

Generation of Theory

In some ways, theory works like a map. On a map we can see how a great deal of information has been scaled down, coded, and organized to help us find our way around a landscape. The map enables us to understand in a simplified way some of the basic relationships that exist within the landscape. For example, we can see the relationship between densely populated areas and transportation networks. Even if we have never been to a place before, we can—by examining a map of it—speculate about its reality.

We construct theory, then, to help us find our way among a complex set of relationships. Human development is a complex matter and requires a theory to explain it. From a theory of development we can construct theories about everything that pertains to human development—learning, curriculum, teaching, administration, and evaluation. For instance, how is teaching related to learning? How is learning related to curriculum? How are day care programs related to working parents? How are community services related to day care and other school-related programs? How are children's physical well-being related to their psychological well-being? What is the relationship between staff involvement and parent involvement in day care program planning and administration? Questions of this nature give us some indication that basic theory about the above-mentioned relationships would be useful in guiding practice.

A map does not portray everything; neither does theory. But that does not diminish in the least our need for comprehensive theories to help clarify things for us so that we do not get lost in the complexity of it all.

Sometimes as practitioners we become impatient and reject basic theory because we have been led to believe that it is unrealistic and impractical. Furthermore, we are expected to learn the theory, which is broad-based and general, and to translate it into practice in particular situations and circumstances all at once. To go from a general theory to specific examples of the theory is difficult at first. The difficulty comes because we know there are many ways to exemplify the theory in practice but we are not always sure about *which ways are best*. We discover what is best practice by "practicing" within the boundaries of the theory. When we do this we become generative practitioners, able to draw on basic theory and use it in many different circumstances, across cultural barriers, and on personal as well as institutional levels. Confidence comes with successful practice.

Those persons who think the task of conceptualizing the application of theory too difficult for practitioners insist on handing down narrow, prescriptive theories. The narrowness of these theories naturally limits their application. And the practitioners become stuck when the theory does not apply.

Practitioners should become comfortable with theory for another important reason. They can then discern, ascertain, and judge for them-

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ations about the nature of hu- t how to organize educational programs. We have concluded oming. Humans are not perfect, y that our educational system with. Once a philosophy is put l principles are derived from it he third feature of our model,

selves whether or not every innovation that comes along is indeed something new and useful in a fundamental sense or whether it is merely another attempt to reinvent the wheel. For example, ever since educators recognized that children develop at different rates, they have been trying to figure out ways and means to deal with this fact. Close examination of educational innovations over the past fifty years shows that we have been grappling primarily with how to particularize learning experiences for children because we know there are differences among them.

A practitioner who has command of a body of basic theory becomes generative, competent, and confident with practice. Moreover, he or she becomes able to test theory systematically, to find out what works, and to give explicit reasons why it works or fails. When new theories are generated, the practitioner extracts the best from them and incorporates them into practice.

Most of us will, perhaps, learn about theories of human development in professional schools, at in-service workshops, and conferences. This does not mean that we cannot generate theory about both human development and human actions based on our practice in the field. The main thing to keep before us is this: Whatever philosophy we espouse, the theories derived from it must be consistent with it. Given the philosophy we have set forth in this chapter, a theory of development follows from it that defines *development* as the process of *translating potentiality into actuality* (Jordan and Streets, 1973). This broad definition connects in a logical manner and is consistent with the espoused philosophy. The theory is broad enough to include the development of individuals, groups, organizations, and communities (local, regional, national, and international). In addition, the theory accounts for both physiological and psychological development. The notion of drawing out the potentialities of individuals and groups carries with it a great deal of excitement and adventure. It is even more thrilling when we recognize that each of us can nudge evolution forward in this way.

Because other chapters in this volume (Chapters I and II) extrapolate from a theoretical framework, we omit the “Suggested Applications” section and continue our explanation of the model with the next two components.

Application Theory to Practice

Argyris and Schon (1974) believe that in addition to having basic theory to draw on for professional practice, we also need to have a firm grasp of a technical *theory of practice*. In other words, basic theory gives us the “why” and a theory of practice gives us the “how.” Eventually we need to build our own theory of practice, which requires that we engage in situations of practice, just as lawyers and physicians do. We will never know,

for instance, whether basic th
unless we put them to the test.

Children themselves often why. They want explanations through. "Why do I have to go behind ten other youngsters who can take any practice with w early childhood centers and se theory. We should ask ourselves the practice fit the theory?" If practice, the adoption of a n might help. Or we may need t against our espoused theories (

Theories-in-use are sequential, what we want and for maintenance. *Espoused theories* are those we use. Often the two theories may co-exist. The basic theory serves no purpose if it cannot translate theory into practice, at least these components: diagnosis, intervention, and assessment.

In reference to the administrative staff, your children, and their view, diagnosis assists you in meeting those developmental needs.

After a diagnosis has been made, the next step is to act with the information you have. Your decision is your command. Broadly conceived, the decision is the prescription for the potentialities of the staff and the purposes of the center. They seem to be the most fascinating aspects of the appropriateness of the environment (the unknowns) and the quality of the staff (the unknowns) to determine to a great degree whether the center will succeed (Jordan and Jordan, 1973). It is here that the manager must prepare the best environmental conditions and actions in order to achieve the purpose. He must be certain that everyone knows what is to be done, whom the person can do it, and how it will affect the person's performance. He must set a standard of excellence the person can

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for instance, whether basic theories about human development are good unless we put them to the test.

Children themselves often push us for theory. They want to know why. They want explanations for some of the "practices" we put them through. "Why do I have to go to the toilet now?" Joe says, as he lines up behind ten other youngsters who are equally puzzled by the routine. We can take any practice with which we are familiar in day care and other early childhood centers and see whether we can figure out the underlying theory. We should ask ourselves, "Does the theory fit the practice? Does the practice fit the theory?" If there are discrepancies between theory and practice, the adoption of a more comprehensive theoretical framework might help. Or we may need to examine very carefully our theories-in-use against our espoused theories (Argyris and Schon, 1974).

Theories-in-use are sequences of action we use as a means for getting what we want and for maintaining certain kinds of constancy in our lives. *Espoused theories* are those we use to describe and justify our actions. Often the two theories may not be compatible because theories-in-use tend to dominate our espoused theory. We have already indicated that basic theory serves no purpose until it is implemented in practice. To translate theory into practice, our own theory of practice has to include at least these components: diagnosis, prescription, implementation, and assessment.

In reference to the administration of your center, diagnosis means gathering all the information you need to serve the best interests of your staff, your children, and their families. From a developmental point of view, diagnosis assists you in locating resources and allocating them to meet those developmental needs.

After a diagnosis has been completed, you then decide what to do with the information you have and the resources (human and material) at your command. Your decision dictates what the prescription will be. Broadly conceived, the prescription is a plan that you initiate to release the potentialities of the staff and children in ways that are congruent with the purposes of the center. Two important features of the prescription seem to be the most fascinating and fulfilling aspects of your work. The appropriateness of the environmental arrangements (physical, human, and unknowns) and the quality of the interactions in those environments determine to a great degree whether or not the prescription works (Streets and Jordan, 1973). It is here in the implementation process that you select or prepare the best environment and provide the highest quality interactions in order to achieve your program objectives. You have to make certain that everyone knows what has to be done, when, where, and with whom the person can do it, what materials are available, what conditions will affect the person's performance in what ways, and finally, what standard of excellence the person is to achieve on the task.

After the prescription is implemented, an assessment—which is a re-diagnosis—is necessary to ascertain whether the prescription resulted in

the achievement of the objectives. This assessment can also account for results that were unanticipated. If the assessment reveals that your previous diagnosis was erroneous, it must also include an analysis of why it was in error, and on that basis you can devise new prescriptions. If this kind of analysis is not done, you will not know what changes need to be made in the environment and the various modes, styles, and qualities of interaction. In addition, the assessment should specify the degree to which the environments and the interactions with it have assisted or interfered with the achievement of goals and objectives.

Taken together, diagnosis, prescription, implementation, and assessment comprise the basic elements of a theory of practice. These elements apply equally well to other professionals (teachers, lawyers, doctors, engineers, and so forth) as they attempt to implement theory in practice. These elements apply equally well when, as administrators, you are confronted with demands for greater participation from parents and other lay citizens or charged with bringing about reforms in program structure or held accountable for coordinating community services.

You can give your profession a big psychological boost by sharing what you learn about translating theory in practice—both basic theory and your own theory of practice. Your findings can benefit theorists and practitioners alike, since our model indicates that a double feedback loop exists for such learning to take place (see Fig. VII-5). The interaction between theory and practice should refine both.

This discussion brings us to the last component of our model, which is evaluation.

Evaluation

Evaluation takes its definition and direction from the *purpose* of the program or activity being evaluated. Therefore, evaluation centers around an

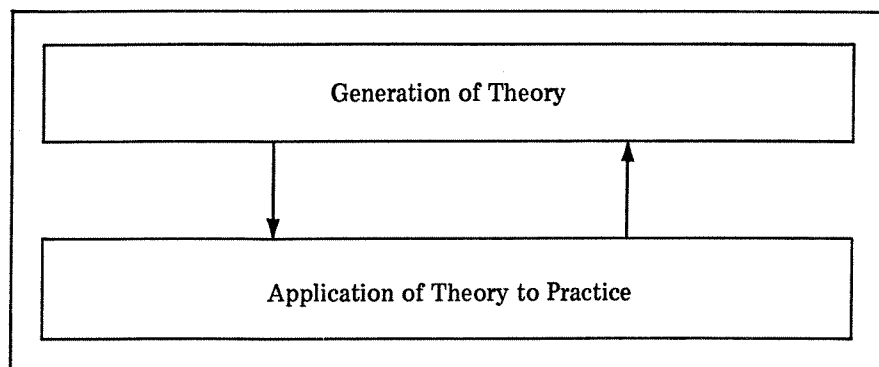


FIGURE VII-5. Interaction between theory and practice

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Since process evaluation I have to figure out how you can examine the quality and direction most in your deliberations. Your resources for evaluation are almost nonexistent.

Periodic evaluation promotes and early elementary programs volunteer, parents, staff, and you may find that the primary academic achievements of children (pencil) and the materials (standard) be counted toward achievement children exhibit talents, skills, as violin and piano playing, acrobatic, unfettered curiosity, and so forth. Would not these talents be considered when attempting to "n

We join others who argue that a number of questionable assumptions underlie the results of such tests fail to be sufficient to advance the quality of education. Orasanu, McDermott, and Boyer argue that the essential school skills are not shared to those who have not yet developed them.

If standardized tests fail to provide a clear picture, else can we turn to?

Criterion-referenced assessment makes it particularly applicable to linguistically different and handicapped children's learning needs equal

Unlike norm-referenced testing, which focuses on performance of a so-called norm, criterion-referenced testing focuses on what and how an individual performs. The particular content (math, science, etc.) is hierarchical sets so that a child can learn concepts. The results of such assessment are learning experiences for children

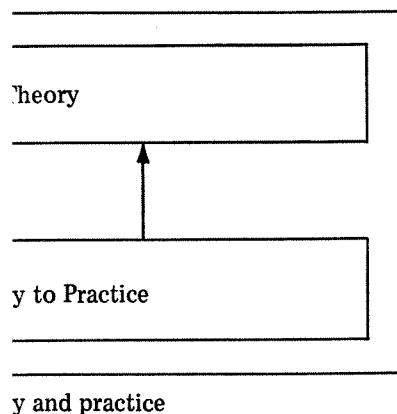
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analysis of the energy use (means) of a system (organization or institution) to see how well purposes (ends) are achieved. Since energy use in a system is an ongoing process, evaluation likewise must be an ongoing process—one that examines every aspect of the program's operation to provide feedback so that timely modifications can be made.

Since process evaluation provides feedback, you and your staff will have to figure out how you can give yourselves time to reflect on and to examine the quality and direction of your program, keeping purpose foremost in your deliberations. You will have to take the initiative here because resources for evaluation are always skimpy and for process evaluation almost nonexistent.

Periodic evaluation promises to be valuable for day care, pre-primary and early elementary programs because it can come from many sources—volunteer, parents, staff, and the children themselves. In some systems you may find that the primary focus of evaluation centers on assessing the academic achievements of children. Too often the method (paper and pencil) and the materials (standardized tests) limit what could otherwise be counted toward achievement. Suppose for instance that a number of children exhibit talents, skills, traits, and qualities in such diverse activities as violin and piano playing, acrobatics, swimming, bold and fanciful speculation, unfettered curiosity, inventiveness, compassion, truthfulness, and so forth. Would not these talents, skills, traits, and qualities be worth considering when attempting to “measure” achievement?

We join others who argue that standardized tests are based on a number of questionable assumptions about the nature of human potential. The results of such tests fail to be adequately diagnostic and thus alone are insufficient to advance the quality of teaching or learning. “The tests,” Orasanu, McDermott, and Boykin (1977) say, “do little to inform us of what the essential school skills are, who has them, and how to give them to those who have not yet developed them.”

If standardized tests fail to fully serve our evaluation purposes, what else can we turn to?

Criterion-referenced assessment used in conjunction with individualized instruction makes it particularly applicable to the educational needs of culturally and linguistically different and handicapped children, and promises to serve all other children's learning needs equally well (Plata, 1977).

Unlike norm-referenced testing, which evaluates a child in relation to the performance of a so-called norm group, criterion-referenced assessment focuses on what and how an individual child masters specified content. The particular content (math, for example) is broken down into related hierarchical sets so that a child may more easily grasp the relevant concepts. The results of such assessment can be translated into a variety of learning experiences for children and into pedagogical practices for teachers.

The particular issue we have raised about academic evaluation reminds us that, traditionally, we have not held a broad, comprehensive view about human potential. Consequently, products of curriculum development efforts have been narrowly conceived. The time has come for us, with the knowledge we have about human development, to redress this condition and to make legitimate a variety of modes of learning, teaching, and evaluating.

We conclude our discussion about specific components of our model with the following comments.

Among the innumerable ways of imposing order on the world, making models is one that reduces complexity and brings clarity and meaning to our experiences in the world. Moreover, a model lets us organize and categorize old and new information in ways that make it more useful to our purposes. A conceptual model—no matter how deep its philosophical roots, how sound its theoretical propositions, how inspirational its language, how exalted its inspiring vision—can affect the lives of people only to the extent that they are able to translate it into practice. The final part of this chapter suggests ways to apply the model in the field, specifically to organizing and maintaining support systems for young children. The examples and ideas consist of possible ways among many other possible ways to achieve similar goals. Nothing said here should be regarded as *the best* and *the only way* to make the model work.

IMPLEMENTING THE MODEL

Support systems for young children begin first and foremost with the family. The family, in spite of the turbulence marking certain transitions within it, remains a powerful influence on the lives of its children. Parents are important. They, through their presence or their absence, produce the psychological climate wherein their youngsters grow, and they constantly influence—positively or negatively, considerably or minutely—the formation of the personality and character of their children. “Throughout all our adult life,” Mialaret (1969) says, “we carry—more or less deeply embedded in our subconscious—traces of parental influence.” The potential of parental influence fits perfectly the thrust of our model as it calls for the development of human potential, individual and collective. Therefore, the suggestions for model implementation are based on this thrust.

Parent and Family Involvement in Child Care Centers

Even though much of the care and early schooling of children now occurs outside the family, a general feeling persists that whatever interventions

are made, whatever supports the significance of the family parents and their children all bonds of attachment and all “progress.”

How, then, can day care centers and children together in practice is correct, you may interviews.

Initially, an interview program. You and your staff the field and interview the environment. In this setting you environment firsthand, explain and solicit the support and participation opportunity for you to ascertain may expect from the parents chance to find out what parents your interview with the child that might not surface in other

To get started:

1. Get permission for the interview.
2. Find a mutual time when somewhat unhurried, but the family may have.
3. Be sincere. Show genuine interest.
4. Draw parents out by asking questions. Examples: “Why are you ways do you think our child?”
5. Listen more. Talk less.
6. Be supportive and encourage.
7. Do not pry.
8. Do not be judgmental. “Your kids don’t like school neighborhood?”
9. Observe the total environment parents and their children children with each other.
10. Find out if the family agencies.
11. Encourage fathers to participate.
12. Find out what special interests that they may like to share.
13. Ask permission for other

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are made, whatever supports are devised, they need somehow to reaffirm the significance of the family. A step in this direction calls for reuniting parents and their children along with other significant adults so natural bonds of attachment and affection are not severed in the interest of “progress.”

How, then, can day care and similar child care institutions bring parents and children together in meaningful interaction? If our theory of practice is correct, you may begin with diagnostic work in the form of interviews.

Initially, an interview provides one of the best ways to begin your program. You and your staff should organize yourselves to move out into the field and interview the children and their parents in their home environment. In this setting you can experience the home and neighborhood environment firsthand, explain and answer questions about your program, and solicit the support and participation of the parents. This is an excellent opportunity for you to ascertain the level and degree of participation you may expect from the parents. More importantly, the interview gives you a chance to find out what parents really want for their children. Likewise, your interview with the child or children can also provide valuable insights that might not surface in other settings.

To get started:

1. Get permission for the interview.
2. Find a mutual time when both you and the parent or parents can be somewhat unhurried, but do not infringe on other plans or activities the family may have.
3. Be sincere. Show genuine interest and concern.
4. Draw parents out by asking questions that avoid yes or no answers. Examples: “Why are you moving to another neighborhood? In what ways do you think our program will help you and your family?”
5. Listen more. Talk less.
6. Be supportive and encouraging.
7. Do not pry.
8. Do not be judgmental. Examples of what not to say: “It’s too bad your kids don’t like school.” “Gee, aren’t you afraid to live in this neighborhood?”
9. Observe the total environment and the quality of interactions between parents and their children, of the parents with each other, and of the children with each other.
10. Find out if the family is already making use of other community agencies.
11. Encourage fathers to participate.
12. Find out what special talents, skills, and capabilities the parents have that they may like to share in center activities.
13. Ask permission for other interviews as needed.

Some typical questions you might use during the initial interview include the following:

1. How are your life plans unfolding? Are your dreams coming true?
2. Have you used day care or early school services before?
3. What did you like (or dislike) most about them?
4. Did you participate in the program? If so, in what ways? If not, why not? Would you like to participate? When? How often?
5. What kinds of activities do you engage in as a family?
6. Does your child (or do your children) have any problem (or problems) that we need to be aware of? If so, what local services have you called on to correct it (or them)? Has this been a problem for a long time? (Get an estimate.)
7. Do you have medical and birth records that you can share with us?
8. What plans do you have for getting your child to and from the center? Will you deliver the child in person or will someone else do it? (Get names, addresses, and home and work telephone numbers of all persons involved in the delivery and pickup of children.)
9. May we have your permission to get services for your child from other agencies if we need to?
10. Who must be contacted in case of sickness, accidents, or other emergencies? What enabling action can you give us in the event you cannot be reached?

If time permits, ask for permission to interview the child. You will have to decide whether the child's personality and attitude toward strangers will allow you to interview him or her alone. Some questions you might include are the following:

1. Do you have a lot of friends?
2. Are you looking forward to coming to Anytown Day Care Center?
3. What would you like to do there?
4. Do you have many playmates?
5. What do you play?
6. What chores (or jobs) do you do?
7. What kinds of things do you do with your family?
8. Do you go places with your mom and dad? sisters and brothers? friends?
9. What is your favorite game? toy?
10. What do you like to do best?
11. What do you like to eat?
12. Do you have meals with your family? If no, why not?
13. Do you help your brothers, sisters, mom, and dad?
14. Do you like to help your brothers, sisters, mom, and dad?

Thank the child for giving
remind the child of the opening
you will be expecting him or her to

These interviews will undoubtedly provide valuable information that will help determine what supports are needed for the population. These interviews are a course of the interviews that kind of interest of all children. There may be other relatives that will volunteer.

After you have assessed the information from your center and completed your information to guide you in the way that involves parents meaningfully.

You will, for example,

1. know the range of diversity in language-requirement and so
2. know what special needs,
3. have a rough estimate of costs from parents, i.e., whether advisory councils, curriculum and so forth;
4. know whether your parents are unemployed;
5. know whether parents have children;
6. know whether parents make

Assume now that you have and have organized your staff and have an informal opening—an event for parents and the public to your facility.

Get-Acquainted Sessions

Your opening events may be based on the assessments you have made. One way to welcome people is a show of genuine hospitality. When he comes in, Register your guest formally with everyone else as the guest should pick up at registration. A typical format for such an occasion is as follows:

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Anytown Day Care Center?

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Thank the child for giving you time. Leave a small memento to remind the child of the opening date at your center and tell the child you will be expecting him or her to come to see you there.

These interviews will undoubtedly provide you with a wealth of valuable information that will help you begin to decide what kinds of supports are needed for the population you serve. You may get requests for assistance in home management skills, discipline, nutritional guidance, and emergency problems of all kinds. You may find during the course of the interviews that kinship networks may be activated in the interest of all children. There may be older siblings, grandparents, and other relatives that will volunteer their services and time to your program.

After you have assessed the family resources that can be used in your center and completed your interviews, you will have a wealth of information to guide you in organizing the program for children in a way that involves parents meaningfully.

You will, for example,

1. know the range of diversity (racial, ethnic, cultural, socioeconomic, language-requirement and so on) in the population you serve;
2. know what special needs, interests, and concerns parents have;
3. have a rough estimate of categories of assistance you may expect from parents, i.e., whether they wish to serve on planning boards, advisory councils, curriculum committees, as volunteers, as aides, and so forth;
4. know whether your parents work full- or part-time; or whether they are unemployed;
5. know whether parents have difficulty interacting with their children;
6. know whether parents make use of community resources.

Assume now that you have made use of the information above and have organized your staff and the center. You may then choose to have an informal opening—an evening or weekend event—to introduce parents and the public to your facility and program.

Get-Acquainted Sessions

Your opening events may be more or less formal depending on all of the assessments you have made earlier. One of the things that attracts people is a show of genuine hospitality on entering a place. Make your entrance say Welcome by extending a personal greeting to each person as he comes in. Register your guests quickly so they can mingle informally with everyone else as they enjoy nutritious refreshments. Each guest should pick up at registration a program of the evening's activities. A typical format for such an occasion is shown in Fig. VII-6.

*Introducing
Anytown Day Care Center
and Its Staff
August 21, 19—
7:30-10:00 p.m.*

- Registration
- Refreshments/Informal Fellowship
- Greetings/Welcome
- Introductions (Staff to Parents, Parents and Guests to Staff)
- Brief Overview of Center Program
[Explain program objectives and organizational structure.]
- Guided Tour
[Take parents and visitors through a routine day of children's and staffer's activities]
- Overview of Community Human Service Agencies
[Get a key staff person to explain the services available and how parents may use them.]
- Questions and Answers, Comments and Concerns
[Remember to thank the participants.]

FIGURE VII-6. Sample program format for child care center opening

Your get-acquainted program can be divided roughly into four segments: fellowship, an overview of program, a guided tour, and an overview of community service agencies. The guided tour should give your guests a real sense of the workload responsibilities and commitments of the staff. This is an excellent time to indicate the kinds of material and human resources you still require to improve the quality of your program.

You and your staff will need to be alert to the possible overlaps in the service agencies as they explain what they offer. If at all possible, procure from these agencies explanatory brochures and give them to the parents for their reference.

It is quite possible that questions or comments may emerge that are negative in tone and substance. Supply honest, open, straightforward answers and comments. Invite the individuals to share their concerns at the workshop sessions you will advertise shortly.

Workshops for Parents

The first workshops should strive to meet parents' own needs and concerns *first*. Most parents, for example, are eager to learn how children learn—the successes and frustrations of the entire process. They will want to see demonstrations of how teachers and children interact with each other and with materials to facilitate learning. They will be interested

in how children are managed; parents will want to know what they will get and what they will want them.

It may be necessary to a to their accompanying the st they will get an orientation ab things to draw to the children's

The workshop format may aware of the critical nature learning. Studies of intervent that involve parents *directly* in the earlier those activities are the impact. Since the optimal three to five years of life, im cooperation of family care-giv to take advantage of day care a

The workshop also lends i pate in program planning, to center's goals. Moreover, pare with each other and to learn with common problems. Yo people as resources to help need to better serve the needs

Utilizing Community Resources

The creative use of human resources a community may are those we now call volun introduction to the center be coordinated.

Administrators unable t responsibility either to a tea need a safe place to put th work. If space is a problem, or coat rack may serve the volunteer can hold 4" × 8" activity or activities and the work with. These cards can to the volunteers.

In any case, teachers w to manage both children ar have to be sure that those Sometimes advocates of co

in how children are managed individually and in groups. In addition, parents will want to know what the ground rules are and how to implement them.

It may be necessary to arrange for parents to take prior field trips to their accompanying the staff on children's field trips. In this way they will get an orientation about what to expect, what to see, and what things to draw to the children's attention.

The workshop format may also afford opportunities to make parents aware of the critical nature of their participation in their children's learning. Studies of intervention programs indicate that for programs that involve parents *directly* in activities to foster a child's development, the earlier those activities are started and the longer they last, the greater the impact. Since the optimal period for parent intervention is the first three to five years of life, implementation of this strategy requires the cooperation of family care-givers long before they may have opportunity to take advantage of day care and other child care agencies.

The workshop also lends itself to being a forum for parents to participate in program planning, to share their aspirations for advancing the center's goals. Moreover, parents are often eager to share their concerns with each other and to learn from each other how to solve or to cope with common problems. You may be able to find local community people as resources to help plan the kinds of workshops parents will need to better serve the needs of the center.

Utilizing Community Resources

The creative use of human resources takes precedence over any other resources a community may have. Heading the list of human resources are those we now call volunteer services. Volunteers will need proper introduction to the center program, and their services will need to be coordinated.

Administrators unable to do this themselves will need to assign the responsibility either to a teacher or some other staff person. Volunteers need a safe place to put their wraps and other belongings while they work. If space is a problem, which is often the case, a desk, a file cabinet, or coat rack may serve the purpose fairly adequately. Folders for each volunteer can hold 4" X 8" file cards with basic instructions about the activity or activities and the names of the children the volunteer is to work with. These cards can be laid on a desk or table, easily accessible to the volunteers.

In any case, teachers will need a great deal of support if they have to manage both children and materials. As an administrator, you will have to be sure that those who volunteer do so for the right motives. Sometimes advocates of community control come into the center or

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school only to point out its shortcomings and subsequently bring charges against the administration and operation of the program. There are other citizens who may want massive reform and therefore may discourage others from joining the volunteer movement. Under such circumstances you may expect some reluctance and skepticism when you attempt to involve citizens in day care or pre-primary supportive services.

There are, however, many ways in which volunteers may serve. Saxe (1975) recommends the old and familiar way of using volunteers, that is, of inviting celebrities or professionals in to talk about their interests and activities. Some volunteers may like to become advocates for children, keeping abreast of new legislation, laws, guidelines, and policies that affect the lives of children. They can keep the staff and parents alike informed about the political, economic, and social realities they face in their struggles to rear children.

Other volunteer service arrangements use the special talents of community residents. Former nurses and librarians, as well as residents in retirement homes, have needed skills. Some primary-level teachers have capitalized on volunteers' abilities to cook, do handicrafts, or carpentry. Take advantage as well of the ethnic diversity in the community. In addition to using volunteers to teach courses, they may also be used as tutors for children. Students are also reliable and enthusiastic volunteers. There is a trend toward permitting high school students to help in day care centers, pre-primary programs, and even elementary school programs.

One thing an administrator has to watch for in terms of using both aides and volunteers is that the program not allow any diminishing of their human dignity. All forms of condescension must be avoided. Part of your plans for the guidance and support of volunteers could include a year-end program to recognize publicly their support and achievements. A genuine demonstration of appreciation for the services volunteers render usually attracts a high degree of participation year after year.

IDENTIFYING CHILDREN'S NEEDS AS A BASIS FOR COORDINATING SUPPORT SERVICES

For our purposes, let us categorize the needs of children broadly as developmental and protective. Developmental needs are all the problems that impede normal growth and development. Vision and hearing deficiencies, nutritional deficiencies, dental problems, high levels of lead in the blood, heart disease, skin diseases, digestive and urinary problems, allergies, mental retardation, and emotional disturbances rank high on a long list of impairments that interfere with a child's healthy

development. Protective needs arise when a child's physical life is threatened and endangered.

Children's Developmental Needs

The two places where children spend most of their time are their homes and their schools. In both places, difficulties will surface. Thus, day care centers should be the focus of attention. These institutions have unique opportunities for identification of children's needs. Even these efforts at early detection are not enough. Unfortunately, many of the programs that presently exist are oriented toward prediction and prevention.

Our national attempts to improve the lives of young children have virtually ignored the Washington Research Project's findings that early screening, diagnosis, and periodic screening, diagnosis, and periodic administrative and delivery difficulties about what is to be done or how to do it. There are wide variations in human development rates to fathom. The instruments currently available are inadequate. Screening tests tend to be interpreted as a pass-or-fail matter.

Proper detection of developmental needs requires "to pull together information from physical examination, health history, observation of the child, talking with the parents to determine whether a sign of lasting significance" (Childrer).

In addition to talking with the parents, it is important to their diagnosis if they learn from the parents that their insights have been ignored. Day care centers need to share the responsibility for calling on the services of specialists with children on a daily basis. This is necessary if any comprehensive system of care is to be effective. If teachers and staff believe that the care system of their program is inadequate, they believe that a contribution they believe can be made by insisting on the right to be in-

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needs of children broadly as mental needs are all the prob- velopment. Vision and hearing ntal problems, high levels of ases, digestive and urinary prob- l emotional disturbances rank interfere with a child's healthy

development. Protective needs arise out of clear evidence that a child's life is threatened and endangered, particularly in his home environment.

Children's Developmental Needs

The two places where children in general spend most of their time are their homes and their schools. In one or the other, if not both, their difficulties will surface. Thus, day care, the pre-primary, and early childhood centers should be the focal point for unified child care services. These institutions have unique opportunities to offer both the early identification of children's needs and the initiation of remedial action. Even these efforts at early detection of problems may be too late for some children. Unfortunately, most of the service agencies as they presently exist are oriented toward diagnosis and treatment rather than prediction and prevention.

Our national attempts to provide developmental assessment for young children have virtually failed. The Children's Defense Fund of the Washington Research Project, Inc. (1978), reports that EPSDT (early and periodic screening, diagnosis and treatment) has run headlong into administrative and delivery difficulties. First of all there is no consensus about what is to be done or how it is to be done. From state to state there are wide variations in how the program operates. For certain, though, human development represents a complexity that we have yet to fathom. The instruments currently used to assess it are grossly inadequate. Screening tests tend to be simple, quickly administered, and interpreted as a pass-or-fail matter.

Proper detection of developmental difficulties calls for a clinician "to pull together information from many different sources (e.g., physical examination, health history, specific laboratory or other tests, observation of the child, talking with parents) over a period of time to determine whether a sign or symptom is transient and minor, or one of lasting significance" (Children's Defense Fund, 1978).

In addition to talking with parents, clinicians would find it useful to their diagnosis if they learned to listen to parents as well. Too often parents leave diagnostic sessions pertaining to their child feeling that their insights have been ignored. Teachers and staff personnel at the school centers need to share their observations as well. There is no substitute for calling on the services of teachers and staff who are working with children on a daily basis. Their insight and advice are absolutely necessary if any comprehensive plan for support services is to be beneficial. If teachers and staff believe that they are being excluded from the care system of their program and if they are not allowed to make a contribution they believe could be valuable, they are on secure ground in insisting on the right to be involved.

Suppose, though, that you have a staff who lack training in developmental diagnosis. One of the best ways to ensure that they acquire some understanding is to provide regular exposure to interdisciplinary teams of professionals who are working with the same children. Members of an interdisciplinary team may be able eventually to extend their own understanding by getting a new perspective on a child whom they may have previously only observed from their own professional point of view. By sharing their perspectives the team may be able to know at the earliest possible moment when a child is going to need help of one sort or another and thus prevent incipient problems from reaching critical proportions.

The people concerned include not only social workers and social services departments, schools and welfare departments, but also health officers, doctors, school teachers, police, probation officers, the court system, legal services, and to some extent policy makers, neighbors, and peer groups. Members of all professions concerned with the welfare of children must work together and exchange information. The great benefit of such collaboration comes when every person and every agency involved focuses on the wide spectrum of needs of children rather than on the narrowly defined segment of needs that come under the purview of their individual professional role functions.

Much of the difficulty that hinders efficient collaboration among the different child care professions is lack of a commonly shared vocabulary. You as administrators have to learn thoroughly the jargon the professionals use and to interpret and translate it in some fashion for the group. Two or three sessions may be sufficient to get the group to speak the same language when it comes to addressing the needs of children. To make effective communication possible, parents, teachers, physicians, lawyers, psychologists, social workers, nurses, speech therapists, and others who serve the children will need to learn a common vocabulary.

Once children's needs are identified, the delivery system must be activated and coordinated. Again, you can be an effective liaison between the children and the several agencies who work with them. If anticipated services bog down because of interagency squabbles, inaction, or both, you may need to organize backup support in local hospital outpatient departments, especially for severe problems and emergencies. If services remain unsatisfactory, assume an advocacy function and call on parents and volunteer organizations for assistance with other resources that they can tap.

In many instances there may be valid reasons for apparent ineptitude or lack of services. Overload is often cited as a primary reason for poor delivery services. What you need here is immediate, comprehensive treatment and follow-up on individual children and their families. This work cannot proceed if needs are viewed simply as bothersome, complex "cases." Children become cases when the labels given them play an

overriding influence in decision making about their problems.

Children's Protective Needs

Specific Symptoms to Investigate

Let us now look at the school child in terms of protection. Some signs in the classroom can fall into an

1. signs of unexplained injury
2. dirt and smell;
3. frequent absence and lateness
4. physical defects caused by poor nutrition and life style—obesity, severe
5. depression;
6. developmental defects in vision

All of the symptoms and signs are bound up in a complex web of factors that must be taken into account to avoid casting blame, and on to the child. In getting to the source of the problem, all categories are concerned, the child's physical, emotional, and social. Concerning the child's physical, the caring and capable parent or teacher, the parents may not be in a position to help or the administrator must assume responsibility and continue for any length of time.

Unexplained Injury

If a teacher notices bruises or cuts on the child, or as an assault on the child, the teacher must always plausible the explanation in the context of the child's general behavior and well-adjusted, or is the child's behavior. The child's general manner may be lying. If the general picture is not clear, it is wise to remain skeptical and consult the nurse, doctor, social worker, or whoever is available that might help in the investigation. Even if a teacher's fear is a record of what was seen and heard, it is at a later time to check whether

staff who lack training in development, ensure that they acquire some exposure to interdisciplinary teams with the same children. Members of the team eventually to extend their own involvement on a child whom they may view from their own professional point of view. They should be able to know at the earliest need help of one sort or another when it is reaching critical proportions. This involves not only social workers and social workers in health departments, but also health departments, probation officers, the court system, policy makers, neighbors, and others concerned with the well-being and exchange information. The system is when every person and every part of the system of needs of children rather than of needs that come under the various functions.

Efficient collaboration among members of a commonly shared vocabulary to learn thoroughly the jargon and translate it in some fashion may be sufficient to get the group together to addressing the needs of the child. If possible, parents, teachers, social workers, nurses, speech therapists, and others will need to learn a common

language. If the delivery system must be developed, it can be an effective liaison because of the agencies who work with them. If there are interagency squabbles, inaction, and lack of support in local hospital and other service problems and emergencies. The system needs an advocacy function and procedures for assistance with other

child. The reasons for apparent ineptness are often cited as a primary reason for the lack of immediate, comprehensive services to children and their families. This is simply as bothersome, complex as the labels given them play an

overriding influence in decisions about what should be done to solve their problems.

Children's Protective Needs

Specific Symptoms to Investigate

Let us now look at the school and what an administrator and staff might do in terms of protection. Some of the symptoms that show themselves in the classroom can fall into any of the following categories:

1. signs of unexplained injury;
2. dirt and smell;
3. frequent absence and lateness;
4. physical defects caused by shortcomings in the child's environment and life style—obesity, severe tooth neglect, bad feet, skin problems;
5. depression;
6. developmental defects in vision, hearing, or speech.

All of the symptoms and problems mentioned here are interrelated and are bound up in a complicated network. On the one hand we need to avoid casting blame, and on the other, be forthright and nonpatronizing in getting to the source of the problems. As far as the first three categories are concerned, the caring and capable parent will never allow them to develop. Concerning the last three, if they have begun to develop, the caring and capable parent notices and takes time to check. Other parents may not be in a position to do anything about them. The teacher or the administrator must assume that if any of these conditions arise and continue for any length of time, they are signals that help is needed.

Unexplained Injury

If a teacher notices bruises or other signs of what could be interpreted as an assault on the child, the teacher should investigate the cause. However plausible the explanation, the teacher should consider the injury in the context of the child's general bearing: is the child jolly, outgoing, and well-adjusted, or is the child aggressive or quiet and frightened? The child's general manner may suggest whether or not he or she could be lying. If the general picture is one of evasion or uncommunicativeness, it is wise to remain skeptical and to immediately contact the school's nurse, doctor, social worker, or psychologist; protective service agencies; or whoever is available that might have some expertise for further investigation. Even if a teacher's fears have been allayed, it is still worth making a record of what was seen and asking another person to question the child at a later time to check whether or not the same account is given.

In any case, both child and family need help if the child is truly abused. Again, many agencies might legitimately be involved. It is the opinion of Elkind, Berson, and Edwin (1977) that one institution should assume primary responsibility for providing an ongoing forum to monitor the delivery and coordination of all services. The existence of a primary coordinating agency will reduce the chance of interagency difficulties and duplication or fragmentation of efforts.

Dirt and Smell, Frequent Absence and Lateness, Physical Defects, and Depression

All these tell a lot about the condition of home life. They point to non-coping parents, parent substitutes, or to disorganized family life. Some teachers may feel that with something so ingrained and total as uncleanness, it is pointless to intervene, especially if there are five other siblings with the same problem. To accept the condition of the sixth child merely because of the others would be unfair; that child is only a victim of circumstances beyond his or her control. In all probability the parents never had any help with the first five.

The symptoms cited above almost always accompany a constellation of circumstances—a large family, low income, poor and inadequate housing, poor health—conditions that may reduce the best-intentioned family to a state where parental ambitions seldom go beyond insuring physical survival. The daily routines required to get children to the center or school may be too much to cope with. Besides, having the children home may bring an immense comfort to parents. If these same families have perceived that the center or school labels them as inadequate, they may withdraw and refuse help even when offered. In other instances, parents may view the educational experience negatively because they found their own experience traumatic and unsatisfactory, too full of tests and difficulties.

Whatever the reasons, try to pinpoint why a child is smelly and dirty and do something about it. If necessary, a child can be taught how to care for his or her own personal needs, using facilities at the center. Clean clothes for those who need them can be kept at the center. Children can readily learn how to cope with certain problems if you teach them how.

In cases of physical disabilities and depression, immediate and long-term assistance is often required. Therefore, it is imperative that the various agencies involved work together in mutual partnership. While you may not be able to prevent the diffusion of responsibility among the different professionals, you can press for systematic and sustained action.

Vision, Hearing, and Speech Disorders

If diagnostic medicals are held irregularly or not at all, the teacher should notify the school nurse about these disorders as soon as they are detected.

Deficiencies of this nature require forward be done, and the sooner

If the school or center organizationally, a referral over a child need not require more than a responsible staff person responsible for

The purpose of preventive enable every child to have the her potential and to have access having a personality that is able an appearance and smell that physically as healthfully and attend any defects such as poor eyesight capacity to progress in school. In their lives, children who show listed earlier are going to deviate as time goes on and to miss so they have as much right as every

Human service agencies the a complementary relationship, principle that now binds together enabling children to benefit from each instance the social worker same processes, namely:

1. forming a relationship with
2. assessing the situation;
3. helping parents and child
4. giving support;
5. making appropriate and tim
6. mobilizing resources;
7. developing links between h

We say these things fully are often frustrated in their efforts are challenged and abused by (Berson, and Edwin, 1977).

Making Referrals

All the medical, social, and psychological in making a practice of referral be based on a factual account causing concern. What does the

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or not at all, the teacher should rs as soon as they are detected.

Deficiencies of this nature require that something relatively straight-forward be done, and the sooner they are reported the better.

If the school or center organizes its own services creatively and conveniently, a referral over a child's obesity, depression, or signs of injury need not require more than a request to the administrator or the appropriate staff person responsible for dealing with the problem.

The purpose of preventive medicine and social service work is to enable every child to have the opportunity to make the most of his or her potential and to have access to the good things in life. This includes having a personality that is able to love and to be loved by others; having an appearance and smell that do not offend other people; developing physically as healthfully and attractively as possible; and having corrected any defects such as poor eyesight and hearing that will hinder the child's capacity to progress in school. Unless there is some positive intervention in their lives, children who show any of the six signs of danger or neglect listed earlier are going to develop an increasing number of problems as time goes on and to miss some of the good things of life to which they have as much right as everyone else.

Human service agencies that help children and their families have a complementary relationship, and their tasks often overlap. The principle that now binds together their various tasks can be summed up as enabling children to benefit from their educational opportunities. In each instance the social worker and the welfare worker must use the same processes, namely:

1. forming a relationship with the child and parents;
2. assessing the situation;
3. helping parents and child face reality;
4. giving support;
5. making appropriate and timely resources available;
6. mobilizing resources;
7. developing links between home and school.

We say these things fully aware that human service organizations are often frustrated in their efforts to render service because they too are challenged and abused by those they attempt to assist (see Elkind, Berson, and Edwin, 1977).

Making Referrals

All the medical, social, and psychological services recognize a good code in making a practice of referrals. The referrals are far as possible should be based on a factual account of the behavior or appearance that is causing concern. What does the child do? How often? When did the child

begin? How has the child responded to this or that? The importance of keeping fact and impression firmly separated is heavily emphasized. To say, for example, that a child scratches himself or herself in a vulgar way, ascribes a motive to the action that may be totally irrelevant as well as inaccurate. To say that the child scratches himself or herself every five minutes all day is specific and more helpful for diagnostic purposes. When a child belongs to a family where siblings before have had numerous problems, everyone tends to be on the lookout for the next one to keep up the tradition. Experience with a family can also color a teacher's view of a child. That view may obscure the reason for making a referral. Though family history may be part of the referral, it should not take precedence over the importance of the child's own symptoms.

Your task on the matter of referrals is threefold:

1. Make certain that the referral information is factual and explicit.
2. Make sure that initial referrals are placed with the appropriate agency the first time around.
3. Monitor the way in which each referral progresses through the system and see whether the outcome is satisfactory.

You should design a record-keeping system that reminds you when it is time to check the progress and *outcomes*. It is not enough merely to make referrals, hoping that others will follow through on them. You should keep records on the quality of the service you receive. A verbal complaint is often ineffective, but if that complaint is accompanied by an indication of the degree to which the service is lacking, this constitutes something specific that can be shown to an agency. There is then more chance of receiving a favorable response, as the agency can spot the snag more easily.

Resources are scarce. An ill-placed referral may mean that the client must be re-referred after an initial interview. Apart from the waste of professional time, this can be upsetting to the client, who in the hope of help has perhaps been able to tell a difficult story once but who just may not want to a second time.

Conferences with Parents

Every opportunity to strengthen ties between parents and school programs must be exploited. Parents have important information and advice to share, which should be sought out. Seek their views on the quality of the center's program, their advice and counsel on issues and problems that concern them. Discreetly seek out their needs and interests and put them in touch with appropriate resources. Take the opportunity to learn about the "culturally distinctive beliefs, norms, and ideologies"

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SUMMARY

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