

## A model of early intervention in south-east Turkey: A pilot implementation<sup>1</sup>

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### Introduction

It is well known that the social and economic development of a country is directly related to the level of schooling achieved. Early childhood education is a very effective means of increasing the likelihood of the child's success in school and the level of education attained particularly for children of families of low socio-economic standing.

The building blocks of the child's physical, cognitive, social and emotional development are set in the early years of life in the context of the family and the community at large. Parents as the primary agents of non-formal care and education make the most important contribution to the child's development. In many communities this is supported by preschool institutions. In contexts that are disadvantageous for development, such formal care and education becomes most significant and functions as an intervention measure. There is ample research pointing to the positive effects of early childhood intervention on school readiness and success in primary school (Campbell & Ramey, 1994; Bekman, 2003; Kağıtçıbaşı, Sunar & Bekman, 2001). Intervention programs serve to compensate for socio-economic and gender related inequalities pervasive in most societies. Children subject to such unequal conditions and thus at risk, tend to lag far behind their peers and this developmental gap expands in later years (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1986; Hess, 1970; Lazar & Darlington, 1982; Pehrson & Robinson, 1990). Effective programs that give children a fair start in the early years, not only help them catch up and lead to an increased rate of enrollment in later schooling, but also decrease the need for remedial programs for unsuccessful and repeating students (Myers, 1992). Early childhood intervention programs are thus more cost-effective as compared to those provided in later years.

School success or failure is related, to a great extent, to how ready the child is for school, particularly in terms of linguistic and cognitive skills. One of the defining aspects of formal schooling is its use of both oral and written language as the medium of instruction and acquisition of knowledge. The first task of the child at the start of primary school is, then, to learn how to read and write, that is, to acquire an encoding /decoding system in print. It is therefore, essential that the child has achieved an adequate level of linguistic competence prior to entering school. Linguistic competence is very closely related to cognitive competence the further development of which constitutes one of the targets of formal education. Activities in programs of preschool education typically concentrate on developing children's cognitive and linguistic skills and prepare them for the acquisition of literate competence. Availability of early childhood education programs and particularly early enrichment programs is, therefore, extremely important for preparing children from environmentally disadvantaged homes for school.

Turkey has a centralized system of education and the language of instruction is Turkish. The early childhood education (ECE henceforth) or the primary school systems are not equipped with special programs aimed at bridging the language gap for children who come to school with insufficient knowledge of Turkish. Remedial instruction to teach Turkish is given, at best, in the first grade by the class teacher

using informal self-devised methods. The main aim of first grade activities is the acquisition of encoding/decoding skills that rely on syntactic and narrative-discourse competence. Low levels of such competence will result in delays in the acquisition of literacy skills which will, in turn, hinder in later years of school the mastery of literate competence aimed at developing strategic skills for planning, monitoring, evaluating information, and at increasing register awareness and cultural background.

### **State of Early Childhood Education in Turkey and the Southeastern Early Childhood Education Project**

The officially preferred model for early childhood education in Turkey is a center-based model that has the 5-6 year age bracket as its target. Even with this narrow definition and single model of ECE, the available facilities can reach only 14%, a very small percentage of the target population (Ministry of National Education, 2003). In the last decade, a number of non-governmental organizations have taken serious interest in contributing to the improvement of education in Turkey. The Mother Child Education Foundation (ACEV henceforth) as one such organization, has been actively engaged in training mothers to give support to the development of their pre-school children, using a home-based early childhood education program developed specifically for this purpose.

Recently, ACEV decided to adopt a center-based approach with particular emphasis on early language and cognitive skills in addressing the problems faced by children who are at risk because they come from under-resourced environments. To determine the structure, context and content of the program and the most appropriate model for its implementation, a large scale survey was carried out on the needs for early childhood education and on the levels of linguistic competence of preschool and primary school age children in three provinces of Turkey with multilingual populations (Koç, Taylan, Bekman, 2002).<sup>2</sup> The findings revealed a need for expanding ECE services in the form of support programs to promote the development of cognitive and language skills of children at the kindergarten level. Such programs aim to prepare the child socially, cognitively and physically to begin formal schooling at a level of cognitive and linguistic competence required by the first grade activities focused on literacy acquisition. They also aim to prepare the parents for collaboration with the school, believing in the positive impact of mutual support and harmony between these two significant environments on the child. These concerns led to the development of two interlinked programs, the Preschool Education Program and the Mother Support Program to cater to the specific needs of the Southeastern Anatolian region.

### **The Pre-School Education Program**

The Pre-School Education Program for Southeastern Turkey aims to enhance the cognitive, linguistic, social, emotional and physical skills of children from mono- or multi-lingual environments to improve their readiness for school (Bekman, Aksu-Koç, Taylan, Uzuner, Şenocak, 2003). It targets 5- to 6-year old children who cannot benefit from ECE services because they live under disadvantaged socio-economic conditions. The emphasis of the program is placed on a structure that will promote creativity, self-expression and active/participatory learning for children. The program consists of physical, cognitive, language and social-emotional components. The physical component targets the development of self-care behaviors, such as physical exercise, cleanliness and healthy nourishment habits. The aim of the cognitive component is to prepare children for school by stimulating conceptual development (spatial and temporal concepts, size concepts, directions, colors and shapes, part-whole relations, classification, seriation, and the like), pre-literacy (listening comprehension, verbal expression, visual memory, attention and discrimination) and pre-numeracy skills (1:1 correspondence, naming and recognition of numbers and shapes, addition and subtraction). The language skills component aims to support vocabulary (nouns, adjectives, verbs, and adverbs), grammatical structure (inflectional and derivational morphology, simple, coordinate and subordinate clauses and

discourse organization (conversational and narrative). Finally, the social-emotional component of the program aims to promote the ability to recognize emotions and communicate them in proper ways, set up positive relationships with peers and adults, and learn ways of social-interaction.

The above aims are distributed over the nine different parts of the daily routine, twenty-three minutes each. An activity of any part of the daily routine may address one or more aims of one or more program components. A day starts with *Gymnastic time* devised to support physical development, body awareness, and creativity through the bodily expression of the targeted concept. *Circle time* is planned to get children to think about a subject, exchange ideas, express themselves, and see the cause-effect relationships between events. *Outdoor time* enables children to exert energy and use their skills of speaking, observing and thinking through games. *Language time* is devised to expose children to the different morpho-syntactic structures of Turkish and enhance their use of verbal skills. In *Planning time* each child talks about what, where, and with whom s/he will play in play time. *Play time* gives the child the opportunity to work independently with different materials, to engage in problem solving, and to share experiences with friends and adults. Teachers contribute to play time by observing and actively participating in children's games with questions and comments directed at the development and use of the target concepts. *Recall time* is for sharing with their friends what they have done in play time. *Preparation for School time* is devoted to working on pre-literacy and pre-numeracy exercises (adapted from the Preschool Parent Child Education Program (Şenocak, Erdoğan, Özkök, Sucuka, & Bekman, 1999). The 30 books chosen for *Story time* aim to get the children to think about different issues, the cause-effect relations that pertain between events, to support the development of language and imaginative power and to promote positive feelings about reading and writing. During the *Story Time* children are asked to relate the story characters and events to their own lives, to project what would be an alternative unfolding of events, or to perform the story.

### The Mother Support Program

The Mother Support Program (Bekman, Sucuka and Ozdemir, 2003) targets the mothers of children attending the preschool program and is designed to complement it. The mothers are not required to be literate or fluent in Turkish and the teachers running the program are bilingual. Topics such as nutrition, preventative health care, mother and child health, preparing the child for school and positive disciplinary methods are covered within the program that also aims to support the learning process of the children attending the Preschool Education Program.<sup>3</sup> At home, the mothers are expected to engage in practices such as story telling and creative activities with their children, as well as supervising self-help skills and creating opportunities for responsibility taking. The Mother Support Program teachers conduct home visits to provide feedback regarding these activities and what has been discussed in the groups. Home visits are also influential in encouraging class attendance. For mothers with many children, drop-in childcare facilities are provided during the period they attended classes.

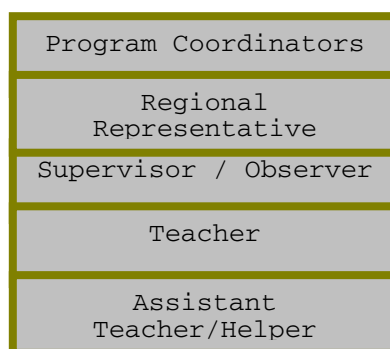
### Implementation of the Programs

The program was implemented in Diyarbakır, a province in Southeastern Turkey, in four public schools and ACEV's experimental preschool (sites 1, 2, 3, 4 and 5). All four schools were in neighborhoods that had a high population of socio-economically disadvantaged families with high numbers of children and little or no access to preschool education facilities. Three hundred sixty children and three hundred twenty mothers attended the programs. The Preschool Education Program lasted ten weeks from 9 a.m. to 1 p.m. during every week day in classes of 20 children. The Mother Support Program lasted twelve weeks and mothers met once a week for two and a half hours. An attempt was made to include the fathers into the program; at the beginning of the implementation letters were sent to inform them about the purpose, the content and the benefits of the programs for the mothers and

the children. Before the end of the implementation they were invited to a meeting and were presented with the most important aspects of the information given to the mothers. They were also asked to share their opinions about the program and the changes they observed in their children. A total of 64 fathers attended these meetings conducted by ACEV's Father Education Specialist.

### *Staff*

The staffing models for the Preschool Education Program and the Mother Support Program are as presented below:



The program coordinators trained the teachers and observed and provided feedback to the teachers and the supervisors during the course of implementation. A regional representative conducted the administrative activities and was responsible for the coordination between the two programs. There were three supervisors for each program. They observed the teachers during different phases of the implementation and wrote reports to the coordinators. The teachers for the Preschool Education Program were local young women who were graduates of the Child Development and Education Department of a Vocational High school. Teachers for the Mother Support Program were slightly older local graduates of the Child Development Department of a Vocational Higher Education Institute; all were bilingual. In each classroom of the Preschool Education Program there were two teachers, a main teacher and a teacher's aid. For each group of the Mother Support Program there was one teacher. In this paper only the evaluation study of the Preschool Education Program will be reported.

### **Method**

#### *Design*

To study the short term impact of the program a pre - post control group quasi-experimental design was used. The time elapsed between the two assessments was ten weeks (See Table 1).

Table 1. Design of the Study

Trained vs. Non- trained		Pre-test	Post-test
	Cognitive	Pre-literacy and pre-numeracy skills	Pre-literacy and pre-numeracy skills
	Linguistic	Vocabulary	Vocabulary
		Syntactic competence	Syntactic competence
		Narrative Comprehension	Narrative Comprehension

### Sample

The sample for the experimental group (trained, henceforth) was chosen from the five implementation sites. The children were 5 and 6-year olds who were going to enroll in school in that fall. The control group (non-trained, henceforth) was selected among children who lived in the same areas but did not attend the program. To ensure comparability between the two groups, similar criteria for levels of parental education and occupation and number of children in the family were applied. There were 106 experimental and 104 control children in the study.

### Instruments

#### *Instruments for the assessment of Pre-literacy and Pre-Numeracy Skills*

To assess the effects of the program in the cognitive domain, pre-literacy and pre-numeracy skills important for the acquisition of reading, writing and arithmetic were measured. A list of the sub-skills assessed by the pre-literacy and the pre-numeracy scales are shown in Table 2. The scores on the pre-literacy scale could range between 0-81, and on the pre-numeracy scale, between 0-58. Internal reliability coefficient for the pre-literacy scale was .74, and for the pre-numeracy scale, .69.

Table 2. Pre-literacy and pre-numeracy sub-skills included in the training program and assessed in the evaluation study

<b>Pre-Literacy skills</b>	<b>Pre-Numeracy skills</b>
Visual recognition	Recognition of shapes
Visual discrimination	Counting
Visual attention	Visual matching
Pencil control	1:1 Correspondence
Visual memory	Visual Counting
Classification	Visual recognition and discrimination of numbers
Seriation	Grouping
Concepts (small, big, long, short, etc.)	Addition
Capacity to copy	Subtraction
Ability to follow verbal direction	Auditory attention
Listening Comprehension	

#### *Instruments for assessment of linguistic skills*

##### *Peabody Picture Vocabulary Test*

Children's level of receptive vocabulary was determined by using the Peabody Picture Vocabulary Test that consists of 100 words ordered in terms of least to most difficult. For each word the child was asked to point to the picture that represented the meaning of the word among four pictures. A total score was computed on the basis of the number of correct responses.

##### *Syntactic Competence Test*

The structures included in the syntactic module of the language skills component of the program are presented in Table 3.



Table 3. Syntactic structures included in the training program and assessed in the evaluation study

Lexical Categories	Morphology	Clausal Structures
Nouns, verbs, adjectives, adverbs Spatial and temporal adverbs	Noun inflection (singular, plural, possessive and case) Verb inflection (tense-aspect-modality, past, present, future, evidential, habitual, optative, conditional, necessitative, potential), agreement marking	Nominal sentences, affirmative and negative Imperative and optative sentences Question word-questions and yes-no questions Comparative structures Sentence conjunction Adverbial Clauses Complement Clauses Causative and passive structures Relative Clauses

To assess the level of syntactic knowledge the method of elicited imitation was used. This technique rests on the assumption that speakers who have fully internalized a given structure will be able to repeat it verbatim or with minor modifications not affecting the meaning. Sixteen model sentences incorporating specific morpho-syntactic structures of Turkish (tense-aspect-modality and voice morphology; simple, coordinate, and subordinate clauses with adverbial, relative and complement constructions and the like) constituted the instrument. Sentence length in words (5-6) and morphemes (10-14) was controlled for memory constraints. Each child was asked to repeat the model sentence right after the experimenter read it out loud. The repeated sentences were recorded and later transcribed. The data were coded in terms of three types of repetition: (i) correct (verbatim or with minor modification), (ii) modified (resulting in structural and semantic change), and (iii) no/ungrammatical repetition.

#### *Narrative Comprehension*

In order to assess narrative comprehension a short story represented by pictures on five cards was used. The experimenter put the picture cards successively and in mixed order in front of the child, describing the characters and events on each card. After five cards were lined up in front of him, the child was told to listen carefully to the story. Then the story was read for a second time, and after each sentence the child was asked to hand to the experimenter from the display in front of him the correct picture representing the event just read. A correct sequencing of the five cards received a score of two, a correct sequencing of three cards received a score of one, and any other sequence received a score of zero.

#### *Procedure*

The data were collected during the week between the registration and the beginning of the program and in the week after its termination. The subjects from the trained group were tested in the school they were attending the program, the subjects from the non-trained group were tested in their homes. Each child was tested individually, in an empty room or quiet corner.

#### *Analysis*

In order to assess the effects of the program, analyses of Covariance (ANCOVA) were carried out for all of the dependent measures (pre-literacy, pre-numeracy, vocabulary, narrative comprehension and syntactic competence scores). To understand what other variables had determining effects on the capacities displayed by the children at the end of the program a path analysis with multiple predictors was conducted.

## Results

### *Demographic Characteristics*

Almost all the children (88.33%) were 6-years old (born in 1997). The education levels of the mothers and the fathers were quite low, as can be expected from a low socioeconomic status population. As can be observed from Table 4, majority of the mothers were illiterate and only 22 % from the trained and 18% from the non-trained group had attended primary school. Majority of fathers in both groups were primary school graduates.

Table 4. Distribution of fathers and mothers in terms of level of education and group

Education	Mother (%)		Father (%)	
	Trained	Non-Trained	Trained	Non-Trained
Illiterate	67	65	24	10
Literate (didn't go to school)	10	12	8	17
Left primary school	1	3	1	9
Primary school	22	18	53	51
Left secondary School	0	1	3	3
Secondary school	0	0	5	4
High school	0	0	7	5

All of the mothers were housewives. Thirty three percent of the fathers from the trained group and 24 % from the non-trained group were unemployed. Majority of the fathers with jobs were either unskilled or skilled workers. Only 10% of the fathers of the non- trained group and 1 % of the trained group were small business owners (See Table 5).

Table 5. The distribution of fathers in terms of level of occupation and group

	Trained (%)	Non-trained(%)
Unemployed	33	24
Unskilled workers	34	44
Skilled workers	27	19
Small business Owners	1	10
Civil servant	4	2
Farmers	0	2

Tables 4 and 5 thus indicate that parents of the non-trained group have a slightly higher level of education and occupational status.

The number of children in the families ranged between one and thirteen. The percentage of the families from the two groups were equally distributed with respect to the number of children. Majority of the families ( 48 % in both groups) had between four to six children (See Table 6).

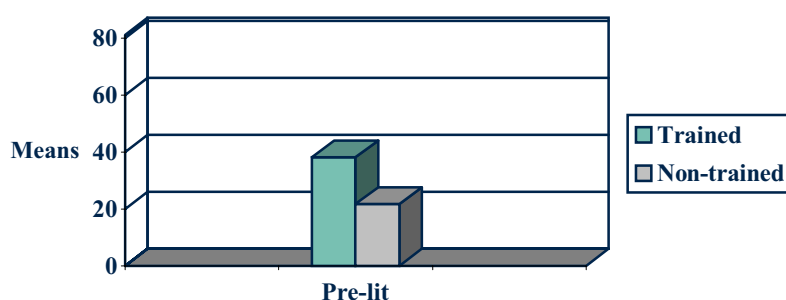
Table 6. The distribution of number of children in the family by group

Number of Children	Trained (%)	Non-Trained (%)
1-3 children	23	27
4-6 children	48	48
7-9 children	25	20
10-13 children	4	4

### *Pre-Literacy & Pre- Numeracy Skills*

In the ANCOVA for pre-literacy skills, the independent variable was the program, the dependent variable was the post-test scores on pre-literacy, and the covariate was the pre-literacy scores obtained before the the programme.

Figure 1. Mean Pre-Literacy scores



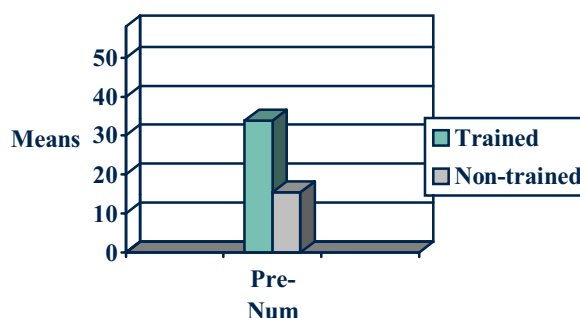
A preliminary analysis evaluating the homogeneity-of-slopes assumption indicated that the relationship between the covariate and the post-test scores did not differ significantly as a function of the independent variable ( $F < 1$ ). The result of the ANCOVA was significant ( $F(1, 182) = 119.23$ ,  $MSE = 85.09$ ,  $p = 0.000$ ); the relationship between the training program and post-test literacy scores was very strong, partial eta squared indicating that the training accounted for 40% of the variance. The trained group had a higher mean ( $M = 38.02$ ) than the non-trained group ( $M = 21.62$ ) (See Figure 1).

A similar analysis was carried out for the impact of the program on pre-numeracy skills. In this case, the covariate was the the pre-test scores on pre-numeracy. A preliminary analysis evaluating the homogeneity-of-slopes assumption indicated that the relationship between the covariate and the dependent variable did not differ significantly as a function of the independent variable ( $F(1, 181) =$



2.718,  $MSE=58.82$ ,  $p=0.101$ , partial eta square was .02). The result of the ANCOVA was significant ( $F(1,182) = 186.37$ ,  $MSE=59.37$ ,  $p=0.000$ ). The strength of relationship between the program and post-test scores on pre-numeracy was very strong as assessed by partial eta square, with training accounting for 51% of the variance. As Figure 2 illustrates, the trained group had a higher mean ( $M=33.92$ ), than the non-trained group ( $M= 15.41$ ).

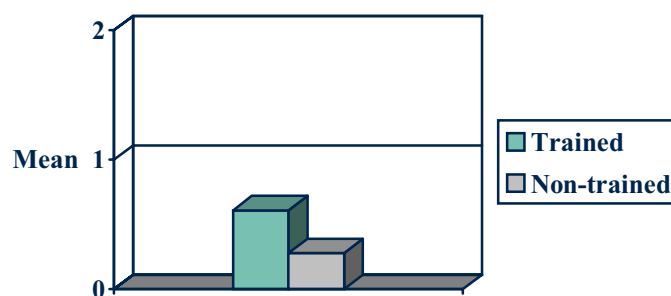
**Figure 2. Mean Pre-Numeracy scores**



#### *Narrative Comprehension*

The ANCOVA applied on the narrative comprehension scores also revealed a significant effect. When the pre-test scores of narrative comprehension were taken as a covariate the test of homogeneity-of-slopes assumption indicated that the relationship between the covariate and the dependent variable was not significant ( $F(1,173) = 1.280$ ,  $MSE=0.549$ ,  $p=0.259$ , partial eta square was .01).

**Figure 3. Mean Narrative Comprehension Scores**



The effect of the program was significant ( $F(1,174) = 7.805$ ,  $MSE=0.550$ ,  $p=0.006$ ). Attendance to the program accounted for 4 % of the variance in narrative comprehension, as assessed by a partial eta square. The trained group had a higher mean ( $M=0.61$ ) than the non-trained group ( $M=0.28$ ) (See Figure 3).

#### *Peabody Picture Vocabulary*

In the ANCOVA carried out on the post-test scores of the Peabody Picture Vocabulary Test as the dependent variable with the pre-test scores as the covariate, a preliminary analysis evaluating the homogeneity-of-slopes assumption indicated a non-significant relationship  $F(<1)$ . The results of the ANCOVA yielded an effect approaching significance ( $F(1,177) = 3.205$ ,  $MSE=74.164$ ,  $p=0.075$ ).

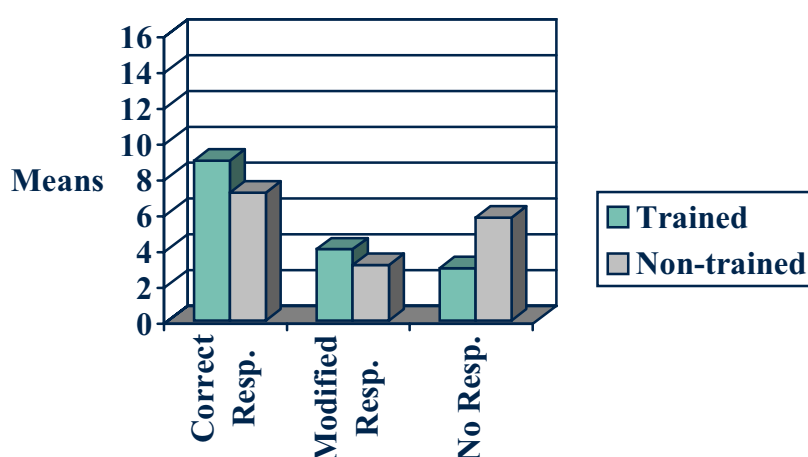
The trend which is in the expected direction is reflected with a higher mean ( $M= 35.13$ ) score for the trained group than for the non-trained group ( $M= 31.35$ ).

### *Syntactic Competence*

An ANCOVA was carried out on the post-test correct response scores of the Syntactic Competence Test with the pre-test correct response scores as the covariate. The analysis for the homogeneity-of-slopes assumption indicated that the relationship between the covariate and the dependent variable was not significant ( $F(1,181) = 1.427$ ,  $MSE= 7.418$ ,  $p=.234$ , partial eta square=.008). The effect of the program was significant at  $p=0.001$  level ( $F(1,182)= 10.587$ ,  $MSE=7.435$ ). The means for the trained and the non-trained groups were ( $M= 8.93$ ) and ( $M= 7.15$ ) respectively. The amount of variance explained by the training program was 6%, as indicated by the partial eta squared.

Analyses of covariance were also carried out on the post-test scores of the modified response and no/ungrammatical response categories with the pre-test scores of these variables held as the covariate. For the post-test modified response category the analysis for the homogeneity-of-slopes assumption revealed a nonsignificant relation between the covariate and the dependent variable ( $F<1$ ). The program, however, had a significant effect at the  $p=0.03$  level ( $F(1,182)= 4.763$ ,  $MSE=9.225$ ) and the amount of variance explained was 3% as shown by the eta squared value. The means for the trained and the non-trained groups are ( $M= 3.98$ ) and ( $M= 3.09$ ) respectively. The means for the two groups are presented in Figure 4.

**Figure 4. Mean Scores for Syntactic Competence**



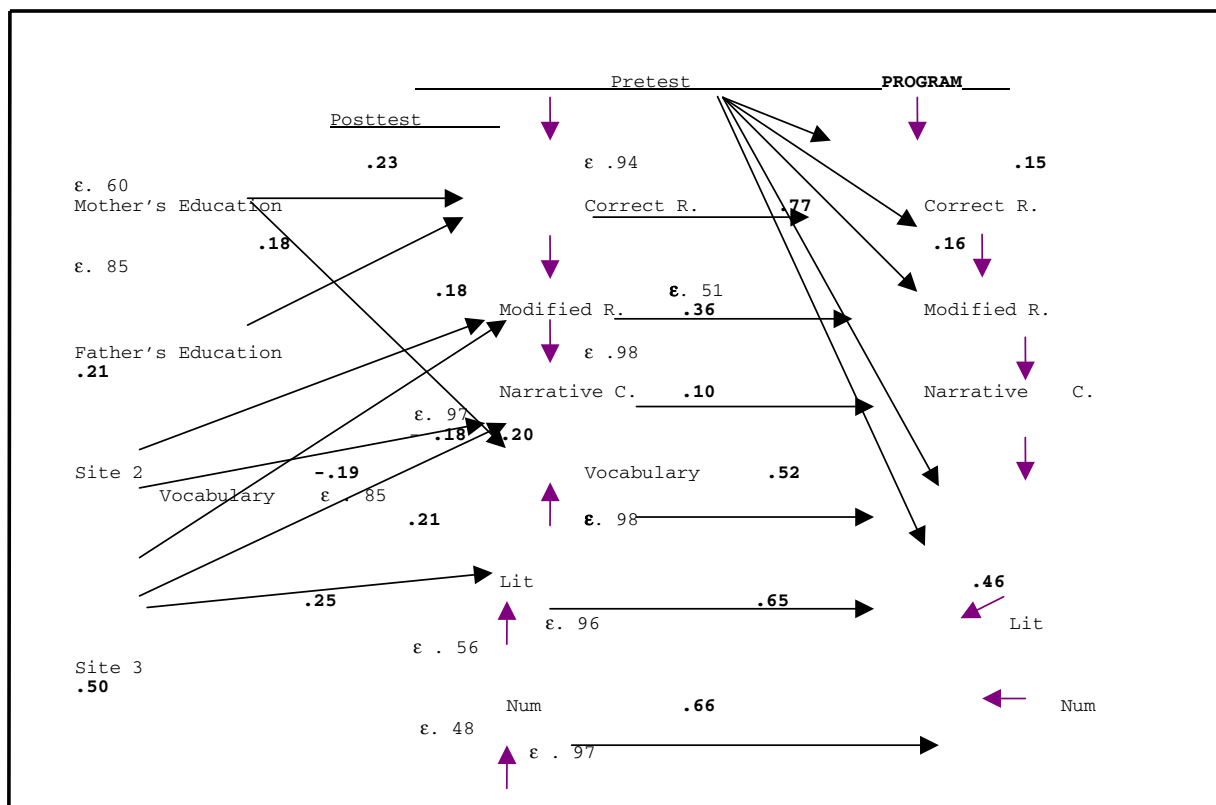
For the post-test no/ungrammatical response category, the analysis evaluating the homogeneity-of-slopes assumption yielded nonsignificant results ( $F(1,181)= 2.562$ ,  $MSE= 10.627$ ,  $p=.111$ , partial eta squared=.014). The effect of the program on this response category was highly significant ( $F(1,181)= 30.00$ ,  $MSE= 10.718$ ,  $p= .000$ ), and the eta squared value indicated that this variable accounted for 14% of the variance. The means for the trained and the non-trained groups are ( $M= 2.93$ ) and ( $M= 5.75$ ) respectively. The higher means for the modified response category for the trained group also indicates a positive gain since this means a decrease in the no/ungrammatical response category.

### *Path Analysis*

A path analysis was used to further examine the relations between predictor and outcome variables. The aim was to find out the extent to which the educational levels of the mothers and fathers, and the implementation sites of the program predicted the pre-test measures of the dependent variables, and

the extent to which the training program and the pre-test measures predicted the post-test measures of the dependent variables. Figure 5 shows the resulting model where the significant paths are shown with beta-coefficients and error terms.<sup>4</sup> As illustrated in the figure, the preschool training program is one of the main predictors of the outcome variables except for knowledge of vocabulary. In addition, the pre-test score of each outcome variable was also a significant predictor. Furthermore, it is observed that the pre-test scores on pre-literacy, narrative comprehension, syntactic competence (correct and modified responses) and vocabulary measures are predicted by the education levels of the father and/or the mother and program implementation sites, either positively or negatively.

Figure 5. Path Analysis



## Discussion

The results of the evaluation study have shown that the implementation of the Preschool Education Program was effective on children's cognitive and language skills. In the cognitive domain the targeted competencies were pre-literacy and pre-numeracy. The training program contributed to the development of these skills and enhanced them beyond the level that could be reached if they had not attended the program. The program was also effective on children's linguistic skills, both on their level of syntactic competence and on their level of narrative comprehension. Such effects were not obtained for knowledge of vocabulary, a finding that is not fully surprising since the program did not incorporate a special module targeting this particular skill. Vocabulary was emphasised in the context of teaching concepts targeted in the program; the present findings suggest that it will be beneficial to develop a special vocabulary module within the language component of the program.

When children's gains on cognitive versus linguistic skills are compared it is observed that a higher percentage of the variance in cognitive skills was explained by attendance to the program than in linguistic skills. One explanation for this finding is that about two thirds of the daily program was directed at developing the cognitive skills; furthermore simpler but similar pre-literacy and pre-numeracy activities were carried out by the mothers at home as a requirement of the Mother Support Program. Language skills, however, could not be so uniformly reinforced at home since a majority of the mothers were not native speakers of Turkish.<sup>5</sup> Finally, it should be noted that the language component of Preschool Education Program was tried out for the first time.

As has been observed, parental level of education was determinative of children's level of syntactic and lexical competence at the beginning of the program. No such predictive relations between parental education and cognitive skills have been detected. These findings suggest that parental level of education is an indicator of the language practices that are prevalent at home. Children of more educated parents start the program with a higher level of knowledge in Turkish. Furthermore, coming from the neighbourhoods of sites 2 and 3 was also found to be related to higher levels of syntactic competence, narrative comprehension and pre-literacy skills at the beginning of the program. In fact, the level of education of both fathers and mothers in these two districts is relatively higher than in the other districts.

Finally, the demographic characteristics of the sample as reflected by the level of education and occupation of the parents and family size show that the program has indeed reached its targeted population, that is children from under-resourced backgrounds. These are important findings in a country where the existing early education system scarcely reaches the "at risk" population. The present program with its contextually sensitive approach and effective outcomes can be considered to be an important means for meeting the needs of this particular target group.

It is believed that the level of formal schooling completed is closely related to the level of readiness of the students entering the system. If children are well prepared for school they are more likely to remain at school, be successful, and positively effect the functioning of the school system itself by reducing the number of dropouts and those who need remedial education. Programs like the Preschool Education Program and the Mother Support Program contribute to development by compensating for unfavourable environmental conditions and increasing children's level of school readiness as much as possible. Their role is particularly important during the early years when development is most influenced by environmental conditions. A program that empowers both the child and the mother is not only important for child development but also for community development at large.

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- 1 This research was funded by Boğaziçi University Research Fund, Project No: 03R101, and Mother Child Education Foundation.
- 2 These provinces were Istanbul, Van and Diyarbakır, chosen according to the Human Development Index, representing different levels of development and different levels of multilingualism.
- 3 During the implementation 227 mothers and over 320 children were given a medical check-up for respiratory, hearing and visual problems free of charge. The children were taken on a field trip to the airport; this was a novel experience for almost all of them.
- 4 The following causation coefficients were not significant; however, since the beta values were >.1, they were included in the model. The effects of the predictors site 2, site 3, education level of the mother on the pre-test syntactic competence scores; the effect of the education level of the mother on vocabulary scores.
- 5 Next to Turkish, the most widely spoken home language was Kurdish, and the third was Arabic.

## A Model of Early Intervention in South-East Turkey: A pilot implementation

Sevda Bekman, Ayhan Aksu-Koç,  
Eser Erguvanlı Taylan

Bozüyük University

&

AÇEV

## Background

- Child's physical, cognitive, social and emotional development are set in the early years
- Parents make the most important contribution to early development and preschool institutions support it
- In contexts disadvantageous for development, formal care and education function as an intervention measure.
- Availability of early childhood education programs is extremely important for developing children from environmentally disadvantaged homes



## Need for the Program

- In Turkey, the officially preferred model for early childhood education is center-based and targets the 5-6 year age bracket.
- Majority of the available facilities are in big cities and are private; they reach only 15% of the target population.
- The population reached by the system varies among different regions; the region where the facilities are least available is Southeast Turkey.

## Program Development

- AÇEV decided to adopt a center-based approach to reach children who are at risk because they come from under-resourced environments.
- To determine the needs and the appropriate model for program implementation, a large scale survey was carried out in three provinces of Turkey with multilingual populations (Koç, Taylan, Bekman, 2002)
- Findings revealed a need for expanding ECE services in the form of support programs to promote the development of cognitive and language skills of children at the kindergarten level

## Program Development

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- # Mothers also indicated a need for programs for themselves
  - # Thus two interlinked programs, the Preschool Education Program and the Mother Support Program were developed to cater to the specific needs of the Southeastern Anatolian region.
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# Program

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## Preschool Education Program

- Aims to enhance the cognitive, linguistic, social-emotional and physical skills of children from mono- or multi-lingual environments to improve their readiness for school (Bekman, Aksu-Koç, Taylan, Uzuner, enocak, 2003).
- Targets 5- to 6-year old children who cannot benefit from ECE services because they live under disadvantaged socio-economic conditions.

## Preschool Education Program

- Consists of four components:
  - Physical component : aims to develop self-care behaviors (physical exercise, cleanliness, healthy nourishment habits)
  - Cognitive component: aims to prepare for school by stimulating conceptual development, pre-literacy and pre-numeracy skills
  - Linguistic component: aims to enhance lexical and grammatical knowledge and develop discourse skills
  - Social-emotional component: aims to promotes the ability to recognize and communicate emotions, to set up positive social relations with peers and adults



## Preschool Education Program

- The above aims are distributed over the nine different parts of the daily routine ; **Gymnastic time** , **Outdoor time**, **Language time**, **Planning time**, **Play time**, **Recall time**, **Preparation for School time**. **Story time**

## Mother-Support Program

- Targets mothers of children attending the preschool program and is designed to complement it (Bekman, Sucuka & Ozdemir, 2003)
- Topics covered are nutrition, preventative health care, mother and child health, enhancing school readiness and positive disciplinary methods
- Mothers are expected to engage in story telling and creative activities with their children, supervise self-help skills and create opportunities for responsibility taking at home
- Home visits are made to provide feedback on these activities and what has been discussed in the groups.

## Implementation

- # Preschool Education Program: for 10 weeks, from 9 to 13 hrs every week day, 20 children / classroom
- # Mother Support Program: for 12 weeks, once a week, for two and a half hours
- # There were 20 classrooms distributed to five different districts in Diyarbakır.
- # There were 20 main teachers and 20 teacher aids for the Preschool Education Program and 23 teachers for the Mother Support Program
- # 360 children and 300 mothers attended the program

## AIM OF THE STUDY

- # Evaluation of the pilot implementation of an early intervention model, the Preschool Education Program.

## Sample

Trained	92
Non Trained	93
TOTAL	185

## Design of the study

<b>TRAINED VS. NON- TRAINED</b>		<b>Pretest</b>	<b>Posttest</b>
	<b>Cognitive skills</b>	*Pre-literacy *Pre-numeracy skills	*Pre-literacy *Pre-numeracy skills
	<b>Language</b>	*Vocabulary *Syntactic Competence *Narrative Comprehension	*Vocabulary *Syntactic Competence *Narrative Comprehension



# Instruments

- 3 Pre-literacy and Pre-numeracy Skills Instruments
- 3 Peabody Picture Vocabulary Test (PPVT)
- 3 Elicited Imitation Test for Syntactic Competence
- 3 Narrative Comprehension Task

## Pre-Lit & Pre-Num Skills

PRE LITERACY SKILLS	PRE NUMERACY SKILLS
VISUAL RECOGNITION	RECOGNITION OF SHAPES
VISUAL DISCRIMINATION	COUNTING
VISUAL ATTENTION	VISUAL MATCHING
PENCIL CONTROL	1:1 CORRESPONDANCE
VISUAL MEMORY	VISUAL COUNTING
CLASSIFICATION	VISUAL RECOGNITION AND DISCRIMINATION OF NUMBERS
SERiation	GROUPING
CONCEPTS ( SMALL, BIG, LONG, SHORT, ETC.)	ADDITION
CAPACITY TO COPY	SUBTRACTION
ABILITY TO FOLLOW VERBAL DIRECTION	AUDITORY ATTENTION
LISTENING COMPREHENSION	

## Syntactic Structures included in training and assessment

Lexical Categories	Morphology	Clausal Structures
Nouns, verbs, adjectives Spatial, temporal and manner adverbs	Noun inflections (plural, possessive and case)  Verb inflections: tense-aspect-modality (past, present, future, evidential, habitual, optative, conditional, necessitative, potential), and agreement marking	Nominal sentences, (affirmative and negative) Imperative and optative sentences Question word-questions and yes-no questions Comparative structures Sentence conjunction Adverbial Clauses Complement Clauses Causative and passive structures Relative Clauses

## Demographic Characteristics

## Education Level of Parents

Education	Mother (%)		Father (%)	
	Trained	Non-Trained	Trained	Non-Trained
Illiterate	67	65	24	10
Literate (didn't go to school)	10	12	8	17
Left primary sch.	1	3	1	9
Primary school	22	18	53	51
Left secondary sch.	0	1	3	3
Secondary school	0	0	5	4
High school	0	0	7	5

## Occupation of Parents

■ All mothers are housewives.

■ Fathers:

	Trained (%)	Non-trained (%)
Unemployed	33	24
Unskilled workers	34	44
Skilled workers	27	19
Small business owners	1	10
Civil servant	4	2
Farmers	0	2



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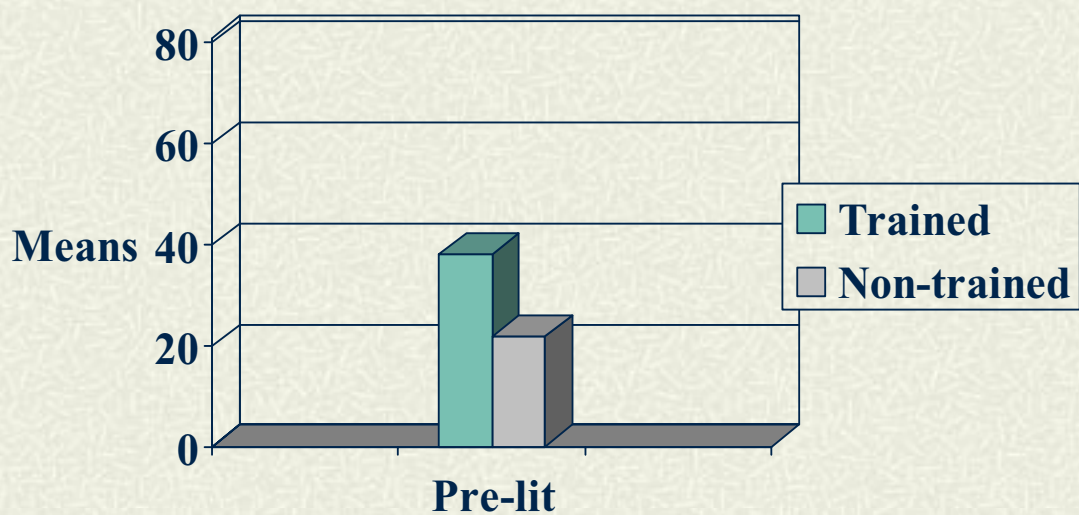
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## Number of Children in the Family

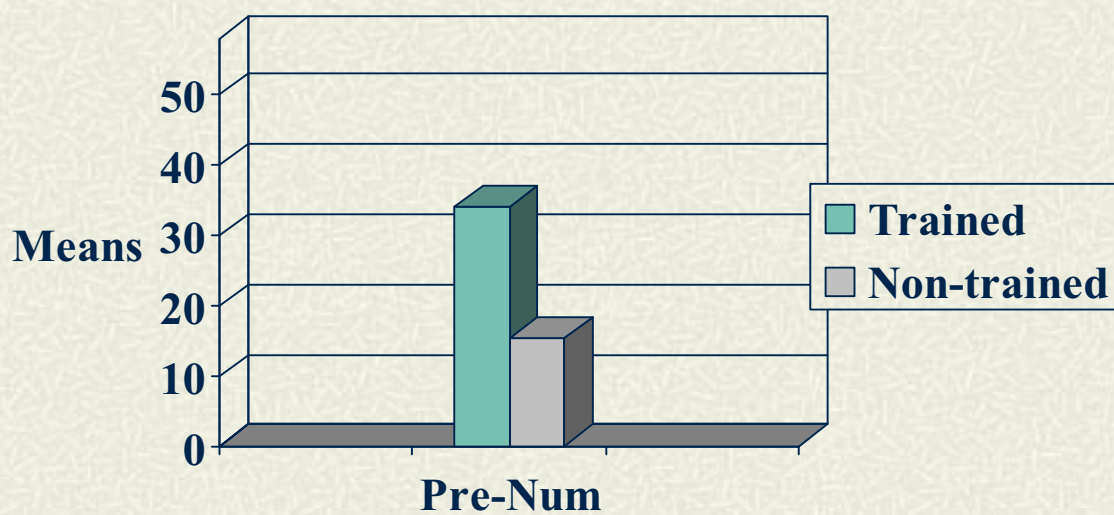
Number of Children	Trained (%)	Non-Trained (%)
1-3 children	23	27
4-6 children	48	48
7-9 children	25	20
10-13 children	4	4

## Results

## Mean Pre-literacy Scores



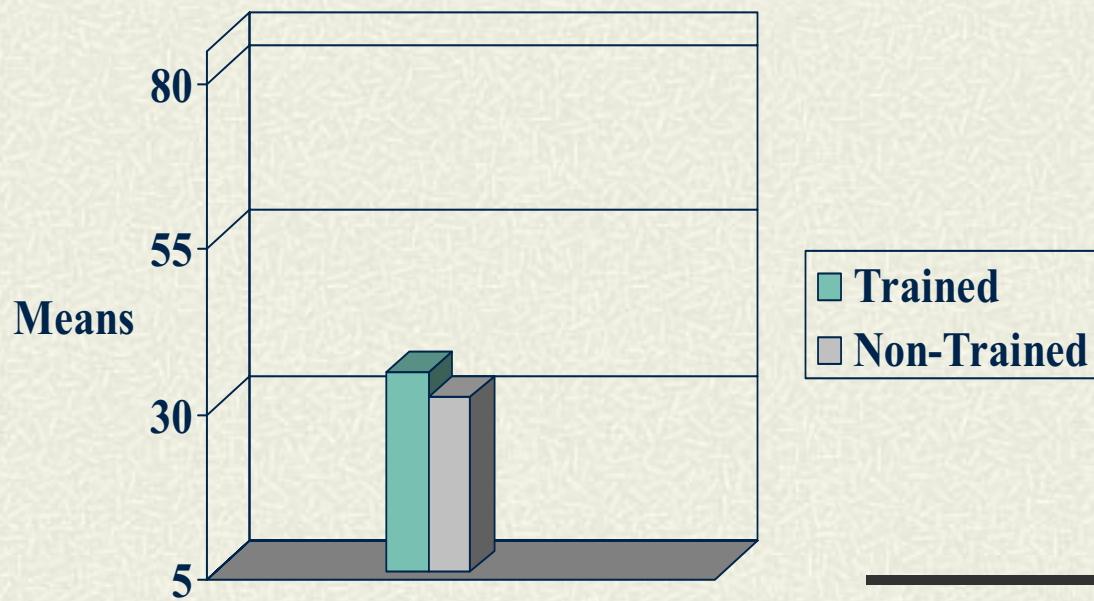
## Mean Pre-numeracy Scores



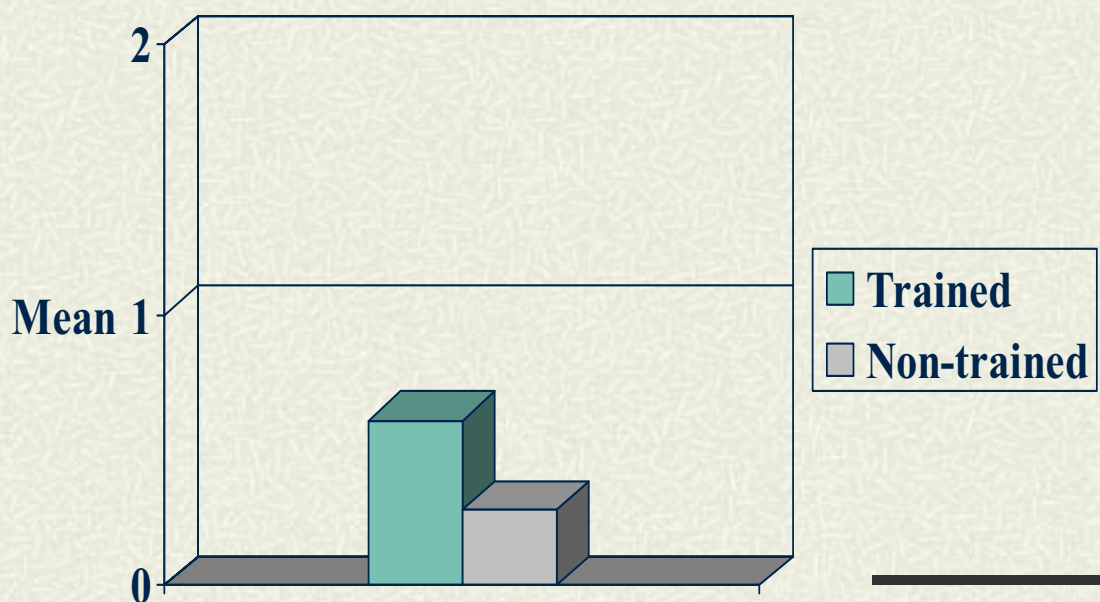
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## Mean Vocabulary Scores

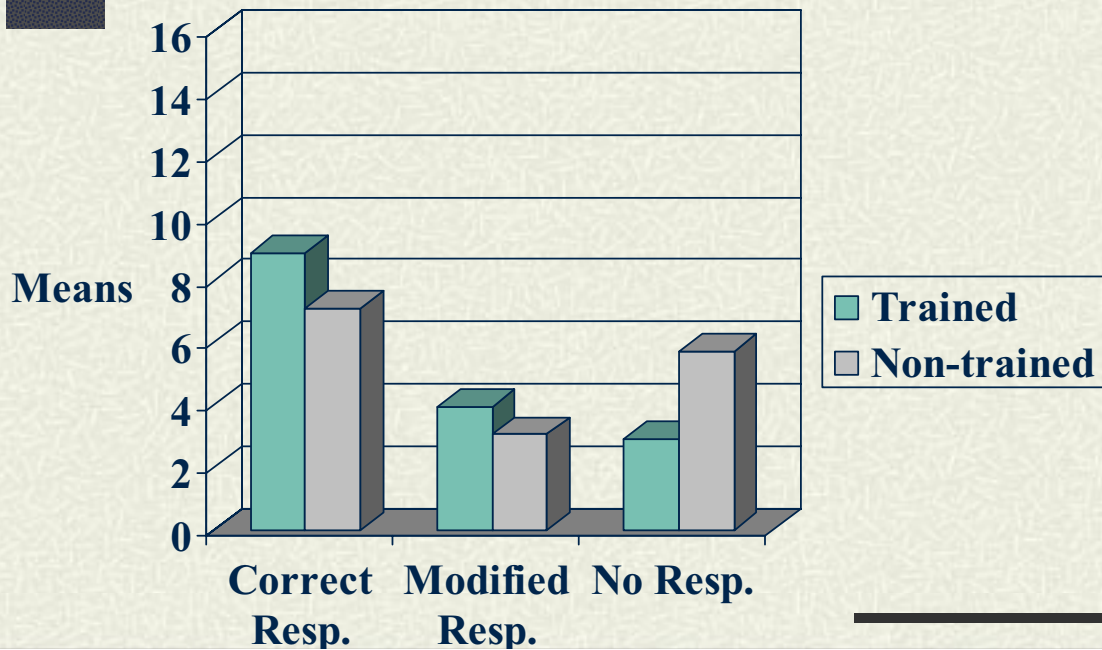


## Mean Narrative Comprehension Scores

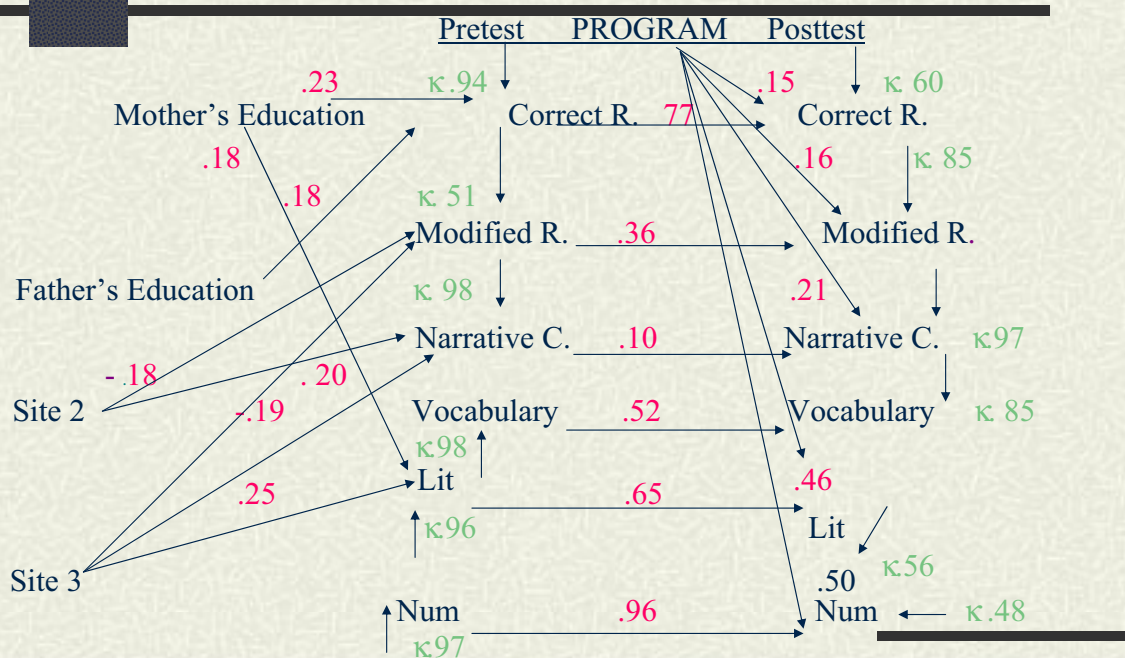




## Mean Scores for Syntactic Competence



## Path analysis



## Conclusions

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- # Demographic characteristics of the sample show that the program has reached the targeted population.
  - # The Preschool Education Program had significant effects on children's cognitive and language skills.
  - # The program was more effective on cognitive skills than linguistic skills.
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## Conclusions

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- # Parental level of education was a determining factor on children's level of syntactic and lexical competence in Turkish, at the start of the program.
  - # Parental level of education appears to be an indicator of the language practices that are prevalent at home.
  - # No such direct relation was detected between parental education and cognitive skills.
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## Conclusions

- ✦ Higher levels of language and pre-literacy skills at the start of the program were found in children coming from two particular implementation sites.
- ✦ Levels of education of both fathers and mothers in these two districts were higher than in other districts.

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# Adolescence in the United Arab Emirates: Needs and Challenges

Authors: Chris Coughlin and Alan Russell

Zayed University, United Arab Emirates

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## I. Background:

All societies around the world are facing similar challenges in creating an environment in which young people can make a smooth and successful transition from childhood into adulthood. Among the issues for all societies is how to recognize the needs and issues of young people and to help them to transition successfully from school to the work environment

## II. Objectives and methods:

The first purpose of this study was to obtain information concerning adolescents living in the United Arab Emirates. Although there is an abundance of literature about the developmental and experiences of adolescents from Western societies, less is known about youth growing up in the Middle East. We surveyed 60 Emirati male and female adolescents, 17 and 18 years of age. They provided written responses to questions concerning their family, school, community, and peer experiences. A second objective was to use information and discourse in the public arena to reflect on issues for the development of adolescents in the U.A. E.

## III. Results & Conclusion:

The results suggest a number of relatively unique issues for current U.A.E. adolescents. These arise from a number of factors, including the country's recent wealth, the size and role of the expatriate population, and cultural change. The responses from adolescents indicated some similarities between U.A.E. and adolescents growing up in Western societies. However, unlike their Western counterparts, adolescent Emirati males and females appeared to show fewer concerns in the area of peer relationships and friendship and a higher rate of concern in relation to school, family and self-confidence.

## IV. Implications:

Implications, derived from this study, will be discussed in terms of the challenges facing schools and social institutions in meeting the needs of U.A.E. adolescents, at the same time as serving the needs of the country for adults who are productively involved socially and economically.

Brief CV

Alan Russell (Nationality: Australian)

Education and training background

BA Hons, Diploma of Education, PhD, Graduate Certificate in Educational Management

Current position and responsibility

Professor of Child and Family Development, Zayed University, United Arab Emirates. Director of the Center for Family and Community Research and Development, College of Family Sciences, Zayed University. Responsibilities include teaching and research development in the areas of children and families. Special interest in the transition of adolescence to a productive adulthood in the U.A.E.

Previous experience and activities

1997 to 2002, Dean of Education, Flinders University. Responsible for the development of teaching and research programs in the School of Education. A history of 30 years research and publication in family and child development.

Brief CV

Chris Diane Coughlin

Nationality: United States

Education

Ph.D. 1992 Oregon State University, U.S.

M.S. 1990 Oregon State University, U.S.

B.S. 1988 University of Oregon, U.S.

Employment background

2002 - present Assistant Professor, Child Development, Zayed University, U.A.E.

2001 - 2002 Senior Lecturer, Child Development, Massey University, New Zealand

1995 - 2001 Coordinator/Faculty, Childhood Education and Family Studies Program  
Southwestern Oregon Community College, Coos Bay, Oregon, United States

Professional experience

Experience includes teaching and research in the area of child development and training in Parent-Child mediation.



## Bridging the Gap in ECD for Kindergartens in Jordan

By Kholoud AbuZaid

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Children living in rural areas are prone to lower educational achievements and are likely to suffer from malnutrition and illness. Studies have shown that poor families specifically spend less on health and education. For that, they are not given the opportunity to develop their full potentials. Most of the kindergartens are located in large cities, and as stated in Jordan National ECD Strategy the gross enrollment in ECD programs in the country is 28% in kindergartens, which leaves behind the majority of the disadvantaged children in rural areas.

Recently, SC and in partnership with a local NGO called the Jordanian Hashemite fund for Human Development (JOHUD) specialized in ECD with wide community outreach, agreed to implement ECD activities for children aged 4-6 years old. The local NGO is training the staff of its child centers on an ECD Activity Guide recently developed by SC. This project implemented through 2003 and will be completed in 2004. The project started with training to caregivers on the children's developmental milestones, learning theories and children's learning approaches. It continued with children being offered appropriate stimulating activities based on the SCF Activity Guide. In the course of the project, a comprehensive modification process is taking place to update and enhance the Activity Guide so it will be more adapted to the needs of children and use of caregivers.

The Project's underlying concept aims at changing the caregivers' perspective on their work, from a practice considering the teaching process on the basis of information, skills and behavior only, to a methodology supporting the children's self-being and pursuit of lifelong learning.

The work of this project is in alignment with the current movement in ECD in Jordan. Were it is only recently that the MOE initiated the opening of its first kindergartens in its established public schools in rural areas and the first national Kindergarten curriculum is still underdevelopment

The reason why children enrollments in kindergarten in Jordan is low because Public KG classroom lack the basic requirements such as space, furniture, qualified teachers proper curricula and educational materials, were it focuses on language and math skills also, very few teachers use stories, drama, play, and music as teaching methods, or make use of the official evaluation instruments provided. One of the most dominant beliefs of parents is that KGs should prepare children for first grade and to assist them in succeeding in elementary school. The predominant reasons why they send their children to KGs were to prepare them for elementary school and to teach them basic academic skills and a foreign language (English).

In the future and while Jordan has almost universal access to basic education, improving quality and linking schooling to learning outcomes remains a priority. Ensuring access to universal basic education is not enough. The education must be effective and of quality. Children must be ready to learn by first grade and have the social and personal competence to do so. Social patterns and learning skills are formed during early childhood. With professional and thoughtful guidance, young children ages 4-6 can be nurtured to improve their readiness for school and their performance in school. The habits and attitudes that children bring to learning and that they will need as adults are instilled before

they enter first grade. Hence, investments are needed to prepare and actively encourage the learning enterprise beginning in the early years.

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The outcomes of the project were beyond expectations due to partner's commitment, enthusiasm and willingness to share knowledge and their belief in their work. Save The Children and its partner are planning to hold a national forum for all ECD major players in Jordan to introduce the outcomes of the project hoping and depending on if funding to expand the model to other JOHIUD centers as well as kindergartens in public schools nation wide to reach the voiceless people.

About Author (more detailed CV to follow with paper if abstract is approved):

Ms. kholoud AbuZaid is the Operations Coordinator at Save the Children (USA) in Jordan. She is a holder of BA in Social Sciences from Yarmouk University and holder of several positions in the Jordan Field Office. She can be contacted at [abuzaidk@savechildren.org.jo](mailto:abuzaidk@savechildren.org.jo)

## Early Childhood Development – a case for parent led intervention

S.K. Muttoo

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### Introduction

The importance of early childhood, it has to be recalled, is of recent origin. For such an obvious human activity as child rearing, it is not easy to convince parents that, at times, centuries old learning by way of tradition, has to be discarded in favour of advice given by a childcare worker, who may not be even an 'authority figure' like a professional nurse or doctor. The pathway to improved early childhood development is further impaired if the child is apparently 'normal'. In this milieu of disbelief, the childcare worker has to plough a lonely furrow. Opportunities for intervention, presented by events, such as immunization contacts, play centres for young children of working mothers and early stimulation activities for young children, should be optimally utilized for promoting good quality early childhood care and development.

### The setting

Uttaranchal is a newly formed State in the Indian Union where early childhood development centres are run by community workers under India's *Integrated Child Development Services* (ICDS) programme, said to be the world's largest publicly funded early childhood development programme. Although the programme is fine tuned to meet the challenges of survival, malnutrition and illiteracy among children in India, the operation of the programme offers unique opportunities to explore different ways of influencing parent's perceptions and behaviours about bringing up small children.

### The innovative practice

The practice, which will be described, is an innovation only in terms of the normal delivery of services of ICDS. Its basic premise is that the parent is the best caregiver for the child and that if the parent can be convinced about best practices in child rearing, the child can benefit much more than if the child receives attention of a trained childcare worker for a limited period of time during the day at a centre along with other children, especially if the parent(s) of the children do not participate in the activities of the centre.

### Lesson learnt

Often the intervener childcare worker fails to remember that the parent serves the best interest of the child. Changes in behaviour of the parent are slow but sure, if the childcare worker maintains a supportive, participative and positive profile during her intercourse with parents. Occasional advice without support for sustaining the changed behaviour suggested is likely to be forgotten, if not ignored. A small nucleus of convinced parents in a small community is sufficient to carry forward and sustain the improvement in early childhood development practices, without the need for further intervention. Thus, a quality interaction, expensive as it is, would prove to be cheaper in the long run.

# EMPOWERING PARENTS OF CHILDREN WITH SPECIAL NEEDS

*Ludovica Iarussi*

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## Background:

Parents with disabled children face a significant risk of being excluded of society due to the high emotional and practical stress they are facing. In most cases women carry most of the work load, resulting from the children's education. As a matter of fact the rate of women with disabled children that stay home is significantly higher than average. The participation rate in adult education, on the other hand, is significantly lower than average. There is a lack of a specific training for parents with disabled children taking into account the group specific subjects and needs for childcare they are dependent on. It is plausible that the relation between children and parents will be more relaxed if the parents receive the opportunity for personal development, reflecting their situation and improve their employability learning ICT basics. Disabled children and young disabled adults will benefit indirectly from the project outcomes.

Everyone can see that one of the main problem for a disabled child is inside his family, when parents don't know how to deal with handicap and often react against it blaming themselves, and so forgetting their own lives, and, on the other side and in the same time, blaming their baby.

In this framework, the project is based on the development of an educational course for parents, which also their children could attend, thanks to a special children care service. This course aims to "empower" parents of disabled children in their everyday life, in order to deal with their children in the best way: happy parents make happy children

## Aim of the project

With this project "Empowerment for parents with children with special needs", funded in 2001 under the Socrates Programme (Action Grundtvig 1) parents of handicapped children had the possibility to achieve knowledge in a wide sense. The concept Empowerment was chosen because it refers to a process where human beings in marginal positions develop their own forces and use social resources to improve their life circumstances. To activate their own forces, parents with handicapped children need support and information about further education at their disposal. With this program the result is professional support and co-operation and personal assistance, those parents become "experts in their own matter".

This parents' training program targets the following issues ::

- prevention of the danger of social isolation
- development of resistance to tendencies of discrimination
- development of a new self understanding as an active, acting human being with many options
- acquirement of a positive self-esteem
- possibility to clear up critical life events
- achievement of a positive life attitude and transmission of this feeling to others and especially to the handicapped child



The training pool consists of several modules that have following in view :

- strengthen the personality by giving security
- to be able to have an equal confrontation with professionals and partners because of information and explanations
- to accomplish their own career aims by getting support from others
- to bring parents closer to scientific progress by being introduced to new media.

## Targets groups

This educational programme can be used by any qualified person who works in institutions with training for parents, adults or handicapped people and also by qualified persons in social institutions of public services. The programme could also be adopted by people who organise meetings for parents and self-help groups who are interested in the content of the educational package.

The main target audience are the parents or a parent of handicapped children and young people coming from the participating countries, but also mostly coming from the German and English speaking European countries. Studies assume that 0.6% of population are concerned of a handicap. Target group are parents (the most of them women) who are threaten from social isolation because of the handicap of their child and her relatives. If the parents get the possibility to enhance their knowledge the handicapped relatives and children will benefit from the training of their parents.

## Partners

1) LIFE HELP AND SURROUNDINGS - VOITSBERG is a non-profit association founded in 1960 by parents of handicapped children. Since 1999 the organization is led by a managing director. Life Help and Surroundings - Voitsberg promotes the full and equal participation of children, women and men with disabilities in all aspects of life:

**Living:** Sheltered living (fulltime or part-time), flat-sharing-communities, training flats

**Occupation:** occupational therapy, qualifying measures, integrative projects and integrative concerns.

**Service:** Early intervention, Family supporting service, Family/Partner information and consulting center, Integrative playing-programs for children, leisure offers for handicapped adults, vacation offers for families with handicapped children, educational program for mentally and multiply handicapped people

2) COLLEFERRO is an industrial City near Rome, mainly based on Space (Ariane launcher) and Railway products (Fiat Ferroviaria). On its territory there are also several kinds of SME. It's also a very important commercial Centre. The industrial vocation of Colleferro City also reflects itself o its historical and cultural profile. The main cultural facilities: two Medieval Castles; underground shelters built during the Second World War to protect population against air assaults. They're 6Km long;, also hosting a War Museum.

Other important cultural points are the Marconi Museum, history of Telecommunication systems, and the Industrial Archeology Museum. In terms of social cohesion, the Municipality of Colleferro has created 3 offices, aiming to combact social discrimination and promote job opportunities: the Handicap Office; the Immigration Unit; the Local Initiative Centre for Employment

3) IRFED - RESEARCH, EDUCATIONAL, DOCUMENTATION INSTITUTE - of TRAPANI is a territorial centre in Italy, connected to CISL SCUOLA ( Confederation Labour Union Workers - School Section), a national association of teachers and cultural operators.

IRFED carries out the educational researches, organises courses for teachers, seminars rooms and conferences on the school issues, publishes reviews concerning several works. We are working in the fields of vocational training, social and professional integration of the young persons. We are specialized in the “Feuerstein method”, particularly valid for children with special needs.

4) Since its foundation in 1994 FASE has undergone different processes of adaptation and change according to the new demands of the market. It was originally created as a classic training and consulting in human resources center. With the development of the internet and the new way of understanding training, FASE adapted its methods to the new scientific advances giving way to a whole system of e- learning, called OPEN CLASSROOM, and got deep into researching and editing new multimedia didactic methods such as the Spanish and English language courses. FASE’s fruitful collaborations have played a key part in its process of change and adaptation. Its collaboration with different Spanish official entities and specially its partnership with different European countries in 15 international projects of wide thematic range, have contributed to expand its scope of action and to its modernization.

5) GRANOLLERS has got an extension of 14.89 square meters and it’s located at 30 quilometers of Barcelona city. It’s got 53.000 citizens. It’s the Valles Oriental capital. That is an area wiht an economical balance in different activities divided mostly in industry and services. The strategic location of Granollers allows the acces in just a few minuts to a diversity of areas and services. People with special educational needs with a high livel can go to ordinary schools in the city and then there is the Special School Montserrat Montero. This schools is part of the Private Fundation Vallès Oriental that also has an Special Work Center, a Day Center and monitored apartments for menthally handicapped people. In the city there are four associations that work whith the spare time of the young menthally handicapped people and also three associations of fathers and mothers of menthally handicapped children.

The Council is the responsable for the Primary Social Servicies .Their objective is to compensate the social diferences, that means , with other things ,helping families with children that have special needs. The services are distribute in four zones where they work : work social workers, social educators and support personal

6) LITHUANIAN WELFARE SOCIETY FOR PERSONS WITH MENTAL DISABILITIES “VILTIS” (HOPE) unites persons with mental disabilities residing in the Republic of Lithuania, including children, young people and adults as well as their families. The society creates a network of community services for mentally disabled persons, participates in the legislation, provides social services for the mentally disabled people, administrates training programs for local specialists as well as specialists from other countries of Eastern and Central Europe, provides teaching seminars for par-ents, publishes and spreads information and educational literature, organizes summer camps of recreation-social rehabilitation.

## The Education and Support Programme

The training is based on the following educational statements:

- Life accompany learning: The condition of this special form of parenthood is evolving and changing for all members of the family circle their whole life long.
- Learning in and because of the Peer-group: The common experience to live with a child with special needs, holds them together. The chance for parents’ training groups lies in their exchange of experience.
- Help for self-help: The different talents of the participants are complementary. Those talents make it easier to set up strategies in common, to represent their cause efficiently to the public.

- Professional instruction and support: Professionals can add extra knowledge and different approaches in front of a problem from a given professional distance.

Great importance is given to the following didactic principles when creating the educational content of the modules:

- Adults adequacy: possibility for proper activities and collaboration when creating the learning process
- Plan oriented learning: promotion of personal individuality and creativity, the speakers consider themselves as companions for the working project.
- Fusion of theory and practice: Relationship of the training contents to the private reality of the participants, integration of latest scientific knowledge.
- Self experience orientated personality training: integration of elements of self experience during the whole training session
- Systematic knowledge supply
- Genus relevancy: observation and reflection of the training content from the aspect of the genus relevancy.

The parent education program is composed of 8 educational modules (see the detailed programme attached) which are build up on parents needs. The modules are closed in themselves and can be offered or demanded as a whole package or in a modular system. The bow of its content draws from personality oriented subjects, to the transmission of new media, up to legal questions. One module lasts 8-16 hours, the number of the participants is up to 10 persons. The educational program offers exchange and assistance within the group. Together with parents and trainers personal and professional competence can be extended.

## Final results

### *THE PILOT RUN – some data*

Timing: from November 2002 to June 2003. Tuesday and Thursday from 17.30 to 19.30

Location: Conference Hall at the Local Centre for Employment in Colleferro

Participants: 10 parents and some disability operators as “auditors”

Personnel: 9 trainers; 1 tutor; Municipal staff; 3 child care operators

### MAIN ACHIEVEMENTS

Each participant attended all the modules and we’ve always had a full participation in each module. That gives the real sense of the interest the project received and parents never wanted the Course to stop, newertless during Christmas holidays!

Even people not living in Colleferro or in its Health District (9 municipalities) attended the Course a child care services gave parents the possibility to attend the course and stay beside their children in the same time

The Course has been an important moment for parents, a sort of gift they gave themselves to find some answers for everyday problems

The Course has been a place of exchanges and aggregation among people dealing with the same problems, besides the training itself

Sharing common problems and experiences gave parents important instruments to effort their every-

day problems and not to feel alone any more

The Course represented a place of formation and meeting with Institutions, especially our Handicap Office that enriched a lot its visibility among parents and nows it works much more and better to help them

Parents attending the pilot run expressed their will to create a Self-Help group, able to support themselves and also other parents, dealing with the same problems.

#### DISSEMINATION OF RESULTS

Each partner is nowadays disseminating the project results and its final products: Handbook and CD-ROM, containing the modules and practical information about the organisation and management of the support programme.

#### Contacts

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Piazza Italia 1 – 00034 Colleferro (RM) Italy



## MODULE I: Development of Personality (8 hours)

Table I

Skills to be learned	Contents	Number of hours	Method
The participants should be able to recognise connections and interactions between individuals and their families, individuals and their history (experiences). They should be able to reflect on and analyse the structure of the family.	Reflection and analysis of the structure of the family: <ul style="list-style-type: none"> <li>- Self-esteem of the members of the family</li> <li>- communication in the family</li> <li>- articulated and unspoken rules, family and behaviour rules</li> <li>- Recognising and changing of dynamics in a family</li> <li>- finding connections to the personal history</li> </ul>	2	Group work Collecting results Discussion Self-awareness
The participants should identify possibilities of change within their own family.	Possibilities of change within the family	2	Group work Collecting results
The participants should identify strategies and techniques to promote healthy, functioning families	<ul style="list-style-type: none"> <li>- Understanding how systems/families function</li> <li>- Finding ideal conditions for a “secure base” (family)</li> <li>- How a healthy family atmosphere can be created</li> </ul>	2	Group work Practical exercises
The participants should develop strategies to improve their self-esteem and that of their children	Short introduction to transactional analysis: personal growth and change, the ego stage model, I am ok you are ok. Strategies for the promotion of self-esteem: cognitive as well as emotional parameters; positive self-esteem	2	Group work Practical exercises Discussion

**MODULE II: Communication (16 hours)**

Table II

Skills to be learned	Contents	Number of hours	Method
The participants should define communication.	<ul style="list-style-type: none"> <li>- Definition of communication</li> <li>- Structure of communication processes</li> </ul>	1	Lecture
The participants should become aware of verbal and nonverbal communication.	<ul style="list-style-type: none"> <li>- Distinction between verbal and non-verbal communication</li> <li>- verbal transactions</li> <li>- Meaning and forms of nonverbal communication (body language)</li> </ul>	1	Lectures Short exercises
The participants should know the different communication models.	<ul style="list-style-type: none"> <li>Overview - different communication models:</li> <li>- Communication model of Watzlawick (Five axioms)</li> <li>- Sender and receiver</li> <li>- Integrative Model of Interpersonal Communication / Schulz von Thun</li> </ul>	2	Lectures Short exercises
The participants should be able to analyse communication processes.	Collecting, reconstructing and analysing of communication processes within the family.	6	Reflection Role-playing,
The participants should get to know and use effective techniques for communication with professionals ( <i>Effective communication with medical professionals, teachers and officials</i> )	<ul style="list-style-type: none"> <li>- Effective techniques for expressing needs</li> <li>- Skills for dealing with criticism and refusals</li> <li>- Appropriate communication</li> <li>- Effective techniques for specific questions</li> <li>- Aspects of mediation</li> </ul>	6	Lecture Practical exercises Discussion

**MODULE III: Conflict Management ( 8 hours)**

Table III

<b>Skills to be learned</b>	<b>Contents</b>	<b>Number of hours</b>	<b>Method</b>
Learn to recognise the main conflict models	Introduction. Expectations of participants Overview of basic conflict models Recognising the most common everyday conflicts	2	Lecture Group interaction
Learn to recognise conflict and to handle conflict situations effectively	Presentation of examples of conflict situations which occur in relationships with specialists, e.g. conflicts about the results of assessment, diagnosis, suggested treatment and recommendations. Reconstruction of the conflict situation Sharing personal experience, reflection on thoughts and emotions Discussing the main groups of conflict and situations where conflicts arise Recognising reasons for conflict and conflict origins Ineffective strategies of conflict management, possible consequences Effective strategies of conflict solving	3	Facilitated group work Role-playing Situation analysis Problem solving
Learn to recognise conflicts and to handle conflict situations effectively.	Presentation of examples of conflict situations which occur in the family and community: conflicts about the acceptance of the child, understanding of his/her needs, behaviour management strategies. Reconstruction of the conflict situation Discussing the main groups of conflict and situations where conflicts arise Recognising reasons for conflict and conflict origins Ineffective strategies of conflict management, possible consequences Effective strategies of conflict solving	3	Facilitated group work Role-playing Situation analysis Problem solving

Empowering parents of children with special needs

**MODULE: IV Personal and professional career-planning (16 hours)**

Table IV

Skills to be learned	Contents	Methods	Number of hours
Introductory objectives	<ul style="list-style-type: none"> <li>- Awareness of co-operation between the couple.</li> <li>- Detection of usual problems: isolation, lack of self-esteem, overcharge and burnout, anger</li> <li>- Detection of needs: professional and institutional help, alternation of responsibilities, personal and individual growth.</li> </ul>	Lecture Group interaction	2
The participants should be aware of the importance of physical hygiene in everyday life.	<ul style="list-style-type: none"> <li>- Keep-fit and deep breathing tables of gymnastics.</li> <li>- Relaxation techniques.</li> <li>- Seek different alternatives that may motivate the dialogue among the members of the group.</li> </ul>	Use of music and special training exercises for the body	2
The participants should be able to identify mental hygiene as a strategy to live in balance.	Awareness of positive thinking, rejection of negative feelings that harm self-esteem, Control of aggressiveness	Personal contribution from the group.	2
The participants should analyse the aspects of moral hygiene (Ethical hygiene)	Help to reject victimisation and the belief of deserving a holy punishment.	Dialogue	2
The participants should analyse their personal- and time-management. They should be able to identify stress factors within personal and family life	Self-management – Stress-management: Personal budget of time; economical timing; Strategies to improve personal-managemme; Personal meaning of stress; Analysing of stress situations; Strategies to avoid stress	Situation analyses Problem solving	4
The participants should develop professional aims and they should be well-informed about the labour market	<ul style="list-style-type: none"> <li>- Self-evaluation of skills.</li> <li>- The labour market.</li> <li>- Selection in the field according to the participants profile.</li> <li>- Introduction to job searching techniques.</li> <li>- Specific labour rules.</li> </ul>	Practical theory and labour market analysis.	4



**MODULE V: Access to Information, Knowledge and Education (8 hours)**

Table V

Skills to be learned	Contents	Methods	Number of hours
The participants should know where to go to get special resources.	<ul style="list-style-type: none"> <li>- Knowledge of the most important authorities related to disability: physical, sensory and learning.</li> <li>- Get the information needed from those authorities concerning special needs and support: emotional and psychological, economical, educational...</li> </ul>	Lecture Discussion	1
The participants should obtain knowledge about all the obstacles and difficulties related to their needs and how to solve them.	<ul style="list-style-type: none"> <li>- General knowledge and map about everyday obstacles: architectural, access to public transport...</li> <li>- Practical knowledge about what to do, how to solve different problems (known and unknown). A guide of personal instruments for different situations.</li> </ul>	Lecture Discussion Group work	2
The participants should have knowledge about the need of psychological support to handle and support the personal relationship between parents and their children (when the situation allows it).	<ul style="list-style-type: none"> <li>- Realisation of the need of undergoing a personal process to be able to be, and stay the best they can in their situation (to promote a healthy relationship)</li> <li>- Contact with psychological professionals</li> </ul>	Lecture Discussion Group work	2
The participants should be informed of the possibility, the character and the structure of self-education groups based on sharing personal experiences with parents in the same situation.	<p><u>Define self-help group:</u> People in the same situation (illness, addiction, special situations...) who get together on a voluntary basis to help each other and share their experiences</p> <p><u>Elements related to the group structure:</u></p> <ol style="list-style-type: none"> <li>1. Venue and frequency (location of meetings, frequency, duration of meetings)</li> <li>2. Members of the group: <ul style="list-style-type: none"> <li>- Who are the group members (people who share a common life experience, affected persons...)</li> <li>- Number of members (recommended between 8 and 12)</li> </ul> </li> </ol>	Lecture Discussion Group work Practical exercises	2

Skills to be learned	Contents	Methods	Number of hours
	<u>Elements related to group dynamics:</u> 1. Welcome to the group (before the participation in the meetings) It is useful to find out if the self-help group is the best option for a certain person and if it is the best time to be incorporated in the group 2. Establishing facilitators (persons with certain roles and functions inside the group): Representative, secretary, moderator 3. Structure of meetings (how the meeting time is to be structured): Initial round, presentation of the guest, theme of the day... 4. Decision-making: Making decisions as a group		
The participants should be informed of the kinds of self-help group structures and differences.	Knowledge of the kinds of self-help group structures and differences: § Illnesses: cancer, heart disease, Aids... § Addiction: alcohol, drugs, gambling... § Special situations: adoption, violence, unemployment, divorce, homosexuality, death, loneliness....	Lecture Discussion	1

**MODULE VI: Use of New Media (16 hours)**

Table VI

Skills to be learned	Contents	Number of hours	Method
The participants should have a basic knowledge in computer use. (Basic training for absolute beginners )	Orientation of the screen and keyboard Calling up of computer programs Saving on disks Correct exit	4	hands-on learning
Participants should have required the basic skills of a word program for their personal use.	Editing and printing of documents Formatting of texts Document templates - personal writing paper Address labels and visiting cards Invitations	2	hands-on learning
Participants should be able to use CD-ROMS as a medium for further training, for acquisition of knowledge, or as a reference book.	Basic knowledge of CD-ROMS Autorun, installation, handling, de-installation Learning with CD-ROMs	4	hands-on learning
Participants are to be able to send and administer E-mails.	Basics of the electronic post Setting up a personal E-mail address in the most common free sites. Creating and sending of E-mails Answering and forwarding E-mails Preparing and editing an attachment Setting up and administration of a directory/address book	4	hands-on learning
Participants should be able to use the World Wide Web as a medium for further training, for acquisition of knowledge, as a reference book or just for fun.	Structure of the Internet Surfing on the Internet with search words Search possibilities in the World Wide Web Searching for specific information Saving of web pages Working with context menus	2	hands-on learning

Skills to be learned	Contents	Number of hours	Method
Participants are to be able to use search engines.	Working with the most common search engines and catalogues Creation and administration of favourites Creation of bookmarks	2	hands-on learning
Participants should be able to design a personal homepage (website).	Structure of a homepage (website) Creating a homepage (website) Link with texts and diagrams Installation of a Mail links	4	hands-on learning



## MODULE VII Individual Competencies ( 16 hours)

Table VII

Skills to be learned	Contents	Methods	Number of hours
<p>To learn accept and live with a different child</p> <p>The participants should know the influence of a psychological crisis on the life of the child and family.</p>	<p>Stages of psychological crisis: shock, denial, guilt, depression, acceptance.</p> <p>Personal experience of the participants: resources of support and resistance, what helps to maintain the balance, to overcome grief.</p> <p>Area of conflict “ideal child and real child” (mental acceptance)</p> <p>The handicapped child changes the whole family system (relationship problems, isolation, etc.)</p> <p>How parents experience their own child.</p>	<p>Lecture</p> <p>Situation analysis</p> <p>Reflection on personal experience</p> <p>Problem solving</p>	3
<p>Participants analyse main developmental stages and find out the specifics of each stage (special needs of the child, special support for the parents,).</p> <p>The participants should think about their educational behaviour with the children in different developmental stages</p>	<p><u>normal child development</u></p> <p>Characterising and analysing the following developmental stages: stage of pregnancy, babyhood/early childhood, later childhood, teenager, adult</p> <p><u>cognition</u></p> <ul style="list-style-type: none"> <li>• Object, principles, processes.</li> <li>• Special needs in the education of the child with cognitive problems: what child can do tomorrow, what do we aim for, changing the environment in order to help the child explore it.</li> </ul> <p><u>language</u></p> <ul style="list-style-type: none"> <li>• Skills: pre-speech skills, receptive and expressive language</li> <li>• Levels of communication: reflective reactions, unclear signals, non-verbal communication, verbal communication, coherent speech.</li> <li>• Education of children with communication disorders: observing the signals of the child, interpretation of the signals, following child's lead, responding to the child so that he can learn, enlarging child's vocabulary.</li> <li>• Relationship between feeding skills and language development. Correct and incorrect methods of feeding.</li> </ul> <p><u>social – emotional development</u></p>	<p>Lecture</p> <p>Case analysis</p> <p>Problem solving</p>	5

Skills to be learned	Contents	Methods	Number of hours
	<ul style="list-style-type: none"> <li>Emotional development during preschool and school years</li> <li>Influence of parent-child relationship on the development of the child</li> </ul>		
The participants will recognise signs of developmental disorders or developmental risks.	<p><u>overview of the spectrum of developmental disorders</u></p> <ul style="list-style-type: none"> <li>Developmental disorders</li> <li>Disability framework</li> <li>What are the types of developmental disorders?</li> <li>Main features of developmental disorders;</li> <li>Origins of developmental disorders</li> </ul>	Lecture Discussion	2
<p>The participants will determine individual functional goals of the child</p> <p>The participants elaborate on the most efficient professional assistance from their point of view</p>	<p>Multidisciplinary help for the child and family: functions of the specialists (psychology, speech-language, physical therapy, special education: Montessori method, Waldorf method, music therapy, art therapy, etc.)</p> <ul style="list-style-type: none"> <li>role of the parents in the team</li> <li>importance of social adaptation of the child</li> <li>Presentation of clinical case management.</li> <li>Presentations of cases in the group:</li> <li>Application of the team recommendations in daily life;</li> <li>Problems in the daily life of the child (eating, sleeping) and social adaptation, handling possibilities with the help of the multidisciplinary team.</li> </ul> <p>Parents experience about the services received, expression of needs and desires.</p>	Lecture Discussion Case presentation and analysis Facilitated group work Case analysis Problem solving	4
The participants acquire an overview of the pros and cons of alternative treatment methods	<p>Alternative treatment methods:</p> <ol style="list-style-type: none"> <li>Dietary treatment: orthomolecular therapy, Feingold diet, etc.</li> <li>Neurophysiological methods: Doman-Delacato (patterning), optometric visual stimulation, other methods of sensory stimulation;</li> <li>Therapies involving animals: hippotherapy, dolphin therapy.</li> </ol>	Lecture Video demonstration Group work	2

**MODULE VIII: General Knowledge (16 hours)**

Table VIII

<b>Skills to be learned</b>	<b>Contents</b>	<b>Number of hours</b>	<b>Method</b>
The participants should have a basic knowledge of classification of disability	Different typologies of disability and their implications in everyday life	2	Lecture Discussion
The participants should receive information about the main rights of disabled people and their families at a European, national and regional level	General overview - Main community, national and regional laws on disability	2	Lecture Discussion
The participants should be able to organise and consume special services for disabled people	Social services for disabled people at national, regional and local level – special facilities	2	Lecture Discussion
The participants should know how to obtain financial benefits.	Benefits for disabled people at all levels	2	Lecture Discussion
The participants should know how to get educational services	Education and disability at national, regional and local level	2	Lecture Discussion
The participants should be aware of legal aspects in general – what happens when no one can take care of me? (death of parents or relatives, etc)	Legal implications – different forms of assistance provided to disabled people without parents/guardian (when available)	3	Lecture Discussion
The participants should be able to create a voluntary association or a non-profit organisation for the provision of special services in the field of disability.	Basic information about voluntary associations, non-profit organisations	3	Lecture Discussion



Empowering Parents of Children with Special Needs  
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## Empowering Parents of Children with Special Needs



Children and the Mediterranean Conference  
Genova, 7-9 January 2004

*Ludovica Iarussi*  
Head of the EU Office  
Municipality of Colferro - Italy



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## BACKGROUND

*One of the main problem of a disabled child is inside his own family, when parents don't know how to deal with handicap and often react against it blaming themselves, and so forgetting their own lives, and, on the other side and in the same time, blaming their baby.*

*In this framework, the project is based on the development of an educational course for parents, which also their children can attend, thanks to a special children care service. This course aims to "empower" parents of disabled children in their everyday life, in order to deal with their children in the best way: happy parents make happy children*





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## OBJECTIVES

*To activate their own forces, parents with handicapped children need support and information about further education at their disposal. With this program the result is professional support and co-operation and personal assistance, those parents become "experts in their own matter".*

*This parents' training program targets the following issues:*

- *prevention of the danger of social isolation*
- *development of resistance to tendencies of discrimination*
- *development of a new self understanding as an active, acting human being with many options*
- *acquirement of a positive self-esteem*
- *possibility to clear up critical life events*
- *achievement of a positive life attitude and transmission of this feeling to others and especially to the handicapped child*



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## PARENT – EDUCATION

*The parent education program is composed of 8 educational modules, which are build up on parents needs. The modules are closed in themselves and can be offered or demanded as a whole package or in a modular system.*

*The bow of its content draws from personality oriented subjects, to the transmission of new media, up to legal questions.*

*One module lasts 8-16 hours, the number of the participants is up to 10 persons.*

*The educational program offers exchange and assistance within the group. Together with parents and trainers personal and professional competence can be extended.*

## PARENT – EDUCATION



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**Module I: Development of personality** - Analysis of the personal origin history and the present family situation, discovering the development potential of the family system and of the own personality

**Module II: Communication** - Fundamentals of communication and training for communication in special situations (e.g. conversation with doctors, therapists, administrations,...)

**Module III: Conflict management** - Analysis of conflict models, conflict-origin, -avoidance, -overcome, development of strategies for personal conflict-overcome

**Module IV: Personal Career-Planning** - Self-management and time-management, verbalization of professional career and orientation

**Module V: Access to Information, Education and Knowledge** - Institutions and offers for education in regional areas, assistance for creating a self-help group

**Module VI: Use of New Media** - Eased Access to information and support as well as eased establishment of contact and exchange with other parents with the aid of computer- and internet-training.

**Module VII: Individual Competences** - Basic knowledge on pedagogy and curative education, developmental psychologies (child development and aging), reflection on own educational behavior, labor of mourning

**Module VIII: General Knowledge** - Basic information on legislation and regulation in the field



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## SELF-HELP

*The parent educational program provides participants with habilities to improve their knowledges, their relationship with their handicapped children and their access to social resources. Participants meet other parents living in same situations, and they could set up a self-help group.*



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E11

WORKSHOP XI

## EXCHANGE

*Our chat and our forums offer the opportunity to contact and exchange with parents, living in similar circumstances.*

*Besides you can even leave questions, problems and certain themes, we try to link you to special supports or professional addresses.*

**[www.parents-empowerment.org](http://www.parents-empowerment.org)**



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## HELP PACKAGE

### **How to organise an educational programme step by step**

*The help package is composed of 11 chapters, that should offer you assistance for organising, promoting, implementing and documenting a parent educational programme.*

*The help package includes the whole curriculum of the educational programme as well as short explanations and information to the organisation of an educational programme. For practical use you even find proposals for forms.*



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## *The experience of the Municipality of Colleferro*



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### **THE PILOT RUN – some data**

***Timing:***

*from November 2002 to June 2003. Tuesday and Thursday from  
5.30 to 7.30 p.m.*

***Location:***

*Conference Hall at the Local Centre for Employment in Colleferro*

***Participants:***

*10 parents and some disability operators as “auditors”*

***Personnel:***

*9 trainers; 1 tutor; Municipal staff; 3 child care operators*





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WORKSHOP XI

## PILOT RUN: Main Achievements

- *The Course has been an important moment for parents, a sort of gift they gave themselves to find some answers for everyday problems*
- *the Course has been a place of exchanges and aggregation among people dealing with the same problems, besides the training itself*
- *sharing common problems and experiences gave parents important instruments to effort their everyday problems and not to feel alone any more*
- *the Course represented a place of formation and meeting with Institutions, expecially our Handicap Office that enriched a lot its visibility among parents and nows it works much more and better to help them*



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## Prematurity and Development from an Early Intervention Perspective

E11

WORKSHOP XI

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Due to advances in technology and the medical field, there is an increase in the survival rate of infants born prematurely. However, the morbidity rate is still high. This paper presents a review of how premature birth influences the development of newborns, and how it affects the cognitive, social-emotional and behavioral development. Findings from research have shown that building a strong parent-infant relation at an early stage is essential for childhood cognitive and emotional well-being. In addition to the medical complications premature infants go through, the Neonatal Intensive Care Unit (NICU) can have a negative impact on their development. Both parents and premature infants experience a stressful start in the NICU and an early intervention program can enhance a more positive experience for both of them. In order to change that experience into a positive one, intervention programs should take into consideration both parents' and nurses' perspectives about the NICU experience. Intervention programs can also provide a smoother discharge and transition process. With some minor changes in the communication manner between the parents and the medical staff at the NICU, this experience could be less stressful to the family and in turn have a positive impact on the development of the newborn. The rationale for early intervention and a review of some successful intervention programs that have had positive impact on development are discussed. Finally, some guidelines and major principles for a family centered care are presented

### Premature Infants

Premature babies are babies born before 37 weeks gestational age (GA) or who weigh less than 1000 grams at birth. They are often referred to as preterm babies. Depending on their weight, they are classified into extremely low birth weight, very low birth weight, or low birth weight. Those born less than 32 weeks GA or less than 1000 grams are considered the most at risk. (Fogel, 2001). However, due to medical advances, those infants together with those born at less than 22 gestation weeks (with less than 500 grams), have a survival rate of 14%; a survival rate of 76% for infants weighing 750 grams born at 25 weeks gestation (Ritchie, 2002); and a survival rate of 80%- 90% for infants born under 1500grams (Lawhon, 2002).

### Developmental Complications

Due to their early birth, preterm infants often suffer medical problems (Fogel, 2001). Some premature medical complications include respiratory problems, prematurity apnea, patent ductus arteriosus, and gastroesophageal reflux (Hack, Wilson-Costello, Friedman, Taylor, Schluchter & Fanaroff, 2000; Batshaw, 1997). The Respiratory Distress Syndrome (RDS) affects around 20% of premature infants who suffer from RDS during the early days after birth. Premature infants are born with insufficient amounts of surfactant in their alveoli. The protein substance known as surfactant keeps the air sacks from sticking together every time the infant breathes. In fact, deficiency of surfactant in the air sacks makes breathing similar to blowing a balloon for the first time every time the

infant breathes. This requires the fragile infants to exert an incredible amount of energy to blow up the alveoli again (Batshaw, 1997).

Most premature infants have very fragile blood and oxygen vessels, which makes them at a high risk for neurological problems. For example, Periventricular Leukomalacia (PVL) is a condition caused by insufficient oxygen supply and low blood flow to the brain. PVL causes the cessation of the white matter surrounding the brain. A result of that is the damage of several brain tissues. In some cases, such a condition leads to cerebral palsy, motor physical disability, and cognitive disability. Another condition caused by immature blood and oxygen vessels in the brain is known as Periventricular Hemorrhagic Infarction. This condition is a result of severe bleeding in the infant's brain. According to the severity of hemorrhages, the infant develop neurological impairments (Batshaw, 1997).

Another aspect of developmental complications in premature infants is the development of the brain. During the second and third trimesters of pregnancy, the brain produces around 100,000 cortical neurons every minute (Minde, 2000). This process is disrupted by the premature birth, which in turn will have considerable effects on the cognitive development. In fact, research reports that premature children are at risk of developmental problems such as mental retardation (Gorman, 2002), poor visual recognition, poor tactual recognition memory (Rose & Feeldman, 2000), and lower verbal and IQ performance scores (Peterson, 2000).

Thus, due to their prematurity, many infants are likely to need intervention services such as physical, occupational and speech therapy (McNab & Blackman, 1998). The earlier these services are provided to the infant and the family, the more effective interventions will be.

### **Impact of Prematurity on Families**

Families as well as infants are affected by early delivery. The birth of a premature infant in the family is often a challenge for parents. From the moment of birth, parents are faced with an unexpected sequence of events. They suddenly realize they are unable to begin their parenting journey the way they have planned. (Pearson & Andersen, 2001; Owens, 2001; McGrath, 2001; Melnyk, Alpert-Gillis, Feinstein, Fairbanks, Sxhultz-Czarniak, Hust, et al., 2001). In a matter of hours parents are expected to assume their parenting role in a place full of people and with no privacy (Hurst, 2001; McGrath, 2001; Pearson & Anderson, 2001). Unlike parents of full term infants, parent of premature infants experience contradicting feelings of anger, disappointment, grief, helplessness, fear, insecurity, and denial (McGrath, 2001; Pearson & Anderson, 2001; Melnyk et al, 2001; Als, 1997; Griffin, 2001) and happiness and joy (Hurst, 2001). For parents of premature infants, the dream of holding their babies right after birth and taking them home does not come true.

This experience is very stressful for the parents, who are as unprepared as their infants, when it comes to dealing with premature births. In most cases, the high technology of the NICU and the physical appearance of premature infants are stressors that lead to a disruption in assuming the traditional parental role. This in turn leads to a diminished quality of parent-infant interaction (Melnyk et al., 2001).

### **Neonatal Intensive Care Unit Experience**

Most of the time, the atmosphere in the NICU is as cold and 'empty' as any other part of the hospital environment. Reflecting back on her experience in the NICU, a mother said that very little attention is paid to the décor of the room. The bright lights and the constant sounds of machines and ventilators, contrasts with the emptiness the family feels in the NICU. In addition to that, the small bedside space makes it difficult for family members to gather around their infants and get to know them. She felt that the NICU environment with its emptiness and coldness has dehumanized the birth of her

daughter, and was not welcoming her as a mother (Owens, 2001). In a number of interviews reported in the literature review, mothers referred to the physical environment of the NICU as being negative (McNab & Blackman, 1998).

Another stressful aspect of the NICU is the mothers' feelings of intimidation. Mothers feel intimidated by the expert knowledge the nurses have about their children. Some mothers reported that they believe their infants loved their nurses more than they loved them. Mothers feel a little threatened by the thought of the nurses taking over their maternal role (Pearson & Andersen, 2001).

### Parents' Perspectives and Maternal Coping Strategies

Parents are as premature as their infants, when it comes to the NICU experience. Premature birth forces them to face a situation they are not yet ready to handle. The level of stress families go through depends on the infants' condition, mothers' health, and support system. In one study, mothers of more physically and biologically vulnerable infants were found to have greater emotional distress (Klebanov, Brooks-Gunn, & McCormick, 2001).

A mother reflecting back on her experience in the NICU says that the nurses and physicians are so concerned about the health of the newborn that they hardly noticed her presence. Realizing their lack of expertise with premature infants, mothers feel helpless and very dependent on nurses to guide them through their motherhood. Most of the times, mothers do not know what to do or how to communicate effectively with the nurses. As a result, they are always very eager to learn how to deal with their infants, and appreciate the knowledge of how to communicate with their infants (Lawhon, 2002). Mothers are seeking the knowledge that would make them competent in caring for their youngsters.

However, lack of effective communication between mothers and nurses results in a more stressful situation for mothers. Many times, parents would disagree with the way the nurses are handling their infants, yet they would not express their opinion in fear that the staff would retaliate against their infants (Griffin, 2001; Owens, 2001). Other times, mothers often feel reluctant of being demanding in fear of being labeled as "difficult" or "demanding" and many times, mothers wait for the nurses to tell them about possibilities of their involvement (Hurst, 2001). In fear of aggravating the nurses, mothers often wait for a sign of approval from the nurses' before they participate in caring for their infant.

To understand how mothers feel about the NICU experience, Hurts (2001) conducted a study of mothers' perception of their experience in the NICU. From the observation, it was found that often times mothers are in as much physical pain as their infants, yet mothers see their own needs as competing with their infants'. Hurts found that the mother-nurse relationship was not a positive one. All what mothers cared about sometimes was to make the nurses comfortable, so they would take good care of their infants. By time, mothers learned different strategies to overcome the nurses' predisposed idea that mothers are troublesome. With passing time, mothers acquired different strategies to overcome the nurses' perception of viewing them as 'troublesome'. They would first inquire on how the nurses are doing, before asking about their infants' conditions. In another study, there was only one incident where a mother reported having a good relationship with the nurses. The mother attributed this positive relationship to the fact that the nurses cared for her as much as they cared for her infant (Owens, 2001).

Yet in spite of the above-mentioned factors, mothers know they cannot pursue their maternal role without the help and guidance of the nurses. Mothers need the nurses' support to build a nurturing and loving relationship with their infants. This support and degree of warmth and understanding shared between the nurses and the mothers is an important aspect of mothers' emotional experiences in the NICU.

As for getting information about their infants, mothers reported that it was not an easy task. The difficulty in getting the information from the nurses increased the mothers' feelings of helplessness. Many mothers had no medical background, and so a lot of the information they got was not comprehensible. They had to work hard to acquire the same level of expert knowledge and familiarize themselves with medical terminology to be able to follow their infants' development. Thus, mothers needed some professional input and clarification in order for them to understand their own infants. All that mothers sought was the information that would empower them to comprehend their infants' communication cues (Meck, Flower, Claflin, & Rasmussen, 1995; Hurst, 2001). Professionals need to realize that on many occasions information may need to be repeated more than once (McGrath, 2001). All that mothers required from the professional staff in the NICU is for them to understand and encourage their presence with their infants in the NICU. In addition to the disharmony between the parents and the medical staff in the NICU, other aspects were found to be stressful on the family. In a study by Pearson and Andersen (2001), it was found that the infants' size, appearance, and responses had stressful impact on the families.

### Nurses' Perspectives

Nurses have more than one role in the NICU. They are expected to care for both the infant and support the parent (who is the mother in most cases) in assuming their parenting role (Pearson & Andersen, 2001). Most times, parents are stressed and unhappy about having a newborn in the NICU. Often times, nurses misinterpret this anger as a personal criticism and as a result, they become defensive. When interviewed for a study, some nurses expressed feeling angry, shocked, attacked, blamed and powerless in response to parents' anger (Griffin, 2001).

The quality of early parent-infant relationship has a major impact on childhood cognitive and emotional development (Melynk, et. al., 2001). In full term births, this relationship could be sustained through the daily care-taking routine. However, due to the nature of the NICU, such a relationship is mediated by the nurses and thus, early intervention is very critical to eliminate the negative impact of prematurity on the parent-child interactions.

Nursing care in the NICU has a vital role. It facilitates parents' participations in "small things" such as feeding, bathing and other nurturing activities (Lawhon, 2002; Hurst, 2001). These practices would give parents more control over the situation, and give them a chance to assume the parental role, which they have been dreaming of. This would require scheduling the nurturing activities in accordance with parent's convenience rather than the nurses' (Lawhon, 2002). Parents should not have to negotiate access to their infant or wait for permission to meet their needs (Hurst, 2001).

### Discharge

The term 'discharge' is used to refer to the end of the hospital stay for premature infants. However, it does not mean an end to all medical intervention of professionals. Even after discharge, children have to be monitored and observed for developmental problems. For example, infants with Respiratory Distress Syndrome need a close medical follow up even after their discharge. Some infants leave the NICU before their Central Nervous System is fully developed (McNab & Blackman, 1998). Thus, discharge is an end to only one stage of a series of follow up for premature infants.

For the benefit of premature infants and their families, plans for discharge are better made as early as possible. For it to be successful, discharge has to encompass the families' beliefs and needs (McNab & Blackman, 1998; Meck, Fowler, Claflin, & Rasmussen, 1995). Parents have to be fully informed of what to expect when they leave the NICU, and of the possible complications to be anticipated. Consequently, clear communication between parents and professionals would be very helpful.

Even though discharge might seem the best incident for premature infants, it is found to be a peri-



od of stress for families, especially if the infant requires extra medical care. To avoid this, parents need to realize that they have all the skills they require to be able to care for their infants. Parents need to be prepared to care for their infants independent of professionals and nurses. For that reason, discharge could be a very complicated procedure. The presence of a collaborative team that would assess all factors involved in the discharge procedure (such as infant health, home environment, and family's competency), and report some feedback with recommendations would be beneficial (Robinson, Pirak, & Morrell, 2000).

An important consideration for professionals to keep in mind is the information given to parents about discharge. The timing and clustering of information given has to be convenient to parents. Even though professionals might think specific information is important now, parents might not see it important until the need for it arises (Meck, Fowler, Claflin & Rasmussen, 1995).

### **Intervention models**

Most of the research conducted till date on the effectiveness of early intervention in the NICU has been methodologically reliable. The literature on early intervention in the NICU presented some effective models that were found to be helpful. A closer look at five of these models would be beneficial when developing intervention for families in the NICU.

The first model is the Newborn Individualized Developmental Care and Assessment Program (NIDCAP). This family centered early intervention model aims at improving the outcome of premature babies. NIDCAP is based on the idea that families are the constant in children's life, and so the participation of families is considered the most important goal for the program. Based on data analysis, NIDCAP showed that premature infants were more advanced in using ventilators and nipple feeding when compared to a control group (Owens, 2001).

Lawhon (2002) describes another model based on an individualized nursing intervention. It is based on promoting both infant and parent competence. The effectiveness of the program is assessed based on three levels: a) having a positive parent-infant dyad interaction; b) parents' understanding of their infant's developmental needs and cues; c) providing emotional support for parents (p.6). The model emphasized the support of parents in understanding their infant's development, and promoting the goodness of fit between parents and infants. Outcomes of this intervention model enhance parents and infants' competence. Accordingly, intervention should view parents as active participants involved in their infants care and not as visitors. They should be updated and involved in the daily rounds, and should have full access and explanation to all medical records.

A third program presented in the literature is the Infant Health and Development Program (IHDP). IHDP is a home-visit intervention program for low birth weight premature infants. This program starts after infants are discharged from the NICU. It provides comprehensive health issues, parenting and life skills, social services and high quality educational stimulation for children over the course of 3 years. Results of this program suggest that early intervention provides a developmentally appropriate and responsive environment that leads to a decrease in the negative emotionality (often associated with low birth weight children). There was also an increase in the IQ scores and receptive vocabulary of IHDP infants at age three, when compared with a control group (Blair, 2002).

The IHDP was found to be effective for mothers as much as it was for children. Mothers reported more positive emotions and better coping skills with their infants. To those mothers, caring for their infants alone at home was not as stressful as it was to other mothers who did not experience the IHDP (Klebanov, Brooks-Gunn, & McCormick, 2001).

The Parent Circle (PC) program is another example of intervention for families with premature infants (Pearson & Andersen, 2001). This is a 90-minute session aimed at enhancing the parent-child relationship. The five main components of the PC program are: sharing experiences with families;



learning about the developmental stages of infants; demonstrating skills and competencies of preterm babies to their parents; showing parents how to develop an infant care plan; and providing resources for parents.

This program helps parents realize they are not alone in this experience. They recognize that other families are going through the same feelings. They understand that their mixed feelings of fear, anxiety and happiness were normal under such circumstances. The second component aimed at teaching parents ways to encourage their infants' development without over stimulating them. This framework guides parents to understand their infants' communicative cues and to be responsive to those cues. While learning about the individual abilities of their infants, parents start experiencing the human side of their infants and start realizing that their infants can actually hear and feel them. The PC program encourages and empowers parents to get involved with their infants' care. Sharing resources, which is the last principle of the PC program, is useful for parents in their individual situations and needs (Pearson & Andersen, 2001).

Feedback from the parents revealed positive outcomes for the implementation of this program. Parents felt comfortable sharing their emotions with other families, and in understanding their infants' needs. The program also helped them see beyond the medical condition of their infant and perceive the human side of their newborns. This, in turn, led to more interaction between the parents and their infants in the NICU. In addition to that, the parents found the resources such as books and the internet to be very beneficial. It made them aware of the availability of simple things such as "preemie car seats" ((Pearson & Andersen, 2001, p.46).

Another intervention program was the COPE (Creating Opportunities for Parent Empowerment) program. This educational behavior intervention promoted maternal coping strategies and confidence in caring for their infants. It focuses on educating the mothers about their infants' appearance; their parental role and strategies of being involved in their infants' care; information of preemie's developmental stages; and information about infant growth and strategies to foster a positive parent-infant relationship. This program is implemented 2- 4 days after birth and continues for 1 week following discharge. Like the other intervention programs, COPE proved effective for both mothers and infants. When evaluated, mothers showed less stress in the NICU and their infants had better cognitive development at 3 months corrected age (Melnyk et al., 2001).

### **Principles for Family Centered Care and Parent Education**

In the article Revisiting "Rethinking Early Intervention", early intervention was defined as being "the provision of support and resources to families of young children from members of informal and formal social support networks that both directly and indirectly influences child, parent and family functioning" (Bruder, 2000, p. 111).

Designing effective family-centered interventions and parent education programs need good understanding of what families go through and the different stressors they experience. This would give a clear picture of how to enhance parent-professional communication in a stress free environment. Such intervention could be accomplished by providing an environment where parents are able to express and share their feelings of fear and anger without being labeled as "demanding" or "difficult". This in turn would lead to a better parent-child interaction and better developmental outcome would occur.

Family-centered approach should include families as an integral and important component of the care plan. Because families are the constant in children's lives, involving them in the intervention process would have a more positive impact on infant development. To accomplish that, family-centered approach should also support collaboration with professionals, who would share unbiased information with the families and respect their individuality and coping strategies (Walter & Petr,

2000). Families are different and unique, and there is no one-intervention program that would meet all their needs. Hence, intervention programs should be tailored according to the individual needs of each family. This in turn would lead to better child development and more positive outcomes. Thus, having family-centered interventions would enhance the outcome for both children and parents. Intervention programs should focus on enhancing parents' ability to respond to and read their infants' cues, and have a better understanding of their development and behavior (Lawhon, 2002). As a result, early intervention programs would give parents a sense of confidence in dealing with their children and thus, enhancing their roles as parents.

Many parents have mixed feelings about their NICU experience, and at times, they feel at a loss. Thus, the availability of social support networks, both formal and informal are assets for any intervention program. They have a direct and indirect effect on the development and behavior of children and families alike. However, informal support for families has been found to be more effective and stronger than formal support (Bruder, 2000).

The Proactive Empowerment through Partnerships (PEP) presented in the article by Dunst (2000), is a way of conceptualizing early intervention. It proposes some guidelines of implementing more family focused intervention. These guidelines include highlighting strengths rather than weaknesses; realizing family control over resources; and emphasizing collaboration between family and professionals.

Parent education programs in the NICU should focus on educating parents about their infants' communicative cues, environmental stimulation, and parenting activities (Krebs, 1998). Sometimes, understanding medical complications associated with prematurity can help support parents and enhance early intervention, which in turn would improve the long-term outcome for children's development (McNab & Blackman, 1998).

In one study, mothers were allowed to observe a physical examination of their infants by a neonatologist. This turned to be very effective and mothers reported being more satisfied with their infants' development and their later interaction with their infants. Another study also showed mothers to be more confident and more interested in their infants' development when being involved in their medical examinations (Szajnberg, Ward, Krauss and Kessler, 1987).

Any parent education or intervention program should focus on developing positive parenting skills to alleviate the stress off mothers and families in general (Pearson & Andersen, 2001). Professionals need to assist families in developing a positive experience in the NICU. Sometimes it is hard for parents to see their infant underneath all the wires and medical equipments tagged into them. It is the interventionists' and the professionals' job to help parents see the human side of their infants (McGrath, 2001). It is the interventionist's role together with the professionals and nonprofessionals working with families in the NICU to share information with parents. It is of utmost importance to involve parents in caring and making decisions about their infants. Interventionists need to encourage parents to take control over the situation and pursue their parental role. A way to do so is by giving parents full access to all information and medical reports in a language that is comprehensible to parents.

According to Bruder (2000), effective family-centered practice depends on closing the gap between research and practice, providing effective training to early intervention personnel, recruiting more competent and knowledgeable administrators to implement intervention programs, and changing the attitude of professionals working in the field of early intervention.

## Conclusion

Most research conducted to date on the effectiveness of early intervention has been methodologically reliable. Most studies have found early intervention to be more effective when started early,

and that its effectiveness is moderated by maternal education level and weight of newborn infants. For increased effectiveness, it is recommended that interventions focus on parents as well as children (Blair & Ramey, 1997).

Intervention is not a one-man job; it requires collaborative teamwork. It takes a lot of belief, dedication, compassion and understanding. For any intervention to be effective medical professionals, nurses, social support networks and families all need to remember that they all share the same goal. They all wish for the well-being of the infants, and for a more positive development.

Health care providers need to start understanding the individual needs of families and try to meet them (McGrath, 2001). It is recommended that the parent-nurse relationship should be sensitive, trusting and informative, for parents to feel more secure and competent about their roles (Owens, 2001). Nurses must recognize the importance of empowering mothers and supporting them in their parental role (Hurst, 2001). They should try to assist the families by providing information about community resources that would be supportive to families (McGrath, 2001). In fact, Als (1997) recommends that intervention staff takes that same route from the parking lot to the NICU and try experiencing what families go through, in order to experience what families go through. Things like the physical environment of the NICU, the noise level, lighting, furniture, childcare for siblings, and bedside space, could be either a stressor or a comfort for families.

### **Recommendations for Future Research**

Further research is needed to extend nurses' knowledge about the needs of mothers and families in the NICU and how they perceive this experience. As for the neonatologists and medical staff, they need to use less scientific terms and medical jargon. They need to acknowledge that families have full rights in deciding what is best for their infants. Moreover, it is the medical staffs' duty to make sure families are well informed.

Support networks such as family networks or mother's groups are another important component of the intervention process. They offer a stress free environment for families to express their feelings and exchange advices. It updates families with recent resources and acts as a liaison when needed.

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## ...with Small steps to cities of Peace...

### CCF Albania

#### FIRST LIFE TIME...

**of breastfeeding**      **voice**      **emotion**  
**communication**      **gesture**  
**language**      **walk**      **symbolism**  
**sphincter control**      **of self awareness**  
**knowledge**      **play**      **movement**  
**control**  
**Age of ...I want...!**      **Age of YES and NO**  
**Age of ...being recognized**      **with love**  
**with respect...in security and PEACE**

## STRATEGY OF CCF ALBANIA

**FOR**  
**EARLY CHILDHOOD AND**  
**CARE DEVELOPMENT**  
**REDUCING CHILDREN'S**  
**POVERTY**

## **Motto**

€ *Every child  
Today...Care, Knowing,  
Service and Respect!*

€ *Care of mother and  
Child must be primary issues  
of Communities and  
development strategies*

## **Beliefs**

€ *Everything, at each child and  
infant happens just one time*

€ *For every child the Parent is the  
ideal person*

€ *The child is not a property, but  
a responsibility of parents and society  
that need to be addressed*

## **CRITICAL SITUATION**

### **CONSIDERATION FOR CHILDREN'S SITUATION IN ALBANIA**

#### ***Social Transition Period- Emergency Time for Children***

- ***Chaotic massive migration of families and communities - 1/3 of population in 10 years***
- ***Lack of access in Service, Care and Education structures - closing of app. 1500 state kindergartens***
- ***Deepness of Family Poverty and Social Aggressiveness***

## **Actual state of rearing and Development**

- **25 % of children 0-3 yrs old in national level suffer from light and medium forms of malnutrition**
- **10 % of 0-3 yrs old children suffer from hard level of malnutrition in national level from which 20% of children 0-3 yrs old in Northeast area.**

**(Published report of National Strategy for  
Children in Albania)**

## **Actual state of Psycho- affective, Emotional of Child Development**

- **Parents in Crisis - Children in haze**
- **Mothers/Female - Vulnerable group (unemployment, patriarchalism, tough style of education in tradition, violence possibility)**
- **Inadequate Culture of Service Practice in Health, Education and institution levels**
- **Long term transition- insuperable lost for child development**

## **ECCD no priority of National Development Strategy**

Social reconciliation and development, employment and urbanization, empowerment and women participation, modification of tradition, ask for:

- construction
- education
- action &
- integration

New ways of supporting ECCD lead to community mobilization

**CHILDREN TAKE CARE OF ADULTS**

## **APPROACH**

*ECCD for Community Reconciliation and Participation*



## GARDEN OF MOTHERS AND CHILDREN



1.

**Set up of ECCD Social  
community network  
“Garden of mothers and  
children” for immediate  
improvement of activities  
with low cost effective**

E11

WORKSHOP XI

2.

## ***Non Confronting Community Interaction***

3.

## ***Developing partnership and semiformal intermediate support toward existent structures***

4.

## **National Campaign for reconciliation**

### **1. ECCD Social Community Network**

- Safe and friendly space for children***
- Creating access to education and health service***
- Promoting parent information and children education***
- Empowerment of woman and decrease of isolation***
- Socialization of children and community integration***
- Modifying attitude toward children***

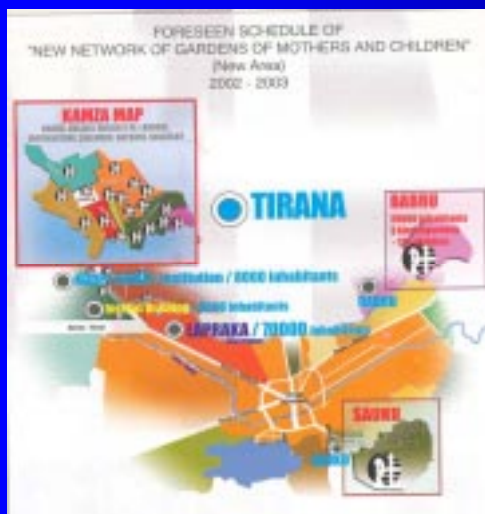
## PHENOMENA "GARDEN OF MOTHER AND CHILD"

**TIRANA 57 Center - 3000 children,**  
50 houses given free since 3 years, 900 volunteer  
mothers, 5700 families

Working in



## Child Poverty differs from Adult's Poverty



95 % roma children not vaccinated

Illiteracy 98 %

Inauguration of 2 Gardens Roma populatio  
Babrru area



## A 'GARDEN...' IS Social Community Center

### Free houses

For 60 children 0-6 yrs  
old and their mothers  
in the village

Friendly and safe space  
for organizing  
activities



## Lead Mother's group and ECD non-professional TOT

### Training

- *6 lead mothers manage daily activities in each center for children of neighborhood*
- *15-20 volunteer mothers playing roles in community*
- *fathers, young girls, grannies etc.*





## Service Delivery and home Education



## Gynecology and Family Planning at home



## Daily activities & Socialization



## 2. Non confronting community interaction

- Increased interaction among fathers and mothers for ECCD
- Reduction of violence
- Changing of violent behavior at home
- Influence of decision making process in favor of ECCD
- Partnership of community groups with local authorities



E11

WORKSHOP XI

## ECED through Community Reconciliation-Boards of Fathers



## Constructive interaction and reduction of violence...



## North East Zone-Post Conflict area



E11

WORKSHOP XI

## Mobilization and empowerment of local groups



## Changing of violent behavior at home



### **3. Partnership and support for ECCD**

**Parents network in regions with:**

- state structures of Health and Education**
- kindergartens and crèches in areas**
- Local Government and clans**



## Community kindergarten with state structures

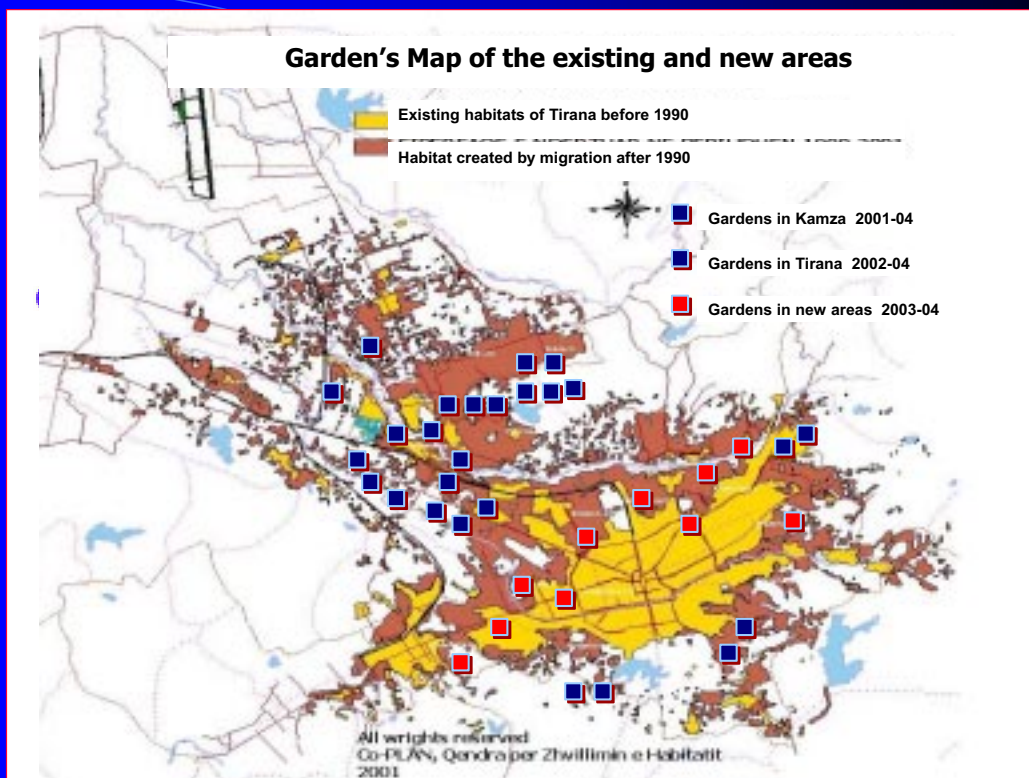


E11

WORKSHOP XI

## Municipality of Capital and Elder Councils (Roma Community)





## 4. National Campaign for ECCD Reconciliation

- Support for ECCD against conflict
- Involvement of Central Government (National Task Force)
  - Unicef
  - MOH, CCF, MLSA, MF, MLG&D, ME, NGOs.
- Assistance to existent state structures (Rehabilitation, Training activities)
- Media, Publications Network of Ngos, Pediatrician Hospitals& Boards of Parents
- Needs addressing
- Dissemination of positive models
- Advocacy

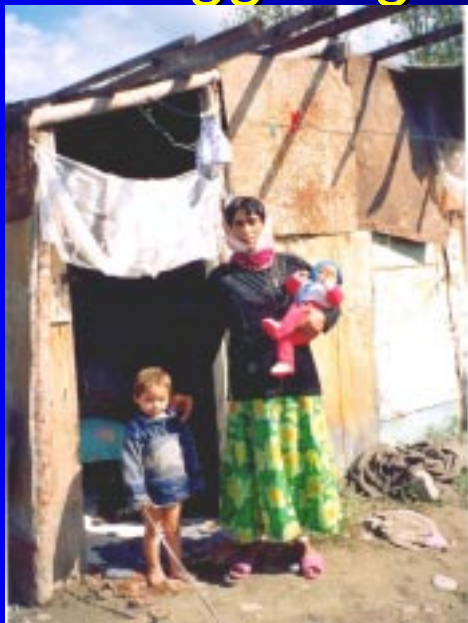
## ECCD North project extension



E11

WORKSHOP XI

...to be continued...it's only  
beggining



# The Relationship Between Television Violence And Neurodevelopment Of Young Children

E11

WORKSHOP XI

by

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The human brain, a three-pound organ, is the pathway to human development. "Most neuroscientists today argue that the biological organ inside our skulls is both source and repository of our elusive identity and of all aspects of cognition and emotion" (Conlan, 1999, p. 3). Furthermore, "The brain is the master control of our health and well being, competencies and coping skills. It directs all aspects of bodily functions through established biological pathways" (Bertrand, 2001, p. 9). Research confirms that a person's brain reaches its full maturation at around age 12.

Neuroscientists have shown that the first two years of a child's life is when the most rapid development of the brain occurs (Bertrand, 2001). The first five years of a child's life is the critical period for developing language and cognition. In the context of the preceding statement, it should be noted that the more a brain is stimulated the more it is capable of doing. This growth is often inhibited by the reality that many young children are watching on an average of two or four hours of television per day (Eastman, 2002). This scenario is further compounded by the amount of television violence witnessed by children. It is estimated that by the time an average Canadian or American child leaves elementary school he or she will have seen 8,000 murders and over 100,000 other acts of television violence (Eastman, 2002).

It is obvious that television plays a dominant role in our culture. However, television on its own, is neither bad nor good. It offers children benefits such as education and entertainment but television can impact negatively on children - limiting their participation in physical activity and dramatic play. The effect of television on children's behaviour is further accentuated when one considers that very young children have difficulty separating fact from fantasy.

This paper is intended to give an overview of the relationship between television violence and neurodevelopment of young children as well as outline implications for significant others and educators as they endeavor to take control of television viewing. The impact of television violence is global in nature, thus, the findings in this paper are relevant to the children of the world, whether they live in North America or the Mediterranean. The global impact of television violence was reflected in Queen Sofia's (Spain) remarks at the opening in Lisbon of an international conference on television violence. She urged parents and teachers to closely monitor what children are viewing. We deem it important to teach young children rules and life skills, however, with television intruding into the lives of children, it is now essential that we teach them television literacy.

## EFFECTS OF TV ON CHILDREN

What effect does television have on a child's behaviour? As parents and educators, we need to be cognizant of the reality that television can have an impact upon children's behaviour, develop-



ment, and even their health. Watching television in itself is not necessarily a problem. Of concern is what children are not doing when they are watching TV - for instance, not reading or playing creatively or socializing.

Possibly the more television children watch, the greater the negative influence on their lives. What is heavy viewing? Experts often define viewing not in terms of hours but in relationship to exclusion of other activities, such as playing. However, there are researchers that state four hours a day is the maximum viewing time for young children. Others, recommend preschoolers be exposed to only one to two programs per day, and with a maximum of two hours at a time (Eastman, 1995).

When considering the negative effects of television on young children, most parents and early childhood educators see violence and aggression as the greatest concern. The most frequent reasons for this are as follows; children tend to imitate behaviour they view on television, frequent exposure to TV violence can make children think that violence is normal, even in real life, children who take in large quantities of televised violence tend to see the world as a frightening place and grow leery of neighbours and strangers, and children who see, over and over again, that violence is an acceptable solution to problems, tend to work out their problems in the same way. The later statement merits attention because young children's aggressive skills are acquired earlier than mental or social skills (Beaty, 1995). Consequently, "Children who admire aggressiveness in their heroes and heroines may see little reason for devoting time and effort to learning other ways of problem solving" (Singer, 1988).

Early childhood educators should consider TV programs in the context of developmental appropriateness. Developmental appropriateness should be the criterion used for evaluating television programs. With respect to TV appropriateness, Levin (1994) conceived a developmental framework for assessing television.

Levin's (1994) framework included three categories: developmental issues, what children see on TV, and what children should see. The developmental issues included the following: to establish a sense of trust and safety, to develop a sense of autonomy with connectedness, to develop a sense of improvement, to establish gender identity, to develop an appreciation of diversity among people, and to have opportunities for meaningful play. Within this framework, Levin (1994) contends that television negatively impacts on the healthy social, emotional, and intellectual development of young children.

## TELEVISION VIOLENCE AND NEURODEVELOPMENT OF CHILDREN

In the report, *Starting Points*, the Carnegie Corporation of New York talks about the significance of a child's first three years of life as vital to brain development (Kotulak, 1999). The Carnegie report reiterates the concern that the lack of proper stimulation may be damaging the brains of young children (Kotulak, 1999). As a corollary to the preceding statement, too much exposure to the wrong kind of stimulation, such as television violence, may be equally damaging to the developing brains of children. As a possible reaction to the relentless viewing of television violence, the brain may adapt by cells rewiring trillions of connections that establish the chemical pathways of aggression (Kotulak, 1996).

An infant is born with approximately 100 billion brain cells. These neurons are designed to store and transmit information (CCCCF, 2001). Children's brains are at its most receptive stage in infancy and early childhood, when experiences, positive or negative, will affect how groups of neurons are either strengthened or disregarded (CCCCF, 2001). Thus, these early experiences play a crucial role



in shaping how children perceive the world. Television violence may deprive children of experiences that help to develop neural pathways which are necessary for healthy brain development. Furthermore, “Extensive viewing of violent television shows and video games can lead to an emotional desensitization. Children may seek increasing horrific programming just to feel some emotional response” (De Gaetano, 1999, p. 5). Such emotional desensitization affects young viewers differently from adults in that children have a stronger tendency than their older counterparts to identify with a particular character (Eastman, 2002). It has been estimated that by the time an average North American child, one who watches two to four hours of TV per day, completes elementary school, he or she will have witnessed approximately 8,000 murders and viewed over 100,000 acts of violence (Eastman, 2002).

Because young children have difficulties distinguishing between fantasy and reality, they are vulnerable to the negative effects of TV violence. Children who take in large quantities of TV violence tend to see the world as a frightening place as well they may be more fearful of the world around them. Consequently, the preceding factors may cause stress. Research as indicated that “The neural pathways that control how we respond to stress seem to be particularly powerful in shaping how we learn and behave, and our overall health” (CCCF, 2001). Thus, if children are exposed to sustained stress during the time when the brain is going through its major sculpting process, they can be adversely affected in later life (CCCF, 2001). The Canadian Child Care Federation (2001) states that “When a child is under prolonged stress, the child’s brain sends a signal for his body to produce greater amounts of a stress hormone called cortisol. The constant release of cortisol means the child is constantly on high alert”. Thus, children who view large quantities of television violence may behave more aggressively towards others.

Not only do most young children have difficulty distinguishing between reality and fantasy, they also can’t articulate a rationale for the violence they witness in the media culture. Furthermore, they lack the cognitive attributes to put these violent images into meaningful contexts (De Gaetano, 1999). This inability to put fear-inspiring experiences into a cognitive setting implies that children under the age of eight years are extremely vulnerable to the violent imagery portrayed in many television programs (De Gaetano, 1999). Young children often can’t distinguish between pro-social and anti-social behaviors portrayed on television programs. Consequently, they often imitate violent behaviors witnessed on TV. It has been determined that by the age of three children imitate television characters as readily as they imitate real people (Eastman, 2002).

There are those who state that children’s brains are not developing the way they should because of viewing excessive television violence. Heavy TV watching during the early years when the brain is malleable and sensitive prolongs the dominance of the right brain functions (Long and Buglion, 2000). Thus, inhibiting the left brain which is responsible for verbal-logical functions (Long, 2000). Furthermore, numerous studies over the years have demonstrated that there is a correlation between TV violence and aggressive behavior. Recent evidence indicates that “- - - there is a sensitive period that begins before age eight when children are especially susceptible to the effects of violence shown on TV” (Long, 2000, P. 4). In regards to this sensitive period, Murray (2003) implies that we should have clear concerns about the ways our culture uses video violence given the accumulating evidence of the harmful effects of video violence, especially the suggestion that “—neurological processing of entertainment violence is not different from processing real violence—“.

Ledingham (2001) states that “Young children do not process information in the same way as adults.” She further articulates, “Nor do they have the experience to evaluate what they see” (p. 2-

3). Thus, Ledingham (2001) concludes that since many young children watch a considerable amount of TV, this makes them especially susceptible to the adverse impacts of television. Media monitoring agencies estimate that the number of violent acts in children's programs are six times greater than adult shows (Eastman, 2002). Because of the excess amount of violence in television shows for children, many heavy viewers develop a distorted sense of reality (Long, N. D.). Johnson (1999) characterizes watching television "— as multi-level sensory deprivation that may be stunting the growth of our children's brains". Jane Healy's (1990) research indicated that brain size could decrease 20-30% if a child is not talked to, touched, or played with. Thus, in the context of Healy's writings, excessive amount of television viewing could be potentially harmful because it presents information to the hearing and sight senses only (Johnson, 1999).

What are the mechanisms by which exposure to television violence might affect young children? One explanation is Bandura's model of social learning. This model infers that watching television violence can lead to aggression because "— children observe novel aggressive behaviours and learn vicariously that aggressive acts are rewarded" (Ledingham, Ledingham, and Richardson, 1993, p. 8). Furthermore, "They store these new behaviours in memory as part of the repertoire of actions that are available to get them what they want" (Ledingham, et al, 1993, p. 8). Thus, the more real children perceive the violence they witness on television the more they will endeavor to imitate that violent behavior (Ledingham, et al, 1993). Children are great imitators who often believe what they view on television as being true because many of the characters portray qualities that make them acceptable role models (Eastman, 2002). The imitation factor is further perpetuated by the reality that many children's programs reflect violence in a humorous manner.

Violent television images can keep a child's instincts and emotions in a constant state of alertness for flight or fight and at the same time reduce their thinking functions (Eastman, 2002). Known as the 'orienting response', the human brain is wired to fix the eyes on sudden changes in the environment. Unlike adults, young children are more susceptible to rapid changing television images. This vulnerability is accentuated by their choice of television programs, for example cartoons. It has been estimated that images change approximately every 4 to 6 seconds during children cartoon shows. This potential negative affect is further compounded by the reality that children's cartoons often portray many more acts of violence than adult programming (Eastman, 2002).

When children decide to imitate a behavior, morality is not a part of this decision process (De Gaetano, 1999). Centerivall (1992) writes "That young children do not possess an instinct for gauging whether a behaviour ought to be imitated." He further states that "They will imitate anything, including behaviors that most adults would regard as destructive and antisocial - -" (p. 3059). This inability to distinguish between safe and potentially dangerous behaviours make children extremely vulnerable to the negative effects of violent TV programming. Kotaluk (1966) adds, "There is increasing concern that the lack of proper stimulation may be damaging brains. The same may be true of too much exposure to the wrong kind of stimulation, such as violence".

As children view television violence the chemical transmitter, noradrenaline, comes into play. As they watch graphic programs the production of noradrenaline increases in children's brains. The brain's alarm network is located at the base of the brain and sends noradrenaline to other brain centers that control such functions as emotions (De Gaetano, 1999). "As the images assault the brain, the noradrenaline level rises, keeping the body in a constant state of readiness - easy to startle, quick to blow up"(De Gaetano, 1999). The preceding rationale is a contributing factor in why after watching violent television scenes children are more prone to act in aggressive ways like shouting, bullying and play and real fighting. Murray's (N.D.) study on brainmapping and children's response to video violence puts forth the concern that children were storing entertainment violence as if it were

a significant life event. Murray (N.D.) further articulates, this can be a dangerous occurrence because such memories can guide or disrupt current behaviors.

E11

WORKSHOP XI

In concluding this section of the paper it is suffice to state that not only does television violence affect the neurodevelopment of children but it also deprives them of sensory-rich experiences necessary for healthy brain development (De Gaetano, 1999). A growing apprehension among brain researchers is that large amounts of television viewing may affect the development of strong and widespread neural pathways necessary for a 'good' brain (De Gaetano, 1999).

#### IMPLICATIONS FOR PARENTS AND EARLY CHILDHOOD EDUCATORS

It is obvious that TV viewing reduces a child's play time. Several authors, for example Winn (1985), state that the loss of play time can be devastating because "... play is clearly a vehicle for many of the child's most important learnings and the means whereby he is able to practice and develop behaviours necessary to his success as a social being." Winn (1985) further states that "Not only does TV viewing lead to a reduction in play time; there is evidence to suggest that it has affected the nature of children's play, particularly indoor play." As a corollary to Winn's findings, there are early childhood educators who feel that preschoolers' dramatic play have become much

more aggressive, less creative and imaginative and dominated by violent TV characters (Beaty, 1995; Carlsson-Paige, 1995).

Parents need to create a setting where their children feel safe. Hence, parents must monitor television viewing so that their young child watches appropriate TV which personifies this feeling of safety. As Symons (1991) states: "When programs are chosen carefully, when TV time is limited, and when parents watch too, actively, then the 'boob tube' can, indeed, enrich our children's lives."

A report by the Ontario Medical Association indicated that watching television is a major contributor to sleeplessness, depression, and hyperactivity in young children (Rosenkrantz, 1994). If such findings disturb families, then parents must enact strategies to lessen the possible negative effects of the 'Plug-In Drug'. There are a litany of strategies germane to television screening and young children. Listed below are some, and by no means inclusive, positive steps parents can take to facilitate television guidance:

- When your child is watching television, watch with him or her. Being proactive affords parents the opportunity to develop television literacy. If parents are sincere in managing the television they must conceptualize their goals; for example one goal may be to have their child watch less violence.
- Parent should limit the amount of time their preschoolers watch television. Some parents develop formal rules and are selective in the programs they allow their children to view. For instance, in regards to what to watch, very young children could be given a TV allowance - for example two shows a day, or only television on the weekend.
- Television should not be the sole source of recreational time in a household. Thus, for parents this means planning alternative activities such as family picnic, visiting a library, taking walks, etc.

- Parents should be careful about indiscriminate viewing of news programs. Young children who are exposed to a lot of news can become desensitized to acts of violence (Rosenkrantz, 1994).
- Parents can plan special viewing times with their children (Rosenkrantz, 1994). Even very young children can plan their weekly television guides or select programs to be videoed and watched at a more convenient time (Rodgers, 1994).
- Parents can get preschoolers to think about what they are viewing. One way to accomplish this goal is by turning the TV into a treasure hunt. Children should concentrate on one thing at a time, for example commercials, and then move on to other items (Rodgers, '94).
- Conversations are much more effective than lectures with young children. This is because young children have difficulty comprehending abstract ideas like equality and socially acceptable problem solving techniques. Thus, parents can assist their child to understand these concepts by demonstrating how they work in real life (Rodgers, '94).
- Parents should be cognizant of the TV being left on just for background noise and turn it off. A corollary to the idea of leaving the TV on for no particular purpose is the avoidance of television as a babysitter. Allowing the TV to be on constantly sets a pattern of TV dependence. For example, if parents are busy why not turn-off the TV and have the children listen to music or do crafts (Rosendrantz, 1994).
- "Talk with your child about what is real and not real on television. Talk about the concept of acting - relate acting to a game of make-believe. Also, talk about cartoon characters. You might occasionally want to ask your child if the characters are real and what would happen to real people and animals if they were in similar situations" (Rosenkrantz, 1994).
- Possibly the most important suggestion to parents is that they be aware of their child's reaction to what they view and if he or she becomes disturbed by a particular program then turn the TV off and do something else together (Rosenkrantz, 1994).

As professionals working with very young children, early childhood educators can do much to assist preschoolers understand the role of television in our society. More specifically, early childhood educators can plan the curriculum "...so that it provides opportunities for children to share their views, gain knowledge, go beyond TV visions, develop critical viewing skills, make critical choices, build on resources, work together with parents, and have the freedom to play" (Stone-Zukowski, 1994).

Outlined below are activities early childhood educators can incorporate into their curriculum in order to help children cope with the affects of television viewing:

- Discussion: assure children that you share their concerns. When dealing with young children ensure that they know trusted adults are there to protect them.
- Knowledge: Provide opportunities for children to learn how movies and television shows are made. You can have children visit a TV station, make or draw cartoons about TV shows, make a video, and make a commercial.

- **Critical Choices:** Encourage children to make critical choices about the shows they watch on TV. Help parents recognize the importance of making choices that fit with their family standards. Learn about the rating systems established in your country. Provide resources for parents and children that will help them make choices.
- **Fantasy:** Encourage opportunities for children to express their feelings in ways that feel good, are non-threatening and removed from reality. This can be done by: role playing monsters, creatures from outer space, dinosaurs, and fairytale characters; singing and writing songs about the rain forest animals, etc.; and telling true or make-believe stories and using puppets to share concerns.

**Action Groups:** Children can work with adults to become aware of various lobby groups and government agencies that can have a positive impact on the issues raised on TV (Stone-Zukowski, 1994).

## CONCLUSION

For educators and parents, possibly the greatest issue is the effect of television violence on children's behaviour. Young children have limited cognitive abilities to process and cope with violence. Consequently, Dr. Benjamin Spock advocates that children under the age of four have limited or no exposure to media violence (Stone-Zukowski, 1994). This may be an unrealistic expectation given the pervasive nature of television in today's world. Since the introduction of the television in the 1950's, it has invaded every aspect of society. In the context of the affects television violence has on the neurodevelopment of young children, it is essential that adults promote media literacy skills. Thus, empowering children with abilities to deal with images and issues portrayed on TV.



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**The “Zanka” as a children educative space in maghrebien societies?  
Elements for a socio-cultural and socio-educative analysis  
of children spatio-ludic appropriation of the urban neighbourhood settings**

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In Maghrebien countries informal preschooling is very scarce and young children (by three to six years) are allow to “play” - alone or with elder children - in the “*neighbouring outdoors*” named “zanka” or “harra” in Arabic language. This neighbourhood spaces constitute an authorised children space mainly a ludic and educative one. Why and how are children using it and what are they doing there really ? Is the “Zanka” an appropriate space for young children in our Mediterranean societies?

This questions are illustrated by my two own research projects carried out in CREAD and University of Algiers focusing on *preschool informal education* and *spatio-ludic appropriation of the “Zanka”*.

An ethological method has been used : unobtrusive direct observation with *scan sampling* and *behavioural mapping* techniques.

Regular observation were made on morning and evening time, week and week-end days, school-days and school holidays. Data tape-recorded observations include group size, all play and non-play free activities, forms of interaction, location, postures, physical elements used. Photographs were used to document children ‘s behaviour.

As children number, location, size-groups, nature and duration of their spontaneous behaviour are always changing in this space, the sample observed is not an academic one. The age limits selected were from 3-12, divided into 2 groups – the preschool age, and primary school- age.

All observations were submitted to a qualitative analysis based on a post-observation data encoding; only 80 ten minutes behavioural samples data were used for the quantitative analysis.

Main results indicate a strong context effect on preschool-age children play and social behaviour (nature, duration and location of free play episodes and nature of children interactions) according the presence/absence of primary-school-age children along the day and the week.

They suggest also that there is an auto-structuring of the “child people”, a kind of self-governing since the elder children, mainly girls, take care of the younger, tutoring and teaching them.

Algiers, on 12 September 2003.

## CURRICULUM VITAE

E11

WORKSHOP XI

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- L'enfant et la ville: l'appropriation “ludique” des espaces extérieurs publics de la ville, notamment la “rue-espace de jeu” ou “zanka” et dans la “houma”
- Les apprentissages socio-cognitifs de l'enfant dans les espaces urbains de la ville au Maghreb : appropriation “spatioludique”, cognition spatiale, apprentissages par imitation et modélisation au sein du groupe des pairs
  - La dimension socio-spatiale, “diatopique” de l'éducation informelle de l'enfant au Maghreb: conceptions et pratiques éducatives familiales et “statuts pluriels” accordés à l'enfant en société(s) maghrébienne(s)
  - Les “curricula cachés” ou pratiques éducatives institutionnelles implicites - dans leurs dimensions culturelles et interculturelles - des enseignants en milieu scolaire
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E11

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3. Etude **"L'enfant maltraité en Algérie"**, 1999, UNICEF / CREAD (achevé)
4. Etude **"Qualité de l'éducation et l'élève"**, 2001, Conseil Supérieur de l'Education / CREAD (en cours)
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## PUBLICATIONS

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E11

WORKSHOP XI

- *Espaces urbains extérieurs et conceptions éducatives familiales. Une approche interculturelle comparative*, Communication au 8ème Congrès International de l’Aric “Recherches et pratiques interculturelle, Université de Genève, 24-28 septembre 2001
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