

## **Family Capacity-Building in Early Childhood Intervention: Do Context and Setting Matter?**

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### **Abstract**

Findings from a study investigating the effects of early intervention settings on the extent of parent involvement in IDEA Part C Infant and Toddler Programs are reported. Participants were 124 parents and other primary caregivers of children receiving early intervention in 22 states who completed an investigator-developed scale measuring different ways in which early childhood practitioners involved parents in their children's early intervention. Results showed that provision of early intervention entirely or partially outside a family's home were associated with minimal parent involvement and that more than 50% of the parents, regardless of setting or context, were not involved in their children's early intervention in a manner consistent with the IDEA Part C family capacity-building provision. The need for better preparation of early intervention practitioners is described.

Key words: family capacity-building, parental involvement, early intervention settings, home visiting, infants, babies, toddlers, parents, developmental delays, disabilities, IDEA, special needs, engagement, context, centers, prevention

### **Introduction**

Early childhood intervention for infants and toddlers who are at-risk for poor developmental outcomes is now a generally acceptable approach for preventing poor outcomes associated with environmental or biological risk factors (Feldman, 2004). Parent involvement in early childhood intervention is also

viewed as an essential component of these programs for promoting child learning and development (e.g., Kahn, Stemler, & Berchin-Weiss, 2009).

Many of the different models and approaches for involving parents in their children's early childhood intervention do so as part of home visiting by professionals or paraprofessionals who provide parents support and guidance for interacting with and providing development-enhancing learning opportunities for their children (Korfmacher et al., 2008). A primary goal of parent participation during home visits is to strengthen family capacity to continue to provide their children with learning experiences and opportunities at times other than during home visits (Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007).

Family capacity-building is a central feature of early childhood intervention for infants and toddlers with identified disabilities or developmental delays as part of the Individuals with Disabilities Education Improvement Act (IDEA) Part C Infant and Toddler Program (IDEA of 2004, Pub. L. No. 108-446, 118 Stat. 2647, 2004). As stated in the Act, the purpose of early intervention is "to enhance the development of infants and toddlers, to minimize the potential for developmental delay" (Sec. 631) (a) (1) by "enhanc[ing] the capacity of families to meet the special needs of their infants and toddlers" (Sec. 631) (a) (4). The typical settings in which this occurs are families' homes, although about 15% to 25% of infants and toddlers receive Part C early intervention in settings other than in the child's home (Hebbeler et al., 2007; U.S. Department of Education, 2012).

There have been a number of studies that have focused on the manner in which early childhood intervention practitioners involve parents of young children with disabilities in their IDEA Part C early intervention programs (e.g., Klein & Chen, 2008; Korfmacher et al., 2008; McBride & Peterson, 1997; Peterson et al., 2007; Roggman, Boyce, & Innocenti, 2010). Korfmacher et al. (2008), as part of a review of early childhood home visiting studies, noted that the extent of parent involvement is influenced by a number of personal (e.g., practitioner backgrounds) and contextual (e.g., program philosophy) variables that are related to variations in parent participation and engagement. The studies included in the Korfmacher et al. (2008) review, however, were investigations of parent involvement only when early intervention was provided in children's homes. Therefore, a determination of whether intervention setting or context was a factor influencing the extent of parent involvement could not be discerned.

The purposes of analyses described in this brief report were to determine (a) if the settings and contexts in which early childhood practitioners worked with infants and toddlers with disabilities or delays and their families influenced the manner in which the practitioners involved parents in their children's early

intervention, and (b) the extent to which parent participation in early intervention was characterized by features consistent with the intent of the IDEA Part C Infant and Toddler Program family capacity-building provision. Capacity-building, family-centered practices refer to the methods and procedures used by practitioners to create parenting opportunities and experiences to reinforce existing and promote the development of new parenting abilities in a manner that enhances and strengthens parenting self-efficacy beliefs (Coleman & Karraker, 1997; Dunst & Trivette, 2011; MacPhee & Miller-Heyl, 2003). Parenting self-efficacy beliefs refer to a sense of competence and confidence that one's parenting behavior will have expected effects or outcomes. Findings from a number of meta-analyses of studies of family-centered practices indicate that self-efficacy beliefs mediate the relationships between how practitioners work with parents, how those practices influence parenting efficacy appraisals, and how efficacy appraisals in turn are related to parenting behaviors and practices (Dunst & Trivette, 2009; Dunst, Trivette, & Hamby, 2008; Trivette, Dunst, & Hamby, 2010).

Based on the findings from meta-analyses of family-centered helping practices where there were differences in early childhood practitioner use of family-centered practices with parents and their children in home-based or center-based programs (Dunst & Trivette, 2005; Dunst, Trivette, & Hamby, 2006), we hypothesized that the ways in which early childhood practitioners involved parents would differ as a function of setting, favoring the provision of early intervention in the children's and families' homes. More specifically, the provision of early intervention in the children's homes was expected to be associated with more parent involvement in a family capacity-building manner.

## Method

### Participants

The participants were 124 parents and other primary caregivers of infants and toddlers receiving Part C early intervention in 22 states. Chairpersons of the Part C State Interagency Coordinating Councils in all the states and the District of Columbia were contacted and asked to notify parents about the study. The Directors of all U.S. Department of Education, Office of Special Education Program regional, state, and community-based parent centers were also contacted and asked to notify parents about the study. These contacts were made by email, mail, or fax, and included an introductory letter and a flyer describing the purpose of the study and the procedures for parents to follow to either complete a survey online using SurveyMonkey® or to request a paper-and-pencil version of the survey.

Nearly all the participants were the children's mothers (97%). The participants ranged in age from 18 to 44 years. Two-thirds of the participants (66%) had college degrees, and all the participants except one had at least a high school education. The median income of the participants' families was approximately \$50,000 per year (Range = less than \$20,000 to more than \$150,000).

The children ranged between 3 and 35 months of age (Mean = 23, SD = 9). Fifty-nine percent of the children were male. The majority of children were eligible for early intervention because of identified disabilities (66%) or developmental delays (32%). A small percentage of the children (2%) were eligible for other reasons.

The practitioners providing early intervention to the children were from the particular disciplines (special education/special instruction, speech and language pathology, occupational therapy, physical therapy) who most often work directly with Part C program participants (Hebbeler et al., 2007). The practitioners included 45 special educators/special instructors, 36 physical therapists, 22 speech and language pathologists, and 21 occupational therapists.

### **Early Intervention Settings**

Early intervention was provided to the children in their families' homes ( $N = 76$ ), center-based locations other than the families' homes ( $N = 14$ ), or a combination of home and center-based locations ( $N = 34$ ). The distribution of the settings in which early intervention was provided was very similar to that found in other studies (Hebbeler et al., 2007) and reported in other documents (U.S. Department of Education, 2012).

### **Parent Involvement in Early Intervention**

An investigator-developed measure was used to determine the manner in which early intervention practitioners involved the study participants in their children's early intervention. The parents were asked to indicate which of five responses "best describes how you are involved with your child's primary service provider" (interventionist, teacher, or therapist). The five response categories were: (1) I am not present when my child receives early intervention services; (2) I only observe the service provider working with my child; (3) the service provider explains what he or she is doing with my child; (4) the service provider shows me or demonstrates how to do the interventions with my child; and (5) the service provider involves me in a way where I can continue to do the interventions without the provider's ongoing assistance. For purposes of the analyses described in this paper, responses 4 and 5 were used as the operationally defined criterion for the type of parent involvement in early intervention that was consistent with the family capacity-building provision of the IDEA Part C Infant and Toddler Program.

## Methods of Analysis

A three-way between-settings (Home vs. Home/Center vs. Center) ANOVA was used to determine if the extent of parent involvement varied as a function of intervention setting or context. The dependent measure was the parent involvement scores for each participant. Cohen's *d* effect sizes for between settings contrasts were used for substantive interpretation of the study results. A 3 Between Setting Chi-Square analysis was used to determine the percent of parents who reported different levels of involvement to discern if the response patterns were consistent with the use of family capacity-building practices.

## Results

The between-settings ANOVA with the parent involvement scores as the dependent measure was statistically significant,  $F(2, 121) = 6.47, p = .0021$ . The parent involvement scores for the three different early intervention settings are shown in Figure 1. The effect sizes for the between setting contrasts were  $d = 0.17$  for the home vs. home/center comparison,  $t(121) = 0.84, p = .40$ ;  $d = 1.07$  for the home vs. center comparison,  $t(121) = 3.60, p = .0005$ ; and  $d = .84$  for the home/center vs. center comparison,  $t(121) = 2.75, p = .0070$ . Results showed that the mean parent involvement scores were significantly and substantially lower when practitioners worked with children and their parents entirely outside their homes.

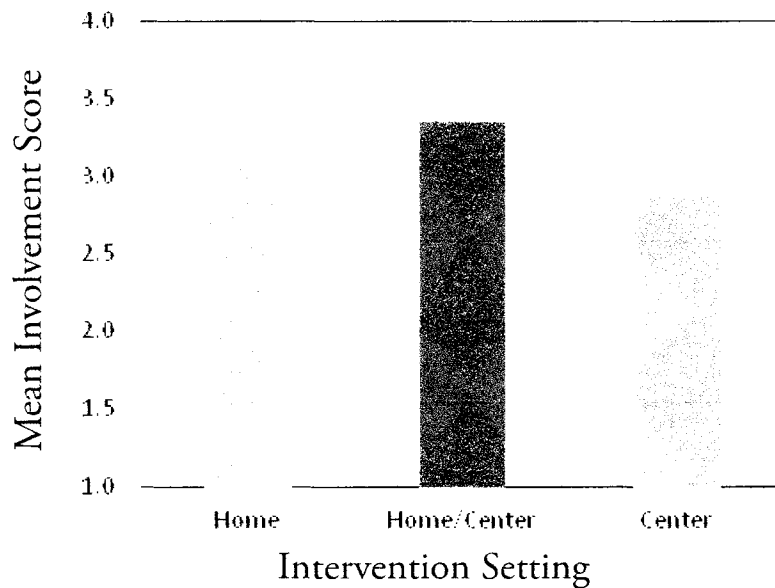


Figure 1. Mean parent involvement scores for the provision of early intervention in different settings and contexts.

Inspection of Figure 1 shows a discernible downward trend in the parent involvement scores when early intervention was provided partly or entirely outside the families' homes. This was confirmed by a significant linear trend,  $F(1, 122) = 12.93, p = .0005$ . The effect size for the downward slope in the parent involvement scores was  $d = .65$ . Results showed that when early intervention was increasingly provided outside a family's home, the more attenuated were the mean parent involvement scores.

Table 1 shows the patterns of parent involvement in terms of the percent of participants who reported different levels of involvement according to where early intervention was provided. There was a statistically significant difference in the patterns of parent involvement as a function of intervention setting,  $\chi^2 = 25.38, d = 8, p = .0013$ . Parents were more likely to be involved in their children's early intervention when services were provided entirely or partly in the families' homes. In contrast, parents were less likely to be involved in a capacity-building manner when their children's early intervention was provided entirely outside the families' homes.

Table 1. Percentage of Participants Reporting Different Ways in Which Practitioners Involved Parents in Their Children's Early Intervention

Parent Involvement Categories <sup>a</sup>	Setting/Context		
	Home	Home/Center	Center
<b>Non Capacity-Building</b>			
Not Present	1	15	36
Watch Only	24	9	21
Provider Explains	21	24	21
<b>Capacity-Building</b>			
Provider Demonstrates	25	32	21
Competence Enhancement	29	20	1

<sup>a</sup> See the text for a description of each category of parent involvement.

Notwithstanding the setting effect from the chi-square analysis, large percentages of participants were not involved in their children's early intervention in a manner consistent with the intent of the IDEA Part C Infant and Toddler Program family capacity-building provision, regardless of setting. Only 22% of parents were involved in their children's early intervention in a capacity-building manner when services were provided outside the home, and just over half of the parents were involved in their children's early intervention in a capacity-building manner when services were provided entirely (54%) or partly (52%) in the families' homes.

## Discussion

Results showed that early intervention setting and context were related to differences in the manner in which practitioners involved parents in their children's early intervention. Furthermore, results indicated that the extent of parent involvement in Part C early intervention, regardless of setting or context, was not consistent with the intent of the IDEA Infant and Toddler Program family capacity-building provision for large percentages of the parents in the study. The results indicate that many parents whose children are involved in Part C early intervention programs do not participate in a manner that is likely to have capacity-building characteristics and consequences. Other investigators have reported similar results (e.g., Klein & Chen, 2008; Luze, Peterson, & Wu, 2002; Roggman et al., 2010).

The findings of the current study add to the knowledge base by demonstrating that *where* early intervention is provided is a contextual factor influencing the likelihood that parents will or will not be involved in a family capacity-building manner. This raises questions about whether early intervention should be provided in settings where contextual factors are likely to impede parent involvement in a capacity-building manner when there is no justifiable reason for not working with children and their parents in the families' homes. The results also indicate a need for further research to determine which aspects of different settings and contexts promote or impede capacity-building parent involvement in IDEA Part C early intervention.

Findings from studies of parents' involvement in their children's preschool, elementary, and secondary education indicate that the ways in which parents are involved in their children's education is associated with differences in parents' beliefs about their abilities to influence child learning and development (e.g., Ames, De Stefano, Watkins, & Sheldon, 1995; Green, Walker, Hoover-Dempsey, & Sandler, 2007; Hoover-Dempsey et al., 2005; MacPhee & Miller-Heyl, 2003). Research also indicates that parents' beliefs mediate the relationship between parents' involvement in early childhood intervention and child and parent outcomes (Dunst et al., 2008). The more parents are involved in their children's early intervention in a capacity-building manner, the more positive are both parent and child outcomes. It is therefore plausible to assume that for nearly half of the parents in our study, optimal benefits would not be expected as a result of practitioners not involving them in their children's early intervention in a family capacity-building manner.

Researchers have identified a number of factors that are associated with variations in parents' involvement in early childhood intervention (e.g., Daro, McCurdy, Falconnier, & Stojanovic, 2003; Gill, Greenberg, Moon, & Margraf,

2007; Korfmacher et al., 2008; Mapp, 2003), one of which is a lack of the professional preparation of early intervention practitioners in terms of engaging parents in their children's early intervention (Bruder & Dunst, 2005). Bruder et al. (2013), for example, found that only 30% of early intervention providers reported being adequately trained to work with parents and families. Fortunately, findings from a number of studies indicate that both preservice and inservice training can positively influence early intervention practitioners' confidence and competence in working with families (e.g., Campbell & Sawyer, 2009; Katz & Bauch, 1999; Swanson, Raab, & Dunst, 2011). Results reported in this paper echo other research indicating that, at least for a number of early childhood practitioners, additional training in how to adopt and use capacity-building, family-centered practices is indicated and warranted (Bruder, 2000; Espe-Sherwindt, 2008; Gregg, Rugg, & Souto-Manning, 2011), especially training that promotes practitioners' use of strength-based capacity-building practices (Dunst et al., 2008) that places primary emphasis on active parent engagement in early intervention for infants and toddlers with disabilities or delays (Wagner, Spiker, Linn, Gerlach-Downie, & Hernandez, 2003).

The results from our study have a number of implications for practice. Findings indicate that where early intervention is conducted influences the ways in which practitioners involve parents in interventions and that working with families in their homes bolsters the likelihood that practitioners will involve parents in a capacity-building manner. The findings, in light of other research evidence (see, e.g., Wilson, 2005), suggest that adopting and using capacity-building, family-centered practices as part of home-based interventions will likely have value added effects on parenting competence and confidence. Additionally, the results indicate that if the family capacity-building provision of the IDEA Part C Infant and Toddler Program is to become a reality, early intervention managers and supervisors need to provide the types of supports and training to staff to build the capacity of practitioners to engage parents more effectively.

As is almost always the case with any investigation, there are limitations of our study that need to be mentioned. One limitation was the lack of information about the early intervention practitioners for whom parents made judgments of their involvement in their children's early intervention. Another limitation was the lack of information about the programs or organizations for which the practitioners worked or were employed. It could be the case that these personal and organizational factors, in addition to intervention setting, might have contributed to parents' ratings of their involvement in their children's early intervention.



We conclude by noting that our study, as well as other studies that have included different measures of the extent of parent involvement in early childhood intervention programs (e.g., Korfmacher et al., 2008), are currently the focus of a meta-analysis that we are in the process of completing to identify the various ways in which practitioners involve parents in their children's early childhood intervention (Dunst, Espe-Sherwindt, & Bruder, 2014). The results should shed light on both the extent of parent involvement in different early childhood intervention programs and the conditions under which parents are likely to be involved in a capacity-building manner.

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