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ABSTRACT

Increasing numbers of children begin formal schooling without the requisite skills or abilities to succeed, most often due to deficiencies in language and emotional maturity. This study sought to identify potential precursors to later kindergarten difficulties that would suggest specific areas needing further study and support. Study participants came from two socioeconomically disadvantaged communities, and included parents as well as early childhood specialists such as pediatricians and nurses, mental health professionals, social workers, family service providers, day care workers, and early childhood educators. Data were collected through interviews and surveys. Results indicated that even parents with relatively few social, educational, and economic resources are sensitive to maturational changes in their children, and that they are very concerned about their child's readiness for school. The most striking finding is the similarity in the concerns of parents and providers. Among the early warning signs of preschool difficulty identified by both parents and professionals in both samples were poor self-concept, negative parent-child relationship; and unsafe or impoverished neighborhoods. Preferred sources of advice and support included one's own parents or other parents, and health and social service professionals. However, one of the most disheartening findings was the number of parents who described concerns and problems, but could not identify a source of advice or support. The information collected from the parents in both samples suggested three ways communities can help parents improve preschool and kindergarten readiness: (1) broaden public education afforts regarding young children's development; (2) tighten links between services, and between service providers; and (3) increase the number of community-based programs for families with infants and toddlers. The survey instruments are appended. Contains 23 references. (HTH)

CENTER ON FAMILIES, COMMUNITIES, SCHOOLS & CHILDREN'S LEARNING

SCHOOL READINESS

Parents and Professionals Speak on Social and Emotional Needs of Young Children

Colleen E. Morisset

Report No. 26 / October 1994

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SCHOOL READINESS

Parents and Professionals Speak on Social and Emotional Needs of Young Children

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CENTER ON FAMILIES, COMMUNITIES, SCHOOLS & CHILDREN'S LEARNING

The nation's schools must do more to improve the education of all children, but schools cannot do this alone. More will be accomplished if families and communities work with children, with each other, and with schools to promote successful students.

The mission of this Center is to conduct research, evaluations, policy analyses, and dissemination to produce new and useful knowledge about how families, schools, and communities influence student motivation, learning, and development. A second important goal is to improve the connections between and among these major social institutions.

Two research programs guide the Center's work: the Program on the Early Years of Childhood, covering children aged 0-10 through the elementary grades; and the Program on the Years of Early and Late Adolescence, covering youngsters aged 11-19 through the middle and high school grades.

Research on family, school, and community connections must be conducted to understand more about all children and all families, not just those who are economically and educationally advantaged or already connected to school and community resources. The Center's projects pay particular attention to the diversity of family cultures and backgrounds and to the diversity in family, school, and community practices that support families in helping children succeed across the years of childhood and adolescence. Projects also examine policies at the federal, state, and local levels that produce effective partnerships.

A third program of Institutional Activities includes a wide range of dissemination projects to extend the Center's national leadership. The Center's work will yield new information, practices, and policies to promote partnerships among families, communities, and schools to benefit children's learning.

Abstract

Increasing numbers of children begin formal schooling without the requisite skills or abilities to succeed, most often due to deficiencies in language and emotional maturity. Today more young children are at-risk due to hurried, harried, and inconsistent lifestyles.

The framework and methodology for this study were guided by several assumptions of experts in the field of infant and toddler development. The risk factors for kindergarten difficulties are identified and the hazards to and help available for children's school readiness are assessed as viewed by parents and child development professionals in two socio-economically disadvantaged communities.

Recommendations are made for building strong communities to help "pave the road" to preschool and kindergarten readiness; meeting the needs of children and families will require a broad-based response from caring professionals, parents, providers, policy makers, and the public.

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Introduction

The first national goal for education, that "by the year 2000, all children in America will start school ready to learn," reflects a belief that achievements in the earliest years of life are fundamental to later school-based learning and academic success. Although the definition and assessment of school readiness has been interpreted in many different ways (Kagan, 1990), there is widespread concern that increasing numbers of children begin formal schooling without the requisite skills or abilities to succeed. According to a Carnegie survey of over 7,000 kindergarten teachers, 35 percent of this country's children are not ready for academic work when they begin school. When asked what most restricted school readiness, the teachers cited deficiencies in language and emotional maturity (Boyer, 1991).

This study is an assessment of the hazards and fueling stations on the road toward school readiness as viewed by parents and child development professionals in two socio-economically disadvantaged communities. Taken singly and in combination, socio-economic factors such as poverty, lack of parental education, teen- and single-parenthood are well-recognized risk factors for school difficulty (Center for the Study of Social Policy, The Annie E. Casey Foundation, 1993). However, this study was not designed to define the socio-economic status or service utilization of the participating sites, nor are the samples necessarily representative of the broader geographic communities. Rather, the goal was to identify potential precursors to later kindergarten difficulties that would suggest specific areas needing further study and support. The framework and methodology were guided by several assumptions of experts in the field of infant and toddler development (see for example Boyer, 1991; Kagan, 1990; and ZERO-TO-THREE/NCCIP, 1993).

Assumption 1: Children are born "ready to learn."

Extraordinary first lessons result from ordinary everyday events between adults and young children. In a caring environment, children's relationships with adults teach them to feel effective, important, and safe. Because early experiences affect the various developmental domains separately and in combination, seemingly simple activities -- such as play with a warm and responsive caregiver -- can promote a wide range of abilities, including problem-solving skills, language development, and emotion regulation. In contrast,

inconsistent and insensitive parenting inhibits natural curiosity and ambition; as a consequence, children can grow to feel helpless and wary of new opportunities for learning. The first years of life are also fundamental to children's ability to behave in socially acceptable ways. Parents' behaviors and beliefs about appropriate ways to express emotion, resolve conflict, persuade, and cooperate with others have a profound influence on toddlers' abilities to get along with peers, follow rules, cooperate with adults, and ultimately, to become useful and caring citizens.

By age three, competent children are those who are: self-confident and trusting, intellectually inquisitive, able to use language to communicate, physically and mentally healthy, able to relate well toward others, and empathic toward others (Carnegie Task Force on Meeting the Needs of Young Children, 1994). These accomplishments, impressive in their own right, continue to be important because they determine how well a child will navigate subsequent developmental tasks -- including the transition to formal schooling.

Assumption 2: School readiness is a cumulative construct.

Readiness depends on multiple prior experiences and achievements. One source of individual variation in readiness reflects the outcome of stage-salient tasks of earlier developmental periods. For example, longitudinal studies begun in infancy find that secure infant-parent attachment at one year of age is associated with greater self-confidence and self-motivated learning in the toddler years (e.g., Sroufe, 1979). Given the continuity in developmental competence over the first years of life, there are strong theoretical and empirical reasons to believe that precursors to some later school difficulties can be identified and ameliorated well before school entry.

Assumption 3: The quality of early learning experiences and parent-child interaction depend on multiple, interdependent economic, psychologic, and social influences.

Such influences include families' personal and economic resources, parents' knowledge and beliefs regarding children's development, formal and informal support systems, and public policies and practices that impinge on work and family life. For example, as a result of changes in the American economy and family structure, more parents are struggling to balance home and work responsibilities, often with fewer financial, community, and familial supports than those of previous generations. Housing, transportation, health care, and child care all cost proportionately more than in the past, and the value of minimum wage has declined. In addition to these financial burdens, today's parents move more often to keep pace with housing and job opportunities. As a result, families seem more isolated. They are less likely to live near older, trusted family members who traditionally helped young people prepare for parenthood and shared the responsibility for childrearing. Fear of neighborhood

crime and violence increases social isolation further by limiting the number of safe places for children to play and limiting opportunities for parents to build new supportive friendships.

Assumption 4: Families have primary responsibility for raising competent and caring children.

There are many ways in which communities, including neighbors, educators, law enforcement agents, social service, and health service providers, can help families raise competent and caring children. However, successful strategies -- including those that promote school readiness and school success -- depend on the needs and priorities that families identify for their children.

Given that the earliest years of life can have a profound and long-lasting effect on children's ability to learn, on their health, social and emotional well-being, our investment in the future must begin by supporting children right from the start. However, social, education, and health services for families with children under three years of age are few and fragmented. In the U.S., unlike in many other industrialized nations, the family has sole responsibility for caring for infants and toddlers. But changes in the economy and in American demographics make it increasingly difficult for parents to do so. Today, parents of young children are more likely to be separated from extended family; are working more and earning less; are spending more time worrying about safe housing, affordable health care, and adequate child care, and are spending less time with their children. As a result, more young children are at-risk due to hurried, harried, and inconsistent lifestyles. By toddlerhood, many children have not developed the skills of the "competent" three-year-old, and by early school age as many as 35 percent are unprepared for the demands and opportunities of kindergarten (Boyer, 1991).

Research Questions

Efforts to help families raise healthy and capable children require the ability to recognize and treat the types of problems and situations that threaten early development. But what specific characteristics of children, of parents, or of families are indicative of later cognitive and psychosocial lags and problems? And, who do we ask about the well-being of our very youngest children? To address these questions, the present project turned to a broad range of "experts" -- individuals working with, and living with, infants and toddlers. Study participants included parents, early childhood specialists such as pediatricians and nurses, mental health professionals, social workers, family service providers, daycare workers and

early childhood educators. Data collection, in the form of interviews and in-person surveys, was guided by the following questions:

1. ***What do parents and early childhood specialists identify as "early warning signs" for later preschool difficulties?***

    a. Do parents and professionals share the same opinion regarding the readiness needs of children from birth through three years of age?

2. ***Where do parents turn for advice and support for raising their children?***

    a. Where do they turn with concerns regarding normal health and development?

    b. Where do they turn with questions about behavior or developmental problems?

3. ***What are the most common developmental questions and behavior problems?***

    a. What proportion of parents identify "serious" concerns regarding their children?

4. ***What types of learning experiences do parents provide for infants and toddlers?***

    a. Which are part of on-going family routines; which are separately scheduled activities?

5. ***According to parents, what could the community do to help them prepare their children to succeed in formal schooling?***

Design and Methods

Question 1 was addressed through qualitative research with parents and a diverse group of professionals who work extensively with families with infants and toddlers. A method of Nominal Group Process (Van de Ven and Delbecq, 1972) was used to structure several small group meetings. Parent and professional groups met separately, to ensure that parents would feel comfortable voicing their opinions. The groups were led by the principal

investigator, a developmental psychologist who had limited knowledge of specific community programs and individuals.

The group meetings were approximately 90 minutes long. At the start, individuals were provided with "Early Warning Signs" matrix worksheets (see Appendix A) and given ten to fifteen minutes to work privately to prepare a list of problems. Following that, the facilitator asked each group member in turn to share one item from his or her list. Problems were defined, clarified, and written on a free-standing flip-chart. The process was repeated until all problems were recorded on the combined list. Each problem was then re-visited, discussed, and ranked on a scale of 1 to 5 in terms of severity (e.g., "When you see a child who is withdrawn and fearful, does it strike you as a very serious marker for later school problems, or not so serious?) and prevalence (e.g., Do you see a lot of children who are withdrawn and fearful, or not so many?).

Questions 2 through 5 were addressed via in-person surveys of primary caregivers of children under three years of age. The surveys were designed specifically for this study. The developmental "concerns" and "problem" checklists included in the survey drew their content (though not specific items) from a number of readily available developmental and behavior inventories and parent-interview strategies (Achenbach, 1986; Brazelton, 1992; Eyberg and Ross, 1978; Greenspan, 1988, 1992; Lieberman and Pawl, 1990; Robinson, Eyberg, and Ross, 1980).

Parent interviews were conducted by the principal investigator or staff members, usually home visitors, with the two participating local family centers: the Project Echo Family Center (Fremont County, Colorado) or Family Focus Lawndale (Chicago, Illinois). All interviewers attended a 90-minute training meeting with the principal investigator. At the training, the interview was discussed question-by-question, and a range of probable responses was scored. A copy of the survey is provided as Appendix B. Responses to Question #1, used to answer many of the subsequent questions, were provided in the form of a deck of cards. Parents chose the relevant response cards and then used this smaller, personalized subset to respond to later questions.

Most of the surveys were conducted one-to-one; occasionally they were conducted in small groups of two or three parents. Two sources of respondents were collected by different means. In Fremont County, Colorado, a group of teen mothers completed the

survey as part of a high-school Parent Education class. The survey was explained and monitored by the principal investigator. A second group, Department of Social Services (DSS) consumers who were not involved with any of the local family center programs, completed the surveys on their own. A social worker who was familiar with the survey was available to answer DSS parents' questions, but staffing did not allow one-to-one data collection. The surveys took approximately 45 to 60 minutes to complete. Parents were paid a small cash stipend or received grocery store gift certificates for completing the survey.

Sample

The two communities that participated in this research were represented by local family centers. The Centers self-selected from a six-community case study of community service systems conducted by ZERO-TO-THREE/National Center for Clinical Infant Programs. The opportunity to work cooperatively with ZERO-TO-THREE has had several advantages. It allowed this project to capitalize on established relationships with two very different communities, and it provided a rich understanding of community demographics, services, and delivery systems. The communities were originally selected by ZERO-TO-THREE because they exemplified positive, progressive approaches to serving families with infants and young children. At the outset of the ZERO-TO-THREE study, both Lawndale (Chicago, Illinois) and Fremont County (Colorado) met selection criteria of: universal access to services, mainstreamed non-categorical settings, linkages across a range of levels of care and service system needs, professional development opportunities, commitment to family support and leadership, and state support and encouragement. Although rich in terms of vision, compassion, outreach, and leadership, the communities are economically impoverished. The following community profiles, presented in alphabetical order, were abstracted from a preliminary report on the five-year community case study by ZERO-TO-THREE/NCCIP (View and Szanton, 1993). An overview of each community is provided as Table 1.

Fremont County

Fremont County is a rural community in south central Colorado. The county encompasses approximately 1500 square miles and has a population of about 32,000 people (1990 census). Approximately half the population reside in Canon City. The poverty rates and unemployment rates in 1990 were higher in Fremont County than for the state as a whole. Many families receive Aid for Families with Dependent Children -- both never-married mothers and families who are temporarily supported due to periods of unemployment. This was originally a coal mining area; currently the major employers are the state and federal prison systems. Other than those positions, it is difficult to find a job that pays more than minimum wage. The teenage pregnancy rate is slightly less than for the state as a whole, however the county has a relatively high percentage of low-birth-weight infants. The county is predominately Caucasian; the largest minority group (8.5% of the population) is Hispanic.

Services for infants and toddlers in Fremont County are coordinated by Project Echo (Early Childhood Health/Education Outreach). Project Echo is an outgrowth of a federally funded initiative which, in 1976, sought communities interested in establishing an interagency initiative to promote child find activities and coordinate services for young children with disabilities. Initial alliances were formed among traditional sources of state funds for social services to the county health department, Developmental Disabilities, Department of Education, Medicaid, Women, Infants, and Children (WIC), and more recently, a substance abuse grant. With the advent of P.L. 99-456, the State Department of Education, Colorado's lead agency for Part H, began supporting local interagency collaboration and currently funds small community projects such as strategic planning and children's play groups. Cañon City School District funds the Project Echo Coordinator. One key policy is that the "Project Echo Interagency Council will not assume the role of an agency but will plan, promote, evaluate, support, and coordinate community-based service."

The current service system has multiple components. Parents who participated in the survey component of this research project were drawn from Project Echo's First Steps parent-child center and home-visiting programs, the Passport Program (a parent-held child health passport program that registers all babies born in the county), a high-school program for pregnant and parenting teens, and the Fremont County Social Services office. Focus groups included three Project Echo screeners (part of a child identification effort that screens and

evaluates children with special education needs), 13 Project Echo council members, two parent advocates (one a member of the council), and six First Steps parents. All focus groups were conducted by the principal investigator, who also trained First Steps home-visiting staff to administer the parent surveys. First Steps staff collected the survey data during home visits to First Steps and Passport families.

North Lawndale

North Lawndale is a census tract on the west side of Chicago. Approximately 27,000 residents live within its 3.5-mile radius. Forty percent of Lawndale families live below the poverty level and unemployment is at 23 percent. Former major employers such as Sears and Western Electric have left the area, and Lawndale's streets are lined with boarded-up and burned-out shops and housing. The rate of violent crime is more than double that of Chicago as a whole. Approximately 30 percent of all births in the community are to teen mothers. Twenty-five percent of residents 16 to 19 years of age are neither in school nor have graduated from high school. The ethnic make-up of the community is predominately (97%) African-American.

Services for infants, toddlers, and their families in Lawndale are coordinated primarily by Family Focus Lawndale, in coordination with Healthy Moms Health Kids, a state-supported medical case management effort. During 1990, Family Focus Lawndale served over 1,000 families and over 400 children ages birth to three. Services include center-based parent groups, adult education, family advocacy, child development programs, placement in pre-kindergarten programs in two community elementary schools, and referrals to public-funded federal and state programs such as WIC and Child Protective Services (CPS). Most Lawndale residents turn to one of two community-based health centers for care. One, the Lawndale Christian Health Center, is a church-operated health program. In addition to providing health services, it is becoming involved in other family-oriented services, such as recreational programs and counseling services.

Parents, service providers, and other professionals who participated in the focus group component of this study were associated with the service programs described above. Focus group discussions included six health and social service providers, six early childhood educators, seven Family Focus staff, and eight parents. The sixty parents who participated

in the parent survey were approximately equally divided among three sources. Two were Family Focus Lawndale services: the Prevention Initiative (PI) and Parents Too Soon (PTS) Programs. Both PI and PTS are comprehensive home-based infant and toddler screening and development programs. The third group of parents were part of Project Success, a new project funded by the Illinois Governor's Office that provides an advocate in the local schools to facilitate resources, including referrals to Family Focus programs, for families with young children. As with the Fremont County site, all focus groups were conducted by the principal investigator, who also trained Family Focus Lawndale home-visiting staff to administer the parent surveys. A summary of research participants by data-type, site, and source is provided as Table 2.

Findings

Focus Group Discussions of Risks to School Success

The task of the focus group participants was to discuss problems they saw (in their practice, in the neighborhoods, or with their own children) as early warning signs of later preschool difficulty. They were asked to restrict their discussion to problems evinced within the first three years of life. The locus of the problems could be the child (e.g., speech delay), the parent (e.g., an overprotective parent), or the environment (e.g., no opportunity for peer play). The outcome "school difficulty" was intentionally vague to maximize the range of responses and open discussion among group members.

Each focus group generated an extensive list of "early warning signs." Table 3 presents several themes that were common across groups and across sites. The most striking finding is the similarity in the concerns of parents and providers. Interestingly, no one mentioned the lack of traditional pre-academic skills such as children's knowledge of numbers, letters, colors as a concern. Instead, participants in both Fremont County and Lawndale discussed more basic issues such as the development of self-control, respect for others, a sense of confidence and competence. Their concerns were broad, ranging from aspects of parenting, the child, and the child-parent relationship to the family as a socializing agent, and the larger context of the neighborhood. Parents and professionals were passionate and sincere, and readily voiced their concerns for the children of their communities. The

observations of providers and parents alike were astute and their illustrations were often poignant and alarming.

Despite demographic differences (viz., urban vs. rural, race and ethnic composition), Lawndale and Fremont County participants were similar in terms of their concerns. Where differences did arise, they tended to reflect a greater range of troublesome circumstances or more severe forms of the risk conditions in Lawndale. Drug abuse and gang involvement is more widespread in Lawndale and appears to be taking a particularly heavy toll on family routines and the safety of young children. A social worker in Lawndale described just how extensively drug use can interfere with parenting -- for instance, one mother routinely sold WIC foods to buy drugs and fed her infant table scraps instead. She was proud her infant never ate "baby" food and kept her in the oven of their tiny one-room apartment because she couldn't tolerate the sound of her crying. As an aside, equally alarming is that the court did not find cause to remove this baby from her mother's home. The problems of drugs and alcohol are not confined to Lawndale, however. Fremont County parents and professionals also spoke of increasing numbers of parents with alcohol problems, and babies affected by parents' alcohol and drug use.

The most unexpected finding from the focus groups was the grave concern of both parents and professionals about increasing numbers of infants and toddlers who are unsupervised and left to raise themselves. Such families were described as lacking routines and schedules. When hungry, toddlers are expected to find themselves something to eat; when sleepy, they nod off wherever they are. When asked how a lack of supervision and routine in the home bode poorly for later school success, the groups were quick to share a well-reasoned developmental sequelae. One Fremont County mother said that lack of supervision leads to lack of respect for adults because children don't feel adults' rules are valuable or relevant. As a result, she offered, children left to raise themselves will have difficulty following rules in school and getting along with others, and are likely to end up as loners.

Parent Surveys of Concerns and Problems in the Infant and Toddler Years

Problems and concerns. Survey participants were primary caregivers of one or more children under three years of age. Demographic characteristics of participants, by site, are

presented in Table 4. Reflecting the racial and ethnic mix of the surrounding geographic communities, the majority of Fremont County mothers were Caucasian, and all participating Lawndale mothers were African-American. On average, respondents were in their mid-twenties, and had begun childbearing near the age of 20. Twenty-two percent of Fremont mothers, and 40 percent of Lawndale mothers had been, or were, teen mothers (younger than 18 years at first birth). Thirty-one percent of Fremont mothers and 47 percent of Lawndale mothers had not completed high school. Only seven percent of Fremont County mothers were single; whereas 41 percent of Lawndale mothers were without partners. No doubt reflecting the greater earning capacity of two-parent families, proportionately more Lawndale families reported incomes of less than $9,000 per year. The average household size was 4 persons in Fremont County and 5 persons in Lawndale. There was no significant difference in the proportion of infants (≤ 12 months) and toddlers (13 to 36 months) represented by families in the two communities. Both communities' samples contained slightly more families with a child under one year of age.

Statistical tests of differences between the two samples showed that children in Lawndale were at greater socio-economic risk due to proportionately less household income and more teen mothers, single parents, and households with four or more children. Children in Lawndale were also at greater risk due to the accumulation of stressors. That is, a greater proportion of Lawndale parents could be characterized by two or more of the following five characteristics: low income, teen birth, less than high school education, large family size, or one-adult household. Seventy-eight percent of Lawndale families and 20 percent of Fremont County families surveyed had two of more of these five risk factors (Chi-Square = 40.39, $p < .001$).

Despite the social and demographic differences between Fremont County and Lawndale, parents' reports of their concerns were similar. In both communities, most concerns were about children's health and physical development (e.g., questions about feeding, sleeping, age of sitting, walking, and talking), followed by concerns about cognitive and emotional development (e.g., questions about discipline, how long to leave a baby crying, how to handle tantrums, whether to limit television viewing) and concerns about establishing and maintaining family habits and routines (see Table 5 for summary definitions of each area of concern and Appendix B for individual items).

As Table 6 indicates, parents in both communities were most likely to express concerns about health and physical growth (mentioned by 98 percent of parents in Fremont County and by 85 percent of parents in Lawndale). Next most common were concerns about cognition and emotional development (85% Fremont parents; 82% Lawndale parents), and then questions about family habits and routines (85% Fremont parents; 77% Lawndale parents). On average, parents in Fremont County described ten concerns; parents in Lawndale described nine.

Parents in the two communities were also surprisingly similar in their discussion of problems they experienced in caring for their infants and toddlers. The survey asked about demanding and defiant behaviors such as fussing, attention-seeking, and noncompliance; acting out and aggressive behavior such as biting, kicking, and being overly active; sullen, moody, or shy behavior; and signs of possible developmental problems such as short attention span, delayed speech, or accident proneness (see Table 7 for a summary of category definitions and Appendix B for individual items). Approximately two-thirds of parents in both communities reported problems with aggressive and demanding behaviors (Table 8). Just over half reported moody, dependent behavior. One-third of parents in Lawndale and nearly half of the parents sampled in Fremont County described language, motor lags, or attention difficulties.

"Serious" problems. Because struggles for autonomy and independence are characteristic and developmentally appropriate within this age group, it is possible that most reported "problems" were simply exaggerations of age-appropriate behaviors. Thus parents were asked, "which if any of the problems you've described are of *serious* concern to you?" Approximately 20 percent of parents in both communities (a total of 23 parents) indicated that one or more problems were "serious"; most of these parents (21 of 23) described problems regarding toddler-age children. In Fremont County, ten of 12 parents described one serious problem and two parents described two serious problems. In Lawndale, 6 of 11 parents described one serious problem and five described two serious problems. Thirteen different problems were discussed. The most common, described by three or more parents, were child bites, kicks, or hits adults; child has temper tantrums; and child has speech or language difficulties. Most serious problems described by parents were behavioral. Four parents were seriously concerned about potential developmental problems and one parent had both behavioral and developmental concerns. The most common "serious" developmental concern, noted by five parents, was speech or language difficulty. Thus in the combined two-

community sample, 16 percent (18 of 116 parents) reported serious behavior problems, 3 percent (4 parents) reported serious developmental concerns, and approximately one percent (one person) reported both.

Sources of help and advice. When asked for their top three "preferred and most trusted" sources of advice and support regarding their children's development, parents in both communities most frequently indicated their own, and other, parents (see Table 9 for definitions of all help sources). This finding was particularly characteristic of Lawndale parents; 95 percent of those surveyed listed other and their own parents among their top three sources of advice (Table 10). The second most common source among the top three was health care and social service professionals; the third was local Family Center services. Interestingly, although many children attended daycare and preschool programs and many families included older, school-age children, relatively few (7 of 119 parents) considered education professionals among their top resources. The proportion who utilized education professionals (defined as daycare, preschool, or school teachers) was relatively higher among families with school-age children (12% vs. 3%) but was unrelated to whether the young sibling was of infant or toddler-age.

When asked for their number-one preferred source of advice, over half the parents surveyed in Fremont and Lawndale mentioned their own and other parents. Health and social service professionals were ranked first by 32 percent of parents in Fremont and 18 percent of parents in Lawndale. Family Center services were ranked first by ten percent of families in Fremont and three percent in Lawndale (Table 11).

Specific concerns and help sources. Tables 12 and 13 present, in rank order, the 22 concerns discussed with parents in each community. Over half the parents surveyed in Fremont and Lawndale had concerns regarding how to tell if their child was developing normally, how to identify physical illnesses, how much and how often to feed their children, when and how to discipline, and what to do about their child's irritability and crying. In addition to these, over half the Fremont County parents were also concerned with toilet-training, teething, how to make the child's environment hazard-free, how to help children feel secure, when their children would sleep through the night, and how to choose quality child care. Parents in both communities discussed a large number of concerns (N = 599, Fremont; N = 512, Lawndale), and all 22 concerns were discussed by at least 20 percent of parents in each community (the prevalence of individual concerns ranged from 20 to 71 percent).

Fremont parents' responses to questions regarding specific developmental concerns were somewhat incongruous with their previously stated "top" source of advice. Previously, 53 percent selected "other parents" as their preferred source of advice and only 31 percent selected health and social service professionals. However, specific developmental concerns were referred to these two sources almost equally (175 and 184 concerns respectively, see Table 12). The third most frequently endorsed source of advice was the Family Center's services. Lawndale parents' responses more closely approximated their overall rankings. Of 512 concerns, 222 were referred to other parents and 142 were referred to health and social service professionals. Relatively few concerns were referred to the Family Center and few sought assistance from formal parenting education (e.g., through WIC).

In Fremont, no single concern was the exclusive domain of other parents, health and social service professionals, or the Family Center; yet the data do suggest some degree of "consumer" specificity. Questions regarding feeding, developmental ability, teething, and illness were at least three times more likely to be referred to health and/or social service professionals, whereas more personal decisions regarding feeding mode (breast or bottle), discipline, pacifiers, bedtime routines, and returning to paid employment were preferentially discussed with other parents. In Fremont, questions regarding toilet training and the attainment of other developmental milestones were discussed equally with other parents, health and social services providers, and the Family Center.

The pattern was slightly different among Lawndale parents (see Table 13). With the exception of questions regarding developmental level, parents sought the advice of other parents as often, or more often, than any other source. For example, parents with questions about childhood illnesses were just as likely to turn to other parents as they were to seek advice from health professionals. As in Fremont, parents perceived the Family Center's expertise to include information about toilet-training and choosing child care.

Specific problems and help sources. The three most common problems discussed by parents in Fremont and in Lawndale were temper tantrums, moodiness (is easily upset), and stubbornness. Each problem was discussed by at least one-third of parents in each community (see Tables 14 and 15). In addition, at least 20 percent of Fremont parents described the following problems: short attention span, sleep problems, hurting other children, child is overly active, child is fearful, child is lagging in language or speech development, and child is too demanding. Fremont parents discussed a total of 237 problems

(Table 14). The most common sources of help were other parents, health and social service professionals, and the Family Center. Problems were referred almost equally to these three sources; however, parental concerns regarding child's attention span, an indicator of possible developmental delay or behavior disturbance, were 2.5 times as likely to be referred to other parents or the Family Center as they were to health or social service providers.

Lawndale parents discussed a total of 230 problems (Table 15). In addition to the three most common problems shared by parents in Fremont County, over 20 percent of Lawndale parents reported problems with children hurting other children, being overly active, being too demanding, constantly seeking attention, and hitting, biting, or kicking adults. Sixty percent of all problems for which a help source was mentioned were referred to other parents. As in Fremont County, even potential signs of developmental delay were typically referred to other parents. For example, parents who noted children's speech problems were just as likely to turn to other parents for help as to health and social service providers.

Associations between family characteristics and concerns, problems, and help sources. A series of analyses were performed to identify relations between aspects of the family and reported concerns, problems, and parents' help-seeking behavior. For the first set of analyses, regarding associations with socio-economic factors, a cumulative risk index was constructed of five binary variables: annual income of less than $9000, four or more children in the household, mother less than 18 years of age at first birth, mother with less than high school education, and only one adult in household. Thus, the risk index could be a number from zero (none of these risk indicators) to five (all five risk indicators) for any given family. The range was from zero to four for Fremont families, and from zero to five for Lawndale families.

Pearson correlations between family risk and number of reported concerns and problems suggested only a weak linear relationship with most variables ($r < .30$; $p > .05$), so the family risk index was dichotomized based on fewer (less than 2) vs. more (2 or more) stressors. Chi-square tests were computed to learn whether family hardship was related to perceived sources of advice and support, or to reported developmental concerns and problems. For the most part, parents at relatively different levels of socio-economic stress reported similar help-seeking behavior except that in families with fewer stressors, parents were more likely to include self-help efforts (e.g., reading, and observing others' children) among their resources (Chi-square = 7.08; $p < .01$). Level of socio-economic stress was not

significantly related to parents' report of developmental concerns, or to the total number of concerns they discussed.

Socio-economic stress was related to the number of problems parents discussed, but in an unexpected way. In families with fewer stressors, parents reported significantly *more* problematic behaviors. On average, parents in the lower-stress group reported five problems; the average of the higher-stress group was three ($t = 2.71$; $p < .01$). Analyses by problem types showed that parents in the lower-stress group reported *more* problems of all types; differences between the groups were statistically significant ($p \leq .05$) for dependent, moody behaviors and for resistant, demanding behaviors.

Results of these analyses raise two comments. First, because the absolute number of problems of each type was small (less than two problems of each type on average), the inverse relation between socio-economic stress and number of behavior problems should be regarded with caution. One possible interpretation is that, in the absence of unrelenting family hardships such as extreme poverty and lack of adult-adult support, parents are more likely to identify and discuss disruptive behavior. Second, it must be acknowledged that Lawndale families are over-represented in the "high" risk group because, in these data, site and risk are confounded. However, the pattern of findings for the combined group is similar to that within each site, thus it seems unlikely that the noted associations with socio-economic stress are related to inherent differences between the two communities such as locality or ethnicity.

A second set of analyses examined potential differences between families whose youngest child was an infant ($\leq$ 12 months) versus a toddler. The results showed no significant relation between child's age and parents' help-seeking behavior. Similarly, there was little relation between child's age and parents' report of developmental concerns and problems; recall that most parents endorsed concerns of all types (Table 6) and as many as two-thirds described problems of the types probed (Table 8). Where differences were found, they were in the area of physical and intellectual development. More parents of infants expressed concerns about health and physical development and more parents of toddler-age children described potential developmental problems, though few noted they were of "serious" concern. These group differences were not statistically significant ($p \leq .05$).

Promoting school success begins in infancy. The final set of survey questions asked parents directly about early learning activities in the home. Over two-thirds of parents

reported that they felt they had enough time to provide quality learning experiences in the home. The most common activities were reading, casual talking, playing, or singing, and more formal teaching of verbal routines such as prayers, names of letters and colors, child's name, and address (see Table 16). Understandably, given the age range of this study, few parents reported separate or scheduled learning activities such as educational outings, lessons, or structured pre-academic activities such as "Hooked On Phonics." Parents of toddlers were significantly more likely to describe skill-building activities incorporated in family routines (43% vs. 24%; Chi-square = 4.76; $p < .05$).

When asked how community members could help parents prepare children to do well in school, responses ranged from parent-focused programs (such as parent education, home-visiting programs, etc.), to the need for better outreach regarding existing programs, to ways of strengthening links between home and school (see Table 17). In addition to increasing parent involvement and knowledge of resources, both groups recommended several child-focused activities. The most popular suggestion was the provision of peer play groups. The common vision was of mixed-age groups facilitated by knowledgeable adults who would take primary responsibility for activities, but attended by parents as well. Nearly half the sample reported that providing assistance with transportation and providing evening and weekend activities would help them take greater advantage of new or existing programs.

Discussion

Despite a number of methodological limitations that prevent generalizing these findings to the larger communities or to high-risk communities in general, they are nonetheless informative. They tell us that parents -- even parents with relatively few social, educational, and economic resources -- are sensitive to maturational changes in their children, and that they are worried. Parents of children less than three years old articulated the very risk conditions and behaviors we would want to identify in order to plan interventions to bolster young children's intellectual and emotional functioning. To some extent, all parents shared these experiences -- for 20 percent, they had become serious concerns.

Perhaps one of the most disheartening findings was the number of parents who described concerns and problems, but could not identify a source of advice or support. This

was true for six percent of the problems mentioned by Fremont parents and for 11 percent of the problems described by Lawndale parents. Clearly there is more to do to help parents connect with resources that offer help and support.

The information provided by Fremont and Lawndale parents suggests several ways communities can help "pave the road" to preschool and kindergarten readiness:

Recommendation 1: Broaden public education efforts regarding young children's development.

For better or worse, other *parents* are most parents first source of advice and support. Accurate information regarding infants' and toddlers' capabilities and early developmental milestones, coupled with widespread publicity regarding screening, help-lines, and intervention services, is needed to educate all individuals (parents, parents-to-be, as well as educators, policy makers, law enforcement agents, elected officials, community leaders, and the business community), to build community awareness, and to de-stigmatize established but often under-utilized programs for young children and families (Barnard, Morisset, and Spieker, 1993).

Recommendation 2: Tighten the links between services, and between service providers.

The parents in this study were remarkably selective in choosing between health and social services and family centers as sources of help and advice. Are parents (or providers) aware of the potential extensive overlap among these help sources? Trends toward service delivery that focus on families rather than on professional "sub-specialties" should benefit families in many ways. One is that parents gain a single, reliable source of information. "One-stop shopping" has advantages for the provider as well, as services become more comprehensive and well-integrated. The caveat is that providers must be willing to move beyond traditional areas of expertise. To date, too few programs in education, social, or health sciences provide the necessary interdisciplinary training -- a weakness that must be addressed through professional education and in-service opportunities (Scott, Lingaraju, Kilgo, Kregel, and Lazzari, 1993). Parent counseling regarding developmental activities (e.g., Frankenburg and Thorton, 1988) and clinic-based literacy programs (e.g., Needlman, Fried, Morley, Taylor, and Zuckerman, 1991; Needlman and Zuckerman, 1992) illustrate increasing commitment among health care professionals to the prevention of developmental delay. Other cross-discipline programs could be developed to reinforce common goals of early education, health, and social services even further.

Another interdisciplinary link must be strengthened, if not established. One of the most glaring findings of this study was the omission of early childhood education professionals in parents' recognition of help sources. Parents suggested several ways to build this bridge. Among them were the provision of preschool programs at elementary schools, mixed-age after-school programs, and year-round preschool programs.

Over two-thirds of the parents surveyed in each community said they felt they had enough time to provide learning experiences for their children, but most were unsure of what those activities should be. One possibility would be to teach parents (for example, through the use of brief visuals on billboards and public transportation, television, and radio spots) how to capitalize on daily family routines such as mealtimes, shopping, dressing, and bathing to teach shapes, colors, body parts, sharing, turn-taking and waiting, and to discuss each other's day and plan the next.

Recommendation 3: Increase the number of community-based programs for families with infants and toddlers.

Play groups, reading programs, and recreation programs could become the focus for providing much of what Fremont and Lawndale parents feel is missing. For example, community-based (e.g., neighborhood or church-based) peer play groups could be designed to provide a safe place for children to play and learn social skills, while providing skill-building opportunities for parents in the context of information exchange, including developmental screening and referral.

Like other behavioral changes our society has made (e.g., reducing smoking and motor vehicle accidents), building strong communities that meet the needs of children and families will also require a broad-based response. In addition to informal supports such as community-based play groups, prevention researchers are developing and testing targeted interventions to promote pro-social behavior (e.g., Webster-Stratton, 1991) and language development of "at-risk" preschool-age children (e.g., Whitehurst, Arnold, Epstein, Angell, Smith, and Fischel, 1993; Whitehurst, Falco, Lonigan, Fischel, DeBaryshe, Valdez-Menchaca, and Caulfield, 1988).

The challenge for caring professionals is to reach beyond traditional roles and to work collaboratively with parents, providers, policy makers, and the public on behalf of infants and young children.

References

Achenbach, T.M. (1986). Child behavior checklist for ages 2-3. University of Vermont: Center for Children, Youth, and Families.

Barnard, K.E., Morisset, C., and Spieker, S. (1993). Preventive interventions: Enhancing parent-infant relationships. In C. Zeanah (Ed.), *Handbook of infant mental health*. New York, NY: Guilford Press.

Brazelton, T.B. (1992). *Touchpoints: Your child's emotional and behavioral development.* Reading, MA: Addison-Wesley.

Boyer, E. L. (1991). *Ready to learn: A mandate for the nation.* Carnegie Foundation for the Advancement of Teaching. Lawrenceville, NJ: Princeton University Press.

Carnegie Task Force on Meeting the Needs of Young Children (1994). *Starting points: Meeting the needs of our youngest children.* New York, NY: Carnegie Corporation of New York.

Center for the Study of Social Policy (1993). *Kids count data book.* The Annie E. Casey Foundation Center for the Study of Social Policy, Washington, D.C.

Eyberg, S.M. and Ross, A.W. (1978). Assessment of child behavior problems: The validation of a new inventory. *Journal of Clinical and Child Psychology, 7,* 113-116.

Frankenberg, W.K. and Thorton, S.M. (1988). Promoting the development of children in busy primary health care settings. In M.I. Gottlieb and J.E. Williams (Eds.), *Developmental and behavioral disorders: Selected topics*, Vol. 1. New York, NY: Plenum.

Greenspan, S.I. (1992). *Infancy and early childhood: The practice of clinical assessment and intervention with emotional and developmental challenges.* Madison, CT: International Universities Press.

Greenspan, S.I. (1988). Early emotional and behavioral milestones in infancy and childhood. In M.I. Gottlieb and J.E. Williams (Eds.), *Developmental and Behavioral Disorders: Selected Topics*, Vol. 1. New York, NY: Plenum.

Kagan, S.L. (1990). Readiness 2000: Rethinking rhetoric and responsibility. *Phi Delta Kappan*, December, 272-279.

Lieberman, A.F. and Pawl, J.H. (1990). Disorders of attachment in the second year: A clinical developmental perspective. In M. Greenberg, D. Cicchetti, and E.M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and interventions.* Chicago, IL: University of Chicago Press.

Needlman, R., Fried, L.E., Morley, D.S., Taylor, S., and Zuckerman, B. (1991). Clinic-based intervention to promote literacy. *American Journal of Diseases of Childhood, 145,* 881-884.

Needlman, R. and Zuckerman, B. (1992). Fight illiteracy: Prescribe a book! *Contemporary Pediatrics*, February, 41-60.

Robinson, E.A., Eyber, S.M., and Ross, A.W. (1980). The standardization of an inventory of child conduct problems. *Journal of Clinical Child Psychology, 9,* 22-29.

Scott, F.G., Lingaraju, S., Kilgo. J.L., Kregel, J., and Lazzari, A. (1993). A survey of pediatricians on early identification and early intervention services. *Journal of Early Intervention, 17,* 129-138.

Sroufe, L.A. (1979). The coherence of individual development: Early care, attachment, and subsequent developmental issues. *American Psychologist, 34,* 834-841.

Van de Ven, A.H. and Delbecq, A.L. (1972). The nominal group process as a research instrument for exploratory health studies. *American Journal of Public Health, 62,* 337-342.

View, V. and Szanton, E. (1993). Promoting success in zero-to-three services: A case study of six community service systems. Preliminary report. Arlington, VA: ZERO-TO-THREE/NCCIP.

Webster-Stratton, C. (1991). Strategies for helping families with conduct disordered children. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 32,* 1047-1062.

Whitehurst, G.J., Arnold, D.S., Epstein, J.N., Angell, A.L., Smith, M., and Fischel, J.E. (1993). A picture book reading intervention in daycare and home for children from low-income families. In G.J Whitehurst (Chair), Interventions in shared reading for children from low-income families. Symposium conducted at the Biennial Meeting of the Society for Research in Child Development, New Orleans.

Whitehurst, G.J., Falco, F.L., Lonigan, C.J., Fischel, J.E., DeBaryshe, B.D., Valdez-Menchaca, M.C., and Caulfield, M., (1988). Accelerating language development through picture book reading. *Developmental Psychology, 24,* 552-559.

ZERO-TO-THREE/National Center for Clinical Infant Programs Committee on Public Policy/Public Education (1992). *Heart Start: The emotional foundations of school readiness.* ZERO-TO-THREE/National Center for Clinical Infant Programs. Arlington, VA.

Table 1: Community Descriptors

FREMONT COUNTY, CO
Location: rural county in south-central Colorado **Population:** 32,000 people in 1,500 square miles **Largest Minority Group:** 13% Hispanic (includes prison pop.) **High School Graduates:** 84% **Unemployment:** 9% **Birthrate among Women < 18 years:** 10 per 1,000 per year **Poverty:** 16% of community below FPL vs. 11% statewide; approximately 82% of children born since 1992 live in families with incomes below FPL
NORTH LAWNDALE, IL
Location: urban community on west-side of Chicago, Illinois **Population:** 47,000 people in 3.5-mile-radius **Largest Minority Group:** 96% African American **High School Graduates:** 36% **Unemployment:** 23% **Birthrate among Women < 18 years:** 29 per 1,000 per year **Poverty:** 40% of community below FPL vs. 12% statewide

Table 2: Sources of Participation by Method and Site

FOCUS GROUPS - RISK ASSESSMENT

Fremont County

17 Council members, screeners, and parent advocates
6 First Steps parents
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23 Professionals and parents of children birth to three years old

Lawndale

6 Health and social services providers
6 Early childhood education professionals
7 Family Focus staff
8 Family Focus parents
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27 Professionals and parents of children birth to three years old

PARENT SURVEY - SOURCES OF SUPPORT AND DEVELOPMENTAL CONCERNS

Fremont County

7 Pregnant or parenting teens
6 First Steps family-center families
20 First Steps home-visited families
12 Passport families (not involved with First Steps)
14 Dept. Social Service consumers (not involved with First Steps)
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59 Parents of children birth to three years old

Lawndale

25 Family Focus Prevention Initiative home-visited families
15 Family Focus Parents Too Soon home-visited families
20 Project Success parents (not involved with Family Focus)
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60 Parents with children birth to three years old

Table 3: Early Warning Signs of Preschool Difficulty

	Fremont		Lawndale	
Problem Area	**Parents**	**Prof.'s**	**Parents**	**Prof.'s**
Child's inability to get along with other children and adults (i.e., child is mean, disruptive, withdrawn, hysterical, fearful)	X	X	X	X
Child's poor self-concept (i.e., child has no sense of belonging or self-discipline,has low self-esteem)	X	X	—	X
Child's delay, illness, or disability (i.e., attention or emotional problems, language delay, poor nutrition, drug exposure, health problems such as lead exposure, or sickle cell anemia)	X	X	X	X
Negative parent-child relationship (i.e., harsh or inconsistent discipline, lack of concern about child's whereabouts, no 1-to-1 attention, child is controlling, parent and child are negative and insulting to each other)	X	X	X	X
Parent lacks knowledge or skills (i.e., is developmental disabled, lacks education, is overly restrictive or permissive, has unrealistic expectations, has drug, alcohol, or mental problem)	X	X	—	X
Inadequate family norms or structure (i.e., no structure, rules, or routines; child is unsupervised, mismatch between home and school cultures, parent is self-absorbed, family violence, no stable supportive friendships, multiple problems all at once; many adults in household)	X	X	X	X
Unsafe / impoverished neighborhood (i.e., no safe places for children to play; no community-sponsored opportunities for children to learn new things)	—	X	X	X

Table 4: Survey Participants: Primary Caregivers of Children under Age Three

Family Demographics	Fremont M (SD)	Lawndale M (SD)	p
Caregiver's age (yrs)	26 (6)	25 (7)	ns
Caregiver's sex (% female)	97%	100%	ns
Caregiver's race			***
Caucasian (%)	85%	0%	
African-American (%)	0%	100%	
Hispanic (%)	13%	0%	
Other (%)	2%	0%	
Caregiver's education (% < HS)	19%	40%	**
Single parent (%)	7%	41%	***
Teen pregnancy (% mothers < 18 yrs)	22%	40%	*
Income < $9,000 per yr (%)	26%	89%	***
Household size (# of people)	4 (1)	5 (2)	*
Children < 18 yrs in home (#)	2 (1)	3 (1)	***
Youngest child ≤ 12 mos (%)	58%	53%	ns
Youngest child 13 to 36 mos (%)	42%	48%	ns

Note. Maximum N for Fremont = 59, maximum N for Lawndale = 60; income is annual household income in 1994 dollars

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 5: Developmental Concerns Defined

Health and Physical Development
questions regarding feeding, sleeping, ages of developmental milestones (e.g.,sitting, walking, talking), and how to tell if baby is ill or not developing normally

Cognitive and Emotional Development
questions regarding "spoiling," self-soothing (e.g., thumb-sucking, security-blanket, rocking), how to handle irritability and crying, discipline, and whether to limit amount of TV viewing or videos

Family Routines
questions regarding how to choose quality daycare, whether or when to return to work, bedtime routines and habits, and how to make the child's environment safe

Table 6: Developmental Concerns by Community

Concern	Fremont		Lawndale	
	Rank (%)	M (SD)	Rank (%)	M (SD)
Health / Physical[1]	1 (98%)	5 (2)	1 (85%)	4 (3)
Cognitive / Emotional	2 (85%)	3 (2)	2 (82%)	3 (2)
Family Routines	2 (85%)	3 (2)	3 (77%)	2 (1)
TOTAL Concerns		10 (5)		9 (6)

Note. Percentages indicate the proportion of study families who reported this concern (yes/no); means and standard deviations indicate the average number of items endorsed within each type of concern and "TOTAL" is the overall number of concerns expressed.

[1]Fremont parents expressed a greater number of concerns about their children's health and physical development ($p \leq .01$), all other tests of differences between communities were not statistically significant.

Table 7: Developmental and Behavioral Problems Defined

Demanding / Defiant Behaviors
child refuses to listen; fusses when it's time to change activities; refuses to go along with family routines; is demanding; constantly seeks attention; has sleep problems

Acting Out / Aggressive Behaviors
child bites, kicks, or is mean to other children or adults; has temper tantrums; is over-active, can't "sit still"

Sullen / Dependent Behaviors
child is moody; doesn't smile or laugh as much as other children; is afraid of new situations or people; is shy or timid

Signs of Possible Developmental Problems
attention span is short for age; speech is delayed or hard to understand; is clumsy or accident prone

Table 8: Developmental and Behavioral Problems by Community

Problem	Fremont		Lawndale	
	Rank (%)	M (SD)	Rank (%)	M(SD)
Demanding	1 (68%)	1 (1)	2 (63%)	1 (1)
Aggressive	2 (63%)	1 (1)	1 (65%)	1 (1)
Dependent	3 (54%)	1 (1)	3 (55%)	1 (1)
Possible Devel. Delay	4 (48%)	1 (1)	4 (33%)	5 (1)
TOTAL Problems		4 (3)		3 (3)
Number of parents for whom a problem was of "serious" concern	12 of 57 (21%)		11 of 59 (19%)	

Note. Percentages indicate the proportion of study families who reported this problem (yes/no); means and standard deviations indicate the average number of items endorsed within each type of problem and "TOTAL" is the overall number of problems expressed. Differences between communities were not statistically significant. Three pregnant women, without children under three years of age, were excluded from the computation of the proportion of parents for whom a problem was of "serious" concern.

Table 9: Preferred Sources of Advice and Support Defined

Other and Own Parents: discussions with own parents, relatives, or friends with young children or self-help parent groups

Health and Social Service Professionals: physicians, physician's assistants, nurses, PHN home visitors, child development specialists such as psychologists or developmental screeners

Family Center Services: specific programs and services offered by Project Echo (Fremont) or Infant and Family Focus (Lawndale)

Self-Help / Observation: reading, watching TV or videos, or observing other children

Formal Education: child-birth, parent-education, or nutrition classes (e.g., WIC); classes in high school or college

Education Professionals: daycare or preschool staff; school teachers

Community Services: religious leaders and instructors; telephone crisis and help lines

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Table 10: Top Three Preferred Sources of Advice by Community

Source	Fremont Rank (%)	Lawndale Rank (%)	p
Other and Own Parents	1 (83%)	1 (95%)	*
Health and Social Services	2 (70%)	2 (67%)	ns
Family Center Services	3 (44%)	3 (35%)	ns
Self-Help / Observation	4 (24%)	5 (15%)	ns
Formal Education	5 (9%)	4 (17%)	ns
Education Professionals	6 (5%)	6.5 (7%)	ns
Community Services	7 (2%)	6.5 (7%)	ns

Note. Percentages indicate the proportion of parents who reported that this source of advice was among their top three "preferred and most trusted."

* $p < .05$; proportionately more Lawndale parents included "other and own parents" among their top three sources of advice.

Table 11: Source of Advice Most Often Ranked #1

Source	Fremont Freq. (%)	Lawndale Freq. (%)
Other and Own Parents	31 (53%)	46 (77%)
Health and Social Services	19 (32%)	11 (18%)
Family Center Services	6 (10%)	2 (3%)
Self-Help / Observation	3 (5%)	0
Community Services	0	1 (2%)
Formal Education	0	0
Education Professionals	0	0

Note. Fremont N = 59; Lawndale N=60.

Table 12: Developmental Concerns by Preferred Help Source - Fremont

Rank / Concern / (Frequency)	Help Source 1	2	3	4	5	6	7
1. Amt and freq of feeding (42)	1	7	5	0	24	0	3
2. Is child developing normally (39)	1	4	0	0	20	0	13
3. Age for toilet-training (35)	4	9	0	0	9	0	10
4. Teething or dental appt (35)	3	6	0	1	20	0	2
5. How to make env. safe (35)	11	8	0	1	4	0	7
6. Age to sit, talk, walk, etc. (34)	6	9	0	0	9	0	9
7. How to identify illnesses (34)	4	6	1	0	21	0	1
8. Child's irritability and crying (32)	2	14	1	0	10	0	3
9. How to help child feel safe (32)	5	11	1	0	7	0	5
10. Night waking (31)	8	6	0	0	13	0	2
11. When or how to discipline (31)	3	11	1	1	4	0	10
12. Choosing childcare (29)	3	12	0	0	4	0	8
13. Breast or bottle-feeding (24)	1	10	4	0	6	0	2
14. Estab. a regular schedule (23)	3	5	3	0	9	0	2
15. Does too much attn "spoil" (22)	2	8	1	1	5	0	4
16. Bedtime routines (21)	4	10	0	0	2	0	4
17. Should child use a pacifier (18)	1	10	0	0	4	0	0
18. Are child's habits okay (18)	4	4	0	0	5	0	3
19. Returning to pd employmt (18)	0	11	2	0	2	0	1
20. Should sleep area be quiet (17)	4	7	0	0	2	0	0
21. Amt or type of TV & videos (15)	4	4	0	1	1	1	3
22. OK to sleep with parents (14)	3	3	0	0	3	0	2
TOTAL Concerns = 599	77	175	19	5	184	1	94
Rank Order	4	2	5	6	1	7	3

Note. Frequencies are the number of parents with this concern who have, or would, seek advice from the indicated help source. The sum of frequencies is greater than the sample size (N = 59) because each parent could list up to 22 concerns. Forty-four of 599 concerns (7%) were not assigned a help source.

Help Source Key: 1: self-help / obs.; 2: other & own parents; 3: formal ed.; 4: ed. professionals; 5: health & social service professionals; 6: community services; 7: family center services.

Table 13: Developmental Concerns by Preferred Help Source - Lawndale

Rank / Concern / (Frequency)	Help Source 1	2	3	4	5	6	7
1. Is child developing normally (35)	1	5	2	2	17	0	6
2. How to identify illnesses (31)	0	14	1	0	14	0	0
3. Amt and freq of feeding (30)	0	13	8	0	6	0	0
4. When or how to discipline (30)	1	18	3	0	4	1	1
5. Child's irritability and crying (30)	1	13	3	1	10	0	0
6. Age for toilet-training (28)	1	10	2	0	6	0	7
7. Estab. a regular schedule (27)	0	10	2	0	12	0	1
8. Should sleep area be quiet (26)	1	10	4	0	6	0	2
9. Night waking (26)	0	13	1	0	8	0	1
10. Choosing childcare (26)	0	12	3	1	3	0	6
11. Does too much attn "spoil" (25)	0	16	0	1	5	0	1
12. Age to sit, talk, walk, etc. (25)	0	9	0	0	11	0	4
13. Breast or bottle-feeding (22)	1	12	3	0	3	0	0
14. Teething or dental appt (22)	0	8	1	0	11	0	0
15. How to help child feel safe (21)	1	8	2	3	4	0	2
16. How to make env. safe (19)	2	6	4	2	1	2	2
17. Bedtime routines (18)	0	11	2	0	2	0	0
18. Are child's habits okay (17)	1	5	1	0	8	0	2
19. Should child use a pacifier (16)	1	9	2	0	2	0	0
20. Amt or type of TV & videos (13)	0	7	1	1	3	0	0
21. Returning to pd employmnt (13)	0	6	2	0	4	0	0
22. OK to sleep with parents (12)	1	7	0	0	2	0	1
TOTAL Concerns = 512	12	222	47	11	142	3	36
Rank Order	5	1	3	6	2	7	4

Note. Frequencies are the number of parents with this concern who have, or would, seek advice from the indicated help source. The sum of frequencies is greater than the sample size (N = 60) because each parent could list up to 22 concerns. Thirty-nine of 512 concerns (8%) were not assigned a help source.

Help Source Key: 1: self-help / obs.; 2: other & own parents; 3: formal ed.; 4: ed. professionals; 5: health & social service professionals; 6: community services; 7: family center services.

Table 14: Problems by Preferred Help Source - Fremont

Rank / Problem / (Frequency)	Help Source 1	2	3	4	5	6	7
1. Temper tantrums (28)	2	9	0	1	7	0	8
2. Moody or easily upset (21)	1	9	0	1	5	0	4
3. Stubbornness (21)	0	9	2	1	4	0	5
4. Short attention span (19)	0	8	0	1	3	0	7
5. Sleep problems (17)	0	6	0	0	7	0	4
6. Hurts other children (16)	0	4	1	1	3	0	5
7. Is overly active (16)	0	7	0	0	4	0	4
8. Is fearful (15)	1	2	0	0	8	0	2
9. Speech problems (15)	0	3	0	1	5	0	6
10. Is too demanding (13)	1	4	0	0	3	0	3
11. Attacks adults (11)	0	1	0	1	4	0	3
12. Constantly seeks attn (11)	0	6	0	1	0	0	3
13. Resists routines (9)	1	3	0	0	3	0	2
14. Fusses or cries a lot (7)	0	3	0	0	3	0	1
15. Is shy or timid (7)	1	2	0	0	1	0	2
16. Is accident prone (6)	1	1	0	0	0	0	3
17. Doesn't smile much (5)	0	0	0	0	4	0	1
TOTAL Problems = 237	8	77	3	8	64	0	63
Rank Order	4.5	1	6	4.5	2	7	3

Note. Frequencies are the number of parents with this problem who have, or would, seek advice from the indicated help source. The sum of frequencies is greater than the sample size (N = 59) because each parent could list up to 17 concerns. Fourteen of 237 problems (6%) were not assigned a help source.

Help Source Key: 1: self-help / obs.; 2: other & own parents; 3: formal ed.; 4: ed. professionals; 5: health & social service professionals; 6: community services; 7: family center services.

Table 15: Problems by Preferred Help Source - Lawndale

Rank / Problem / (Frequency)	Help Source 1	2	3	4	5	6	7
1. Temper tantrums (27)	2	16	2	0	4	0	2
2. Moody or easily upset (24)	0	15	1	2	3	0	1
3. Stubbornness (23)	0	14	1	0	3	1	4
4. Hurts other children (20)	0	11	0	0	6	0	1
5. Is overly active (19)	1	5	3	0	3	1	3
6. Is too demanding (15)	0	7	2	0	2	0	1
7. Constantly seeks attn (14)	1	6	2	0	0	0	1
8. Attacks adults (13)	0	10	0	0	2	0	0
9. Short attention span (10)	0	4	1	1	2	0	2
10. Fusses or cries a lot (10)	0	6	2	0	0	0	2
11. Resists routines (10)	0	7	0	0	1	0	1
12. Is shy or timid (10)	0	4	1	0	0	0	1
13. Is fearful (10)	0	4	0	0	3	0	1
14. Speech problems (9)	0	4	0	1	4	0	0
15. Sleep problems (7)	0	6	0	0	1	0	0
16. Is accident prone (6)	0	2	0	0	1	0	0
17. Doesn't smile much (3)	0	2	0	0	1	0	0
TOTAL Problems = 230	4	123	15	4	36	2	20
Rank Order	5.5	1	4	5.5	2	7	3

Note. Frequencies are the number of parents with this concern who have, or would, seek advice from the indicated help source. The sum of frequencies is greater than the sample size (N = 60) because each parent could list up to 17 concerns. Twenty-six of 230 problems (11%) were not assigned a help source.

Help Source Key: 1: self-help / obs.; 2: other & own parents; 3: formal ed.; 4: ed. professionals; 5: health & social service professionals; 6: community services; 7: family center services.

Table 16: Parents' Report of Learning Experiences Provided for Young Children

Learning Experiences	Fremont % Yes	Lawndale % Yes
Family Routines		
Parent reads to child	75%	55%
Talks, plays, or sings with child	69%	47%
Teaches letters, name, address, prayers, etc.	20%	43%
Teaches how to get along, follow rules	5%	n/a
Provides toys, paints, books, pets, etc.	17%	15%
Teaches informally during meals, bath, etc.	17%	n/a
Child included in family chores	3%	3%
Child plays with other children	3%	3%
Child watches TV or videos	2%	20%
Separate Activities		
Educational outings with family	15%	15%
Physical play (e.g. sports, park, etc.)	17%	13%
Child attends play groups	19%	7%
Child attends lessons (e.g. swimming)	2%	n/a
Formal ed. at home (e.g. how to read)	2%	n/a

Note. Categories were formed from parents' responses to the open-ended questions: "Many parents feel they know how to provide good early learning experiences for their young children but don't have enough time. Is that true for you? What types of learning experiences do you find time for? Which are part of family routines and which are separate activities?" Sixty-five percent of Fremont Co. parents and seventy percent of Lawndale parents felt they did have enough time for learning-activities with their children. The proportion of families whose youngest child was an infant (0 through 12 months) vs. a toddler (13 to 36 months) did not differ in the two communities.

Table 17: Ways Community Could Help Parents Prepare Children for School

Ways of Helping Parents	Fremont % Yes	Lawndale % Yes
Increase Parent Participation and Knowledge		
More resources like the Family Center	15%	23%
Parent education classes	14%	17%
Parent support groups	5%	3%
Information from health professionals about what children need to get ready for school	5%	n/a
Better outreach regarding existing programs	14%	7%
Home-visiting programs	n/a	7%
Ask parents about families' needs	2%	5%
Better school-to-parent communication	20%	8%
Allow parents to attend child's classes	3%	2%
Help Children Prepare for School		
Provide supervised peer play-groups	31%	20%
Locate pre-schools at elementary schools	15%	7%
Conduct pre-school programs year-round	20%	8%
After-school programs for children of all ages	n/a	8%
Community recreation center programs	9%	7%
Children's reading programs	9%	5%

Note. Categories were formed from parents' responses to the open-ended question: "How could other members of the community help you learn what kind of things children should know so they will be able to learn more easily and get along with others in kindergarten?"

APPENDIX A

EARLY WARNING SIGNS OF PRESCHOOL DIFFICULTIES

Questions for Providers and Parents

Language lags and emotional problems hamper children's ability to succeed in formal school environments. In your experience with families with young children, what clues do you see to later social and learning diffculties?

1) What specific types of problems do you see early on (in the child, parent, or environment) that could make a child's school years difficult? Possible problems include: speech delay, aggression, over-protective parenting, little opportunity for peer play, etc.

2) How common is each of the problems you see?

3) How serious is each; who determines "seriousness?"

4) What time trends have you seen? Has the extent of these problems changed in the last five years? Are you seeing more children with these problems? Are the problems growing more serious?

5) What interventions are available (e.g., counseling, parent education, community food banks, etc.) and who is responsible for those services?

Here is a place to put your thoughts together on your own. After a few minutes, I'll ask each of you share the problems you've identified and then we'll finish building the grid together.

Problem	**How Serious?** (rank each 1 to 5 with 1 = most serious)	**How Common?** (rank each 1 to 5 with 1 = most common)	**TimeTrend?** (up, down, or the same)	**Treatment** and who is responsible?

APPENDIX B

THE ROAD TO READINESS, A SURVEY OF LAWNDALE PARENTS

Colleen E. Morisset, Ph.D., Center on Families, Communities, Schools, and Children's Learning, ZERO to THREE / NCCIP, and Family Focus Lawndale
Telephone: (312) 521-3306

We'd like to ask some questions of parents and other primary caregivers living with children under three years of age. The questions are about where parents turn for support and advice about raising and caring for young children.

To see if you are eligible for this survey, please answer the following:

1. Are there any children under 3-years old living with you? YES NO
2. Are you a primary caregiver (providing 40% or more of the at-home care) for one or more of these children? YES NO

If you answered yes to both questions, please continue with this questionnaire. If you are caring for more than one child under the age of three, please combine your experiences as you think about these questions.

This questionnaire will take about 30 minutes to complete. Your answers are confidential. There will be no way that you or your family can be linked to your responses.

You will receive a stipend as a thank you for helping with the survey.

_____ name of interviewer

Parenting is an exciting and challenging time. All parents occasionally have questions about what to expect of their infant and toddler's development, changing abilities, habits, likes, and dislikes.

Question 1 - Thinking generally, when you have questions about your child's development, where do you turn for information and advice?

Potential sources of help include *(circle the numbers of all sources you have used in the last 12 months):*

1. older family members e.g., your own parent or grandparent
2. relatives or friends with young children
3. parent-organized parent support groups
4. comparing my child with others
5. clinic visits with a Doctor or Physician's Assistant
6. clinic visits with a Public Health Nurse
7. discussions with child development professionals (other than well-baby appointments)
8. health and nutrition teaching e.g., prenatal education classes, WIC
9. natural child birth classes (e.g., Lamaze classes)
10. parent education classes
11. curriculum in high school or college about human development
12. regular television shows that show parents and children
13. special health or parenting videos or television shows
14. books on child development
15. nurse home-visiting services
16. daycare providers or child care staff
17. preschool teachers / Head Start staff
18. caregivers at church or Sunday school
19. church clergy
20. parental stress or other telephone help-line
21. Family Focus home visitor / parent educator
22. other, please describe _____

Now, rank the top 3 sources of advice and information from your selections:

1._____ (preferred and most trusted)

2. _____ (second choice)

3._____ (third choice)

Question 2 - Here are some common questions about caring for infants and toddlers under 3 years of age. Give the name or item number (from Question 1) of the source you would turn to first for advice, and indicate whether or not you have actually done so in the last 12 months. If you <u>have</u> asked for advice, indicate how satisfied you were with the helper's response *(periodically remind parents of all the sources they chose in Question 1):*

code "*helper's response*" as 1 = just listened
2 = asked questions
3 = told me who to see
4 = showed me a new way to look at things
5 = took some action or gave me advice
6 = gave me materials to read
7 = source is TV, video, or books

code "*satisfied*" as 1 = not very satisfied
2 = neither positive or negative
3 = somewhat satisfied
4 = very satisfied

CONCERNS	Who? (list #)	Have you had this concern?	If you had this concern, did you seek advice? / If yes, what was helper's response?	How satisfied were you?
1. should my child be bottle-fed or breast-fed?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
2. should my child use a pacifier or not?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
3. how often, how much, and what to feed child?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
4. does picking up a child a lot spoil him/her?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
5. are child's habits such as thumb-sucking security blanket, rocking ok?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
6. should an area be made quiet for sleeping?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
7. when will my child sleep through the night?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
8. at bedtime, just put in bed or sing, rock, etc.?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
9. importance of a regular eat/sleep schedule?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
10. what ages do children sit, walk, talk, etc.?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
11. what age do children begin toilet learning?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
12. when should I begin, and how to, discipline?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
13. how old is ok for a child to sleep w/ parent(s)?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
14. what to do for teething; when to go to dentist?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
15. should amount or type of TV/video be limited?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
16. how to choose quality child care?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
17. when/whether to return to paid employment?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
18. is my child's development is normal?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
19. how do I tell when my baby is sick?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
20. how to handle irritabilty and crying?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4

CONCERNS (con't)	Who? (list #)	Have you had this concern?	If you had this concern, did you seek advice? / If yes, what was helper's response?	How satisfied were you?
21. how to make the environment safe?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
22. how to help my child feel secure?	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
23. any other concerns you'd like to add? *(fill in below)*				
_____	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4

Question 3 - This part describes some common problems in the infant and toddler years. Indicate where you would first turn for advice regarding these problems and whether you have actually done so. Like before, if you have asked for advice, indicate how satisfied you were with that help *(periodically remind parents of all the sources of support they chose).*

code "*helper's response*" as 1 = just listened
2 = asked questions
3 = told me who to see
4 = showed me a new way to look at things
5 = took some action or gave me advice
6 = gave me materials to read
7 = source is TV, video, or books

code "*satisfied*" as 1 = not very satisfied
2 = neither positive or negative
3 = somewhat satisfied
4 = very satisfied

PROBLEMS	Who? (list #)	Has child had this problem?	If child had this problem, did you seek advice? / If yes, what was helper's response?	How satisfied were you?
1. is moody or gets upset easily	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
2. has a short attention span	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
3. bites, kicks, hits, or is mean to other children	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
4. bites, kicks, hits, or is mean to adults (incl. you)	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
5. refuses to listen; is stubborn	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
6. has temper tantrums; yells or screams	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
7. fusses or cries when asked to change activities	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
8. refuses to eat go along with family routines such as meals, chores, naps, or bedtime	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
9. doesn't seem to smile, giggle, laugh as often as most children	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
10. is shy or timid	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
11. can't sit still; is overactive	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
12. is afraid to go near new things or people	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
13. constantly seeks attention	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
14. is demanding; wants everything right now	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4

PROBLEMS (con't)	Who? (list #)	Have you had this concern?	If you had this concern, did you seek advice? / If yes, what was helper's response?	How satisfied were you?
15. has night waking or trouble falling asleep	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
16. child's speech is hard to understand or isn't talking as much as others his/her age	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
17. is clumsy or accident prone	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4
18. any other concerns you'd like to add? (*fill in below*)				
_____	_____	Yes No	No / 1 2 3 4 5 6 7	1 2 3 4

If your child has had any of the problems mentioned, which (if any) is of serious concern to you and why?

Question 4 - Here are some questions about your child's social network. Who takes an interest in your child's well-being *(choose just one child under age three; check all that apply)*:

	How often does your child see this person (*note per mo/wk/da*)?	Known since birth (*circle*)?
_____ child's other parent	_____	Yes No
_____ child's grandparent(s)	_____	Yes No
_____ other relatives, who? _____	_____	Yes No
_____ neighbor	_____	Yes No
_____ baby-sitter	_____	Yes No
_____ daycare / preschool provider	_____	Yes No
_____ other service provider, who? _____	_____	Yes No
_____ other, who? _____	_____	Yes No

Question 5 - A recent survey of kindergarten teachers learned that 35% of children are not ready to learn when they start formal schooling. Who's responsibility is it to help children get ready for kindergarten *(rank all of the following in order of importance from 1 = has greatest responsibility to help get children ready, to 6 = has least responsibility)*:

_____ parents
_____ siblings
_____ other family members
_____ preschool / Head Start programs
_____ community programs e.g., library, community center activities, playgrounds, parent education, etc.
_____ daycare providers
_____ other, please describe

Question 6 - Many parents feel they know how to provide good early learning experiences for their young children but don't have enough time. Is that true for you? YES or NO What kinds of learning experiences do you find time for? Which are part of family routines (e.g., bedtime stories) and which are separate activities (e.g., organized play groups)?

Question 7 - How can communities help children prepare for school *(just a few words or ideas is fine)*? That is, how could other members of the community (such as teachers, nurses, other parents, etc.) help you learn what kind of things children should know so they will be able to learn more easily and get along with others in kindergarten?

Question 8 - What would be necessary for your family to be able to participate in the community programs or activities you recommended above (e.g., program should be open in the evenings, open on weekends, need child care, transportation, etc.)?

Question 9 - On a scale of 1 to 5, how much should parents and professionals be concerned with "school readiness" in a child's first three years of life *(please circle):*

1 = not very concerned; school readiness begins later, in preschool or kindergarten; the best place to learn school skills is from school teachers

2 = (*between 1 and 3*)

3 = somewhat concerned: there are some things that help like showing toddlers books, but they'll all get these experiences sooner or later

4 = (*between 3 and 5*)

5 = very concerned; there are many things to learn from adults (not just teachers) and other children before starting school that give children an advantage for when they do start school

Question 10 - Information about respondent

Your age _____ Your sex _____

Your years of formal schooling *(12 = High-school grad or GED)* _____

How many people live in your household (*include all adults and children*)? _____

How many children less than 18 years of age live in your household? _____

What is your gross yearly family income from all sources (*check one*):

over $29,000 _____ $25,000 - 28,000 _____ $21,000 - 24,000 _____

$17,000 - $20,000 _____ $13,000 - 16,000 _____ $9,000 - 12,000 _____

$5,000 - 8,000 _____ under $5,000 _____

For each child in your household, give his/her age (*note months or years*), sex, and your relationship to that child:

1. age _____ sex _____ your relationship to him/her _____
2. age _____ sex _____ your relationship to him/her _____
3. age _____ sex _____ your relationship to him/her _____
4. age _____ sex _____ your relationship to him/her _____
5. age _____ sex _____ your relationship to him/her _____
5. age _____ sex _____ your relationship to him/her _____

Do you have other relatives in the area (within 30 miles)? Yes No

If yes, who?_____

THANK YOU FOR YOUR TIME AND FOR SHARING THIS INFORMATION WITH US!