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*Family-Centered Research & Practices*

From the Director's Office: The Big Picture

Why Do They Do That?

Focus on Families

I Don't Want to Talk About It!

Putting Parents in the Picture

NCEDL News

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

**A**FTER 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 assis-

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

tance to families and providing the very basic rights of family members to family leave and job security. Much remains to be done.

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?

**W**e 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?

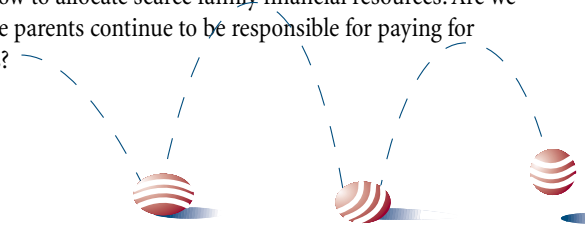
**I**n the U.S., we have a parallel set of players in the early childhood field. We have Head Start, child care centers (for profit, nonprofit, and public), family child care (both regulated and unregulated), school-based prekindergarten programs, early childhood intervention programs, and family and 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?

**W**ith 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?

**B**est 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-

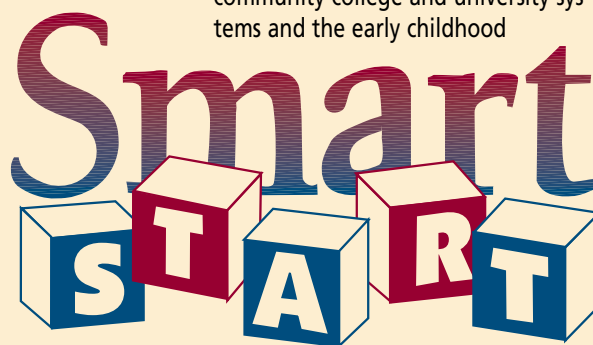
cation. North Carolina is spending about \$100 million annually for the first 45 of the 100 counties in the state. The cost is projected to be somewhat over \$300 million a year when all counties are fully integrated. This money complements existing resources for child care, Head Start, public schools, 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 (NPC) 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 NPC and then to the local partnership. Other funding streams remain in place

through traditional agencies. Staff of NPC 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.



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## 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), 69–82.

**T**HE 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.