Research in Review

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It is not possible that a family desires to delegate to a school such an important task as education of their child... so schools and parents must communicate and work together for children.

—Loris Malaguzzi

The role of parents in their child's development and in their relationships with educational and care settings for their child is recognized in the historical roots of both early childhood education and care and early childhood special education (Powell 1989; Turnbull & Turnbull 1997). Parent involvement has been a crucial concept across settings such as early childhood education and care, early childhood special education, and Head Start. Traditionally, parent involvement has encompassed a variety of activities such as volunteering in the classroom, participating in parent conferences and home visits, communications between parents and teachers via phone and written means, assisting with fundraising and special events, and participating on advisory boards. Essentially, parents have been invited and welcomed to be involved in the established structure of a program for their child. For more than 30 years, Head Start has advocated family-centered practices; many programs implement them very well. Within the past decade the early intervention community has adopted a family-centered approach that broadens the focus of services to include family members and involves families in decisions related to determining the goals of the program and needed services for the family.

Family-centered practice is based on beliefs and values that (a) acknowledge the importance of the family system on child development, (b) respect families as decisionmakers for their children and themselves, and (c) support families in their role of raising and educating their children. This family-centered perspective, new in special education and, in fact, in most programs other than Head Start and Head Start-like programs (e.g., Even Start), is radically different from a traditional intervention model in which professionals consider themselves the experts who determine and implement interventions for children without family input or participation.

Family-centered practice has emerged from movements recognizing the rights of families as consumers as well as from research establishing multiple influences on child development (Bronfenbrenner 1979) and the positive impact of working with families to encourage family competence and self-sufficiency (Dunst et al. 1994). The powerful impact of the nationwide Head Start model, emphasizing family-centered practice, has also contributed to current thinking. These ideas were then recognized in special education legislation, specifically, the Education of the Handicapped Act Amendments in 1986 (PL 99-457) and its reauthorization in 1991 as the Individuals with Disabilities Education Act Amendments (IDEA) (PL 102-119).

The provision of family-centered intervention (care) has been recognized as recommended practice in early childhood special education (DEC 1993) for more than a decade, yet defining and developing family-centered practices is still a challenge, and the benefits of family-centered practice have yet to be empirically validated.
What does family-centered practice mean for early educators?

The potential benefits of family-centered practices are compelling, and emphasis on family support services in educational and social service settings other than early intervention is growing. Multiple benefits of family-centered practice have been espoused. It has been suggested that establishing goals and how to achieve them in consensus with families increases the probability that the desired outcomes will be achieved (Dunst, Trivette, & Deal 1988; Raver & Kilgo 1991). It is also assumed that services will meet the concerns of the child and family when families are involved in assessment and intervention (Kjerland & Kovach 1990; Hanft, Burke, & Swenson-Miller 1996). In addition, when providers support family decisionmaking, families may develop the confidence, competence, and ability to make decisions about their child and family over their lifetime (Turnbull & Turnbull 1997). In essence, the goal of a family-centered approach is to strengthen and support families in raising their children, which will ultimately benefit society (Dunst et al. 1991).

While some of these arguments for family-centered practice come from practices more indigenous to early childhood special educators (e.g., assessment, intervention), it seems logical that all families would benefit from support in promoting the development and learning of their children and from participating in decisions regarding the education and care of their children through the first years of schooling and beyond. In fact, recent literature on education reform has addressed the importance of family-school partnerships. Goals 2000 and Title 1 regulations include mandates for family-school connections. They encourage family-school partnerships as recent research is confirming that family involvement in a child’s schooling is an important component in promoting student learning and success in school (Eppstein 1996). Thus, the Head Start, early childhood special education, and regular education communities have come to the same conclusion: involving families in the education of young children more aggressively and more respectfully than was done in the past is advantageous to developmental and educational outcomes for all young children.

Principles for family-centered practices

Family-centered practice is not defined by a particular set of forms and procedures. Rather, it requires a willingness to embrace values that are respectful of and collaborative with families. The values and principles of family-centered practice can then be used to guide interventionists in their interactions with individual families.

Like a number of others who work with or write about children or families, from one or another perspective, McBride and colleagues (1993) suggest three overarching principles that drive family-centered practice and appear to be equally applicable across various medical, social, and educational settings:

1. Establishing the family as the focus of services. The first value of family-centered practices recognizes the impact that a child may have on the entire family system as well as the influence of the family on the child’s development. This principle suggests that intervention and educational services include attention to the needs of all family members in their efforts to educate and care for their child. Most early childhood services in the United States tend to be short-term as children move from classroom to classroom as they get older. By focusing on the family as the constant in the child’s life and acknowledging the influential role of the family on the child’s development, attention to the family as a focus for education and care becomes necessary and important.

2. Supporting and respecting family decisionmaking. The second principle acknowledges and encourages professionals to regard family members as essential members of the educational team and as primary decisionmakers for practices that affect their child’s education and care. Assistance that supports the family in making decisions about the child and family should result in strengthening their ability to care for and educate their child. While early childhood special education legislation

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provides legal rights for parents of children with special needs to be involved in the development and implementation of intervention plans and placement decisions, all families may want and benefit from collaboration with professionals who are educating and caring for their children. This collaboration can range from working individually with teachers to handle specific child-guidance issues to representation on parent councils that assist in working with staff to make curriculum decisions for a program. If parents are given opportunities to make decisions about their child’s learning and development during the early childhood years and to learn skills for advocating for their child and others, they may be more likely to continue this participation in the child’s education into middle and later childhood.

3. Providing flexible, responsive, and comprehensive services designed to strengthen child and family functioning. This principle incorporates the need to respect family culture and diversity and assist families to mobilize their informal resources (friends, neighborhoods) to meet the changing needs of all family members as well as provide for access to and coordination of formal community services (medical, social, and community services such as libraries and recreation facilities). Families of children with special needs have a legal right to service coordination that assists in locating and coordinating needed services. However, all families can benefit from information related to community resources and, in some cases, to assistance with accessing these services for their child and family. Early childhood settings that incorporate family resource centers or work closely with other community services promote caring communities for children and their families. Early childhood services that are innovative, flexible, and responsive to the diverse needs of families (e.g., respite care, sick-child care, shift work, intergenerational care) strengthen the ability of families to provide for their children.

Indicators of family-centered practice

Specific practice indicators for family-centered practice have been proposed, and program evaluation tools have been developed to measure the extent to which programs use family-centered practices in early intervention and school settings (Murphy et al. 1995). The box titled “Practice Indicators for Family-Centered Partnerships in Early Childhood Education and Care Settings” includes an adapted list of practice indicators that were selected from three different sources (Murphy et al. 1991; McWilliam & Winton 1992; Dunst & Trivette 1998). These are only representative of the numerous possible behaviors and skills of educators and other service providers as well as program practices that reflect a family-centered perspective. These particular indicators were selected for this article because they represent practices that would be family-centered for all families, not just those with children with special needs. They are simply guidelines; family-centered practices must be adapted to be appropriate for each setting and each situation.

What do we know about the implementation of family-centered practice?

While still sparse, there is a growing cadre of studies that attempt to measure the extent to which family-centered services are being implemented in programs for young children. Here I will focus only on community-based early intervention programs and the consequences for young children with disabilities and their families. These studies have been conducted with multiple methods from the perspective of both family members and service providers. This review looks at what we know about family-centered practice as it relates to the three principles discussed earlier. Specifically, what do we know about the following questions?

- To what extent is the focus of services extended to family members?
- To what extent and in what ways are families involved in decisionmaking?
- Do family-centered practices strengthen children and families?

Focus on families. In a series of survey studies, Mahoney and colleagues have examined the extent to which families report family-centered practices as descriptive of their child’s intervention program. Using a national sample, Mahoney, O’Sullivan, and Dennebaum (1990) found that families were most likely to receive services related to their child and less likely to receive resources for enhancing the personal functioning of or the well-being of parents and other family members. In other studies of the professionals providing these services, the authors report that family-centered practices are not well defined or put into practice and that most early intervention programs continue to use a child-centered and professionally driven model of services with limited involvement of families (Mahoney, O’Sullivan, & Fors 1989; Mahoney & O’Sullivan 1990). These studies survey large numbers of families and service providers and document the state of the art, but they do not explain the reasons for the apparent lack of family-centered practice.

By focusing on the family as the constant in the child’s life and acknowledging the influential role of the family on the child’s development, attention to the family as a focus for education and care becomes necessary and important.
Use Positive Communication Skills

- Spend more time listening to parents than asking questions or providing advice.
- Provide parents with frequent verbal and written feedback about their child’s learning and education.
- Individualize methods to send information to families and for families to send information to the school.
- Schedule meetings with parents at times and places convenient to the family.
- Ask questions and provide information using language understood by the family.
- Convey to parents that you are willing to talk about a broad range of topics that affect them and their family.
- Ask parents what they want before telling them what the programs does.
- Respond positively and in a timely manner to suggestions, ideas, and special requests made by parents.
- Use problem-solving skills for making decisions with families about their children and themselves.

Promote Family Choices and Decisionmaking

- Assist families in summarizing what they want for their children and themselves, and work together to come up with a list of goals written in the parents’ own words.
- Treat families as the true experts about their children when planning and providing services.
- Work together with parents to generate options for intervention strategies and let parents decide which options best suit their needs and resources.
- Seek parents’ opinions about changes in school or classroom practices.
- Provide parents with choices about when and where they will be involved in their child’s education.
- Include family members on committees and advisory boards that make decisions regarding the program or school.
- Ask all parents regularly about how well the program is doing and what changes they might like to see.

Affirm and Build on the Positive Aspects and Strengths of the Child and Family

- Comment to parents about the strengths, accomplishments, and positive aspects of the child through conversation, notes home, phone calls, etc.
- Obtain information from parents about long-range goals, hopes, and aspirations for the future for their child and family.
- Acknowledge and compliment parents on their unique contributions they make to their child’s progress.
- Ask parents to formulate goals and interventions for their child’s areas of strength, and include these on the intervention plan.
- Help parents see they can make a positive difference in their child’s life.

Honor and Respect the Diversity and Uniqueness of Families

- Ask questions and provide information using language that is readily understood by the family. Develop publications easily understood by a large audience.
- Convey a sense of respect for and acceptance of parent’s opinions and feelings, even when they are in conflict with your own.
- Develop an understanding of the cultures and value systems of the families you serve. Can you accept their values, even when they are in conflict with your own?
- Provide written information in each family’s primary language.
- Use translators and interpreters as needed to promote family participation in their child’s education.

Provide a Welcoming School-Home Partnership

- Provide opportunities for all members of the family to actively participate in classroom activities, and make parents feel comfortable being there.
- Give parents the opportunity to be involved in decisions regarding the activities and scheduling of the classroom/school activities.
- Involve families in their children’s education in ways that make them feel comfortable and at ease.
- Work together with families to improve school policies and practices.
- Welcome parents in the school and classroom at any time during the school day.
- Assist families in finding other community services that they need.


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Family members are acknowledged by professionals as essential members of the educational team and as primary decisionmakers for practices that affect their child's education and care.

In-depth interviews reveal similar findings but also provide some insight into implementation issues. McBride and colleagues (1993) interviewed families and service providers in four programs about current practices related to the implementation of family-centered services. Their findings suggest that while service providers were able to describe the desired change in focus from just the child to broader family support, their actual practices ranged across a continuum of professionally driven to family-centered practices. For example, some service providers admitted to remaining child focused primarily due to feeling uncomfortable with identifying family needs and concerns and lacking the types of skills needed to follow up on these. Others noted that heavy case loads and the need for coordination with other team members prevented them from being more flexible and accommodating to family schedules and specifically limited their involvement with fathers.

Another way to assess the nature of the focus of services has been to document the extent to which individual Family Service Plans (IFSPs), the blueprints for early intervention services, have included families as the focus of services. In a content analysis of 78 IFSPs from two states, Boone and colleagues (1998) found that the topic or content of outcome statements in both states is overwhelmingly child focused. In addition, the match between family-expressed concerns and priorities written on the document and the outcome statements was 50% in both states, revealing that many family concerns were not formally addressed by the program. Again, this documents the child-centered focus of the services in these programs.

Most studies have relied on self-reports from both parents and service providers; direct observation of services to determine the actual focus of early intervention practices has been limited. The premise of a study by McBride and Peterson (1997) is that family-centered services in the home should focus on supporting parent-child interactions and support to the family. A method was developed to observe the content and process of home visits, conducted by home interventionists trained as early childhood special educators, with families who had children with disabilities. Findings from this study reveal that almost half of the interventionists' time was spent in joint interactions with the parent and child and 26% percent of the time the interventionist interacted only with the child. The major focus of the interactions during home visits was on the child's development or special caretaking needs such as feeding. Very few interactions focused on family issues (3.7%) or community services (3.8%) (McBride & Peterson 1997). During interactions, home interventionists spent half of their time in direct teaching activities with the child and another quarter of their time providing or asking for information from parents. The majority of the findings from this study suggest a model of child-focused intervention, with little emphasis on supporting parents in their interactions with their child.

To summarize, despite a variety of research strategies (qualitative interviews, surveys, observation, document analysis), with data from the perspectives of both families and professionals, large and small samples, and a variety of measurement tools, these studies all suggest that there is a considerable gap between recommended and actual practice. The findings generally suggest that overall, services continue to be child-oriented and professionally driven.

It is important to note that, as Beckman (1997) points out, this focus on the child may, in fact, be appropriate, if this is what the family prefers. McWilliam, Tocci, and Harbin (1995) have suggested that families may, in fact, be perpetuating a child-focused model. Their study, as well as other studies, confirms that families report being satisfied with child-focused intervention or expect the focus to be on the child. Thus, the lack of family-focused service delivery may be a result of family expectations of the program, family priorities, and professional orientation, which may all influence each other in a reciprocal fashion. McWilliam and his colleagues suggest, however, that some families may want child-focused services because they are uninformed about family-centered services and so may not see the benefit of a broader orientation to service delivery.

Family involvement in decisionmaking. Two studies provide some evidence as to the role of families in decisionmaking. McBride and colleagues (1993) found that more than half of the families in their study described their roles in decisionmaking as having the “final say.” However, choices were primarily restricted to accepting or rejecting a service proposed by the program rather than participating in decisions related to determining goals or accessing needed supports. The extent of decisionmaking extended to families may, in fact, be related to staff attitudes about the abilities of parents to make these decisions. Minke and Scott (1995) studied video-
tapes of IFSP meetings and conducted interviews with families, administrators, and service providers to examine the active participation of families in the development of the IFSP. Staff indicated that with experience and as relationships became closer, parents participated more in the IFSP process. While these staff verbalized support for the roles families play to maintain control over the content of the IFSP and the child's program, they also expressed reservations about whether they, as providers, had the skills to support families in these roles or whether, in fact, all families possess or can learn skills necessary for these roles. The staff seemed to express anxiety when parent perspectives were not in line with the thinking of the staff. This anxiety mostly reflects a lack of skill in negotiating and collaborating with families. Clearly, training and support for service providers is needed to assist them in using collaborative problem solving while implementing family-centered practices (File & Kontos 1992).

**Effect of family-centered practice on outcomes for children and families.** The assumption behind family-centered practice is not only that it is the "right thing" to do, but that it will also result in better outcomes for the child and family. Mahoney & Bella (1998) tried to directly assess the impact of family-centered early intervention on child and family outcomes. They conducted their study with children and their families who were receiving early intervention in five states. Parents reported considerable variability on two indicators of family-centered services: (a) the extent to which they received a comprehensive array of family services and (b) the degree to which they perceived that the scope and intensity of the services that they did receive were compatible with their own perceptions of what they needed for their children and families. These indicators were used to examine the extent to which the changes in child development, parental stress, parent-child interactions, and family functioning were related to family-centered practices. The results indicate that levels of family-centered practices are not related to the outcomes for parents and children. In other words, families who receive fewer family-centered services do not necessarily have less-positive outcomes.

The authors caution us not to overinterpret their negative findings. They suggest that alternative outcome measures may be more sensitive or relevant to outcomes associated with family-centered services or there may be better ways to assess the nature of family-centered services. They also suggest that it is possible that none or few of the programs implemented in a manner that fully reflects quality family-centered concepts. McBride and colleagues (1993) found that in spite of the lack of family-centered practices, families expressed several ways in which they felt the programs had strengthened their family by providing them with more confidence and skills, improving their emotional well-being, and enhancing family functioning as a result of the child’s progress.

These studies highlight research issues that must be pursued. These include the need for further clarity and definition of family-centered practices, development of measures and strategies to assess family-centered practice, and clarification and development of measures of expected outcomes.

**Continuing challenges and opportunities**

The research findings suggest the following challenges and opportunities for incorporation and implementation of family-centered practices in settings for young children and their families:

1. **Define and redefine what family-centered practice means across various settings.** Recommended practice in any area should be an evolving, not a static, process. Thus, the definition and practice indicators for family-centered practice will change with experience and feedback from service providers and families. Continuous monitoring and reconceptualization of family-centered practices for diverse types of programs, geographical locations, and various types of families is necessary (McBride & Brotherson 1997). Identifying the level and types of skills necessary for working with families in a variety of early childhood settings is important and has implications for training.

2. **Provide support and training for personnel for working with adults rather than just with children.** Both inservice and preprofessional training must address the skills needed for educators and other service providers who typically have been trained to work only with children to achieve the attitudes and dispositions required for family-centered services and the skills necessary to implement them. Understanding the importance of a family-systems perspective for the education and care of young children and working with families who have a variety and multiplicity of needs is not easy and requires teaming with other professionals and regular supervision (Gilkerson & Young-Holt 1992). Educators and service providers must have good communication and problem-solving skills to truly partner with families and provide individualized services that address families’ needs. In addition, knowledge of community resources and services, as well as helping strategies that enhance positive functioning and the family’s sense of control, are essential competencies.

3. **Develop flexible and innovative services that meet the unique needs of families.** Families lead busy and complicated lives. It is important to
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involve them in making decisions about how best to communicate and work with them on a regular basis. If not actually providing the services needed by families, assist families in accessing both formal and informal resources for their unique needs. The location of a resource-and-referral center within an early childhood setting or the employment of a family resource advocate who can assist families with accessing both informal and formal resources and services may be desirable. Constant assessment of family needs and how the early childhood setting can assist families in their care and education of young children is essential.

4. Encourage and develop families’ participation and leadership in all aspects of education and care of young children. Families must have the motivation, knowledge, and skills for collaborating in decisions related to the education and care of young children. Only when families feel that their role is respected will they be empowered to participate in this collaboration. Families must have information and support for decisionmaking regarding educational policies and practices related to their own child as well as the larger community of children. Opportunities for participation on family advisory boards and representation of family members on all committees and decisionmaking bodies are first steps in supporting families in their collaborative roles.

Each of these four challenges suggests work to be done, but each also represents opportunities for us as advocates for young children to work with families in the most important task of educating and caring for young children.

References


