



SERVICE-RELATED CORRELATES OF SUCCESSFUL TRANSITION TO SCHOOL FOR CHILDREN WITH SPECIAL NEEDS

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Introduction

Transition to school is a challenging developmental step for any child. The shape of school trajectories is established early in a child's school career, and thus good adjustment at this early stage is crucial for future development. Preschool children with special needs (i.e., those needing special assistance due to their mental or physical disabling conditions) face an even more complex transition to school. The success of transition to school for these children depends very strongly on the availability of supports at school to facilitate the child's learning. Issues like lack of specialised personnel or programs are among those that most frequently generate complaints among parents of students with special needs. In a large community sample, a third of parents of kindergarteners with special needs were not satisfied with the transition of services, and close to half were not satisfied with the availability of school-level services for their child (Janus, Lefort, Cameron & Kopechanski, 2007). Services received, family context, and school environment have been identified as relevant factors in promoting successful transition (Wolery, 1999; Atwater, Orth-Lopes, Elliot, Carta & Schwartz., 1994; Janus et al., 2007).

Previous short-term studies which followed families with children with special needs prior to their school entry and through their first year of school showed lack of consistency among services in transition: parents perceived better care was received prior to school entry than after transition (Janus et al., 2007).

Current Status

Based on the findings from the previous cross-sectional study, the current study was designed to follow children with special needs from the time prior to school entry until the second year of school. Here we present the data for the 35 children for whom data were available until the fall of the second year of school.

Methods

Families were recruited through a number of community-based channels and approached for participation. In the first year of study, 10 families participated, in the second, 25, thus the total N was 35. Prior to the child's school entry, families were interviewed, developmental assessment was carried out, and parents completed several questionnaires. In the fall and spring of the first school year, and in the fall of the second school year, teachers completed questionnaires. Developmental assessments were carried out again approximately 1 year after the first one, and parents completed another set of questionnaires and interviews.

Measurements

Instrument	Timing				Variables
	Prior to school	Fall Year 1	Spring Year 1	Fall Year 2	
Vineland Adaptive Behaviour Scales (VABS)	x		x		Communication, Daily Living, Social, Motor
Client Satisfaction Questionnaire (CSQ)	x		x		Parent satisfaction
Measure of Processes of Care (MPOC)	x		x		Enabling & partnership, Providing general info, Providing specific info, Coordination & comprehensive care, Respectful & supportive care
Early Development Instrument (EDI)		x	x	x	Physical health & well-being, Social competence, Emotional maturity, Language & cognitive dev, Communication skills & general knowledge
Teacher Rating Scales of School Adjustment (TRSSA)		x	x	x	Cooperative participation, School liking, School avoidance, Comfort with teacher
Parenting Stress Index (PSI-SF)	x		x		Parental distress, Parent-child dysfunctional interaction, Difficult child, Total parenting stress

Analyses

In this preliminary exploration of the data collected, associations were first explored through correlations. Next, difference in scores between prior to school and first year in school were calculated.

Children's outcomes and progress were analysed in relation to concurrent parent satisfaction with and perception of services as well as the change. Finally, parent child-related stress was examined as a contributor to the link between the services and children's outcomes.

Results

1. Consistency in parent satisfaction and perception of care

CSQ

There was only small consistency in parent satisfaction in services from prior to school to the first year in school ($r=0.323$). For 15 families, the satisfaction scores decreased, for 6 remained the same, and for 13 families they increased.

MPOC

The perception of care was much more consistent over the time of the study than parent satisfaction. Scores for each of the subscales from prior to school were significantly correlated with corresponding scores over a year later:

Enabling & partnership	0.614
Providing general information	0.718
Providing specific information	0.396
Coordination & comprehensive care	0.596
Respectful & supportive care	0.462

2. Consistency in children's outcomes

VABS scores were positively and significantly associated with the relevant EDI domain scores collected within 3-4 months of each other.

The improvement in teacher's rating of child's school liking and comfort with teacher were positively associated with the improvements in the domain of Language and cognitive development of the EDI. The decrease in teacher rating of child's school avoidance was associated with the improvements in the domain of Emotional maturity of the EDI.

3. Parent satisfaction, Perception of care and children's outcomes (EDI)

Parent satisfaction of care was not associated with any of children's outcomes.

Prior-to-school MPOC scales were associated with some children's outcomes in Year 1 and Year 2. In particular, Providing information (both general and specific) was correlated positively (and sometimes significantly) with Language and Communication domains of the EDI.

The gain in children's EDI outcomes over the first year of school was calculated as a difference between the domain score in the Fall of Year 2 and the corresponding domain score in the Fall of Year 1. The "Providing General Information" prior to school scale was not meaningfully associated with any of the gains. The same domain, measured in Year 2 was somewhat associated with gains in Language and Cognitive domain ($r=0.261$), and significantly associated with gains in Communication Skills domain ($r=0.402$, $p<.05$). Interestingly, the strength of association was much stronger in the first study cohort than in the second.

MPOC	EDI Physical	EDI Social	EDI Emotional	EDI Language Cognitive	EDI Communication
Enabling & partnership					
Providing general information	F1 .364 S1 .298 F2 .299	F1 .304 S1 .287 F2 .344		F1 .339 S1 .419 F2 .426	F1 .402 S1 .402 F2 .557
Providing specific information			F1 .317	F1 .320 S1 .369 F2 .303	F1 .276 S1 .269 F2 .334
Coordination & comprehensive care	F1 .228 S1 .216			F1 .259 S1 .276	F1 .204 S1 .204 F2 .271
Respectful & supportive care		F1 .219 S1 .225 F2 .279		F1 .326 S1 .440 F2 .255	F1 .202 S1 .271 F2 .286

F1 Fall Year 1
 S1 Spring Year 1
 F2 Fall Year 2

Only r s ≥ 0.200 are reported
 r s ≥ 0.400 are statistically significant at $p<.05$

4. Parenting stress, perception of care, and children's outcomes

We have also explored the possible links between the stress of parenting (PSI) and perception of care and children's outcomes.

In Year 2, aspects of perception of care were associated with parent stress: the lower the perception of care, the higher parenting stress:

MPOC	PSI Parental distress	PSI Parent-child dysfunctional interaction	PSI Total parenting stress
Providing general information	-.242	-.177	-.213
Providing specific information	-.193	-.282	-.238
Coordination & comprehensive care	-.277	-.292	-.305

At the same time, parenting stress was also negatively associated with children's outcomes on the EDI, especially in the social and emotional areas:

EDI	PSI Parental distress	PSI Parent-child dysfunctional interaction	PSI Total parenting stress
Social competence	-	-.421	-.199
Emotional maturity	-	-.429	-.384
Language and cognitive development	-	-.329	-.191

Conclusions

The results of this study highlight the difficulty in pinpointing exactly the aspects of services that may impact the adjustment to school among children with special needs. The strongest association emerged between "providing information" and children's outcomes in cognitive areas (language, cognitive development, communication skills). One possible interpretation is that there are more services available to assist children in those areas and thus, once the information is received, the family can make a good use of it. The type and availability of services to assist with children's mental health (reflected in social and emotional domains) is much more problematic.

The second interesting finding that emerged in the analyses is a possible mediation effect of parenting stress on the impact of services on children's outcomes. The perception of services itself did not appear to impact children's social and emotional outcomes, but aspects of perception of services were associated with parenting stress, which in turn was related to children's emotional well-being. This is certainly worth further, more thorough investigation.

The results presented here are a preliminary exploration of a rich database. More complex methodology needs to be applied in order to establish that the observed patterns are robust findings. In the course of the study, qualitative data were also collected and will be used to elucidate some of the processes behind the findings.

References

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