competency producing and capacity-building effects.

Figure 1: Seven key components of an evidence-based, ecological integrated model of early childhood intervention and family support



Major practice elements

Child learning opportunities

The provision of development-enhancing learning opportunities is the main focus of the child-learning component of the model (Bronfenbrenner, 1992). Development-enhancing child-learning opportunities are ones that are interesting, engaging, and competency producing, and which result in a child's sense of mastery of his or her capabilities (e.g., Dunst *et al.*, 2001). Findings from a recently completed study indicated that interest-based child learning opportunities were associated with greater child progress compared with an intervention that used adult-desired child behavior as the basis for providing young children learning opportunities (Dunst, Trivette, Humphries, *et al.*, 2004b).

Parenting/caregiving supports

The purpose of the activities in the parenting/caregiving supports component of the model is to reinforce existing parenting abilities, to provide opportunities to acquire new parenting knowledge and skills, and to strengthen parenting confidence and competence (e.g. Dunst, 2001). Parenting and caregiving supports include the information, advice, guidance, etc. that both strengthen existing parenting knowledge and skills and promote acquisition of new competencies necessary for parents to carry out child-rearing responsibilities and provide their child(ren) with development-enhancing learning opportunities. The person or persons responsible for carrying out child-rearing responsibilities are viewed as the focus of provision of parenting supports irrespective of their relationship with a child (Louw & Avenant, 2002). The term *parent* is used in a functional and not biological sense as part of the integrated framework.

Family and community supports

The focus of activities in the family and community supports component of the model is to ensure that parents have the support and resources necessary for them to have the time and both physical and psychological energy to engage in child-rearing responsibilities and parenting activities. Family and community supports include any number and type of intrafamily, informal, community, and formal resources needed by parents to have the time and energy to engage in parenting and child-rearing activities (Dunst, Trivette & Deal, 1994a).

Family-centered helpgiving

The focus of activities in the family-centered helpgiving component of the model is the active engagement of parents and other family members in obtaining desired resources and achieving family-identified goals. Family-centered practices place families in central and pivotal roles in decisions and actions involving child, parent, and family/community resources that strengthen existing capabilities and promote child, parent and family competence (Dunst, 1995; Dunst, 1997). Findings from our research have consistently shown that parents' active participation in procuring desired supports and resources is associated with a greater sense of personal control (Trivette & Dunst, 1998).

Intersecting practice elements

Activity settings

The intersection of children's learning opportunities and family/community supports defines the everyday activity settings serving as the sources of children's natural learning opportunities in the context of family and community life (Dunst & Bruder, 1999, Dunst, Hamby, Trivette, *et al.*, 2000). Activity settings include the many different experiences and opportunities afforded children as part of daily living, child and family routines, family rituals, special occasions and events, family and community celebrations and traditions, and so forth that are either planned or happen serendipitously, and which across time and in their aggregate, constitute the life experiences of a developing child (Bronfenbrenner, 1992).

Parent/child interactions

The intersection of children's learning opportunities and parenting supports define the parenting styles and instructional practices most likely to have development-enhancing consequences. The research literature on the characteristics and consequences of different kinds of parenting styles (e.g. Mahoney, 1988; Schaffer, 1977; Shonkoff & Phillips, 2000) and instructional practices (see Wolery, 1994; Wolery & Sainato, 1996) is extensive and directly informs practice about the social

and environmental conditions best suited to the promotion of child competence. Parenting styles and instructional practices characterised by contingent responsiveness to child-initiated and -directed behavior, and caregiver behavior that provides children with opportunities for practicing emerging skills and elaborating on existing capabilities, are most likely to have competency-enhancing effects.

Participatory parenting opportunities

The intersection of parenting and family/community supports defines the types of participatory and interactional opportunities parents or other persons carrying out child-rearing responsibilities have with personal social support network members that influence parenting attitudes and beliefs, and practices and behaviors (Dunst, 2001). According to Cochran (1992, 1993), personal support networks influence parenting by providing emotional and instrumental support, encouraging or discouraging specific parenting attitudes and behaviors, and providing models and opportunities to learn alternative or new parenting and child-rearing interactional styles. Dunst (2001) found, for example, that the more active involvement of parents in providing their children with learning experiences and opportunities was associated with a greater sense of parenting confidence and competence.

Desired outcomes and benefits

The developmental and behavioral outcomes and benefits used to judge whether early childhood intervention and family support are effective include a number of measures of child, parent, and family functioning and capacity-building. *Early childhood intervention and family support practices are deemed effective only to the extent that children, parents, families and other caregivers become more capable and competent.* These include, but are not limited to, improved child development and interactive competence, parent well-being, parenting competence and confidence, and family quality of life. A highly desired goal of practice from an integrated framework perspective is a family's ability to manage life events and provide the kinds of learning opportunities and supports optimising positive outcomes *without* the need for ongoing professional intervention and guidance. We have studied the latter in terms of the empowering outcomes or consequences of intervention practices (Dunst, Trivette & La Pointe, 1992). This necessitates that early childhood intervention and family support not become a pathway to a life of professionals trampling over family or community life, or worse, creating a life of professional services robbing children and parents of the opportunity to have a family and community life. Early childhood intervention and family support are therefore deemed effective to the extent that they build and strengthen the capacity of families and communities to provide the kinds of opportunities promoting and supporting child, parent, and family functioning.

Performance foundations

The integrated model and its subsequent revisions have been used for the past several years as part of a concentrated effort to promote practitioners' adoption of the key characteristics and features of a capacity-building approach to early childhood intervention and family support. This has been accomplished, in part, by developing two scales (Raab, Roper, Dunst, *et al.*, 2002; Dunst, Raab, Roper & Masiello, 2004a) that can be used as standards and benchmarks for aligning program and practitioner interventions more closely with the operationally defined practices of the integrated model. The Measurement and Assessment of Program Practices Scale (MAPPS) includes 23 sets of indicators for conducting a program-level assessment to ascertain the discrepancy between current and desired practices, and to develop plans to improve practices (Dunst *et al.*, 2004a). The Practitioner Capacity Building Practices Scales (Raab *et al.*, 2002),

includes nine scales that are used to assess individual practitioner adherence to operationally defined practices. The Practitioner Capacity Building Practices Scales are described next to illustrate the manner in which practice indicators can be used as standards and benchmarks for promoting understanding, adoption, and use of integrated model practices.

Practitioner capacity building practices scales

The Practitioner Capacity Building Practices Scales include sets of *practice indicators* that operationalise research evidence as a strategy for bridging the research-to-practice gap (Dunst, Trivette & Cutspec, 2002). The development of the scales began by identifying a pool of potential scale items (practice indicators) for each component of the integrated model. Scale items were organised into categories, restated for clarity, and otherwise massaged repeatedly until an increasingly more clear research-to-practice picture emerged from our attempts to operationalise research-based evidence.

The practices scales were field tested by early intervention practitioners as part of several initiatives and in the context of working directly with children and their parents. The scale items were subsequently evaluated by those staff for both understandability and usefulness. Staff feedback was used to make changes, deletions, and additions to individual practice indicators.

The model, or conceptual framework, that emerged from the co-construction of the practices scales includes *two dimensions of practices*: (1) practice indicators and (2) a capacity-building continuum of practitioner competencies. The *practice indicators* constitute sets of behavioral capabilities that collectively operationalise a particular kind of evidence-based practice (e.g., family-centered helping). The *capacity-building* continuum operationalises the ways in which practitioners gain knowledge and skills, and use these capabilities to support and strengthen parent and family capacity to provide child-learning opportunities, acquire parenting knowledge and skills, and procure parent and family resources necessary to achieve desired goals and outcomes.

Capacity-building continuum

The capacity-building continuum of practitioner competencies was so fundamentally important to scale development and use that its own operationalisation deserves special description and comment. Each Practitioner Capacity Building Practices Scale operationalises capacity building in terms of practitioner knowledge and skills and *practitioner ability to support and strengthen the capacity of parents and families* to mobilise resources to achieve or produce desired outcomes. Practice indicators are each described in terms of four levels of practitioner abilities: 1 = Neither describes nor demonstrates the practice, 2 = Demonstrates the ability to describe the practice but demonstrates little or no ability to do the practice, 3 = Demonstrates the ability to both describe and do the practice but in a non-capacity building manner, and 4 = Promote parents' understanding and use of the practice in a capacity-building manner. The definitions of the four levels or types of capacity building are as follows:

- *Neither describes nor implements the practice* means that the practitioner is neither knowledgeable about the practice nor has the skills to implement the practice. That is, the practitioner is not able to describe the key characteristics of the practice or give examples of the practice, nor does the practitioner demonstrate the ability to implement the practice in a way that is consistent with its key characteristics.
- *The ability to describe the practice but not demonstrate the practice* means that the practitioner possesses an understanding of the practice and its key characteristics but demonstrates little or no ability to engage in the practice. Consequently, the practitioner can describe the key characteristics of the practice and give examples of the practice, but the practitioner does not demonstrate the ability to implement the practice in a way

that is consistent with its key characteristics.

- *The ability to both describe and demonstrate the practice* means that the practitioner is able to (a) describe the key characteristics of the practice and give examples of the practice and (b) implement and demonstrate the practice in a way that is consistent with its key characteristics. The practitioner does not, however, demonstrate the ability to transfer these skills and knowledge to parents in ways that build parents' abilities to use the practice.
- *The ability to promote parents' understanding and use of the practice in a capacity building manner* means that the practitioner is able to transfer his/her own knowledge and skills about the practice and its key characteristics to parents in ways that the parents become increasingly able to understand and use the practice supporting and strengthening parent and family competence and confidence.

This continuum explicitly recognises and operationalises capacity building in terms of practitioner *transfer* of knowledge and skills to parents and other family members in ways supporting and strengthening parent and family competence and confidence. The latter is considered the benefit of early childhood intervention and family support *par excellence*.

Capacity-building scales

The Practitioner Capacity Building Practices Scales include nine sets of practice indicators for operationalising evidence-based practices (Dunst *et al.*, 2002) described as the key elements of the integrated framework (Dunst, 2000). Figure 2 shows which scales include indicators for each component of the integrated framework. Figure 3 shows an example of one of the scales. The nine scales "measure" practices for each of the following dimensions of early childhood intervention and family support.

- *Everyday Activity Settings*. The Everyday Activity Setting Scale includes practice indicators for determining whether a practitioner promotes parents' understanding and use of different family, community, and early childhood activity settings as the sources of child-learning opportunities.
- *Everyday Learning Opportunities*. The Everyday Learning Opportunities Scale includes practice indicators for determining whether a practitioner promotes parents' understanding and use of practices increasing child opportunity to participate in everyday activity settings having development-enhancing qualities.
- *Child Learning Characteristics*. The Child Learning Characteristics Scale includes practice indicators for determining whether a practitioner promotes parents' understanding of the development-instigating and developing-enhancing features of everyday learning opportunities and the selection and use of learning opportunities characterised by these features.
- *Child-Directed Learning*. The Child-Directed Learning Scale includes practice indicators for determining whether practitioner emphasises parents' understanding and use of learning opportunities that encourage child-directed and child-initiated learning in everyday activity settings.
- *Instructional Practices*. The Instructional Practices Scale includes practice indicators for determining whether a practitioner promotes parents' understanding and use of responsive, facilitative, and supportive behaviors and styles as part of everyday child, parent/child, family, and community activity.
- *Parenting Supports*. The Parenting Supports Scale includes practice indicators for determining whether a practitioner promotes parents' understanding and use of strategies to procure information, advice, guidance, and so forth in a way supporting and strengthening child rearing knowledge and skills.
- *Participatory Parenting Opportunities*. The Participatory Parenting Opportunities

Scale includes practice indicators for determining whether a practitioner promotes parents' understanding and use of practices providing them with opportunities to participate in positive parenting experiences supporting existing and promoting adoption of new parenting practices.

- *Family and Community Resources.* The Family and Community Resources Scale includes practice indicators for determining whether a practitioner promotes parents' understanding and use of family and community resources to provide their children with learning opportunities to procure family-level supports and resources.
- *Family-Centered Helpgiving Practices.* The Family-Centered Helpgiving Scale includes practice indicators to ascertain practitioners' use of helpgiving behavior that has capacity-building and empowering features and elements.

Item content is intentionally overlapping so that any one scale can be used independently of another scale and still capture important aspects of evidence-based practices. That is, one or more scale used for examining a practice will likely include conceptually similar elements that ensure key features are the focus of attention.

Figure 2: Scales for building the capacity of practitioners to support and strengthen parenting competence and confidence in each component of the integrated model

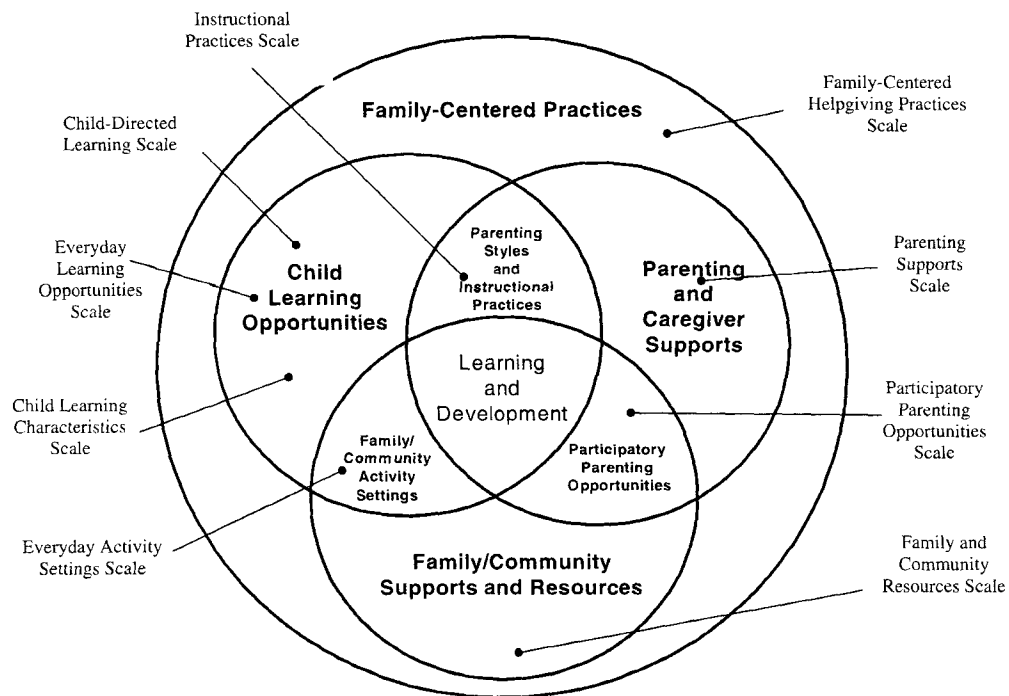


Figure 3: An example of a practitioner capacity-building practices scale

Practitioner Capacity Building Practices Scales
Everyday Learning Opportunities Scale

<p><i>Everyday Learning Opportunity</i> refers to the frequency, variety, and involvement in activity settings promoting increased social and nonsocial child participation in everyday activities. The scale provides the basis for determining if a practitioner promotes parents' understanding and use of practices increasing child opportunity to participate in everyday activity settings having development-enhancing qualities.</p>				
<p>Think about examples that illustrate how and in what manner interventions mirror each of the practices described below. Using these examples, indicate the level of competence for each of the practices listed.</p>	<p>Practitioner Neither Describes Nor Demonstrates Practice</p>	<p>Practitioner Able to Describe Practice But Demonstrates Little or No Ability to Do the Practice</p>	<p>Practitioner Able to Demonstrate Practice</p>	<p>Practitioner Promotes Parents' Understanding and Use of Practice in a Capacity Building Manner</p>
1. Activity settings that happen on a regular basis are used as sources of learning opportunities.	1	2	3	4
2. Non-routine activity settings are used as contexts for shaping interests and new and new competence.	1	2	3	4
3. Activity settings used as sources of learning opportunities provide contexts for competence expression.	1	2	3	4
4. Activity settings used as sources of learning opportunities provide contexts for interest expression.	1	2	3	4
5. Activity settings used as sources of learning opportunities promote child production of many different kinds of behavior.	1	2	3	4
6. People, materials, and objects inviting and sustaining competence production are available in the activity settings.	1	2	3	4
7. The child is provided sufficient time in activity settings to exhibit existing competencies, practise emerging skills, and develop new abilities.	1	2	3	4
8. A variety of methods are used (e.g. reminder lists, schedules, diaries) for increasing the frequency of involvement in a wide range of activity settings used as sources of learning opportunities.	1	2	3	4

Conclusion

The purpose of this article was to describe an integrated framework for practicing early childhood intervention and family support. The model provides an organising scheme for one particular way of working with young children and their families.

On the one hand the integrated framework is structured enough to provide guidance regarding the ways in which early childhood intervention and family support can be conceptualised and operationalised in order to have capacity-building benefits. On the other hand, the model is purposively flexible both procedurally and culturally in order to be able to accommodate variations in any and all aspects of family lifestyles, beliefs, values, cultural heritage, child-rearing practices, etc. The latter is especially important given the fact that culturally relevant practices contribute to optimal benefits (e.g. Serpell *et al.*, 2002; Trivette *et al.*, 2004; Tudge *et al.*, 2000) and practices that do not fit in well with cultural beliefs and values often have less than optimal and sometimes negative effects (Janes & Kermani, 2001; Windisch *et al.*, 2003; Waller & Patterson, 2002).

A useable model, and especially a framework that has broad-based cultural utility, must be able to easily integrate cultural differences into the way in which early childhood intervention and family support is implemented. The integrated framework holds promise for doing just that. The broad-based, social systems approach that underpins the model, and the ways in which practices are operationalised in terms of everyday child, parent/caregiver, and family learning opportunities, are what makes the model appealing as a framework for practising early childhood intervention and family support.

The flexibility of the integrated model is perhaps best illustrated by considering the meaning of *parenting* in a cultural context (e.g. DeLoache & Gottlieb, 2000; Maiter & George, 2003). In many cultures, the child's biological parents assume primary responsibility for child-rearing responsibilities. In other cultures, grandparents or other relatives assume responsibility for rearing young children. Yet, in some cultures, members of the larger community assume child-rearing responsibilities. Any or all of these differences would simply dictate who are the caregivers whom early childhood practitioners work with to influence child learning and development. The focus of attention in implementing the parenting components of the integrated model is the person or persons carrying out child-rearing responsibilities (to the extent that providing guidance is culturally appropriate; Louw & Avenant, 2002) regardless of their relationship to the child.

The importance of cultural relevance and flexibility as a factor informing early intervention and family support was made explicit in several studies recently completed at our Institute which indicated that the manner in which interventions are conceptualised and implemented in the contexts of family and community life matters a great deal if the interventions are to have positive effects. In one study, we assessed the relationship between degree of children's participation in everyday activity settings and both child and parent benefits (Trivette *et al.*, 2004). In this study, increased participation in everyday activity setting was conceptualised as an early childhood intervention. In a second study, we assessed the relationship between practitioners' implementing early childhood intervention in everyday activity settings and both child and parent benefits (Dunst & Bruder, 2004). In this study, everyday activity setting was conceptualised as a context for implementing traditional early childhood intervention practices (early childhood education and therapy). The child and parent outcome measures were the same or similar in both studies (Dunst, Bruder, Trivette *et al.*, 1998b).

In the study investigating everyday activity settings as early childhood intervention (Trivette *et al.*, 2004), greater child participation in family and community activity settings was significantly related to a more positive child behavioral style, enhanced parent positive well-being, and decreased parent negative well-being. In contrast, implementing early childhood intervention in family and community activity settings was unrelated to child behavior style and significantly related to increased parent negative well-being (Dunst & Bruder, 2004). These patterns of findings are best

explained by the fact that the former is more sensitive to and supportive of the cultural meaning of everyday family and community life, whereas the latter interferes with or is disruptive of the ways in which everyday family and community activity are routinised and become the contexts for expressing cultural meaning (e.g. Alvarez, 1994; Gallimore, Weisner, Kaufman & Bernheimer, 1989; Gallimore, Goldenberg & Weisner, 1993; Gaskins, 1999; Rogoff, Mistry, Göncü & Mosier, 1993, Tudge, Hogan, Lee *et al.*, 1999). As more and more evidence is amassed, the assertion that care should be taken in how early childhood intervention is conceptualised and implemented becomes increasingly apparent. This is especially the case when working with families from diverse cultural backgrounds.

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