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Qualitative evaluation of processes and outcomes of a home visiting program for developmentally handicapped preschoolers and their families

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Qualitative Evaluation of Processes and Outcomes of a Home Visiting Program for Developmentally Handicapped Preschoolers and their Families

By

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Abstract

A variety of programs reflecting a diverse array of philosophical approaches to early intervention for developmentally handicapped preschoolers have been developed over the past 30 years. Evaluations of these programs report that early intervention is effective for these children. Yet considerable controversy continues about the validity of most of these studies. A number of researchers have expressed the need for different methods of evaluation but to date few researchers have attempted to evaluate these programs with more appropriate methods or to examine aspects of the program other than child outcomes.

This study assessed an early intervention program that involved home visits with the families of developmentally handicapped pre-schoolers. The study focused on the program's "process", that is, the way in which the program was implemented, and services were provided. These program processes were examined in several ways: by observing the interactions between home visitors and client families during home visits and by interviewing parents who were involved with the program; and by interviewing parents of developmentally handicapped children who had not elected to receive in-home visits.

The results of this evaluation verified that the program was meeting its intended objectives of increasing parent knowledge about child development, maintaining consistency between home and school, and increasing parents' knowledge of community resources. Other important program effects emerged from the open-ended interviews with parents and these are discussed along

with recommendations for the program and the utilization of the results by staff. The study provides support for the applicability of using naturalistic enquiry to evaluate a program of this type and the feasibility of examining parental perceptions of satisfaction rather than child outcomes.

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Introduction

This purpose of this research was to conduct a qualitative evaluation of a home-visiting program for developmentally handicapped preschool children and their families. This is a small program serving approximately 40 families, located in the Kitchener-Waterloo area. Traditionally most evaluations of programs of this type have examined outcome variables and overlooked the processes or activities of the programs which resulted in either favourable or unfavourable treatment outcomes.

There is considerable controversy among professionals, parents and the public about the use of labelling with young children and therefore this study will begin with a brief description of the term mental retardation/developmental handicap. This will be followed by an outline of early intervention practices and a description of the preschool and home visiting program which was evaluated. Following this there will be a discussion of the current state of evaluation research for programs of this type. Finally, the methods, results and discussion of this evaluation will be presented.

Characteristics of Developmental Handicap

There is considerable variation in the terminology used both by different agencies in the community and in the academic literature to define this population. Therefore, it is important to establish a clear working definition. Current labels for this population include: developmentally handicapped, mentally retarded, mentally subnormal, mentally handicapped, developmentally delayed, developmentally challenged or children with special needs.

Depending upon the area in which one works there are two rationales for labelling children. First, professionals tend to use the term mental retardation for communication purposes among themselves to define and clarify the population under discussion. Second, in our society labelling a child is a necessary step towards eligibility for special services in education and social services. When talking to parents and other community members less pejorative terms are preferred. Using terms such as "exceptional", "special", or "challenge" promotes hope for parents, the idea that change is possible rather than presenting a pessimistic outlook for the future (Winzer, 1990). The trend has been to use a new terminology when the old one becomes derogatory. In the future, "challenged", the current term used by many community agencies, may become a derisive term. The agency evaluated in the present study uses the term "developmentally handicapped" and this is the term used in this study.

Mental Retardation is one of many labels applied to children who do not meet well established developmental goals at the specified time frames. However, no universal definition of mental retardation exists (Winzer, 1990).

The American Association of Mental Deficiency's (AAMD) *Manual on Terminology and Classification in Mental Retardation* currently defines mental retardation as "significantly subaverage intellectual functioning resulting in or associated with impairments in adaptive behaviour and manifested during the developmental period" (Grossman, 1983, p. 11).

"Subaverage intellectual functioning" refers to a score more than two standard deviations (SD) below the mean on a standardized test of intelligence. Using the Wechsler Intelligence Scale for Children-Revised (WISC-R) a score of 70 would be two standard deviations below the mean of 100.

"Adaptive behaviour", the second component of the AAMD's definition, is the conformity to and fulfilment of social roles and norms that a given society deems proper for its members to follow. Children at a certain age are expected to do certain things, ie. feed themselves, be toilet trained, walk, dress themselves, run, play and jump. Adaptive behaviour therefore refers to the effectiveness of an individual in coping with the natural and social demands of his or her environment (Fogleman, 1975). Failure to do these things creates social difficulties for the individual. "Developmental period" is the time before a child's eighteenth birthday. If the onset is after 18 years a person is referred to as brain injured or suffering from some other contributing cause.

It is important to note that "mental retardation ... is not a set of characteristics inherent in an individual, but a concept that both describes and judges interactions of an individual, a social context, and the culturally determined values, traditions, and expectations that give shape and substance to the context at a particular time" (Sarason and Doris, 1979, p. 17). The

population in the present study is a very diverse and heterogeneous group of individuals which the label mentally retarded/developmentally handicapped does not adequately describe.

Proportion in Population

The estimate of the proportion of mentally retarded people in the population ranges from 1% to 3% (Blake, 1976; Zigler & Hodapp, 1986). It depends upon which criteria (IQ alone or IQ and adaptive behaviour) are used and also where the line is arbitrarily drawn in determining cutoff scores on IQ tests. As stated above the current cutoff score on an IQ test is 2 standard deviations below the mean of 100; consequently, individuals who score below 70 on a standard IQ test are labelled mentally retarded. However, in 1961 the AAMD had defined as retarded all those individuals with IQ scores lower than 1 SD below the population norm. Twenty-five years ago anyone with an IQ score less than 80 was labelled mentally retarded. Thus the prevalence of mental retardation in the population drastically changed with changes in the definition.

Actual numbers. The cut-off scores on IQ tests, and inclusion or exclusion of the adaptive behaviour component, significantly changes the percentage of the population labelled mentally retarded. By using Zigler & Hodapp's (1986) estimate of 2.25% and the 1986 Census reports for Kitchener there would be approximately 380 preschool children who may possibly be classified as developmentally handicapped in the KW area. Of these children 25% to 50% may be considered in the severe and profound range (Zigler & Hodapp, 1986); thus the actual numbers would be approximately 95 to 190 children.

Early Intervention

Early intervention for mentally retarded preschoolers is a recent phenomenon developed from the Head Start programs initiated in the United States during the 1960's (Bailey & Wolery, 1984; Canning & Lyon, 1990; Shonkoff & Meisels, 1990; Weatherford, 1986; Zigler 1990). Early intervention at that time consisted of short term intensive intervention with disadvantaged poor children during the summer months prior to entry into the public school system. These programs were initiated because traditionally disadvantaged children have been over-represented in the ranks of early school leavers and underachievers. If the environmental experiences could be enhanced, then some of the disadvantages of impoverished environments might be overcome, therefore enabling young children to start school with less of a disadvantage.

As programs expanded and improved the theory was transferred to education for mentally retarded children. Studies of children with Down's syndrome have shown that early intervention reduces the decline in development during the child's early years (Ludlow & Allan, 1979; Kysela, Marfo & Barros, 1980). The rationale for intervention is the belief that human development is the result of the interaction between a biologically maturing organism (the child) and the animate (living/social) environment and inanimate (nonliving/physical) environment (Bailey and Wolery, 1989). To date the importance of early interventions for mentally retarded children has been well documented (Seitz & Provence, 1990; Zigler & Berman, 1983).

"Early" refers to that period of time of child development from birth until approximately five years of age (Kysela et al., 1980). "Intervention" consists of a

variety of educational, psychological or therapeutic programs provided for handicapped, at-risk, or disadvantaged pre-schoolers to prevent or ameliorate developmental delays or disabilities, or to provide support in cases where disabilities exist (Winzer, 1990). Early intervention ranges from consultation in daycare centres and educationally oriented centre-based programs to home-based visits that utilize parents as the primary intervener (White & Casto, 1989). Intervention may cost anywhere from hundreds of dollars to thousands of dollars per child per year.

Currently in Canada we do not have legislation concerning education for preschool handicapped children such as exists with Bill 82 in Ontario, for school age children. The United Kingdom and the United States have legislation pertaining to preschool education. In the United States laws mandate federal funds to provide services for handicapped children and children who are at risk for handicaps due to biological or environmental disadvantages. This law also mandates provision of family involvement and the use of multidisciplinary teams to work with children and their families. Most programs in Canada for preschool children are under the jurisdiction of provincial health or social services (Canning & Lyon, 1990). Preschool programs in Ontario may operate as daycare centres which provide full-day care, comprising cognitive activities, hot noon meal and afternoon nap; or nursery schools which focus on cognitive activities and operate half-day programs. In Ontario daycare and nursery school programs operate under the Day Nurseries Act (1984) which stipulates specific requirements when handicapped children are enroled in a program.

There is considerable variety of programs and activities even within the same type of service. Program activities may focus on the child alone, or training the parents, or working with both the child and the parents together. Activities for children may focus on educational, behaviourial, or social areas, or any combination. Some programs are entirely home-based, or entirely centre based, or a combination of both (Bricker & Kaminski, 1986; White & Casto, 1989). The amount of integration with normal children, or lack thereof, at centre based programs may also vary depending upon the program's philosophy.

Parental involvement is increasingly being recognized as a necessary component of early intervention programs (Bailey & Wolery, 1984; Fuqua, Hegland & Karas, 1985) and in early childhood education (Mayfield, 1990). The reasons for parental involvement are many, but two prime ones are the recognition of the importance of the early years in child development and a recognition of the importance of continuity between home and school. A wide body of literature documents the beneficial outcomes for children when parents are involved in their child's programs (Bailey & Wolery, 1984; Fuqua et al. 1985; Kysela et al.1980; Zigler & Berman, 1983). Yet, how this involvement is to occur is not always stated. Mayfield (1990) defines parent involvement as more than receiving newsletters, it is a "*process* that implies an ongoing interactive relationship and mutual development among parents, children, and the program, rather than a single activity" (p.241). Usually parents are expected to participate in group parent meetings, attend parent training sessions, act as classroom volunteers or attend parent-teacher meetings.

Frequently this is not feasible, especially for parents who work, who may have other children at home to care for, or may lack transportation. When parents and teachers are aware of what is happening in the home and in the school they can "build on and reinforce the resources of the other" (p.242). It therefore follows that this rationale should also be applied to early education for mentally retarded/developmentally handicapped children (Canning & Lyon, 1990).

Current Services

A variety of services exists in the K-W area for preschool children with developmental handicaps. The Region of Waterloo operates five day care centres which offer services to all children in the community and extend their services to children who have a variety of handicapping conditions. The Preschool Support Program of St. Agatha offers consultation services to parents and daycare centres. They serve a broad range of handicapped children with a short term intervention program lasting six months. The Community Resource Service of Kitchener-Waterloo provides services from birth to adulthood for persons with mental retardation. They provide assessment and consultation. The Child and Family Centre at the Kitchener-Waterloo Hospital operates a six week preschool diagnostic program. The Rotary Centre of Kitchener-Waterloo provides services to children with physical handicaps. The program is "centre-based", meaning, they provide specialty services to handicapped children at one location. Developmentally handicapped children who also have physical, hearing or speech handicaps are also eligible for services at the Rotary Centre.

In-Home Visiting Program

The Children's Services of Kitchener-Waterloo Habilitation operates from a building known as the Developmental Centre (DC). Children's Services run five programs for developmentally handicapped children and their families. These five programs are: 1.) two preschool programs consisting of a centre based program (located at the Developmental Centre and operating specifically for developmentally handicapped children) and the community preschool programs which integrate children into four local community daycare and nursery schools; 2.) Family Support Program for families of children aged 0-19 years, which is provided on a consultation basis and assists families to identify their needs, to access information and resources, and to plan for the short and long term; 3.) Special Services at Home (SSAH) for families of children aged 0-21 years, enables parents to maintain their children who have developmental challenges at home by providing personalized services to meet the needs of their children; and 4.) Weekend Parent Relief Program for families of children aged 2-17; and 5) the In-Home Visiting Program which operates in conjunction with the centre-based and community preschool programs (1 above) and serves children aged 2-6 years of age (See Appendix A).

To be admissible to the preschool programs a child must be delayed more than one-third in two areas of cognitive development. Because many developmental areas overlap, a delay in one area may affect other areas. Children are referred to the program by staff of the previously mentioned community support or consultation programs, by their family physicians, or by other centres in different regions of the province if they are new to the

community. After a child is enroled in one of the preschool programs an orientation visit is made to the family by one of the staff from the in-home program and an agreement is reached with the parents about whether or not they will become involved in the program, the family's level of involvement in the program, as well as the intensity and goals of their involvement. The resource teacher then works within the framework of that agreement which can be regularly renegotiated.

Parents have a choice of the centre-based preschool located at the DC, or one of the four integrated community preschool classrooms located in the Kitchener Waterloo, or enroling their child in their local preschool and utilizing the services of the preschool consultant. Parents who enrol their child in either one of the preschool programs then have a choice of participating with the home visiting program. This choice is considered essential by program staff. They believe that parental participation is important but also appreciate that it should be the parents' choice.

The children attend the preschool programs (either the segregated at the DC or community integrated) for half-days, five days a week. Generally the children enroled in daycare programs attend mornings, as daycare programs schedule most of their cognitive and motor activities in the mornings and have a long rest or nap period in the afternoons. The resource teacher would then schedule her home visits in the afternoons or evenings depending upon the families' wishes. Nursery schools operate for half-days for all children; therefore, the children may attend either mornings or afternoon programs. There are two afternoon classes in this program; the remainder are in the

morning. Each resource teacher from Children's Services works at the daycare or nursery school with the three or four children who are integrated into that particular preschool and in most cases the same teacher visits the families of the children whom they work with at preschool.

The total number of families served by the preschool programs is approximately 40. At the present time approximately 21 of those families have chosen to participate in the home visiting service. The supervisors estimate that there maybe one or two new families joining the program each month, although in some months there may be no new families. Staff all have as a minimum requirement an Early Childhood Education Diploma from a Community College plus a Developmental Handicap component or two years experience working with developmentally handicapped children.

There are currently six resource teachers at the DC who conduct home visits, each with a case load of approximately four children and their parents. At the present time all resource teachers are female. There are two other resource teachers who teach full days, one at the DC and one in a community preschool. Because these two teachers are in the classroom all day they do not conduct home visits. If parents of the children they work with wish to participate in the home visiting program one of the other resource teachers will conduct the home visits. Currently there are approximately ten families who receive visits from a resource teacher who is not the child's classroom resource teacher.

The cost to families of the preschool programs varies greatly as the fees are geared to income. The range is from a maximum cost of approximately

$127.00 per month for five half days per week to no payment. Parents who have chosen to enrol their child in their own local day care or nursery school program pay whatever fee is levied by that agency. The resource teachers and the home visiting service are provided for by K-W Habilitation and funded by the Ministry of Community and Social Services.

A typical example would consist of the child attending either the centre-based or a local community preschool program for a half-day placement. The resource teacher would work with the staff at the community preschool and plan activities for the child that incorporate the child's individual goals within the framework of the daily activities of the preschool. The resource teacher would visit the home once per week or less depending upon the needs of the family. These visits are conducted at a convenient time for the family such as afternoons or evenings.

Parents and the resource teacher work together to set goals for the child. The important issues for most parents are toileting, communication and dealing with maladaptive behaviours. Many parents need reassurance that they are instructing their children correctly, or advice and suggestions on how to train or deal with particular child-care issues. Some home visits are scheduled at times when the parent may be experiencing difficulty with a child's behaviour, such as at nap or feeding time. During other visits the resource teacher may often use a 'hands-on' approach with toys and puzzles as she models or demonstrates appropriate ways to instruct and reinforce play skills and/or behaviour, which in turn will lead to development of cognitive and or fine motor skills for the child.

The resource teacher is dealing with the child and parents in the home setting and knows how the parents are working with their child; therefore, she is in a unique position at the preschool to implement the same programming within the context of the regular daycare. It is important that individual goals and teaching plans are incorporated into the regular daily activities of the preschool. Children are not "drawn aside" but rather other children are "drawn in" to help teach any one of language skills, colour concepts, fine or gross motor skills during a play activity. Feeding, dressing and toileting skills are also incorporated into the preschool program at the appropriate times.

A checklist of developmental goals is maintained by the parents and by the resource teacher; each person maintaining their own copy. This developmental checklist is an assessment tool used to assess the child's current abilities in receptive and expressive language, feeding, drinking, toileting, dressing, undressing, personal hygiene, sleeping, social emotional and play skills. Parents check the level of ability their child has mastered in each of the skill areas and this checklist is then used as a guide to establish future goals. The resource teacher also completes brief minutes of each in-home visit. Children who lack communication skills carry a communication book between home and preschool, which the resource teacher and the parent update daily. Those parents who have regular daily contact with the resource teacher when they pick up their child at school may forego the use of the communication book. K-W Habilitation Services provides the transportation for those families who need that service.

The purpose of the home visiting program is to deal with goals related to child development and parenting skills. Not all parents of children enroled in the preschool programs choose home visiting. There may be multiple child and family characteristics involved in the decision to participate in the program. Depending upon the degree of developmental delay of the child some parents may not feel the need for extra assistance from the teacher, or they may already have assistance at home from a Special Services at Home worker or Family Support worker or they may have other commitments which take up their family time.

There are three major goals of the home visiting program and each has clearly outlined activities for the program staff:

1. <u>To increase parents' knowledge about community resources:</u>
   -answer parents' questions
   -offer suggestions for community involvement
   -explain what to expect in new situations

2. <u>To ensure consistency between the home and the school:</u>
   -share information about what the child is doing at school
   -parents share information about what the child is doing at home or in the community
   -resource teacher requests information about the child at home
   -the parent offers suggestions for the staff of the school
   -services are offered to adapt equipment for the child's use at home

3. <u>To increase parents' knowledge about skill development for their child</u>
   -staff and parents use a checklist to document the child's developing skills
   -the resource teacher offers suggestions regarding behaviour and discipline
   -information is offered regarding stages of development
   -concrete examples are offered about how to use developmental concepts
   -skills are modelled with the child
   -siblings are involved in play
   -insight is offered regarding new behaviours
   -the parent is asked to document the progress of the child
   -explanations are offered about activities

-examples are offered about how to increase skill development at home
-positive progress is pointed out
-written information is offered
-developmentally appropriate toys are provided

These three goals form the basis of the In-Home Program which operates within a philosophy that recognizes that: the parent knows his/her child best; choice for the parent is essential; the child must be viewed in the context of her/his own family and community; early intervention is effective; and the child can become a valued member of his/her own community (family, home, school, neighbourhood).

Evaluation of Early Intervention Programs.

As previously indicated, early intervention programs serve a variety of populations and utilize a diverse array of activities. For the purposes of this study the following review of early intervention programs shall focus on programs providing services specifically to mentally retarded children and their families and also examine some form of home visiting or parental involvement with the program. Most evaluations of early intervention programs for handicapped children are outcome-oriented and have been repeatedly criticised (within the parameters of the conventional scientific paradigm) for the inadequacies of their research designs (Dunst & Rheingrover, 1981; Simeonsson, Cooper & Scheiner, 1982; Shonkoff & Hauser-Cram, 1987).

Dunst & Rheingrover (1981) reviewed 49 outcome evaluations of early intervention programs. Of the 49 only four were true experimental designs; the remainder were quasi-experimental in design. Fifty-seven percent of the studies did not adequately rule out two or more threats to internal validity and 82% of the studies' results could be classified as uninterpretable due to some type of threat to internal validity. The threats to validity that compromised these evaluations were history, maturation, testing, instrumentation, selection, attrition and regression to the mean. They concluded that the major flaws in the majority of studies were that rival hypotheses were not ruled out. They emphasized the need for "more varied approaches to the evaluation of intervention efforts" (p.320), yet at the same time were cautious not to denigrate the efficacy of early intervention efforts.

Shonkoff & Hauser-Cram (1987) conducted a meta-analysis of 31 early intervention studies for biologically based disabilities. Only studies that did not have serious threats to validity were used in their analysis. Programs with a well-defined curriculum, that link the parents' role to the services given the child, and work with parents and children together were significantly more successful. They criticized the disproportionate reliance on child IQ as a measure of program efficacy and the absence of family-oriented dependent variables. It is notable that this article was published in Paediatrics and the intent was to inform paediatricians and other health professionals of the effectiveness of early intervention programs.

Simeonsson et al. (1982) reviewed 27 studies of early intervention programs for developmentally dis? J preschoolers. Their review examined the characteristics of the children in the studies (ie. the heterogeneity of the population), what the variables of early intervention are, and what is the evidence of effectiveness of early intervention. Only 48% of the studies reported statistical support for effectiveness, yet 93% of the studies concluded that early intervention is effective. Simeonsson et al. stated that small sample sizes compromised statistical significance; that lack of significant gains in developmental areas should not preclude lack of gains in management areas such as communication, temperament, behaviour style and affect. Other important domains not specific to the child (eg, family or siblings) were not reported. In summary, their review of these studies suggests that although there is a widespread belief in the effectiveness of early intervention, researchers are not examining the pertinent areas to support their conclusions.

In the one study which examined home visiting, Sandow, Clarke, Cox & Stewart (1981) assessed the optimum level of intervention, in terms of frequency and intensity of parent-professional contact. In this three year longitudinal study of a home intervention with parents of severely subnormal pre-school children visits were from two to three hours and one group was visited every two weeks, the other at eight week intervals. Greater increases in developmental gains for the group that had the less frequent home visiting schedule were reported. They hypothesized that the less frequently visited parents were less dependent on the visiting research worker and invested more effort in assisting their children. They also reported that over the three years, the children who made gains in IQ scores or in Social Quotient scores at an earlier age were more likely to maintain those gains.

Dunst (1986) in a re-evaluation of the efficacy of early intervention suggests that we may be asking the wrong questions. Instead of asking "Does early intervention work?", we should be asking "What dimensions of early intervention are related to changes on different outcome measures?". He reasserts the need to change our conceptualization of early intervention and to redefine early intervention, to create broader based outcome measures and alternative approaches for evaluating early intervention efforts. Dunst states that most evaluations of early intervention efforts are "uninterpretable from a scientific point of view" and that more varied approaches to the evaluation of early intervention efforts are needed.

Process evaluations are concerned with the determination of how a given outcome effect is produced and in doing so usually provide a description of the

program and document the extent to which the program was implemented as planned (Posavac and Carey, 1989). Most researchers in the field of early intervention do agree that early intervention is effective (Dunst, 1986; Dunst & Rheingrover, 1981; Mitchell, Brynelsen & Holm, 1988); the next question to be answered is "What elements of the program or characteristics of the participants produced the desirable outcomes?". In this respect, process evaluation is an explanation of how the effect was produced (Judd, 1987). The benefits of process evaluation are that it enhances the construct validity of the program, the setting and the outcome; and enhances the generalization of the results to another setting, by identifying the components of the program which produced the desired effect (Judd, 1987).

In a study of the processes linking classrooms and homes Fuqua, Hegland & Karas (1985), reported direct informal face-to-face interaction is the most effective form of parent-teacher contact. Teachers' positive attitudes about parents' abilities to teach their children at home were significantly related to the amount of personal contact teachers had with parents. Home visits were related to improvement in teachers' ability to interact with parents. In another study which examined process variables, Whyte (1988) reported that mentally retarded children in a speech therapy program made more progress when parents could express to the therapist the differences between current practices at home and those before entering the program.

Marfo & Kysela (1985) question what successful intervention is. Is it child progress alone or parent satisfaction and adjustment; healthy and mutually satisfying parent child interaction or enhanced accessing and

utilization of relevant community support services? They raise four concerns about the implications of current research: "(a) the parochial conceptualization of the value of early intervention as shown by the high preponderance of child developmental progress measures over other outcome variables; (b) the disregard for the role of process measures in outcome evaluations; (c) the overwhelming use of group designs and statistical procedures in assessing the impact of early intervention on as heterogenous a population as mentally handicapped children and their families; and (d) the frequent use of unsuitable instrumentation in early intervention programs." (p.310)

As indicated above, "success" of early intervention programs is difficult to define. Sandow et al. (1981) commented that the answer may depend upon diagnostic category. Some parents of children in the IQ ranges of 40-50 measured program success as involving "intellectual and social increments", whereas parents of more severely handicapped children rated success in terms of "personal support and the degree to which their burden is alleviated" (p.140). Personal support was defined as emotional ("someone to talk to") and practical, such as information about helping agencies and financial support. Shonkoff & Hauser-Cram (1987) also concluded that, "all disabled children and their families do not benefit equally from early intervention services" (p.654).

To summarize, the major difficulties outlined above in conducting evaluations of early intervention programs are: serious threats to validity when trying to operate within a strictly experimental paradigm; variability of program services; heterogeneity of the treatment populations; small sample sizes that do not lead to statistical significance; unsuitable instrumentation; reliance on

child outcome measures only rather than parental measures; reliance on child IQ rather than child developmental gains; reliance on outcome measures rather than examination of process variables in the intervention effort. A further difficulty in conducting outcome evaluations is that there is no consensus among professionals about what constitutes effective intervention (Marfo & Kysela, 1985; Simeonsson et al. 1982; Whyte, 1988). The above shortcomings indicate the value of exploring alternative approaches.

Goals of this evaluation

The purpose of this evaluation was to examine the processes and outcomes of the home visiting program, based on the experiences of the participants of the program. There are many difficulties involved in evaluating this type of program. This is a very small program (approximately 21 families using the in-home visit service) and the children have a wide variety of diagnoses, and differ in their levels of development. Therefore standard outcome measure are inappropriate.

This program does not focus its intervention effort on children alone; the parents are an integral part of the intervention effort. Each parent has chosen a different level of involvement with the program, and we do not know the criteria that parents use to measure their child's or their own "success" with the program. Often intervention efforts give insufficient attention to what goes on inside the program (Weiss, 1983). Therefore, this evaluation:

1. describes what actually happens during home visits;
2. describes what parents' perceptions of the program are;
3. assesses what the benefits are for parents;

4. describes how parents rate "success" of the program; and
5. assesses the extent to which the program is meeting its stated goals.

Researcher Assumptions

Smith (1986) indicates a need for alternative methods of evaluation of intervention programs for handicapped children. He proposes that when experimental methods do not meet the criteria of scientific research, we need to take a more complete view of the evaluation process. One solution he offers is to view evaluation as a service to programs rather than as applied research. Asking questions about program implementation (processes) and parental perceptions (do they support the program and feel that it is helping their child?) assess the value or quality of the program rather than solely focusing on treatment impact. Smith questions whether or not past evaluations which were "of little or no research use" (p.188) (violations of validity, lack of control groups, etc.) did in fact provide useful information to program managers and staff.

Process evaluation aims to understand how program outcomes are produced and to verify that the program is operating the way it was designed. Patton (1980) describes process evaluation as "developmental, descriptive, continuous, flexible and inductive" (p.60). Process evaluations focus on the following questions: What are the factors that come together to make this program what it is? What are the strengths and weaknesses of the program? What is the nature of staff-client interactions? (p.60) The information these

questions provide will be used by the program managers and staff to improve the performance of the program.

To comprehend the program processes the evaluator must understand the program as a whole, not merely isolated data about variables, scales or dimensions (Patton, 1980). To attain an accurate representation the evaluator must make sense of the program without imposing pre-existing expectations on the setting being evaluated. This evaluation utilized a naturalistic and exploratory approach, meaning that there were no attempts to manipulate the setting to confirm pre-existing hypotheses (Lincoln & Guba, 1985; Patton, 1980). Operating from a naturalistic paradigm, this evaluation was conducted within the framework of the following assumptions:

1.) the "treatment" varies over time and between each child and his or her family;

2.) the evaluation accepted the complexity of a changing program reality;

3.) for this program there was no single identifiable and measurable "treatment";

4.) this was a dynamic evaluation, not tied to a single program "treatment" and predetermined outcomes;

5.) the participants' subjective experiences of the program were a valid starting point for evaluation that enable the evaluator to "make sense" of the program. (Patton, 1980 p.42-43)

To conduct an evaluation that incorporated these assumptions it was necessary that the method be flexible to allow for changes in direction and data collection. However, flexibility does not preclude planning (Patton, 1980).

Patton (1980) describes the stages of field work as pre-entry, entry, and the work or data-gathering procedure. The pre-entry stage is when one becomes familiar with the setting, (i.e., the program, staff and some or all of the participants). This entry stage was characterized by reading program documents, visits to classrooms and discussions with staff. Researching the relevant field in order to gain an understanding of the topic is another important procedure that was accomplished. Gaining contact with the program participants was facilitated by the assistance of the director and staff of the program. This "trust building" with the staff and participants at the entry stage helps to ensure validity of the data that will be collected (Patton, 1980).

The data-gathering stage consisted of:

1. behaviourial observations in the classroom and in the home during visits by the resource teacher, in order to gain a greater understanding of the setting;

2. confidential interviews with the parents, as parents' perceptions are important and valuable for understanding the program.

The issues of validity and reliability cannot be overlooked when conducting a qualitative investigation (Lincoln & Guba, 1985; Patton, 1980). Patton (1980) refers to validity as "truth value", and insists that *"trained and prepared observers"* can report with accuracy, validity, and reliability the nature of the situation. Lincoln and Guba (1985) relate the issue of validity

and reliability to trustworthiness. Credibility, transferability, dependability, and confirmability are elements of trustworthiness. These may be established by a number of methods. Credibility (believability of data) may be enhanced by prolonged engagement in the field; persistent observation; triangulation of methods; and "member checks", such as feedback to staff and/or participants for verification. Transferability depends upon sufficient descriptive data which allows the reader to understand what occurred and how it occurred. This provides the reader with enough information to reach a conclusion about the applicability of transferring the information to another context. Transferability judgements are only possible when a purposive sample has been selected for the data base and should not be confused with external validity which is the degree to which the results may be generalized to another setting. Confirmability is verified by "audit checks", which in this situation could be analogous to a committee review, ethics review, and thesis defence. The use of these procedures assessed the methods employed in this evaluation, confirming that procedures were conducted as reported and that final results reflect the data collected. Lincoln and Guba are less explicit with their description of dependability; however they relate it to credibility, triangulation and the audit checks of confirmability.

Methodological Considerations

The director of the program would have preferred an evaluation that assessed the broader aspect of children's services. However I narrowed the focus to the in-home program as my first evaluation and thesis topic. Given the considerations outlined above about conducting naturalistic study this was

a wise decision. The massive amount of data collected from the observations and interviews was a challenge to organize and analyze.

Although I did not have a prior background in early childhood education, I had a solid understanding of developmental handicap and family issues and believed I was prepared to conduct the research. This type of qualitative evaluation enables parents who are often under scrutiny from other research agencies to feel that they have a valuable contribution to the study. My personal background as a sibling of a developmentally handicapped woman and being a mature female, provided me with a unique perspective on these mothers' experiences. A researchers' understanding of the context of the participants differing life experiences is an important element of the research process that should not be overlooked.

The parents are not the sole participants in this program. The staff and supervisors at Children's Services are important informants and the staff in the integrated classrooms also make a valuable contribution to the success of the program. Although interviewing all the program participants would be ideal, time constraints and focus required that the interviews be limited to a portion of the parents who participate in the home visiting program and a portion of those who have enroled their child in a preschool program but have chosen not to use the in-home visiting service. Choosing to interview both participants and non-participants of the in-home service examines possible differing characteristics between these two groups of parents.

Given the voluntary nature of parent participation in the program it is possible that parent comments would tend to be very favourable. Parents who

may have been dissatisfied either with staff or program would not participate or drop out of the program. There may be a variety of factors, such as the child's level of handicap or degree of special needs, involved in parents' decisions not use the in-home service. Parents of children with a milder form of handicap may not feel they have a need for intervention or assistance. On the other hand, parents of more severely handicapped children may require assistance from other professionals and may not feel the need for involvement in another program such as the in-home program.

Method

Participants and Design

Currently 39 children are enroled in segregated and integrated preschool programs. Of this group of children roughly half have parents who have chosen to participate with the in-home visiting service and the other half do not. To assess potential differences between patterns of program usage I decided to interview both these groups of parents. Staff had reported to me that some parents may not use in-home because they were also using SSAH and may not require or want another worker in their home.

Of the 39 families currently enroled in the preschool programs, approximately 23 had chosen to receive the In-home service and 16 elected not to receive the service. Twelve of the parents who participated in the in-home program were interviewed, and ten of the parents who did not use the in-home program were also interviewed. Some of the families in each group also received Special Services at Home. I attempted to ensure that I interviewed both families that had received SSAH and families that had not received SSAH. The numbers of families interviewed within each grouping are presented in the table below.

Family Participation with In-Home and SSAH

Number of Preschool Participants	
In-Home & SSAH	6
In-Home & no SSAH	17
No In-Home but SSAH	5
No In-Home no SSAH	11
Total	39

Number of Interview Contacts

In-Home & SSAH	3
In-Home & no SSAH	9
No In-Home but SSAH	2
No In-Home no SSAH	8
Total	22

From the two categories of in-home participants (one with SSAH and the other no SSAH) I selected two families for each resource teacher. For some of the cases I was able to select a back-up family if the first choice was unavailable. Families not using in-home visits were selected randomly and contacted by telephone until I had a sufficient sample.

All 39 families were informed of the evaluation by a letter (see Appendix B) sent to them by the director of the Children's Services. This letter advised the parents of the purpose of the study, informed them of my identity and affiliation, and that I may contact them in the near future regarding an interview.

Observations

The purpose of the observations was to assist me in understanding the program to an extent that is not possible when using only the descriptions provided by parents during interviews. Observational data aided in establishing the credibility of the interview data by triangulation of methods. Observational data described the settings and the activities that took place within those settings; and describe the people who took part in the activities and the meanings of the settings (Patton, 1980). To be a skilled observer it is necessary to be trained and prepared because it is impossible to observe everything that goes on within a setting (Patton, 1980). Therefore, to facilitate

accuracy, observations were focused on the evaluation questions and looked for "units of activity" (Patton, 1980) that related to program goals and processes. Observational data were also used to appraise the feasibility of transferring the information to another context.

In-home and preschool are separate but linked programs; the same resource teachers work in the preschool classrooms and conduct the in-home visits. Observation guides were prepared for both classroom and home visits (Appendices D & E). Classroom observations were conducted during the initial stages of the research design. The purpose of these observations was to familiarize myself with the operation of preschool classrooms, to gain some insight into the nature of the children's abilities and special needs, and to better understand the issues parents and teachers would be talking about during the in-home visits. This prolonged observational period is another method of establishing credibility and hence trustworthiness of the data.

Observations were conducted at the five preschool classrooms where the six resource teachers work. One classroom is at a nursery school and the others are at day care facilities. All classroom visits were conducted during the mornings except for one classroom which operates during the afternoon. I conducted two visits at each of the classrooms and these visits lasted approximately 2-1/2 hours. Three of the later visits lasted for approximately 1-1/2 hours because the teachers suggested that I arrive at a particular time to observe free play activities.

After the letter from the director had been sent to the parents, the in-home workers contacted parents requesting permission for me to accompany

the worker on a home visit. At the beginning of the visit I explained to parents the purpose of my visit and informed them that their participation in the study was voluntary, they could ask me to leave at any time, and that I would arrange a time for an interview at the end of the visit. It was stressed to parents that neither they nor their children would be identified by their responses to the questions and they were asked to sign a consent form indicating that they were aware of the conditions and the purpose of the study. At the end of the home visits I arranged a time with the parent for me to return to the home for a follow up interview. One mother politely refused a further interview but stated I was welcome to observe the in-home visit.

The in-home observations focused on activities that took place during the visit: who initiated the discussions (parent or teacher) and what were the topics of discussion. Observation notes of the in-home visits were typed as soon as possible following the visits and a copy was given to the in-home worker for her comments. These were returned to me with the worker's comments in the margins, verifying or clarifying my observations and interpretations. This feedback to staff was done to promote their participation and ownership in the process of the evaluation thereby facilitating utilization of the results. This feedback also operated as an audit check to establish confirmability of the observations.

Interviews

The staff have a stake in the outcome of this evaluation and therefore their input is important in shaping the direction of the evaluation questions (Pancer, 1985; Patton, 1980; Weiss, 1983). This program is a service for

parents and their children, and in that respect their perceptions of the program are important. The information that parents have provided is being used to assist the staff in developing a method of assessing effectiveness. Therefore, a questionnaire (See Appendix I) was completed by the staff before the parent interviews began. The responses from the staff questionnaire helped to prepare the interview guide and allowed me to obtain information that enhanced the utility of the evaluation for the staff. Two interview guides were prepared (one for in-home families; the other for families not using in-home) (See Appendix E & F) and each question was designed to elicit information concerning the five goals of the evaluation, as well as to provide information about parents' responses to the three program goals. The overall objective of answering the director's question "Are we being effective with our resources?", should be answered. This evaluation strove to be a "service" to the program and to the parents who utilize the program.

The open-ended interview guide enabled parents to freely comment as they wished and to describe their personal experiences with the program. The interview guide was standardized; that is, all parents were asked the same questions in the same order, but I was free to pursue an interesting topic if one emerged from the discussion with the parent. The first three questions gathered data about entry into the program. The fourth question ("Tell me about <u>your</u> experiences in the program.") provided the parents the opportunity to respond in a very general way and to focus on issues that were important to them that would not be revealed with a standardized closed-ended questionnaire. This broad question was used as an opportunity for parents to

talk about their perceptions of the program, why the program is important to them or to discuss how they felt about it. The remaining questions focused on the evaluation issues such as: parents' knowledge of their child's development; goals they may have for their child; knowledge about community resources; perceived connections between preschool and home; and perceived benefits of the program (Appendix E & F).

The interviews were conducted primarily with the mothers of the preschool children. In two cases I interviewed fathers and in two others both parents were present for the interview. The parent interviews were conducted in the parents' homes and at their convenience. Each parent interview took approximately forty-five minutes.

Procedure

I asked parents for permission to tape record the interview on audio tape. Tape recording the interviews was proposed in order to enable a more free flowing discussion between the parent and myself. However, during one of the early interviews I did not use the tape recorder because the mother appeared to be very uncomfortable and shook her head to indicate that she did not want the interview to be tape recorded; during another interview I inadvertently pushed the "pause" button on the tape machine and failed to record that interview. For this interview I had been making field notes and was able to reconstruct the interview immediately afterwards. Two other parents 'rambled on' excessively during the taping of the interviews. I was comfortable with the process of the parent interviews and was becoming more familiar with the context. I was able to record the pertinent portions of the parents'

responses verbatim and at this point in the study I made a change in the protocol and decided not to use the tape machine. When I did not use the tape machine and relied on taking notes I noticed that parents slowed down their speech, did not ramble off topic, waited until I finished writing their responses and would often add another important point to their statement. I believe that deciding not to use the tape recorder did not undermine the quality of the data obtained in the remainder of the interviews.

Five interviews with in-home families and three with non-in-home families were taped recorded. The eight tape recorded interviews were transcribed as soon as possible after the interview, in order that my impressions and reflections of the process could be included with the transcribed notes. The remaining 14 interviews were reconstructed and filed immediately after the interviews and entered into a computer file. Thank-you letters (Appendix H) were sent to the parents after completing the interview. This was done weekly and sent out on the letterhead of Wilfrid Laurier University.

Processing the Data

Lincoln and Guba (1985) indicate that "the art of naturalistic data processing is not yet well developed". The sheer bulk of the endeavour tends to overload the researcher and the major stumbling block to qualitative evaluation is the underdevelopment of data analytic techniques. Data analysis was ongoing with this type of qualitative evaluation as I was always aware of particular themes that emerged when parents were talking to me. The data collection was organized around four of the five evaluation questions.

1. What are parents' perceptions of the program?
2. What happens during home visits (activities)?
3. What are the benefits for parents?
4. How do parents rate "success" of the program?

These four categories of; activities, perceptions, benefits, and success, formed the basis for computer files and all responses from the interviews were appended to these files. In doing this I was looking for themes that would emerge from the patterns and relationships among the units of activity that were observed in the classrooms and the homes. This was the first step in the processing of the data.

The second stage of the analysis was to create separate computer files for each of the themes which emerged from the data. The complete responses from each parent were appended to these files and often the same section of transcribed interview would be appended to more than one file. This second set of files made it easier to sift through the data but the basic themes still appeared in each of the files.

Patton (1980) suggests using a process/outcomes matrix as a tool to assist in bringing order to the mass of qualitative information and in conceptualizing or thinking about connections between process and outcomes. This is especially relevant when outcomes were meant to be individualized or when outcomes are not clearly articulated. The information that goes into the cell created by the crossing of a process with an outcome describes the activities or linkages between those items. By using the process and outcomes matrix I was able to follow the emerging themes and to create a summary table

to assist in conceptualizing the program from the parent's perspective. Creating the summary table took approximately four to five attempts as I juggled with the themes. The process/outcomes matrix assisted in conceptualizing and differentiating the process and outcome themes.

Feedback

Following the data analysis and compilation of the results I presented the Summary Table (Table 2) and Participant Profile (Table 1) to the two supervisors of Children's Services and we discussed the information. A subsequent meeting was held July 23, 1991 to present these results in more detail with the in-home staff and supervisors. This meeting with the resource teachers was important. A draft of the results had been circulated to them prior to the meeting and we discussed the major findings of the study. This was my opportunity to assess their responses to the study and verify my interpretations of the data with them. Following this meeting a brief two page synopsis of the results was mailed to all the parents in the preschool programs informing them of the results and again thanking them for their participation.

Results

The results section consists of a description of the participants and data from; the classroom observations; observations of in-home visits; the interviews with in-home participants; and interviews with parents not involved with in-home visiting. The observations of the classrooms contain a description of the settings, program, and the activities. The section with interview results from in-home parents presents the process and outcome themes of the program with excerpts from the interviews to substantiate these themes. The next section records the data from the interviews with families not using in-home and the final section records the parents' general comments about the staff and the program. The final section comments on the trustworthiness of the data.

Profile of participants

Table 1 presents a brief summary of the children in the preschool program whose parents participated with the interviews and observations of home-visits. The table is divided between in-home participants and non-participants. Attendance at the preschool classroom at the DC is indicated because these children generally have higher needs. A child whose needs are 'high' would have physical disabilities, and/or mental disabilities, and/or require medical intervention. SSAH is also indicated along with a brief diagnosis. The category 'other' is used in order not to identify a child by his or her diagnosis. The last column indicating level of need is the intensity of involvement or degree of assistance the child may require. This is my judgement based on either observing the child or talking with the parents.

Insert Table 1 about here.

Describing the children is very difficult. Some, especially those with developmental delay, show no obvious differences from the other children in the classrooms. On the other hand, children with severe disabilities who may be in a wheelchair or in a blue plastic posture form are very visible in a classroom. Children with Down's syndrome might not be noticed until they turn around and their facial features are visible. Some of the children lack verbal skills and use sign language to communicate with their teachers.

The distribution of child diagnosis shows an interesting pattern. More families of children with high needs are not using in-home, whereas all the children in the sample with a diagnosis of developmental delay are using in-home. The children with Down's syndrome were split between in-home and non in-home families. There were no differences in utilization of in-home between families using SSAH and those not using the service. True of the Canadian mosaic there was a variety of ethnic backgrounds represented in this study but I do not believe that ethnicity affected the data in any significant manner. There was an even distribution of a small number of visible minorities between in-home and non-in-home participants.

Observations of Classrooms

The classroom observations were conducted in a variety of different settings and no attempt has been made to describe one particular classroom. The data describe settings and activities from different classrooms but these

activities could occur in any one of the classrooms. The objective was to present a composite picture of a typical classroom.

All preschool classrooms must follow the guidelines and recommendations set by the Ministry of Community and Social Services; therefore, staffing, programming, and lay-out must meet minimum provincial standards. The five preschool locations were different in location and physical lay-out; however, they were very similar in allocating areas for particular activities and theme areas. For instance, all classrooms had designated areas for snack, arts and crafts, reading, dramatic play, small toys, large toys, and an outdoor play area. Some schools allocated snack and craft times in the same areas after cleaning up from one activity to the next.

Each activity area varied between classrooms. For example, all the reading areas had a divider (waist-height) which held a display of books in a similar fashion to a magazine display in a store. This arrangement provided privacy, a quiet area and encouraged the children to pick a book to look at. All areas had a carpet (approximately 4 ft by 5 ft.) to sit upon; however, one classroom had cushions to sit upon and two classrooms each had a sofa.

The Day Nursery's Act stipulates minimum teacher/child ratios (1 resource teacher for every 4 handicapped children) and space allocations (5 square metres/child of unobstructed floor space). Space allocations range from one large classroom the size of a church hall or basketball court to a series of smaller linked classrooms to fulfil the Ministry requirements.

Daily routines varied slightly but generally followed a similar pattern and incorporated comparable programs into daily activities and structure. Usually,

typical daily activities included; free play, snack, toileting, outdoor play, circle time, and arts and crafts. Nursery schools operate similar morning and afternoon programs but the children tend to arrive later than for day care. Day care programs operate for full day programs, start earlier, and provide a hot lunch for the children. The special needs children from Children's Services usually arrive at the preschool locations between 8:30 and 9:00 am., just as the nursery school program is getting started. In contrast, the special needs children arrive at the day care classrooms after most of the normal children and in one classroom, snack time was over when the four children arrived and they had their snack by themselves.

A typical preschool schedule might follow this plan:

7:30 am to 8:30 am - arrival & free play,
8:30 am to 9:15 am - art,
9:15 am to 9:45 am - snack,
9:45 am to 10:00 am - toilet,
10:00 am to 10:30 am - circle,
10:30 am to 11:30 am - free play (indoors or outdoors),
11:30 am to 11:45 am- toilet.

Ministry requirements stipulate that each special needs child who is integrated into a preschool classroom must have a current written Individual Program Plan (IPP) and Individual Training Plan (ITP), and a daily program which includes: a) teaching according to IPP/ITP's, and b) age-appropriate activities (s.54(2), 0812-06 Day Care Act). There was a binder in the classroom with individualized program plans for each of the special needs children. This binder was located in an available spot and updated daily and referred to by the resource teacher and any of the other preschool teachers. In one classroom

one of the regular teachers was updating the binder for a child with whom she had just finished conducting the child's daily program plan. This indicates that the resource teachers are encouraging the regular day care staff to interact with the special needs child in the classroom.

The resource teachers generally try to insure that the children's daily plans are included into the daily activities of the preschool. For instance, a child's program plan for increased social interaction would be incorporated into a play session with two or three other children. Fine motor skills were taught or practised during free play time with small toys, such as blocks or pegs. Pulling up a zipper on a jacket or coat would assist in learning dressing skills and also fine motor control as the child uses a pincer grasp on the zipper pull to zip the jacket closed. In one classroom I had been observing the resource teacher from across the room (thirty feet away), and could not hear what she was discussing with the children. When she was finished she approached and informed me that she had just finished the different program plans for the three children under her supervision. Thus the children's program plans blended in with the activities she was conducting with the regular children and there was no need to segregate the special needs children in order to carry out mandatory program or training plans.

Two resource teachers had planned circle time for the preschool classroom. In this way they were included with the regular teachers in the general operation of the preschool. Most of the resource teachers allocate their energies between the special needs children in their care and the rest of the classroom. The special needs children are involved with activities throughout

the classroom and are not segregated from the normal children. The regular teachers interacted with the special needs children as they would with the other children.

Classroom Activities

A typical classroom might contain the following scenes:

1. *One child is sitting on the floor in her tumble form, she has an upended cardboard box in front of her and this acts as a table. On her table she has some coloured pegs about 2-3 inches long. She is grasping these and placing them in a medium size pail which a teaching assistant is holding for her. Soon two little girls join her and help her or play with her by placing the pegs in the pail.*

2. *The resource teacher is sitting on the carpet in the reading area of the classroom. Their are 2 girls and one boy sitting in a circle with her. One of the girls has Down's Syndrome. The teacher is reading a story book about looking for your nose, eyes and ears. She sings a song with the children and they point to their eyes, then their ears and nose.*

3. *The children in the classroom are sitting in a circle waiting for their name to be called, whereupon they will line up and leave the room to go to the toilets. One little boy keeps jumping up and the teaching assistant must hold him by the waist and ask him to sit down again and wait until his name is called. When is name is called the assistant tells him that his name was called and that he may now join the other children in the line.*

4. *(child) and (resource teacher) played with puzzles for approximately 15 minutes, then (child) signed that she was "all done" meaning that she did not want to play with puzzles. She moved over by herself to the toy shelf and pulled out the "pots'n pans band" to play with. resource teacher encouraged her to "make music" with this toy. Another child approached as if to play, child did not want to share her toy. Resource teacher distributed the pots between the two children; this seemed to work for a few minutes.*

5. *all the children including special needs child have left the classroom to go to the toilet. Resource teacher and another classroom teacher are seated and the regular teacher is asking resource teacher about future school prospects for the child. (ie., what will happen to him and how will he manage?)*

Classrooms varied according to physical lay-out and structure of program activities however, they also varied in terms of atmosphere. In one particular classroom these differences were emphasized to me near the end of the series of visits. I had been taking notes about the level of noise and the pushy behaviour of the children when one of the teachers approached me and commented that it was Friday and the children are always a bit more noisy and pushy because they know the weekend is approaching. I felt, however, that the choice of discipline contributed to the noise level in this classroom. For example, during free play time one little girl was 'disciplined' for some transgression which I did not observe. The teacher placed her on a chair by the door and the child sat there for 20-30 minutes and cried all the time. Further, there was a mild but pervasive odour of urine in the room during the entire visit.

Discipline in this classroom was inconsistent. Later during circle time while the rest of the class was seated on the floor, two girls were crawling all over the sofa located a few feet behind the circle. Numerous attempts were made by the teachers to get the girls to join the circle, but to no avail. Three or four other children were fidgeting with each other, one little boy kept standing up and was told to sit down which he did and three minutes later he would repeat this performance. The boy beside me kept reaching behind him to pull a tub of blocks off a nearby shelf, and one of the teachers held two girls in her lap to keep them still. These activities were occurring simultaneously and throughout circle time.

Other classrooms were not as noisy or disruptive as this one. One classroom was extremely large (a church hall about the size of a basketball court) and approximately 8 - 10 children, both boys and girls, started running in a circle in one quadrant of the room. This activity lasted 3-5 minutes until two teachers asked the children to stop and apprehended two or three children by the hand and redirected them to another activity. The noise returned to a reasonable level given the fact that the room was painted cement block and there were no curtains and only four small carpets (6 ft by 8 ft.) to absorb the noise. The other three classrooms had lower levels of noise and staff were soft spoken and authoritative. Children responded to instructions with eagerness and alacrity; instructions and requests did not have to be repeated.

Observations of In-Home Visits

All in-home visits had an agenda, which was generally a follow-up of the previous visit. There was usually a considerable amount of information exchange between parent and resource teacher. The atmosphere was 'business like'; meaning that these visits were clearly organized, had a structure and a clear agenda. The meetings were often directed by the teacher who had a list of predetermined topics to cover during the meeting but parents freely contributed to the process of the meetings. Some examples of these topics are; sharing information about a parent's recent visit with a medical doctor or other professional such as speech or physical therapist; discussing a child's meal time or bedtime behaviour; discussing other behaviour such as outbursts of aggression, tantrums, sitting still, throwing items, spitting, scratching or offensive language; and decisions about kindergarten. These predetermined

topics were usually follow-up items from the previous visit; therefore parents were aware of the agenda. The rapport during these parent teacher interactions was positive and friendly.

In-home visits could occur either in the morning, afternoon, or evenings and lasted for about one hour. The one in-home worker who teaches in the afternoon conducts her home visits in the mornings or evenings, depending upon the schedule of the parents. I attended one morning visit and one evening visit with her. Of the twelve visits which I observed: ten were conducted with mothers, and two with fathers. The visits breakdown in the following manner:

10 mothers
- 4 father not home.
- 3 father at home but in and out of room.
- 1 single parent and SSAH worker.
- 1 mother and father present.
- 1 mother, and father present for alternate visits.

2 fathers
- 1 single parent.
- 1 mother did not participate because of language.

For three of the twelve visits the children were not present during the visits; two children were at school, the other was sleeping (evening visit). Six visits took place while parent and teacher were seated at the kitchen table. The other six visits were conducted in the living room of the homes and two of the teachers each conducted the greater portion of the visit while they were seated on the floor, usually to demonstrate an activity with the child.

Topics discussed during the in-home visits included a broad range of concerns. Communication skills were important for almost all the families. These skills included speech and sign language. Often the teacher had a new

set of 'signs' for the parents; either signs they had specifically requested or signs the child was now learning at school. A significant proportion of the children also attended a speech program at the Rotary Centre and the parent and resource teacher shared information regarding these visits, such as what the child was learning and how often the visits were conducted.

Behaviourial problems were stated as an important concern for five families. During one visit the parent and worker discussed the child's aggressive outbursts; what the events were that led up to the outburst and at whom the outburst was directed. By doing this the mother was able to identify possible precipitating events and attempt to deal with these events before the outbursts occurred.

Learning to sit still at appropriate times was an issue for four families. In one instance the worker related how the child's resource teacher was helping the child to remain seated at snack time. She had placed his chair between the wall and the snack table. In this way he was not able to push his chair away from the table and leave. His resource teacher would sit beside him when he finished his snack, which was usually before the other children had finished. Then she would read a book with him while they waited for the other children to finish their snack.

Six families were concerned about their child's sleep patterns or methods of getting their child to 'settle down' for the night. One mother had charted a list during the past three or four weeks indicating the hour her child either had a nap or went to bed; if she awoke during the night and length of time awake; and the hour she rose in the morning. The mother now realized that her child

was getting enough sleep but at the wrong times. The worker and mother discussed regulating the child's sleep habits and the mother indicated she wanted to continue with the record keeping and use it to assist her in managing her child's sleep patterns.

Self-help skills such as toilet training, feeding, dressing, were another important area of discussion. One mother explained how her child undressed and how he put his clothes in the hamper, but she wanted to know how to teach him to button his shirt. The worker suggested to start by placing a shirt flat on the floor, which the mother had not thought of doing.

Keeping up-to-date with preschool activities and how their child was dealing with school and other children was another topic of discussion between parent and teacher. One mother wanted to know if her child was "*good at school about sharing?*" The worker explained how she was encouraging the child to offer the toys to another child when he finished playing with them. Another mother wanted to know if her child was pushing the other children at school as she had seen her do this with some children. Her worker explained how the child plays at school, that her behaviour is appropriate, how she follows the lead of the other children and described how the child played at school during a particular activity with the other children. She also explained a method of intervening by redirecting a shove into a caress, if the mother thought that her child might hit or push another child. During another visit the worker and parent considered the differences between home and school. They discussed the inconsistencies between some of the child's behaviour at school and at home such as dressing or going to the toilet.

Preparations for entering regular school, and the choices to be made, were an issue for five families. In one situation the discussion shifted from 'time-out' for behaviour problems to investigating kindergarten when the mother commented that the classroom she had visited also uses 'time-out'. In two other cases parents discussed their pending visits with a representative from one of the school boards.

During one in-home visit I observed a parent and teacher working together as they progressed through the Developmental Checklist. This occupied the entire visit and the sections of the checklist which were covered were the self-help skills; dressing/undressing and social skills. As the parent and teacher discussed each of the items on this section of the checklist the mother noted some inconsistencies between herself and the child's father in their undressing routine with their child. She decided to follow through with the way the child's father was undressing their child as she believed his method would encourage more independence for her child.

Information about community resources such as specialized clinics, and parent workshops was provided to parents. Some examples of this were: an information sheet about a child and home safety course for parents; a brochure about a parent course on aggression at the Dellcrest Centre in Toronto; the Low Vision Clinic; Drooling Clinic; information about epilepsy; and the address of the epilepsy association for another parent.

In some instances the worker had specific skills to demonstrate to the parent, or she demonstrated or modelled appropriate responses to the child spontaneously during the visit. During one visit I observed two instances of

modelling then demonstrating behaviours. The first one involved redirecting the child's behaviour followed by positive reinforcement for an appropriate behaviour. The child was sitting in his mother's lap playing with a clear plastic beaded necklace. He started to bang the necklace against his teeth. The worker redirected his actions by placing her hand over his and telling him to "Child's name, here bang the necklace on the table not on your teeth", and then she tapped the table with his hand and the necklace. The child banged the necklace on the table two or three more times, then he turned his head away from the teacher and wiped the saliva drooling from his mouth with his cuff. The teacher praised him, "good job child name for wiping your mouth" and then discussed the drooling with the mother.

Next the worker wanted to demonstrate to the mother how to assist her child to move into position to kneel in front of a sofa. The mother, worker and child moved from the kitchen to the living room in front of the sofa. The worker placed the child on the floor in his usual sitting position, then she showed the mother how to move his body and position his legs to assist him to lift his body up into a kneeling position in front of the sofa and use the sofa to lean against as a brace. She demonstrated this procedure two or three times.

Play skills with toys were demonstrated during seven visits. For five visits the toys were the child's and for three others the worker brought a toy to demonstrate a particular skill. The teachers explained the purpose of each toy, offered suggestions and demonstrated skills with the toys. Often they assisted the child to play with the toy. The toy was left with the parent until the next visit.

At one visit the teacher sat on the floor with the child and showed her how to play with a small wooden puzzle. It was about 8" by 10" with four fruits as the puzzle pieces. Each piece had a small red knob in the centre. The teacher explained to the mother that the pieces had these little red knobs which she was trying to get the child to use to pick up the pieces rather than using her whole hand to grasp the piece. If she used her whole hand she covered the pieces up and could not see them, and grasping the little red knob also helped with her fine motor skills.

Workers often presented more than one option for dealing with a situation and left the final decisions with the parents. During one visit when the parent and worker were discussing a behaviourial concern the parent and worker were assessing where and when the behaviour was occurring. The worker offered two suggestions on how to deal with it and reminded the parent that the most important thing is to be consistent with dealing with the inappropriate behaviour and follow through every time with whichever plan she chooses. In another instance a parent was undecided about taking their child with them to the kindergarten classroom for an orientation visit. They discussed the logistics of transportation and missing part of preschool. The parent was having a very difficult time deciding, but the worker kept commenting that she would leave the decision up to the parent but please let her know if the child would not be at school.

Three workers asked parents if they gave their child "*choices*", meaning do they allow the child to choose between two presentations of food or toys? In one instance the worker demonstrated this to the SSAH worker who was

present during the visit. The worker asked the SSAH worker about 'choices' and how she presents them to the child and proceeded to demonstrate a choice between a car or a pop-up toy. The child chose the pop-up toy, (09). At a different visit the worker commented "Choices, have you given him any choices?" The parent replied, "No." The parent mentioned that the child had a toy car and truck but did not present the child with a choice of which one to play with.(13) Another worker asked if the parent offers choices at home. Parent replied "Really?" (16). Another resource teacher was working with the parents to prepare some photographs of the child's toys and some kitchen utensils to enable a non verbal child with limited skills an opportunity to communicate with the parents and select a choice of toy to play with.

Encouragement and reinforcement of parents' skills were often observed, letting parents know that they were doing the right things with their children. The workers often acknowledge that they knew it was difficult but the parent was doing a good job. During one visit the parent commented to the worker that the child had mastered a particular objective and the worker responded about how pleased she was and that this reflected a lot of hard work on the part of the parent. Toileting was a common example for the use of encouragement. One mother repeated the workers words from previous visits "*I know you told me that everything gets worse before it gets better*".(15) Following another mother's explanation of her child's success with controlling bowel movements her worker commented that she is impressed, as it reflects a lot of hard work by the parent.(14) One mother described a behaviour tantrum and

how she dealt with it and her worker commented that this was a good and appropriate way to deal with it.(10)

Visits generally ended with the teacher asking the parent if there was anything they had missed on the agenda, if something had come up during the visit that the teacher did not have the answer to, she had made a notation and repeated that she would find the information. The teacher asked the parent if they could schedule the next visit and most parents were prepared and had their calendar or agenda ready. Each family follows a different schedule of visits, some are weekly, bi-weekly, every three weeks, monthly or every five or six weeks.

Interviews: In-Home Parents

Parents talked about their perceptions of the program and the activities during the visits with their in-home worker. Themes emerged from the interview data that reflected both program process and outcomes; these outcome themes were related to stated program goals. Processes and outcomes as described by parents and the program documentation are presented in Summary Table.

Insert Table 2 about here.

Processes

The activities of the program which emerged from the data consisted of several interrelated themes. These themes were: talking with someone who knows; sharing information and receiving feedback; demonstrates or models

skills or behaviour; flexibility of the program and the staff; and dealing with inappropriate child behaviours.

Communication between parent and teacher is an essential activity of the program. Parents expressed this as ***"talking with someone who knows"***. Being able to sit down and discuss issues was important for all parents and was stated in many ways:

> *it's more personal and there's someone there to talk to who knows more than you do. So you're not always thinking that your doing something wrong.(09)*
>
> *I find that just with talking to each other it keeps you going and you don't forget little things along the side that are important for ___ to get ahead. (08)*
>
> *being able to sit down and discuss it and realize what you're doing brings it out and then you realize oh I don't want to do that, this is what I want to do. (01)*
>
> *but when you have someone to talk to then you realize that they do go through stages like normal kids do and yet they can help us to handle the situation where we might not. (05)*
>
> *I'd say the parent benefits more than the child in some ways, because of the fact that they are actually sitting down for a whole hour, with an experienced teacher and you can learn from that person (08)*
>
> *enjoy talking with ___ - she knows a lot about [my child], she always has ideas about what to do, she's shown us a lot. (14)*
>
> *I could sit down and express my concerns. I think it's such a necessity. I couldn't see how it would work if it wasn't his teacher. This is different from a formal assessment, it's on a more personal level. This is his teacher - she spends lots of time with him and I get a better well rounded picture from ___ (15)*
>
> *nice way to find out what they're doing at school - difficult for me to get to the school to talk with his teacher. With them coming here, more time to talk than if I go there. (14)*
>
> *then we both put our heads together and work on that situation, so it's just a matter of good communication (13)*

I find it's more communication, the in-home I find is more communication thing than anything else. (08)

Communication leads to **sharing information** between parents and resource teacher. This was communicated as:

lots of information I wouldn't normally have (access to) they will share information with me (02)

if you have any questions it's somebody who you can ask and they have the time to answer them in detail and demonstrate something for you whatever. (09)

well we talk about ___'s behaviour on the whole, in the school, she asks me how he's getting on with his toilet training and I told her he's not doing very good. (13)

they need something from us too ... they want to learn from us. (18)

it's a way to get information about different sources, ... she talks to the PT & OT from Rotary sometimes they go to the DC, if there's anything we want to know then she finds it out for us. ... feel confident that she will. (14)

This sharing of information between parents and resource teachers was often voiced as "***feedback***", which was considered essential by parents. Feedback was a frequently heard comment, as something parents wanted to receive and as a reason for participating in the program; or as something they considered they received in a substantial and beneficial amount. Receiving feedback was one mother's rationale for participating in the program.

When he started at the DC I kept asking what he was doing, I wanted to know what was happening, I could see the changes, and I wanted feedback. (15)

I get a lot of feedback from ___ because she is used to working with ___ and knows what ___ likes to do ... so ____ gives me lots of feedback about what's happening. (05)

we get lots of positive feedback, keeps us organized ... I've learned a lot from the in-home visits with the teachers. (01)

it's a nice way to find out what they're doing at the school (14)

____ says I follow through with ____ (10)

we're much more informed this way (01)

so I know exactly what's going on (13)

so when she comes this time she's gonna bring some sorta feedback on what went on and what she thinks we should change (02)

Demonstrating skills and modelling behaviour are excellent ways to pass on parenting skills. This can be accomplished by directing the parents attention to the teacher's activities or indirectly by maintaining consistent behaviourial patterns when dealing with the child when in the presence of the parents. Parents expressed this as:

actually I've learned from watching her deal with her how to deal with it ... occasionally I've been at once or twice over at the school and I've seen her actually do it and I've picked up little hints. (01)

so now ____ is going to spend some time with ___ ... so she can sit down with me the same way ___ had done and watch what I'm doing and give me pointers. It really helps, (05)

as you're playing with the different toys that the teacher brings with, you're learning how to teach your child to play with toys. (08)

they give toys and play with ___, the teacher shows me how to play with her, the teacher talks with me and shows me how to teach sign to ___, how to play with her and how to teach her to play with other children. (04)

just by watching them, seeing how they talk to her,(01)

Flexibility in relation to scheduling of visits was stated by parents as being important. For one parent this flexibility was one of the reasons for deciding to participate in the program.

I can't think of anything negative about the program, they've always been really cooperative with me, they've been willing to set the times when

we're available, my husband, they set them so that my husband can be there too. They cancel them very easily if we have to because of circumstances. They'll vary the times, they'll stretch them out or we've had, sometimes our schedule get a little hairy with ___ in hospital and stuff, so they work around that really easily. (01)

sometimes I must cancel the visits because I am so busy with appointments [doctors visits] but that's ok for me. (04) [she means she feels comfortable to cancel - no pressure from worker]

that's something that you work out together if you can't make it one week then you just call and reschedule it or that type of thing so there's consideration for each other (08)

what I liked about it was it was optional, we didn't have to take it, it was flexible, I really liked the flexibility. (15)

Five parents commented that they use the program for **assistance in dealing with their child's behaviour**.

we'll go over it and see if he improved in this area of if needs more work on his behaviour (02)

So right now we're working on eating and behaviour like throwing things. (05)

if she didn't have her behaviour problems then she wouldn't need any help. (10)

and so behaviour wise that was another thing he was there for. ... Well we talk about ___ behaviour on the whole [and] in the school. (13)

behaviour problems were a big thing with ___ and she will explain maybe why, helps me to understand in a better way. (15)

The great majority of the parents described the program as "***goal oriented***" or "***working on goals***". Only one parent did not indicate that she was working on goals. One parent decided to participate because "*they talked about goals, things that can be done at home and at school which is a good idea*" (02).

oh we go through what goals, every time she come set a different goal like, and in the folder there's a checklist with different eating, feeding; she, one of us will go through it like if he can use a fork or if he can use things like that. What he can not do she would write it down and set a goal like. We can try this or we try that and the next time she come out we'll go over it and see if he improved in this area or if needs more work (02)

your in-home worker would come to your house, sit down like ___ does with me, we go over problems that I'm having, goals that we want to reach, (05)

what we actually have is a handbook that we go over like it all the different levels that children go through in hygiene in eating in playing in social contact and we go over that quite often too and to see far we've gotten and to get ideas from each other on maybe new methods on how to do things, (08)

teacher comes out - go over list of things [what things?] what he's doing, dressing, in play, how far he is in language. (14)

each week he's progressing, we see little goals being achieved, (15)

with the help I've had I'm really glad cause I've got my son talking now. (13)

oh yeah, yeah, big changes, that's about it in a nutshell, he's absolutely changed from this program, it's really brought him out and taught him a lot of things, ... well the benefits I'm getting right now is like I say is referring back to ___'s progress. (13)

A parent has to feel that it's actually successful, that some of the goals are being achieved or that somehow it has helped them and their child. (01)

Outcomes

Outcome themes that emerged from the data were help and support, consistency between home and school, increased knowledge of child development, and increased parental expectations for their child.

Help and support were mentioned by some parents but were often implicit in other parents' comments. Help and support were mentioned in a variety of ways:

> *support has been fantastic, especially when you run into every day problems (05)*
>
> *started more as a support rather than information sharing ... I couldn't handle her any more. I used it as a support system (09)*
>
> *it's a sharing that helps (18)*
>
> *wanted child to have all the help she could get. Hard to say because we're so glad to have the help. Hope they can keep pointing us in the right direction. ... It's given us direction, we've got all these problems and we don't know. (10)*
>
> *I would have been taking the negative side of it because it's hopeless, he can't ... I guess we gotta do it for him but with this they make you see, ... they give you good guidelines that help you all along. (13)*
>
> *I need help. (04)*
>
> *Contentment, peace of mind that child is being taken care of, that something is being done (08)*

Sharing of information between parent and resource teacher facilitates **consistency between home and school**. Parents liked the consistency between home and school, the fact that they knew what their child was doing at school and their child's teacher knew the home situation. This was highlighted in many ways:

> *___ is getting him to sign at school for eating and drinking and if I don't do that at home he would be confused. (15)*
>
> *they let us know so that we can be consistent with what they're doing, (10)*
>
> *decided to participate because they talked about goals, things that can be done at home and at school which is good idea (02)*

she teaches me then I teach ___ and ___ teaches the same thing at school (04)

___ tries same things here at home as she does at school. (04)

___ would give him time out and I would spank him, this way were trying to keep an even keel so that ___ knows and I think the consistency makes a lot of sense. (05)

we both work on same things, we go through it together, for example 'feeding' (09)

where I leave off here, ___ takes over at the school, so he's having it both ways. (13)

Increased knowledge of child development and raising the level of awareness of what their children could do are two interrelated themes that emerged from the interviews. "*Increased knowledge of child development*", of "*how to teach my child*", or of school activities, was expressed by parents as:

it's given me a lot more information than what I was aware of (13)

I teach ___, easier for me because I have someone to help me to understand her and teach her. (04)

helps me to understand in a better way, ... helps us to understand ___ more of a way to help us understand ___ and learn about her (18)

better knowledge of how to work with him. (14)

learned a lot of different insights and how to deal with a child with special needs, needs more care, (02)

Parents did not explicitly comment that the program raised their expectations of what their child was capable of achieving but their use of alternative ways to express this was a very strong theme in the interview transcripts. **Increased expectations of their child's capabilities** was another outcome theme that was evident in the interviews.

at school they let him eat on his own but at home I was feeding him myself all the time, I would feed ___ before the others so I could get the mess out of the way, well I tried it and he did what we did, no throwing food or any mess (15)

I appreciate him now cause he can talk we can have a conversation, we can do things together that we couldn't before (13)

last winter they had problems with him ... and I didn't know that he could do that, so I tried and it worked, and then no more problems at school. (14)

when she first started we never really thought she would come along as much as she has. If she hadn't been involved in program we would have thought that's the way things are, now we know we can help her along. (10)

I've had more expectations of her now, she's eating by herself, before I used to treat her like a baby and didn't expect much from her. (09)

well for instance I wouldn't have thought of letting him try dressing himself for one thing. (13)

Interviews - Non-Participants

Parents who were not participating in the in-home component of the preschool program did not participate for a variety of reasons. One mother commented that she had never been informed of the program:

they never spoke to us about it. [what do you know about it?] absolutely nothing, I want to know about it, (21).

Another mother commented that she did not need the in-home program because her child had other siblings to learn from and maybe other families might need it more. A high proportion of these families deal with other agencies in the community and feel that they have too many people coming to their home or too many people involved with their child:

We use services of Family Support Worker ... and 2 therapists at the Rotary Centre, Bea and Brad at the DC, we have OT and PT once a week at Rotary. (03)

didn't want more people to be involved with ... we use SSAH and FSW, and Rotary ... I find this hard and it is easy to lose track of who's who, ... the change of people upsets child's schedule and I find this to be very tiring for me. We don't use respite because we didn't want more people, (19)

he's involved with so many people; PT, OT, speech therapist, teacher, Brad. [When asked if she would ever consider using the in-home program this parent's comment was]
I don't know, it would have to depend, when you deal with all those people you don't want to deal with one more. (20)

we are very involved with clinics neurology, eye clinics, different doctors etc. I deal a lot with professionals. (24)

All the families involved with K-W Habilitation are assigned a Family Support Worker (FSW). Some families do not actually use this service while others do. One parent stated that she had not met her FSW and had only spoken with the worker once or twice over the telephone. Another parent indicated that they used their FSW extensively in lieu of the resource teacher. It was the FSW who informed them about community services and arranged the transition to kindergarten. Thus from this they stated they were getting sufficient information for their child.

She is looking into the kindergarten aspect with them. ... If we ever have any questions we just call her (FSW). (03)

Parents commented that if they had questions they would "*call Bea*" (Bea Henry, supervisor). From their comments I perceived an openness between staff and parents and staff was perceived as approachable. There was no hesitation on the part of parents to either phone the DC or for those parents who provide transportation for their children to any one of the other preschool classrooms, to stop and ask questions from staff when picking up their child.

oh, yeah and Bea too (24)

the school tells us what she does and we see at home what she does (23)

I pick him up and take him to school so I see her (the teacher) every day, we exchange information every day (20)

if I need anything I call, if something is in the communication book I call right away ... I'm free to call them (resource teacher and supervisor) at anytime (17)

For three of the families the mother's educational background was a factor for not using the in-home program. These mothers had training in nursing, developmental services, and psychology. One mother believed that she was using her knowledge of child development effectively and this effectiveness was reinforced through her involvement with a language training course she was following at the Rotary centre. An in-home mother was also following this same course and praised it highly for reinforcing her parenting skills and passing on new ways of dealing with her child.

Some parents indicated a belief that the purpose of the program was to deal with behaviourial problems.

didn't think I needed it, and since talking to ___ it's not necessary, my understanding of the program is that it's for dealing with problems especially behaviour ... but between in-home worker and myself it's not necessary. We had a case conference ... and decided that it was not necessary, everything is going smoothly. "What would we work on?"(17)

no big problems, with behaviour or toileting, it's not a concern at this point. No need to stress him at this time. Parent/teacher interviews are sufficient. (21)

don't remember much about it, didn't think it would help us much as I thought it dealt with behaviour problems.(19)

One mother who used to participate with the in-home stated that she "*had started in-home to deal with behaviour problems*" (20) but that behaviour was not an issue any more so they do not use it.

Cultural differences and language may be an explanation of why another family did not participate.

> *My wife doesn't speak English, I have a part time job and can't be here all the time in the mornings for visits. My wife doesn't feel right about people coming into the house, not that they are nosy but she just doesn't feel right about it (23)*

When asked if they would ever consider participating with the in-home program four parents stated they would "*if they saw the need*"; two parents felt that it would be too much work for their child; one parent stated that parent/teacher interviews are sufficient; and three indicated that they did not need it.

General Comments of Parents

A variety of themes emerged from the interview data about the staff and the program.

A number of parents had many positive comments about their in-home worker.

> *Terrific, all the time I can't remember how many we've had, I think we've had three in-home workers. They've all been excellent teachers that ___ had there. I can't think of one teacher that hasn't been really good for her they've given her different. Each teacher has given her something different. (01)*

> *great all the way along, we've been very very fortunate, I don't know about other parents but we really have been, we've had fantastic teachers really, we've had fantastic in-home workers (05)*

> *I know that ___ cares about ___ ... I felt that I was "copping-out" but ___ was supportive, made me feel that I needed it. (09)*

> *well I think it's having someone near him giving him a little bit of affection and attention and he knows the people who've been looking after him they're helping him. (13)*

I really feel comfortable with ___, she has a close bond with ___, she reacts like a parent, she's easy to work with, ... I just have to say that she goes above and beyond ... ___ has really bonded to our family. (15)

Parents commented that in-home workers were resourceful, meaning if they did not have the answer they would find out. Workers would offer suggestions but if the suggestions did nct work there was always another method to try.

if I want any information I discuss it with her and she see what she can find out (02)

she'll give us a lot of good suggestions, if she can't she'll find out. ... they give us suggestions to try, usually they work, if they don't there might be another solution (10)

if there's anything we want to know then she finds out for us ... feel confident that she will. If she doesn't have the answer she will ask somebody else (14)

One parent commented about the choices she was always given by the staff.

Everyone at Hab services has given choices, the final decision was always in my court. To begin with everything is out of control, this makes you feel like you have a role. (15)

A parent who has ceased using the in-home program because her child's development was so slow commented that at the time they were participating with in-home it encouraged them to keep trying because they could look back and see changes. These changes in their child were so minimal that documenting goals and objectives helped them realize that small gains were being made.

it's encouraging too because you would go back to these assessments and say 'oh, yeah' now he or she does this ... and that's encouraging because if you're living with a person from day to day you haven't seen

these progresses so much until you look back and you know, and yeah, that is change (07)

This parent believed that the in-home helped her "*get motivated*" for her child.

I think because of the in-home that the suggestions, "Well, I've seen it done this way" and then that has sort of helped me, yeah, there's ideas out these, there is my child doesn't have to be as I think she is, so now I'm at a position now where I am the information giver, not so much me looking for information ... and I know how to look for answers (07)

The goal setting was not what she wanted from the program because her child's progress is "*very, very slow*", but she felt that "*what I learned from the in-home 'give it a try, try it out' and then see if it works and if it doesn't, ok*". (07)

A current non in-home parent who suspended using in-home found it to be a learning experience for herself.

I found it a real learning experience, I found it taught me how to be more resourceful. It challenged my thinking as a parent, to realize there's more than one way to teach things and I just found it a real growing experience for me and as I grew with the program and became more independent from the program. I guess that's sort of how we phased out of it too because I just learned how to hunt up my own resources and it just got my thinking going (06)

Another element which emerged from the interview data was the difficulty in-home parents had in explaining what the program was about; however, they could easily describe the activities that took place during the visits. One articulate parent informed me that she really did not know what the program was when she started. However, after having been a participant for over two years she was extremely enthusiastic about the program:

I really didn't know what it was,I didn't understand the good aspects of it, all I could think of was, somebody wants to come here and talk to me

> *again, oh, boy. But I think if I had realized the connection of how it would help the continuation from school to home I think I would have been really enthused about it. (01)*

Another parent (whose English language skills were limited) did not know what the program was but felt comfo able with their in-home worker and was confident that it was the best for their child

> *they want us to know what they are doing so we can understand child and they want to know what we do to take care of child and if we see the progress of child ... they need something from us too, what can we see child doing ... they want to learn from us (18).*

A parent who had been participating with the in-home for over two years summed up the program in the following statement:

> *I think that this program kinda made me feel like I had a little bit of control and a little input and a little bit some power. I like this in-home program because it's one of the few programs where parents get a little bit of say and that's kind of important after a while. Sometimes you get a little overwhelmed by all the orgar izations and people you're involved with and they all seem to have more power than you do and anything that can help you feel powerful again is really good. I think one of the most important things we've come upon is that the most important people in this whole thing are the parents and the child. Sometimes that gets a little lost in the various groups. Not meant to, it just happens. (01)*

Trustworthiness of the Data

A number of methods were used to establish the trustworthiness of the results. As noted earlier confirmability, transferability, and credibility are three of the components of transferability. The persistent observation in the classrooms and home visits was one method of establishing credibility. Triangulation of methods, such as observations along with the interview data were also used to establish credibility. The abundant descriptive data of the classrooms and the program activities permits one to understand what occurred and how it occurred, thus providing enough information to make

conclusions about the applicability of transferring the information to another context. Supplying regular feedback to program staff both during and at the end of the evaluation were methods of conducting audit checks that established the confirmability of the final results.

Discussion

The purpose of this evaluation was twofold. The first was to examine the processes and outcomes of the home visiting program based on the experiences of the program participants. The second was to assess the extent to which program is meeting its stated goals of: increasing parent's knowledge of child development; increasing knowledge of community resources; and maintaining consistency between home and school. This evaluation was conducted by observing classroom activities and home visits and interviewing both participants of the home visiting program and non-participants.

The goals of the evaluation were to:

1. describe parents' perceptions of the program;
2. describe what happens during home visits;
3. describe the benefits for parents;
4. describe how parents rate "success" of the program; and
5. assess the extent to which the program meets its stated goals.

I will discuss each of the evaluation goals in relation to the results and the current literature on early intervention. Then I will integrate the goals of the intervention with an assessment of what makes this program a success and follow with suggested recommendations for the program.

1. Parents' Perceptions of the Program;

Parents were very enthusiastic about the home visiting program. They liked it and felt that it was a great benefit for both their child and themselves. They stated that the program was very supportive of them, encouraged them

and helped to keep them organized or on track with their objectives for their child.

Parents outlined the program in terms of "working on goals" or as a "goal oriented program". These 'goals' are expressed as objectives they have for their child which in most cases tend to be behaviourial; observational data concur with these parents' statements. Behaviourial concerns such as running away, climbing to dangerous heights and places, swearing, throwing things, tantrums, breaking furniture, screaming, and hitting other children were some of the more serious behaviourial issues these parents were dealing with. It may be the case that classroom objectives have emphasized this perceived goal orientation of the program. Ministry requirements stipulate that each special needs child in a preschool classroom must have current ITP's and IPP's. These are specific goal-oriented planning programs which emphasize a daily ritual of objectives for the child within the classroom. Parents may then unconsciously transfer this to the home.

The perception that the program is intended to deal with behaviourial issues may also emphasize goal orientation. It is informative that both parents who use in-home and those who do not expressed the belief that the in-home is for dealing with behaviourial problems. This is not directly expressed by staff or indicated in the documentation of the program but was a clear parental concept of the program backed both by observational and interview data. When examined in the context of these children's lives this is not a surprising result. Behaviour covers a broad array of activities which encompasses social skills, and patterns of interaction with peers, teachers and families. This is

especially true for children who are less severely handicapped such as those with Down's syndrome or developmental delay. These children will in all likelihood be progressing to kindergarten and to do so with the least amount of difficulty both for themselves and the school officials they need to learn particular patterns of behaviour and response patterns that will allow them to adapt to school routines and social patterns.

The distribution of child diagnosis may be accidental, or it may reflect the perception by parents that the program is for dealing with behavioural issues. If children have serious medical or therapeutic interventions behavioural objectives may not be an issue for their parents. However, it may be that children with developmental delay and Down's syndrome have more pressing behavioural concerns that can be addressed by this program.

2. What happens during home visits?

Home visits are individualized to meet the needs of each family; consequently the visits vary by topic and frequency of visits. Each family meets with their child's resource teacher at a mutually convenient time to discuss issues pertinent to their child.

Observations of the in-home visits enabled me to understand how the parent and resource teacher conducted their meetings and the topics discussed during these visits. The variety of topics discussed during the small number of home visits that I observed indicates that the program adapts to accommodate the diverse concerns and special needs these families have. The themes which emerged in the results section support these observations.

The most notable aspect of the home visit was the organization or 'business-like manner' and was enhanced by the positive rapport between the worker and parent. The worker always had a list of items to be discussed during the visit and in many instances the parents also had their own item to be included in the discussion. There was a definite sharing of information between parent and worker. The worker gained information about the child in the home environment and conversely the parent gained information about their child in the classroom environment. This sharing of information led to direct outcomes of raising parental expectations or offering new ways of dealing with behaviour and informing parents of how their child managed daily routines within their preschool environments. These are significant aspects of the process if the program goal of maintaining consistency between home and school is to be achieved.

Answering questions, providing child development information to parents and demonstrating or modelling skills are meaningful methods of increasing parents' knowledge of child development and increasing parents' awareness of their child's capabilities.

3. What are the Benefits for Parents?

The Summary Table (Table 2) indicates that this program has been instrumental in providing parents with help and support, with increased knowledge of child development, with offering consistency between home and school, and raising parents' expectations of their child's capabilities.

Raising parents' expectations of their child's capabilities is an unintended (not listed in program documentation) yet beneficial program effect.

Being encouraged to try new techniques or activities with their child and expecting more from their children in terms of behaviour and development encourages positive aspirations on the part of parents. Knowing they have the support and encouragement from their in-home worker facilitates this process on behalf of the child.

The most notable aspect of parent benefit appears to be assistance in dealing with behaviourial problems and offering support to parents. Sandow et al. (1981) report that support can be divided into emotional (having someone to talk to) and practical (access to information). The parents in this program indicate that they did believe they were receiving a substantial amount of information from their workers however; they also frequently mentioned the emotional aspect of support: "having someone to talk to who knows". As noted above behaviourial issues with their children are important considerations for these parents which this program meets.

4. How Parents Rate "Success" of the Program.

Parents rate the success of this program as achieving child goals or seeing changes in their child, knowing that they are learning something, and having a voice in the program. Shonkoff & Hauser-Cram (1987) link parent's role with the service as a characteristic of successful programs. In this program having a role in the program consists of being able to direct the focus of the visits and/or the frequency of visits and gaining information that will assist their child's development and is a vital part of program success.

This program does not limit its intervention efforts to the child; parents are also recipients of services. Parents indicated that successful intervention

should benefit both parent and child. In fact one parent commented that "the parent benefits more than the child" even though she also indicated that her child has shown enormous progress during the past year of participation in the program. Clearly they had both benefitted. Marfo and Kysela (1985), Sandow et al. (1981) and Shonkoff and Hauser-Cram (1987) all report that working with parents and children together should be the focus of early childhood programs.

5. Is the Program meeting is stated objectives?

The results clearly indicate that the program is meeting its stated objectives. A significant number of parents indicated that they were working on goals for their child. Not all of these goals were behaviourial; some were related to skill development and others to communication. The processes of the program are clearly evident through observation of home visits and interviews with parents. Parents' comments indicated that the resource teachers/in-home workers were able to provide: help and support, consistency between home and school, and increased knowledge of child development, through a process of reciprocal sharing of information, modelling and demonstrating skills. This was accomplished within an atmosphere of positive rapport between parent and resource teacher.

Conclusion

What makes this program work?

Rudimentary as it may sound, "sitting down to talk with someone who knows" may be considered the basic process of the program. Informal face-to-face contact is the most effective form of parent teacher contact (Fuqua, et al. 1985). Fuqua, et al. (1985) also report that the amount of personal contact

teachers have with parents increases their positive attitudes towards parents and results in teachers viewing parents as more capable of conducting activities with their children. It may be that in this program this process leads to building an understanding between parent and resource teacher which resulted in the positive rapport between them as reported by parents.

I did not specifically ask parents about their relationship with their resource teacher, yet I received a variety of positive responses from these parents about their resource teacher and the staff at the DC. Knowing that the professional they deal with cares about their child is extremely important in building this positive rapport. Sandow et al. (1981) relate that "rapport" is a vital programme component which has been overlooked in past evaluations but in this study positive rapport as reported by the parents was unmistakable. For many parents the resource teacher may be the first professional they have encountered who has something good or positive to say to them about their child. This aspect of the program is significant as it builds a base from which to work from; parent and teacher collaborating towards child goals.

A further major factor is that not all children and families benefit equally from intervention efforts. One mother indicated that she started the program more for support than for information sharing (09). Parents benefitted from similar aspects of the program but in different ways. Some parents were quick to indicate child progress or change; others mentioned information and still others mentioned support. These facets of the program also changed over time for some parents. The mother who initially used the program for support now uses it for the information she receives about her child's development.

Parents want to see change in their child and/or gain information themselves. The reasons that some parents reported for not participating with in-home program were that, their child was not making gains or they felt they had the knowledge and/or information to deal with their child on their own.

In summary this program works because of the voluntary nature of participation and the informal face-to-face contact between parents and resource teachers. The flexibility of scheduling home visits and the flexibility of how the parent uses the program combined with the positive rapport between parents and resource teacher work together to make this program a success.

Recommendations

This program meets its goals as outlined in the documentation on program philosophy and goals. The individualized and flexible approach of the program is very evident. Parents are learning about their child's developmental needs and the available resources within the community. Parents and teachers were maintaining consistency between home and school and other care-givers. Developing skills for the child to function in her/his environment was one of the basic reasons for participating in this program. The one area that more needs improvement is in helping parents develop the skills to seek their own resources and to become independent from the program. I met two mothers who had successfully done this. One mother stated this aspect of the program extremely well:

> *I just found it a real growing experience for me and as I grew with the program and became more independent from the program. I guess that's sort of how we phased out of it too, because I just learned how to hunt up my own resources and it just got my thinking going. (06)*

This program terminates for parents when their child enters the school system. Fostering parent independence and helping parents develop the skills to be their own resource and their child's advocate is an important aspect of the program which should be further developed.

Early intervention is not a short term proposal. Most of these families participate with this particular program for 2-1/2 to 3-1/2 years and will probably use some type of ongoing support (FSW, SSAH) throughout their child's life. It is important that parents be encouraged to participate on behalf of their child and that workers accept that the level of participation by parents is very individual. It is easy for in-home workers to be frustrated by a perceived lack of parent participation but in some instances these parents are doing the best they can with their resources. It may also be that cultural differences may accentuate these different levels of involvement by parents.

One parent did not remember being informed of the program and another parent indicated that she did not know what the program was really about when she started. A reconceptualization of how the program is presented to prospective participants is worth considering by staff. Parents are the best advocates for the program. Using parent quotes in future documentation about the program may be the most effective means of informing other prospective participants. The quote above is an excellent example as is the parent who stated, "they want to learn from us". This quote and some others may be an effective way of informing parents of the reciprocal nature of the program, that teachers learn from the parents and appreciate feedback from parents as much as parents appreciate the feedback from

teachers. This last item is especially important for preschool parents who are not using the in-home service. It should be emphasised by staff to parents that the consistency between home and school is a bi-directional process, meaning that resource teachers learn from parents as well as parents learning from the resource teachers.

Child progress or change in some cases may be very small but is important if parents are to perceive the program as successful. Parents stated that they wanted to see some change in their child as a result of the program. It is important that child goals be within realistic levels for both the child and the parent. This may be an opportunity for staff to reassess the impact that goals have on the families.

In the results section I have tried to maintain the confidentiality of respondents by using the term "parents". However, most of the comments were from mothers. There were only two fathers who participated in the interview process and who are involved with the in-home visits on a regular basis. One father alternated his attendance at visits. In other instances fathers were present but did not participate. The burden of child care is generally the responsibility of mothers and this program reflects those trends. Encouraging more participation by fathers, especially by those fathers who are already present during the visit should be a goal for staff.

In summary the recommendations are:

1. Improvement in the area of fostering parent independence.
2. Using parent's comments and description of the program for future program promotion with prospective participants including

current preschool parents who are not using in-home along with a clearer presentation of the program to parents.

3. Emphasize the reciprocal nature of the parent teacher interaction. Parents and teachers can build on and reinforce the resources of each other in order to encourage more participation by non in-home families.

4. Encourage more fathers to participate with the in-home visits.

In order to be a service to the program and the staff this evaluation is the preliminary step for ongoing evaluation of the program. The staff plan to use the interview guide with minor modifications for future evaluation. They will use the same format and interview parents themselves at a testing time to be determined at a later date. I estimate that by combining questions 5 and 6 of the interview guide and combining 13, 14, & 15, staff should be able to conduct the interview in 30-45 minutes. I also recommend not taping the interview. This questionnaire will enable the staff to monitor the program over time and ensure that they are meeting the needs of families and also receive feedback about how they are meeting program goals.

Limitations of the Study

Questions 13, 14, and 15 which asked about changes to the program or activities to be stopped or started did not add any information to the study. Parents did not state that they wanted any changes in the program, or anything stopped or started. However, it may be that they thought the program was in jeopardy and did not want to risk an answer to this section of the questionnaire. Some parents commented during other parts of the interview

that they believed they were about to lose some of or half of their hours allocated for SSAH. If this was a possibility or a perceived possibility it is understandable that parents may have believed that the in-home program was also under-going similar cut-backs and feared these three questions. In retrospect it might have been less threatening if the questions were reworded in the following format: "If you had the power and the resources to change anything ir this program, what would you do?"

Contributions

There are very few programs that are as flexible in terms of voluntary nature of participation, scheduling and parent participation. Generalizing to other programs is very risky unless the program process and participation patterns are very similar. One of the benefits of this program, which may be a limitation in effective evaluation, is the voluntary nature of participation. Most of the comments were extremely positive. Mildly negative comments that arose were from parents who did not participate with in-home visits; yet, they indicated that when they did not like something they spoke to "Bea Henry" and worked things out. Self-selection of program participants may be a variable to consider in future evaluation.

This research is encouraging as it supports the current trend of parent participation and involvement in their children's intervention programs. Traditional outcome measures are difficult if not impossible to administer with such a heterogeneous population within a small program. The diversity of outcomes, some child oriented, others parent oriented, makes this very difficult. Parents in this program indicate that the child goals they prefer are in

the areas of behaviour and management of their children. Parents however are aware of subtle changes in their child and themselves and appreciate these changes.

Rhodes and Gillies (1988) reported that parents rated the resource teacher as the most valuable resource in terms of nurturing their child's development over paediatricians, health visitors and general practitioners. In-home workers/resource teachers should take encouragement from this study and recognize that sometimes change is slow and often imperceptible yet at other times remarkable. Parents recognize their efforts and appreciate the concern and warmth they have for their children.

This study supports current trends and practices in the field of early intervention. When parents and teachers work together on behalf of the child all three will benefit. Children achieve child development or behaviourial goals, parents receive support and knowledge and teachers receive feedback about their effectiveness with the child. This process in turn provides parents with a role in the services their child receives. This study illustrates the impact that a flexible program with limited resources can achieve. Further, this study validates the justification for using qualitative naturalistic enquiry with a small and diversified program such as this one. For example, unintended program effects will sometimes emerge from the data as it did in this case. Raising parental expectations of their child's capabilities was not an intended program effect, and would be a difficult question to ask parents, however this theme emerge spontaneously during the interview process.

This study provided valid and useful information to program staff for further planning purposes. It is encouraging that program staff were receptive to the results of this study and are looking at ways to implement the recommendations. For the resource teachers these results are encouraging feedback about their role in the program and the value that parents place in their intervention efforts both with themselves and their child.

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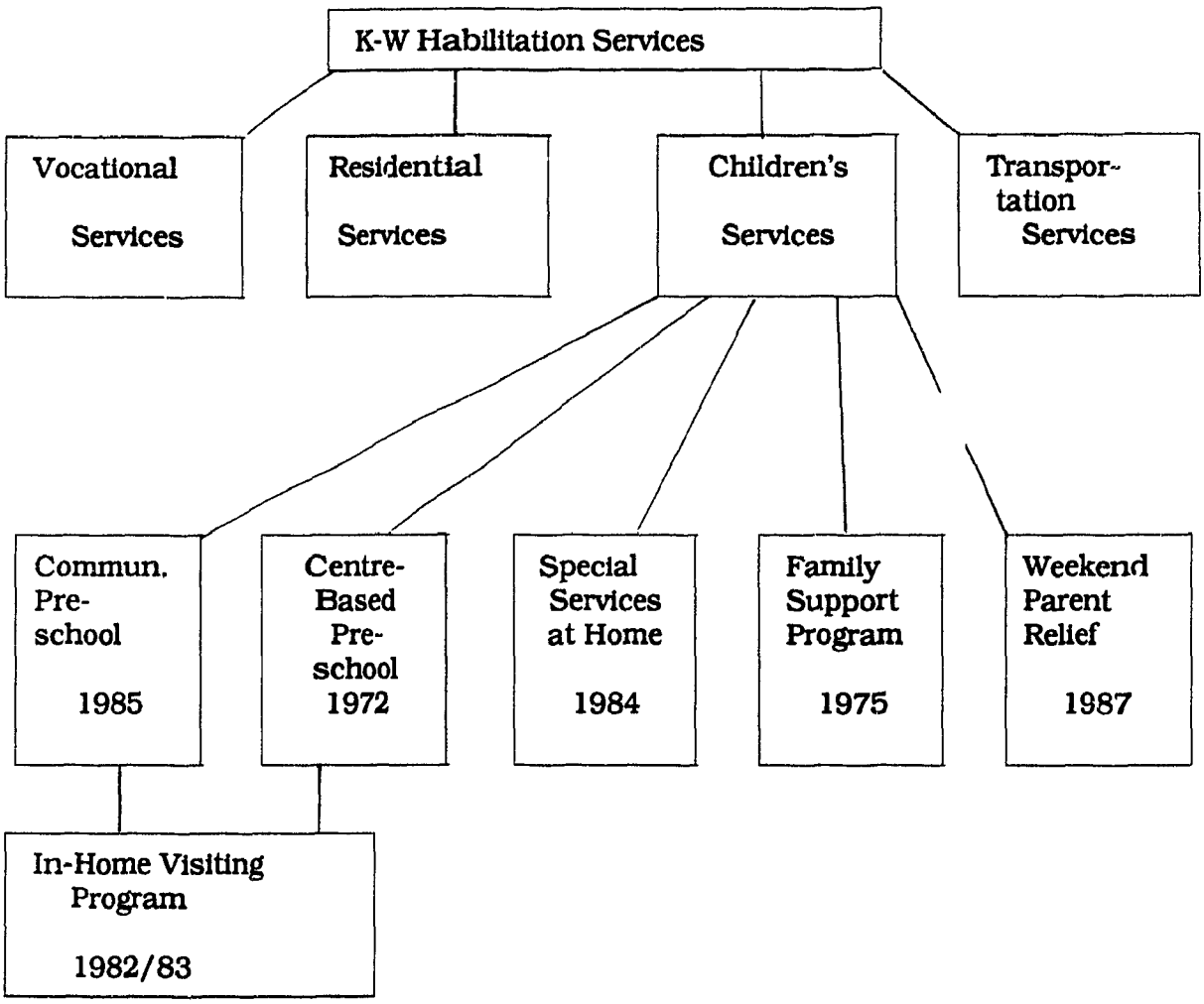
Appendix A

Organizational Chart



Appendix B

Letter to Parents

K-W Habilitation Letterhead

March 14, 1991.

Dear Parent;

I am writing to ask for your help with a study that Nancy LaPointe is conducting in order for us to better understand our In-Home Program. We are particulary interested in learning more about the ways our program can benefit children and their parents. We are looking at the activities that take place in the classroom and in the homes when the resource teachers are visiting with parents.

We are very fortunate to have Nancy LaPointe, a Graduate student from Wilfrid Laurier University, working with us. This project that she is preparing for us is part of her Masters Thesis in Community Psychology, and is being supervised by Dr. S. M. Pancer, Associate Professor, Wilfrid Laurier University. Nancy and your resource teacher will be contacting you to explain this project. Nancy will be observing the activities of the resource teachers in the classroom and during home visits. She would also like to arrange a time to talk with you about your experiences with the In-Home Program. To gain as broad a perspective as possible, Nancy would like to conduct interviews with you regardless of whether or not you are a participant in the In-Home Program. She will be examining the program and will be talking to you about your perceptions of the program; what the program means to you. Your help with this project is voluntary and any information that you provide will be coded by Nancy to protect you and your child's identity. Your input is very important to us and will be used to improve the ways we work with both children and parents. You will receive a summary of the results in the mail by August 31, 1991.

We know how busy most families are and we want to thank you in advance for your help with this study. If you have any questions please feel free to contact myself, Bea Henry or Joan Gaffney at 884-8080.

_____

Bonnie Gannon
Director Children's Services

Appendix C

Classroom Observation Guide

Setting - description of the classroom environment

-physical characteristics of the classroom and building

(such as settings within the classroom)

-number of teachers and children present

- note: drawing a 'map' of the classroom (indicating activity areas) will help in keeping track of observations.

Activities

-what types of activities took place and location in classroom

-how do the resource teacher and the children fit into the classroom setting? (are the resource teacher and her children a separate entity or do they mesh and interact with the rest of the participants in the classroom)

Appendix D

Home Visit Observation Guide

Setting -description of the home environment.

-physical characteristics of the home (which room in the house is the visit conducted in, distractions etc.).

-number of people present and their roles (parents, siblings, relatives etc.).

-child present?

- a sketch or 'map' of the room (eg. where people are seated) will help in interpreting the dynamics.

Purpose of the Visit

-number and type of topics covered in discussion.

-who initiated the discussions? -who initiated topics? (This relates back to program assumptions on page 21 , the parent knows her/his child best and parents are given choices; does this happen?)

-any follow-up of previous visits?

-any topics to be researched or follow-up for next visit?

Activities

-what type of activities took place?

-what occurred during the visit?

-who directed what?

Researcher's Impressions

-how I felt about the interview (eg. the 'climate in the room').

-impressions of rapport between the teacher and parent.

Appendix E

Interview Guide - Participants

Before we start I would like to tell you, I appreciate the fact that you have taken the time today to talk with me about the Home Visiting program and your involvement in it. I would like to find out what this service means to parents and in order to do that I have been talking to parents whose children are enroled in the preschool programs through K-W Habilitation Services. I am examining the In-Home Program and have been talking both with parents who participate, and who do not participate in the program. I understand that you do participate in the In-Home Program and I am interested in the reasons why you do.

To start with I would like to ask you some background information about your family so that I may better understand the information you will give me. Could you please describe (child's name) diagnosis. [I want parents to describe their child to me in their own words.] How long has (child's name) been enroled in the preschool program K-W Habilitation Services? How long have you participated in the In-Home Program? How often do you and your child's resource teacher meet to discuss issues? How many other children are in your family?

1. How did you hear about K-W Habilitation Services or the Developmental Centre?
2. How did you learn about the In-Home Program?
2. Why did you make the decision to become involved with the In-Home Program?

[Note: The following questions will elicit information about parents perceptions of the program and activities of the program.]

** If it is OK with you, I would like to turn on the tape recorder now because I would like to ask you some questions that may have rather long responses and I would like to be sure that I do not omit anything you say.

3. If a friend wanted to know about the home visiting program how would your describe it to them?

4. Tell me about your experiences with the In-Home program, what has this program been like for you and (child's name). [this is a very broad question used to elicit whatever the parent may wish to tell the evaluator about the program.]

[Note: the following questions will gather information about parents knowledge of their child's development.]

5. Has the home visiting program helped you learn more about (child's name) special needs and abilities? [If 'yes', How, in what way?]

6. Has your involvement with the In-Home program assisted you in understanding (child's name) development? [If 'yes', How, in what way?]

7. Have you noticed any changes in how you deal with (child's name) since participating in the home visiting program? Do you do anything differently as a result of being in the program? [If 'yes', How do you think these changes came about?]

8. Who set goals for your child? You or the resource teacher?

9. Are you able to follow up with the guidelines or goals that are set for (child's name) or are you sometimes unable to complete tasks/requests?.

[Note: the following question will gather information about parents knowledge of community resources.]

10. Have you gained any information about community resources since your involvement with the program? [If 'yes', how much and what kinds of information?]

[Note: the following questions will gather information about connections between preschool and home.]

11. Do you feel you have gained any information about (child's name) preschool program through your involvement with the In-Home program?

12. Do you feel that there are some similarities or differences between what you do at home with (child's name) and what happens at the preschool/daycare? - prompt with how, and why questions. By 'similarities' I mean, do you and the teacher have the same goals for (child's name), do you have the same strategies in dealing with behaviour or toileting issues?

[Note: the following questions will gather information about program activities or suggestions for improving the program.]

13. Are there any aspects of the program you would like to see stopped, improved or changed or continued?

14. Are their aspects of the program that you do not like?

15. Are there things that you would like to see initiated/started?

[Note: the following questions will gather information about program outcomes/benefits and the parents perception of "success".]

16. What do you expect the program to do for you and (child's name). (Did you get what you expected or not?)

17. What benefits do you think you as a parent should obtain before you consider the program successful?

18. Would you recommend the In-Home program to other parents? Why? or Why not?

TURN OFF THE TAPE RECORDER

19. Is there anything else you would like to say or add to this interview?

I believe that the major points you have made about the program are:

1.

2.

3.

does that sound correct to you?

** Ask the parent if they have any questions about the process and then thank the parent and advise when and how feedback will be provided.

Appendix F

Interview Guide - Non Participants

Before we start I would like to tell you, I appreciate the fact that you have taken the time today to talk with me about the preschool program and your involvement in it. I would like to find out what this service means to parents and in order to do that I have been talking to parents whose children are enroled in the preschool programs through K-W Habilitation Services. I am examining the In-Home Program and have been talking both with parents who participate and who do not participate in that program. I understand that you do not participate in the In-Home program and I am interested in the reasons why you do not.

To start with I would like to ask you some background information about your family so that I may better understand the information you give me. Could you please describe (child's name) diagnosis. How long has (child's name) been enroled in the preschool program K-W Habilitation Services? How many other children are in your family?

1. How did you learn about K-W Habilitation Services or the Developmental Centre?
2. How did you learn about the In-Home Program?
3. Why did you make the decision not to become involved with the In-Home program?

** If it is OK with you, I would like to turn on the tape recorder now because I would like to ask you some questions that may have rather long responses and I would like to be sure that I do not omit anything you say.

4. How do you learn about (child's name) special needs and abilities?

5. How do you learn about understanding (child's name) development?

6. How do you gain information about community resources for (child's name).

7. Do you feel that there are some similarities or differences between what you do at home with (child's name) and what happens at the preschool/daycare? -prompt with how, and why questions. By 'similarities' I mean, do you and the teacher have the same goals for (child's name), do you have the same strategies in dealing with behaviour or toileting issues?

8. Do you think you would ever consider participating in the In-Home Program? [If 'yes', what would help you make that decision? If 'no', why not?]

** TURN OFF THE TAPE RECORDER **

6. Is there anything else you would like to add at this time?

Appendix G

Wilfrid Laurier University Letterhead

In Home Visiting Program

Informed Consent

I understand that the purpose of this study is to explore how the In-Home program assists children and their parents and that the researcher will be looking at the activities and processes of the program.

I understand that my participation in this study will involve one visit by the researcher to observe a home visit by the resource teacher and/or a one hour interview with myself. It is expected that the information obtained from this study will potentially benefit the Children's Programs of K-W Habilitation Services in better planning the ways that services for preschool children and their families should be delivered.

I understand that Nancy La Pointe, Graduate Student from Wilfrid Laurier University will be using the same information as part of the requirement for her Master's thesis in Community Psychology. Dr S. Mark Pancer, Associate Professor of Psychology, Wilfrid Laurier University, is supervising this research and if I have any questions I may contact him by telephone at 884-1970 extension 2149 or Nancy La Pointe at 884-1970 extension 2929.

I understand that my participation in this project is voluntary and that all information will be coded to protect my child and family's identity. In the case of direct quotations presented to Children's Services or presented in the final thesis to be submitted to the university, that may or may not disclose my identity, I will have the opportunity to read the quotation before it is used and will sign a release for this purpose. I also understand that I may withdraw my consent to participate at any time. Neither my withdrawal of consent nor my opinions and feelings expressed in this study will in any way jeopardize services to my child or family and that all information will be held in strictest confidence by Nancy La Pointe.

2/

I understand that if I consent to an interview, that portions of it may be tape recorded to enable accurate recording of my responses. I may request the tape recorder to be turned off at any time during the interview. I also understand that Nancy La Pointe will be the only person to listen to the taped interview and she will erase the tapes immediately after transcribing them. I also understand that I have the right to not answer any questions.

I hereby give permission for K-W Habilitation Children's Services and Nancy La Pointe to use the information obtained in this study for the purpose described above.

(Signature) _____

(Date) _____

Appendix H

Thank you letter to parents

Wilfrid Laurier University Letterhead

Dear _____

I thank-you very much for taking the time and the trouble to talk with me about your involvement with the home visiting program/or preschool program you participate in through the Developmental Centre. I appreciate you sharing your experiences with me and the information that you have provided will assist me in preparing a program documentation for the Children's Services of K-W Habilitation. The information will be used to assess the quality of services provided to families and for future program planning. Your input has been very helpful.

If you have any question or comments about this project, please do not hesitate to contact myself, Dr. Pancer my advisor at Wilfrid Laurier University, or the staff at the Children's Services.

Sincerely

_____

Nancy J. La Pointe.
Masters Candidate
Wilfrid Laurier Univ.
Phone 884-1970 (ext 2929)

Appendix I

Staff Questionnaire

1. How would you describe the role of the resource teacher in the program?

2. How do you define "consistency between home and school"?

3. What is the one most important issue for you in this evaluation, in other words what would you like to see happen in the program as a result of this evaluation?

4. Do you believe that you are able to meet the needs of the families you work with? [If yes, how do you assess your effectiveness? If no, how do you think you should be able to assess your effectiveness, or what is it that hinders this?]

5. Are there any comments you have or anything you would like to add to this?

Appendix J

Participant Feedback

Wilfrid Laurier University Letterhead

Dear

Some time ago I interviewed you about the In-home Visiting Program. I was conducting this study for Children's Services at the Developmental Centre for my Master thesis. I am writing to let you know what I found.

I interviewed 12 parents who were using the in-home visiting service and 10 parents who were not using the service. I found that overall the program is effective in meeting its goals which are:

1. to provide help and support.
2. to maintain consistency between home and school.
3. to provide knowledge of child development and community resources.

Overall there was a very positive response towards the staff by parents. Those of you who use the in-Home Program like it very much and appreciate the effort of the staff. Parents not using the program were often dealing with a number of other professionals and did not want or need further visits. These parents felt that they were able to contact program staff when they had issues to discuss and did not feel the need to use the service.

I was also looking at the activities that take place during home visits that lead to the final goals of the program. "Talking with someone who knows" was the starting point. This was followed by sharing of information, receiving feedback from staff and having staff demonstrating or modelling skills for parents. These factors along with the flexibility of the program all contributed to the success of the program. None of these elements work by themselves, it is the combination of all the activities working together.

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In the final report that I presented to the staff of the program I used a lot of your comments. Your comments added an exceptional amount of credibility to the final report. Your names were not used in the final report and activities or diagnosis that would identify a child or parent were omitted. I want to thank you again for taking the time to talk with me. You made a very important contribution both to my research and to the program.

If you have any questions you may call me at the university until the end of September. My telephone number is 884-1970, extension 2929.

Sincerely,

Nancy LaPointe, M.A. Candidate.
Social-Community Psychology
Wilfrid Laurier University

Table 1

Child Characteristics of In-home and Non In-home Participants

ID #	Age	DC	SSAH	Diagnosis	Needs	
In-Home						
01	5		Y	Other	High	
02	5	Y		Dev. Delay		
04	3-1/2			Down's Syn.		
05	5		Y	Down's Syn.		
08	4			Other		
09	4		Y	C.P.	High	
10	4			Dev. Delay		
13	5			Dev. Delay		
14	5	Y		Other	High	
15	4			Dev. Delay		
16	4			Down's Syn.		
18	4-1/2			C.P.	High	
N=12						
Non In-Home						
03	4-1/2	Y		C.P.	High	
06	6		Y	Down's		
07	6	Y	Y	Other	High	
17	3-1/2			Down's Syn.		
19	4			Down's Syn.		
20	4-1/2			C.P.	High	
21	5-1/2	Y		Visual,Dev, Motor Delay		High
22	4			Down's Syn		
23	3			Other	High	
24	3-1/2			Various	High	
N=10						

C.P.= Cerebral Palsy.
Other= Specific Diagnosis which would identify the child.
Y=Yes; DC=Developmental Centre; SSAH=Special Services at Home.
N=number.

Table 2

SUMMARY TABLE

(Source: Parents Interviews)

"Working on Goals"

Process	Outcomes	
1. Communication/talking 2. Share information/feedback 3. Model Skills 4. Flexibility 5. Deal with Behaviour	1. Help/Support 2. Consistency between Home & School 3. Knowledge Child Dev. 4. Raise Parental Expectations 5. Improve Child Behaviour	Achieve Goals

(Source: Program Documentation)

1. Share information 2. Answer Questions 3. Offer Suggestions 4. Model Skills	1. Community Resources 2. Consistency between Home and School 3. Increase knowledge Child Development