Parental Judgments of Early Childhood Intervention Personnel Practices: Applying a Consumer Science Perspective

Mary Beth Bruder, PhD¹ and Carl J. Dunst, PhD²

Abstract
Parents of young children participating in either Individuals With Disabilities Education Act (IDEA) Part C early intervention or IDEA Part B-619 preschool special education programs were surveyed to obtain a consumer science perspective of the practitioners who were the children's primary service providers. Parents were asked to make judgments of the confidence and competence of the practitioners in six practice areas (family-centered practices, teaming and collaboration, child assessments and evaluations, instructional practices, Individualized Family Service Plans [IFSPs] or Individualized Education Programs [IEPs], and natural environments and inclusion practices). Results indicated that the parents rated the practitioners as more confident than competent when using practices, and that the degree of parent involvement in early intervention or preschool special education was related to variations in parents' perceived judgments. Implications for evaluating early childhood intervention service quality from a consumer science perspective are described.

Keywords
consumer evaluations, service quality, early intervention, preschool special education

Measures of child and family progress are a required component of early intervention and preschool special education delivered under the Individuals With Disabilities Education Act (IDEA; Data Accountability Center, 2010). Data for children in the Part C and the Part B-619 programs are collected on three functional child developmental outcomes (K. Hebbeler, Barton, & Mallik, 2008). Data are also collected on family outcomes in both programs: Parents are asked to assess the benefits they receive as a result of participating in IDEA early childhood intervention programs (Bailey et al., 2006; Bailey, Hebbeler, Ohmstead, Raspa, & Bruder, 2008). While these family outcomes have proven an acceptable measure of parental perception of program effectiveness (Bailey, Raspa, & Fox, 2012), the purpose of this article is to describe a study that utilized an alternative means to measure parental input about the services provided to their children who were in either Part C or Part B-619 programs. In particular, we used a consumer science framework (Seth, Deshmukh, & Vrat, 2005) to evaluate parental perceptions about early childhood intervention practices demonstrated by their service provider.

Consumer judgments of services and service providers have long been recognized as important indicators of perceived service quality (e.g., Johnston, 1995; Lee, Lee, & Yoo, 2000; Parasuraman, Zeithaml, & Berry, 1985; Zeithaml, 1981). Consumer science has routinely used consumers’ perceptions of the quality of services procured or received as a benchmark for making program improvements (Calabrese & Scoglio, 2012; Dunst & Trivette, 2005; Garcia, Salanova, Grau, & Cifre, 2013; Green, McAllister, & Tarté, 2004). This perspective focuses on consumer judgments of the technical quality of services, as well as more subjective perceptions of experiences with those providing the service (e.g., Gabbott & Hogg, 1994; Seth et al., 2005; Zeithaml, 1988). These personal judgments involve complex cognitive, attitudinal, and affective processes which are used to assess the worth or quality of goods or services, as well as the worth or quality of how the goods or services are provided (e.g., Alford & Sherrell, 1996; Oliver, 1994; Schwarz, 2004; Yeung & Wyer, 2004).

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DOI: 10.1177/0271121414522527
Service quality has typically been assessed in terms of consumer satisfaction and more recently consumer loyalty (e.g., Duffy, 2005; Oh, 1999; Sierra & McQuitty, 2005; Westbrook, 1998). However, as a number of consumer science theorists have noted, satisfaction and loyalty are the result or consequence of service quality, and therefore quality should be measured in terms of the services procured or received and the perceived capabilities of service providers (Haywood-Farmer, 1988; Oliver, 1993). For example, consumers procure or receive services with some idea of how they expect to be treated and how they expect service providers to deliver services (e.g., Bbko, 2000; Parasuraman, Berry, & Zeithaml, 1991), and repeated interactions with service providers are often used by consumers to evaluate their competence and confidence (e.g., Blattberg, Malthouse, & Neslin, 2009; Dagger, Danaher, & Gibbs, 2009). That is, the more capable service providers are perceived, and the more services are judged as “worth the effort,” the more likely consumers will make positive judgments of the service providers (Cronin, Brady, & Hult, 2000). This is true in for-profit service industries (Mackey, 2005) and in early childhood intervention (Khadye, Ziviani, & Cuskelley, 2011; McNaughton, 1994; McWilliam et al., 1995), as well as other related fields (Crane, 1991).

A consumer science perspective of quality in human services (e.g., health, education, psychology, and related services) is not new (e.g., Cronin et al., 2000; Gremler & Brown, 1996; Johnson & Fawcett, 1994; Moore & Kelly, 1996; Selin, Howard, Udd, & Cable, 1988). Public access websites containing peer, parental, and student ratings of teachers, schools, physicians, and hospitals have recently proliferated (e.g., ratemyclassroom.net, ratemyprofessors.com, greatschools.org, topdocs.com), as has the value and popularity of such ratings compiled by media outlets for the general public (e.g., U.S. News and World Report college rankings, hospital rankings). A consumer science framework, however, has yet to be used extensively to evaluate early intervention or preschool special education practices and those who provide services within these programs.

The one early childhood intervention practice that has been extensively examined from a consumer perspective is family-centered help giving (e.g., Bruder, 2000, 2010). Studies have typically involved parent-completed scales of the extent to which an early childhood practitioner demonstrates behavioral indicators of family-centered practices. Findings from research syntheses indicate that the more family-centered a parent judges their practitioners’ practices, the better are child, parent, parent–child, and family outcomes (Dunst, Trivette, & Hamby, 2007, 2008). In one of the only such studies that has used a consumer science framework to evaluate early childhood intervention, Dunst and Trivette (2005) specifically tested a mediational model (Pong & Yee, 2001) of the relationship between the quality of family-centered practices and both parent satisfaction and program loyalty. Results suggested that the quality of family-centered practices was indirectly related to program loyalty mediated by perceived satisfaction with services in a manner identical to that found in other fields (e.g., Caruana, 2002; Mosahab, Mahamad, & Ramayah, 2010; Ravichandran, Mani, Kumar, & Pragbhakaran, 2010), including those in for-profit business (e.g., Bei & Chiao, 2001).

To further illustrate the use of a consumer science framework, this study obtained parents’ perceptions and judgments of the competence and confidence of early intervention and preschool special education practitioners’ use of six well-established practices: (a) family-centered practices, (b) child assessments and evaluations, (c) teaming and collaboration, (d) IFSPs and IEPs, (e) instructional practices, and (f) natural environment and inclusion practices. These particular practices were the focus of this investigation because they are considered recommended practices in early childhood intervention (Sandall, Hemmeter, Smith, & McLean, 2005; Sandall, McLean, & Smith, 2000), and to date, have not been the focus of evaluation from a consumer science perspective of service quality.

In addition, the six practices that parents were asked to evaluate were the same as those rated by early childhood intervention practitioners in a previous study (Bruder, Dunst, & Mogro-Wilson, 2011). In this previous study, competence was defined as practitioners’ perceived judgment of their ability to effectively use their knowledge and skills, and confidence was defined as practitioners’ perceived judgments of the likelihood that they could perform a task in a self-assured manner (Delfin & Roberts, 1980). The results of that study suggested that practitioners rated themselves as more confident than competent in five of the six practices.

To examine the extent to which parents’ perceptions differed in terms of practitioners’ confidence and competence when implementing the six practices, we asked parents to judge their early childhood intervention practitioners across both constructs. Competence was assessed by asking the parents to judge the abilities of their practitioners to do specific intervention practices in each of the six areas, while confidence-related behavior was assessed by asking them to judge the ease with which their practitioners performed specific intervention practices in the six areas. We also wanted to examine whether parents’ involvement in early intervention or preschool special education influenced their judgments about the use of the practices. Our hypothesis was that parents’ judgments would differ as a function of both the type of practice and the degree of parent involvement as previous studies have reported such findings (e.g., Dunst, 2002; Dunst & Bruder, 2002; Korfmacher et al., 2008).
### Method

#### Participants

The participants were 124 parents of infants and toddlers in Part C early intervention programs and 144 parents of preschoolers in Part B-619 preschool special education programs from 31 states and the District of Columbia. Chairpersons of the Part C and Part B-619 State Interagency Coordinating Councils in all 50 states and the District of Columbia were contacted and asked to notify parents about the study. The Directors of all U.S. Department of Education, Office of Special Education Program regional, state, and community-based parent centers were also contacted and asked to notify parents about the study. These contacts were made by email, mail, or fax. An introductory letter and a flyer were included to describe the purpose of the study and the procedures for parents to follow to either complete a survey online using Survey Monkey or request a paper-and-pencil version of the survey.

Table 1 shows selected characteristics of the study participants and their children receiving either early intervention or preschool special education. There were no statistically significant differences between the Part C early intervention and Part B-619 preschool special education program participants for parent education ($\chi^2 = 1.28, df = 3, p = .7342$), marital status ($\chi^2 = 0.46, df = 1, p = .4964$), or work status ($\chi^2 = 0.48, df = 2, p = .7860$). There were also no significant differences between the Part C and Part B-619 program participants in terms of respondent (mothers vs. others; $\chi^2 = 1.79, df = 1.79, p = .1808$), race or ethnicity (White vs. Other; $\chi^2 = 3.16, df = 1, p = .0757$), or family income ($\chi^2 = 4.72, df = 4, p = .3169$).

There was a statistically significant difference between the condition given for child eligibility in early intervention or preschool special education ($\chi^2 = 9.73, df = 3, p = .0210$). A larger percent of preschool special education children were reported as eligible for services under the category of global developmental delays compared with the early intervention program participants, as reported by their parents. There were also statistically significant differences for service delivery setting ($\chi^2 = 150.74, df = 2, p = .0000$), and degree of parent involvement in the children’s early intervention or preschool special education ($\chi^2 = 91.60, df = 2, p = .0000$). Neither was unexpected given the structural differences between early intervention (mostly home-based) and preschool special education (mostly center-based).

#### Survey

An investigator-developed survey was used in this study. The survey included questions about the background characteristics of the participants and their children, parents’ type of involvement in their children’s early intervention or preschool special education, and 24 questions asking parents to evaluate the early childhood practitioner who was their children’s primary interventionist, teacher, or therapist. This sample included 152 teachers, 46 speech and language pathologists, and 70 occupational and physical therapists (too few occupational therapists were identified

### Table 1. Selected Characteristics of the Study Participants.

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>Part C programs</th>
<th>Part B-619 programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school</td>
<td>14</td>
<td>22</td>
</tr>
<tr>
<td>Some college</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>51</td>
<td>60</td>
</tr>
<tr>
<td>Graduate school</td>
<td>30</td>
<td>29</td>
</tr>
<tr>
<td>Parent marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/living with a partner</td>
<td>115</td>
<td>130</td>
</tr>
<tr>
<td>Single/separated/divorced</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Parent work status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not employed</td>
<td>57</td>
<td>46</td>
</tr>
<tr>
<td>Employed part-time</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Employed full-time</td>
<td>37</td>
<td>48</td>
</tr>
<tr>
<td>Income (yearly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than US$20,000</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>US$20,000-US$39,999</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>US$40,000-US$59,999</td>
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<td>23</td>
</tr>
<tr>
<td>US$60,000-US$79,999</td>
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<td>US$80,000-US$99,999</td>
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<td>17</td>
</tr>
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<td>US$100,000-US$119,999</td>
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<td>5</td>
</tr>
<tr>
<td>US$120,000-US$139,999</td>
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<td>4</td>
</tr>
<tr>
<td>US$140,000+</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Ethnicity</td>
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<tr>
<td>White</td>
<td>113</td>
<td>120</td>
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<tr>
<td>Black</td>
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<td>3</td>
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<tr>
<td>Asian</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Child condition</td>
<td></td>
<td></td>
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<tr>
<td>Global developmental delay</td>
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<td>77</td>
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<tr>
<td>Specific developmental delay</td>
<td>11</td>
<td>9</td>
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<tr>
<td>Identified disability</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Medical condition</td>
<td>7</td>
<td>6</td>
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<tr>
<td>Service setting</td>
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<tr>
<td>Home</td>
<td>76</td>
<td>61</td>
</tr>
<tr>
<td>Home/center</td>
<td>35</td>
<td>28</td>
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<tr>
<td>Center</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Parent involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None (0)</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Passive (1-2)</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td>Active (3-4)</td>
<td>62</td>
<td>50</td>
</tr>
</tbody>
</table>

*Reason for program eligibility. *Five-point rating scale.
Table 2. Examples of the Survey Items Measuring Parents' Perceived Judgments of the Practitioners’ Competence and Confidence.

<table>
<thead>
<tr>
<th>Construct</th>
<th>Abbreviated item examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td>The teacher or therapist is good at identifying my family’s concerns and priorities</td>
</tr>
<tr>
<td></td>
<td>The teacher or therapist has taught me how to provide my child everyday learning activities</td>
</tr>
<tr>
<td></td>
<td>The activities the teacher or therapist shows me have increased my child’s interactions with people and objects</td>
</tr>
<tr>
<td>Confidence</td>
<td>Showing me how to teach my child comes easily for the teacher or therapist</td>
</tr>
<tr>
<td></td>
<td>The teacher or therapist takes pride in my child’s accomplishments</td>
</tr>
<tr>
<td></td>
<td>Writing IFSP outcomes (or IEP goals) comes naturally to the teacher or therapist</td>
</tr>
</tbody>
</table>

Note. IFSP = Individualized Family Service Plan; IEP = Individualized Education Program.

as the children’s primary service providers to consider them a separate group). These particular practitioners were the focus of investigation because they are the ones who most often work directly with children receiving early intervention and preschool special education (Data Accountability Center, 2009; K. Hebbeler & Zercher, 2004).

An investigator-developed measure was used to determine how the parents were involved in their children’s early intervention. The parents were asked to indicate which of five responses “best describes how you are involved with your child’s primary service provider” (interventionist, teacher, or therapist). The five response categories were as follows: (0) I am not present when my child receives services, (1) I only observe the service provider working with my child, (2) the service provider explains what he or she is doing with my child, (3) the service provider shows me or demonstrates how to do the interventions with my child, and (4) the service provider involves me in a way where I can continue to do the interventions without the provider’s ongoing assistance.

The 24 competence and confidence items were worded in a manner similar to those developed by Bruder et al. (2011) for practitioners but in terms of the parents’ perceived quality of the practices. Parents’ perceived judgments of practitioners’ competence-related behavior were assessed based on a practitioner’s ability to engage in specific types of practices. Parents’ judgment of practitioner’s perceived confidence-related behavior was assessed in relation to a practitioner’s ease at which they were able to perform different tasks or activities. Table 2 includes examples of the survey items for representative practices. The reader is referred to the Center to Inform Personnel Preparation Policy and Practice (www.uconnuedd.org/projects/epre_prep/) Study IX Part C and Part B-619 data reports for the complete list of items.

Each of the six practices had two competence and two confidence items which described the practice. Each of the items was rated on a 6-point scale ranging from the practitioner never (0) to always (5) demonstrated the practice. The dependent measures in the analyses reported in this article were (1) the sum of the ratings for the two confidence items under each type or practice and (2) the sum of the ratings for the two competence items.

There were two versions of the survey: one for Part C early intervention program participants and the other for Part B-619 preschool special education program participants. The wording of the items on the two versions of the survey differed to make the items either early intervention or preschool special education specific. The early intervention version used IFSPs and natural environments to describe practitioner practices, whereas the preschool special education version used IEPs and inclusion to describe practitioner practices.

Method of Analysis

A 3 Between Discipline (Teacher vs. Speech and Language Pathology vs. Occupational and Physical Therapy) × 2 Between Level of Parent Involvement (Low vs. High) × 6 Within Type of Early Childhood Practice (Family-Centered vs. Evaluation vs. Teaming vs. IFSPs/IEPs vs. Instruction vs. Natural Environments/Inclusion) × 2 Within Type of Parent Judgment (Confidence vs. Competence) ANOVA was used to analyze the data. Separate analyses were performed for the Part C and Part B-619 program participants as parents’ involvement in the two types of programs differed so much (see Table 1). A median split of the parent involvement scores varying from 0 (not at all involved) to 4 (parent-mediated involvement) was used to constitute low and high involvement.

A 2 Between Practitioner (Part C vs. Part B-619) × 6 Within Type of Early Childhood Practice (Family-Centered vs. Evaluation vs. Teaming vs. IFSPs/IEPs vs. Instruction vs. Natural Environments/Inclusion) × 2 Within Type of Parent Judgment (Confidence vs. Competence) ANOVA was used to determine whether parents’ judgments differed as a function of whether the practitioners were early intervention or preschool special education providers.

Cohen’s $d$ effect sizes for between group and between contrast differences were used for substantive interpretation of the results. Effect sizes rather than statistical significance are now the recommended metric for evaluating the influences of a research factor on outcome measure differences (Grissom & Kim, 2012). For substantive interpretation of the results, an effect size between .20 and .49 was
considered small, an effect size between .50 and .79 was considered medium, and an effect size of .80 or higher was considered large (Dunst & Hamby, 2012).

Results

Early Intervention Practitioners

The ANOVA for parents’ perceived judgments of the service quality of the early intervention practitioners produced main effects for parent involvement, $F(1, 118) = 3.93, p = .0499$, $d = .37$, type of parent judgment, $F(1, 118) = 57.17, p = .0000$, $d = 1.39$, and type of practice, $F(5, 590) = 37.73, p = .0000$. Parents who reported more involvement in their children’s early intervention perceived their practitioners as more capable, confident, and competent, and their judgment of the capabilities of their practitioner differed according to the specific practice.

The main effects for the type of parent judgment and type of practice were qualified by an interaction between these two research factors, $F(5, 590) = 6.53, p = .0000$. The nature of the interaction is shown in Figure 1. Parents perceived the practitioners as more confident than competent in using family-centered practices, developing and implementing IFSPs, using instructional practices, and including children with and without disabilities in the same activities as evidenced by effect sizes ranging between $d = .27$ and $d = .45$ for four of the six practices.

Preschool Special Education Practitioners

The ANOVA for the parents’ perceived judgments of the preschool special education teachers and therapists produced main effects for the type of parent judgment, $F(1, 138) = 30.71, p = .0000$, $d = .94$, and type of practice, $F(5, 690) = 7.25, p = .0000$, both of which were qualified by the type of judgment by the type of practice interaction, $F(5, 690) = 7.21, p = .0000$. Figure 2 shows the nature of the interaction. The practitioners were judged as more confident than competent in using family-centered practices, developing and implementing IEPs, using instructional practices, and including children with and without disabilities in the same activities as evidenced by effect sizes ranging between $d = .27$ and $d = .54$ for four of the six practices.

The ANOVA also produced a three-way interaction between parent involvement, practitioner discipline, and type of practice, $F(10, 690) = 2.10, p = .0228$. Further analyses showed that parents who reported greater involvement in their children’s preschool special education perceived teachers and speech and language pathologists, but not occupational or physical therapists, as more capable in using the practices constituting the focus of analysis. Parents who more actively involved in their children’s preschool special education judged the teachers as more capable in using all six practices (average $d = .52$, range = .41-.70). Parents who more actively
involved in their children’s preschool special education perceived speech and language pathologists as more capable in all the practices except for developing and implementing IEPs (average $d = .60$, range = .33-.91). In contrast, the differences in the parents’ judgments of the occupational and physical therapists did not differ as a function of parents’ involvement in their children’s therapy (average $d = .11$, range = .05-.27).

**Part C Versus Part B-619 Practitioners**

Results from the ANOVA including the type of practitioner as a research factor showed that the parents perceived the Part C practitioners as more competent and confident than the Part B-619 practitioners in all of the early childhood intervention practices, $F(1, 266) = 18.13, p = .0000, d = .62$. This can be clearly discerned by comparing the mean scores for the practices shown in Figures 1 and 2. The very large between type of program confidence and competence differences are to a great degree the result of the fact that parents reported so much more involvement in their children’s early intervention compared with preschool special education (see Table 1) where the degree of parent involvement was a factor influencing parents’ perceived judgments of the practitioners’ capabilities as evidenced from the results from the other two ANOVAs.

The pattern of results, however, was nearly identical for both groups of practitioners. As can be seen, the effect sizes for the mean differences for both groups of practitioners were largest for instructional practices, followed by family-centered practices, developing and implementing IFSPs or IEPs, and natural environments or inclusion, and smallest for teaming and collaboration and child assessments and evaluations.

**Discussion**

This study used a consumer science framework for evaluating parents’ perceptions and judgments of six different practices provided by early intervention and preschool special education practitioners. A consumer science perspective focuses on the perceived quality of services provided by service providers rather than satisfaction with services, as the latter is now known to be the consequence of service quality (e.g., Dunst & Trivette, 2005; Mosahab et al., 2010). Although the study was exploratory in nature, the results suggested that both early intervention and preschool special education practices are amendable to evaluation of service quality as the targets of consumer appraisals.

The findings add to the knowledge base in early childhood intervention by demonstrating that the perceived quality of six different kinds of early childhood practices can be assessed by asking parents to make judgments of their children’s early childhood providers. The results of the study also indicated that the ways in which parents were involved in their children’s early intervention or preschool special education proved to be an important factor that influenced their perceived judgments of the practitioners’ practices.

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**Figure 2.** Parents perceived judgments of the confidence and competence of Part B-619 preschool special education practitioners. 
*Note.* IEPs = Individualized Education Programs.
That is, how parents were involved in their children’s early childhood intervention contributed to their perceived judgments about how intervention and preschool special education practices were implemented by their early childhood providers. We found that more active involvement in their children’s early childhood intervention was positively related to the parents’ perceived judgments of the quality of the services they and their children received. One reason for this finding could be that as parents actively participate in early childhood intervention, they are able to learn and discriminate those practices that promote both child and parent capabilities. Further research, however, is needed to identify other intrapersonal and interpersonal factors influencing parent perceptions and judgments, as it could also be construed that parents’ perceptions of early childhood intervention services positively influenced their active involvement in intervention.

We highlight the importance of type of parent involvement as a determinant of service quality because research has indicated that the longer a child is enrolled in early intervention or preschool special education, the less positive parents judge practitioner practices (see especially Campbell & Sawyer, 2009).

One noteworthy finding from our study was the fact that only 9% of parents whose children received preschool special education reported active involvement in their children’s preschool special education services, and only 50% of the parents whose child received early intervention reported being actively involved in their children’s early intervention services (Dunst, Bruder, & Espe-Sherwindt, in press). These figures are of concern because parents’ involvement is explicitly addressed in the preamble to the Part C Infant and Toddler Program of the IDEA as one of the purposes of the Part C program: The main purpose of Part C program is to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities. Likewise, Part B-619 preschool special education practitioners are strongly encouraged to involve parents of preschoolers in their children’s education (Aron & Loprest, 2012; Crockett, Billingsley, & Boscardin, 2012; Turnbull et al., 2007). The findings of our study suggest that we are not involving parents in their child’s early intervention or preschool special education program to the extent recommended to enhance children’s learning. This seems another important area in which early childhood intervention practitioners would benefit from additional training and practice.

Finally, we would like to draw attention to the fact that the data collected in this study on parental perceptions and judgments are similar to the findings collected from practitioners who judged themselves as more confident than competent in delivering early childhood intervention (Bruder et al.,
Conclude

This study was aimed at examining parental perceptions of early childhood intervention practices as delivered by their current practitioner as an indicator of program quality using a consumer science framework. Consumer science has long recognized and used consumer ratings of services and service providers as one measure of quality and effectiveness. The consumer movement has presented us with a scenario in which it is not out of the realm of possibilities to predict a future website dedicated to the review of early childhood intervention practitioners’ competence and confidence in the use of child and family intervention practices (e.g., www.ratemyeciprovider.com). Indeed, as early childhood intervention becomes more of a professionally driven service industry (see Dunst, 2012), it seems appropriate to recommend the use of a consumer science framework to evaluate and guide the continued evolution of quality within the early childhood intervention field. If satisfaction and loyalty are the result of service quality, quality should therefore be measured in terms of the services received. In early childhood intervention, services consist of intervention practices, and as such, quality services would be reflected in a consumer’s positive judgment of the perceived competence and confidence with which a practitioner implements intervention practices. The responsibility for the delivery of effective early childhood intervention services relies then not just on the practitioners’ ability to implement recommended practices but also on those who provide training and ongoing support to practitioners, so that they may implement effective practices with fidelity to the ultimate consumers: families of infants and young children who are receiving early childhood intervention.

Conclusion

This study was supported, in part, by funding from U.S. Department of Education, Office of Special Education Programs (H324J020002). The opinions expressed, however, are those of the authors and do not necessarily reflect the official position of either the Department or Office.

References


Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was supported, in part, by funding from U.S. Department of Education, Office of Special Education Programs (H324J020002). The opinions expressed, however, are those of the authors and do not necessarily reflect the official position of either the Department or Office.


Bruder and Dunst

207


