Partnerships and Collaborations II

Preschool Acquisition of Self-Regulatory Skills across Varied Communities

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"You don't tell me what to do. I make the rules. *I* tell *you* what to do."

This quote from a 'normal' four-year-old illustrates the increasing challenges facing parents and educators. Misbehavior, aggression, violence and victimization in the learning environment are becoming fundamental concerns (Boyer, 2004). The purpose of this paper is to share the findings of an alliance among educators, parents/guardians and the primary researcher that sought to answer the research question: How do children ages 3-5 learn to self-regulate as a means of supporting optimal readiness to learn?

Method

Participants were 150 families and 15 educators across 7 urban and rural preschools in the North American Pacific Rim. The participants represented varied socioeconomic classes and 7 self-designated racial cultures and 11 bi-racial cultures (Boyer, 2006).

This study used a qualitative descriptive research design, which was appropriate because it focused on naturalistic gathering of facts through interviews and focus groups and on the meanings participants gave to those facts (Sandelowski, 2000). The data was analyzed from the broad context of how the participants defined self-regulation to particular cases of how self-regulatory skills were learned.

Results

From the participants' voices, five descriptive markers were derived**.** First, participants defined self-regulation for preschoolers as "controlling emotions and reactions to events" and "learning how to control themselves in different contexts and with different people."

Second, participants highlighted 8 Skills contributing to self-regulation: Constructively using physical energy ("exercise and fresh air is good for them and can help them channel their energy and eliminate the need to be impulsive"), Effortful Control ("spending less time being mad or frustrated or not doing what you are supposed to do so that you can find the joy in life"), Stability/Consistency ("establishing schedules you can count on like when to eat and sleep or take a break"), Communication (of "needs and wants in clear language"), Patience ("practicing the ability to wait your turn"), Optimism ("A sense of hopefulness"), Controlling reactions to events ("feeling more confident: 'Hey, I did it, I didn't cry or shout. I'm very brave.'"), and Empathy ("helping children stop and think of others before taking things personally").

Third, participants explained that self-regulation is acquired through "parental guidance," "experiences with natural consequences for misbehavior," being given "opportunities to practice empathy," and "direct teaching of skills to resolve conflicts." Fourth, participants described the caregiver role as being a "role model", "self-knowing" and a purveyor of a "set of tools or strategies to monitor behavior." Finally, participants identified the need for greater understanding of the developmental progression of self-regulatory skills as well as how to synchronize developmentally appropriate strategies of parents and educators to meet individual children's needs (Boyer, 2005).

Discussion

The participants, who represented varied cultures and socioeconomic levels, recommended direct teaching of 8 self-regulation skills to support preschooler's optimal readiness to learn. They also felt it necessary to know their own limits as adults, set appropriate limits for the children, and engage in formal educative experiences to enhance their knowledge of how children develop self-regulation.

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The Health Utilization Improvement Model (HUIM): Overcoming Service Barriers through Partnership and Collaboration

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Regardless of insurance coverage, low-income children and children with special needs have been found to have high levels of unmet needs (Janicke DM, 2001; Silver Stein, 2001) and experience poorer quality of primary care (Stevens GD, 2002a). Parent's self-confidence to voice concerns (Janicke DM, 2003); language barriers (Seid M, 2003); parents' perception of having a regular provider; satisfaction with care (Stevens GD, 2002) impact parent's primary care utilization behavior. Low levels of service utilization and lack of basic health education both contribute to low health status; non-compliance with federal and state health-related enrollment requirements; and undermine healthy child development, including the ability to learn, and the opportunity to have full development of social and economic potential in society.

The Health Utilization improvement model (HUIM) addresses low levels of health services utilization, limited knowledge of identification and prevention of common diseases; lack of voice, lack of specialty care and low compliance rates with federal and state health related enrollment requirements among Head Start enrollees. The two-year pilot of the Health Utilization Improvement Model (HUIM) encompasses service linkages covering 600 children and families, community provider orientation reaching 50 providers, and educational services reaching 600 members of Head Start families. The program was implemented by a network of individual and community partners and collaborators.

Within a 5% error margin, our pilot data showed the following improvements for parents, providers, and the Head Start Program:

- Increase in utilization of existing services
- Improved knowledge of identification and prevention of common diseases
- Increased satisfaction with health services utilized
- Increased ability of parents to voice their needs and concerns to providers
- Increased provider compliance with head start physical exams and completion of forms
- Increased compliance with health related enrollment requirements

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Early Head Start/Child Welfare Services: A Collaborative Partnership

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In response to the 2002 Administration for Children and Families RFP to promote and expand partnerships between local EHS programs and child welfare service (CWS) agencies, a small, rural EHS program received funding to begin an EHS/CWS project. With a strong interagency partnership in place prior to the application, the agency was funded for one home visitor to work with five EHS families involved in the child welfare system, in an intensive, flexible home visiting model.

As a part of the required program evaluation, a logic model and evaluation plan for the project were developed. In addition to typical EHS child and family outcomes, two systems-level outcomes were identified: (1) to enhance the capacity of CWS case workers to implement an infant mental health perspective in their work with young children and their families, and (2) to enhance consideration of infant mental health principles in decision-making regarding infants and toddlers in the child welfare system.

Issues and Challenges

Successes and challenges have emerged as the two agencies have worked collaboratively toward positive child, family, and system outcomes. Qualitative data are available that address preliminary findings, including the following key points:

Effective interagency collaboration requires infrastructure.

The collaborative project began with positive working relationships among leadership staff already in place. What has been learned over time is that the level of work and commitment required in the implementation of this project is collaboration of a different nature than either agency had previously experienced or anticipated. Intentional effort has been necessary to mature and sustain the collaboration. Primary strategies that have supported success include co-location of the EHS/CWS home visitor at the CWS office, and regular bi-monthly meetings of key EHS and CWS staff.

Another support in the infrastructure of this EHS/CWS partnership has been shared training. The project has sponsored two formal seminars for key stakeholders in the community on attachment and infant mental health. Additionally, EHS funds supported the attendance of CWS supervisors at national conferences.

Despite the common goal of the two agencies, each has different jobs.

Although the purpose of this collaboration has been to enhance outcomes for children and families involved in the child welfare system, each agency has a distinct role in that effort. CWS has the responsibility to assure child safety and establish permanency. Caseloads are high, and the work involves developing concurrent plans for reunification and termination. EHS operates from a relationship-based approach, working intensively with families over time to build on strengths and support positive change.

A qualitative investigation revealed that this gap in purpose, agency culture, and perspective of front-line staff has emerged as more of an issue than had previously been identified. Although leadership of both agencies are willing partners and collaborators, front-line staff have more difficulty understanding the perspective of the other agency.

Conclusion

The experience of intensive interagency collaboration has deepened the collaborative partners' appreciation of the benefits and challenges of effective partnerships. Future investigations will address issues of collaboration as well as child and family outcomes.

Using Logic Models to Strengthen Program Implementation and Outcome Evaluation: Collaborations among Early Childhood Home Visitation Programs

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Although all programs have reasons for what they do and how they do it, these are not always explicitly stated or linked to expected outcomes of the program. The failure to connect different program activities to outcome goals of the program can result in difficulties with inconsistent implementation and evaluations that are unrealistically positive, inaccurately negative, or inconclusive. A logic model provides a simplified framework of the program that clearly outlines a program's "theory of change," that is, why a program is providing a certain set of services to a particular population and the intended impact of those services (Yarbrough, 2003).

This poster reflects collaborative work between several national early childhood home visitation programs that have joined together for shared learning around issues of training, policy, and research. The research group has worked jointly to elaborate and extend the use of logic models by each of the programs. This poster focuses on the development and use of logic models for purposes of strengthening program implementation and outcome evaluation, using illustrations and examples from the specific models of home visitation.

Each early childhood home visitation program has explicated a logic model for their respective programs. Using specific examples, the poster highlights how a logic model provides a framework for evaluating how well each program works. Programs' strategies for communicating the theory of change to existing and new local sites through training and other forms of technical assistance are also described. The commonalities and differences between and among the models will be used to highlight the role of home visitation programs within the field of early childhood interventions.

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