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Child Care Policy

From the Director's Office: Public Policy, Private Needs

From Policy to Practice

Center Stage: A Textbook Example of Research to Policy

NCEDL News: Doors of Perception

From policy

AN INCREASING NUMBER of infants and toddlers with disabilities and their families in the U.S. are served by early intervention services (formerly Part H and now called Part C of the Individuals with Disabilities Education Act), but there's room for improvement, according to a study in three states by researchers at the Frank Porter Graham Child Development Center.

A team of researchers is wrapping up a five-year study of the federally mandated and state-implemented early intervention programs for infants and toddlers with disabilities from birth to age 3. Significant findings by the Early Childhood Research Institute on Service Utilization (ECRI-SU) include these:

- Use of early intervention services is high, particularly compared to the utilization rates of other entitlement programs.
- Communities have put together a comprehensive array of resources to meet the diverse needs of children and families. The number of programs used in the nine communities studied ranged from 11 to 66 per site.
- Services are primarily child oriented. Surveys showed that families expect services to focus on their child, but would be open to a broad family focus, if introduced properly and at the right time.

- There is a direct relationship between the nature of the services provided and the quality of program leadership. In communities where the program's leader knows recommended practices, services provided to all children consistently reflect these practices, with the exception of the provision of therapies.

- Therapies most often consist of a more traditional, clinical, and specialized approach than an integrated one.

- Families and service providers often believe that individual (pull-out) therapy is better than therapy integrated into the natural environment.

- Most early intervention programs do not have a system of recording expenditures so that the cost of services can be calculated.

The ECRI-SU research team is headed by Gloria L. Harbin of FPG and Thomas T. Kochanek of Rhode Island College, Providence, RI. Nine communities were selected in Colorado, North Carolina and Pennsylvania for the principal sites. A total of 72 children and their families participated in case studies and a larger sample was followed for two years.

Harbin said, "In examining the implementation of this law, we realized just how

monumental the legislation was. It is very far reaching. It asked people to change lots of different things all at one time. If people had been asked to change two or three things, they could've focused on those and perhaps done it quicker or more efficiently. People have made progress in implementing this law, but there has been more progress in some areas than in others."

Some indications of progress are: More children with disabilities are being identified at younger ages, and families report little delay getting into

be useful to families. In general, mothers expect services to focus on their child. Assessment focuses on child skills, and in general there is no systematic assessment of family needs.

"We started out saying, what services do children and their families get? Then we said, why is it that certain kids and families get what they get? Is it state policies? Is it something about the communities they live in? Or, is it something about the families themselves? We found that it was an interaction. The most positive outcomes occurred when there were certain factors that existed

"...when we looked at Pennsylvania's policies we found there was nothing that required programs to look outside of themselves."

programs once they find them. Many programs expend substantial effort to broaden the array of services and options. In general, families feel that service providers are supportive and responsive to their child's needs. Only 18% of families studied use less than 50% of their scheduled services.

On the other hand, families report that they would use more services if they were offered. Individualized Family Services Plan (IFSP) documents, in their current form, do not appear to

in the system, the service providers, the families, and in the relationship between the service providers and the families. You couldn't just say everything will be OK if you just have three specific things in the service system. It had to be the whole package. We confirmed a lot of what has been theorized about recommended practices, and that's very exciting for our field."

For example, progress has been made in the coordination of the system of services. On a 10-point scale assessing the extent

to practice

How three states implemented federal policy for infants with disabilities

of coordination, the mean rating across the communities studied was 7.2. In a previous study by Harbin and her colleagues, participants indicated that the extent of coordination in North Carolina prior to 1986 would likely have been rated at 2.5.

Harbin said, “We found certain links that influence that package: the leadership at the community level and their knowledge of recommended practices, their ability to visualize a comprehensive, coordinated system, and their ability to work and play well with others. This speaks to the importance of early childhood leadership development programs with implications for policymakers. Getting a master’s degree will not ensure those three things. The person has to continue to be a lifelong learner.”

ECRI-SU looked closely at the relationship between state policies and outcomes. Harbin said, “Of the nine communities

and very privatized programs. Their programs have many fewer positive outcomes for children and families. And a lot of it goes back to state policy?”

But since only three states were involved, how about flukes? Harbin said, “Colorado has done a great deal of training, and it turned out that its assessment practices were the best of the three states. Taking another example: Of the three states, North Carolina has placed a lot of emphasis on not only telling people about recommended practices, but the state will not fund programs unless they agree to follow those practices. We found that in North Carolina a lot more children proportionately were served in inclusive settings than in segregated settings. Hardly any children in North Carolina were served in segregated settings, but that is not true in the other two states.”

Overall, program administrators report that many therapists lack the knowledge and desire to use

and families. In many communities, the resourcefulness of program administrators (obtaining grants, use of

cooperation. Furthermore, it mandates two interagency structures. North Carolina programs were rated high in



“...in Colorado, those communities that pushed coordination did well...”


Medicaid, “deals,”) increased options for services. Also, researchers found that curriculum activities for children most often reflect a focus on the use of test items to guide intervention instead of using a routines-based focus for intervention.

Harbin’s researchers found that a significant determinant in outcomes was how comprehensive and how coordinated service systems are. “The more comprehensive and coordinated the service system is the better the outcomes for children and their families. This was an assumption of the law but there had been no data that policymakers had; they just assumed this would be true. Now, we have some data, even if it is only nine communities.”

She said that one state—Pennsylvania—had the least coordinated service system of the three states studied and “when we looked at Pennsylvania’s policies we found there was nothing that required programs to look outside of themselves. On the other hand, North Carolina really stresses interagency coordination and

terms of outcomes and coordination. Colorado was in-between, encouraging interagency coordination but not mandating it. And in Colorado, those communities that pushed coordination did well, but those that didn’t, did less well.”

She advises parents, service providers and program administrators to be patient and not give in to frustration. She said that she has learned that it takes a long time to implement policy, particularly something on the scale of IDEA.

“Many people want it to happen sooner. I want it to happen sooner. But there’s good reason to go slowly — we don’t want casualties while we’re trying to get it right and trying to teach people to get it right. Because the causalities would be children and their families. It’s very difficult to watch somebody fall through the cracks and not get what they need. That’s part of the frustration you find in wanting things to happen more quickly. But the reality is that we really do need to set realistic expectations.” 



“...North Carolina really stresses interagency coordination and cooperation.”

studied, three had programs that were really like programs in the 1970s, using a traditional form of early intervention. All three were from the same state. When you look at that state’s policies, you see that they included no funding strings,

an integrative approach to therapies. The study found that some program administrators appear to lack the knowledge necessary to set up an administrative structure for a more transdisciplinary and inclusive learning experience for children

NOTES

resources, and make clear what is needed for the future.

This is no small task. It will require the best thinking of many different professional disciplines and many different policy makers. The variety of laws passed at the state and federal level for different subsets of children, at different times, and for different purposes, each have their own rules and regulations that do not easily allow for collaboration. Yet, collaborative planning is a top priority if we are to achieve some practical outcome of all this current interest.

How do we build an infrastructure for quality services for young children?

Over the years service areas such as health, education and social services have learned what an infrastructure for quality consists of, and have created some isolated elements in such a structure. Let's review these components.

Materials Development

We clearly need to continue to develop materials and procedures that enhance the quality of child care, whether that care is in child care centers, family day care, or at home.

Personnel preparation

There is close to universal agreement that top quality early childhood personnel is a key to quality programs. But there are two enormous barriers to making this a reality. First, salary levels do not match our expectations of personnel. Second, we do not consistently integrate our major personnel preparation entities, such as community colleges or higher education institutions, to improve practices at the service delivery level.

Demonstration

High quality programs for young children are needed to demonstrate how effective practice can be made practical. Once effective practice can be seen in action it is easier to upgrade service delivery.

Research

We need to add to the knowledge base on child development and effective programs, including research on the developing brain and the various interventions that pay off in tangible benefits to the children and their families. This requires both basic and applied research.

Dissemination

A central communications network is needed to allow service centers for young children to communicate with one another and with professionals so that ideas can be exchanged, new methods passed along, and more effective dissemination of research-to-practice information. Currently, programs are isolated, and there are few provisions at the state level to create any kind of an intrastate or interstate network.

Financial

To determine what money is allocated, we need a mechanism to track money spent in early childhood from the level of the governor's office. North Carolina once had a Children's Budget that showed where all the money on children was being spent. Some similar device that fits the needs of individual states would seem to be required.

We also need to know what costs await us if we follow certain initiatives. Many proposals for helping young children have been generated by emotion. Good intentions need to be backed


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with fiscal responsibility so that the public has confidence that the plan being followed ties emotional intentions to the financial commitment made to children and families.

Accountability—Report Card on Young Children

If a state and its elected leaders commit to a comprehensive plan, there should be equal commitment to accountability. The people who pay the bills need a clear statement of how we are doing. On the report card, we should publish the number of children being served through various programs and services, the number of children entering kindergarten each year who can demonstrate that they are ready and able to learn, the number of children raised in poverty, the infant mortality rate, and so on. In short, the report card should tell what the public is getting for its investment.

Such a collaborative effort will create varying degrees of professional discomfort. Some disciplines and organizations will be forced out of their accustomed roles and routines. No one said that change and improvement would be easy, but for perhaps the first time, we will be able to say that we have the interest of the general public on our side. There is much to be gained for young children if we put our minds and hands to the task.

In another time, Benjamin Franklin remarked, "Gentlemen, we must all hang together or assuredly we will all hang separately." Fortunately, those of us who toil in early childhood programs do not face that violent result, but our hopes and dreams for services for young children are at similar risk if we do not collaborate across agencies and disciplines. 

Recent publications

by researchers at the Frank Porter Graham Child Development Center

Welfare Reform and You

R.M. Clifford. (1997). *Young Children*, 52(2), 2–3.

Partnerships with Families

R.M. Clifford. (1997). *Young Children*, 52(3), 2.

Partnerships with Our Colleagues

R.M. Clifford. (1997). *Young Children*, 52(4), 2.

Partnerships with Other Professionals

R.M. Clifford. (1997). *Young Children*, 52(5), 2.

Commentary: Personal Dimensions of Leadership

R.M. Clifford. (1997). In S.L. Kagan & B.T. Bowman (Eds.), *Leadership in early care and education* (pp. 103–104). Washington, DC: National Association for the Education of Young Children.

Giving Children



A SMART START

North Carolina's program demands more policy decisions at the local level

ALTHOUGH NORTH CAROLINA'S SMART START PROGRAM is only four years old, it has been cited by early childhood professionals as one of the most comprehensive public-private initiatives in the nation to help children enter school healthy and ready to learn.

Many of the building blocks of Smart Start grew out of research done at the Frank Porter Graham Center. FPG's current role is to conduct the statewide evaluation of the Smart Start program. The evaluation includes both performance and outcome measures. For example, this spring, FPG investigator Donna Bryant announced at a press conference that this year's evaluation showed that child care has improved in the counties where the program first began. Evaluators

visited 187 centers and interviewed child care directors as they examined a variety of childcare indicators. They found that 11% more child care centers scored in the good-to-excellent range on a measure of environmental quality compared to 2 years earlier.

"Our results show that child care quality was better in 1996 than in 1994 and that the level of quality was related to Smart Start efforts," she said. "The fact that we have seen changes of this magnitude in the formative years of Smart Start when programs were just getting off the ground is really quite positive."

Smart Start is not just one program; it's many. Local Smart Start partnerships of parents, educators, child care providers, nonprofits, churches and business people decide how to improve (or provide, in some cases) local child care, health care, and family services to children under the age of six. Thus, one community may allocate additional money toward solving transportation problems; another community may beef up child health screenings; and yet another may further the education of child care providers. All communities conduct multiple programs.

According to the NC Partnership for Children, which is the lead state agency, during Smart Start's first three years:

- More than 154,000 children received higher quality early education and care statewide.
- More than 34,000 children received childcare subsidies so their parents could work.
- More than 72,000 children received early intervention and preventive health screens.

Smart Start began as a pilot in 18 of North Carolina's 100 counties. Later, 37 counties were added, and this year the state allocated enough money to expand the program to all 100 counties.

FPG evaluates the overall Smart Start program, but local partnerships perform their own evaluations and this, according to Bryant, is a lesson for other states. "At the local level, many counties simply don't have the capacity to conduct an evaluation in the same way as institutions like FPG. It's not an unreasonable request to ask for accountability, but it's very difficult to conduct good evaluations," she said.

As a result, Bryant's Smart Start team this year formed an evaluation assistance team to help local groups design and carry out evalua-

(see *SMART START*, page 11)

Challenge or Boredom? Gifted Students' Views on Their Schooling.

J. Gallagher, M.R. Coleman, C.C. Harradine. (1997). *Roeper Review*, 19(3), 132-136.

The Role of Policy in Special Education

J. Gallagher. (1997). In James L. Paul, et al. (Eds.), *Special education practice: Applying the knowledge, affirming the values, and creating the future* (pp. 26-42). Pacific Grove, CA: Brooks/Cole Publishing Co.

Translating Knowledge into Action

J. Gallagher. (1997). In James L. Paul et al (Eds.), *Special education practice: Applying the knowledge, affirming the values, and creating the future* (pp. 227-240). Pacific Grove, CA: Brooks/Cole Publishing Co.

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Smart Start findings

Here are some results announced this year of an evaluation of North Carolina's Smart Start program in the 18 counties where the program began:

- In 1994, only 14% of child care centers were rated as "good" on a measure of environmental quality. By 1996, 25% were rated "good."
- In 1996, the research team found a significant jump in the number of child care centers (among the 91 visited in both '94 and '96 evaluations) that received a higher "AA" licensing level of the state.
- Almost a fourth of the families interviewed in 1996 said they needed parent education programs.
- In 1996, while most children were fully immunized by kindergarten as required by law, only 53% of kindergartners had been immunized on time.
- In 1996, kindergartners who had attended child care had better language, social, and thinking skills than those who did not.
- From 1994 to 1996, scores for quality care in child care centers rose as a group from 4.25 to 4.51 on a 7 point scale. Experts consider scores of 5 or higher to be good.

SMART START

tions. "We won't do the evaluations for them, but we'll help set them up. It would be a good start for some counties if they could just get an accurate count of who they're serving. But people really want outcomes. Are their children doing better? Are parents relating more to their children? These are hard outcomes to measure. And because each county sets up Smart Start differently, the precise evaluation is left up to the county," said Bryant.

Bryant said a new component of the technical assistance provided by her team is an Internet web site for Smart Start participants to swap ideas and get questions answered. "One partnership, for example, may ask us for guidance on evaluating the three different kinds of home visiting programs they're funding. We can put our answer on the web and other counties can access that. We call it our evaluation roundtable."

At the national level, Bryant said, it's not unusual to spend 10-20% of the budget of a new intervention or a new project on evaluation. "For example, if the federal government put \$20 million into a new pilot program, it would be within the realm of credibility to have a \$2 million evaluation program. We're doing an evaluation for about 1 percent of the overall Smart Start


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budget. We're a bargain. We're a blue light special," she said, laughing.

"Good" research is possible even through such studies as the Smart Start evaluation, according to Bryant. "The real world doesn't afford the same opportunities for control as clinical trials. You have to find ways to satisfy your needs for an adequate comparison group or a reasonable baseline measure. You can still do good research; it's just different."

Although she's pleased with how Smart Start directs local communities to play a much larger role in child care policy, Bryant said she has a lingering concern about the role of the state vis a vis quality care. "I

think there is a significant role for state government in establishing quality standards."

As for working near the often volatile timbers of politics, Bryant said she doesn't shy away from stating her opinion as long as she has the data. "The researcher has an obligation to share data, even if that means supporting a new program or saying, the research doesn't show changes as a result of a program. Program dollars should be redirected to where they'll have the most effect." 

"I think there is a significant role for state government in establishing quality standards."

Planning for Success: A Teacher's Guide to a New Planning Guide to the Preschool Curriculum
B. Hardin, L. Lohr, & Pat Wesley. (1997).
Lewisville, NC: Kaplan Corp.

The New Planning Guide Teacher Posters
P. Wesley, & M. Mathers. (1997). Lewisville,
NC: Kaplan Corp.

Relations Between Child-Care Experiences and Children's Concurrent Development: The Cost, Quality, and Outcomes Study
E.S. Peisner-Feinberg, & M.R. Burchinal
(1997). *Merrill-Palmer Quarterly*, 43,
451-477.