

Retrospective Evaluation of Mothers' Opinions related to the Small Steps Early Intervention Program in Turkey

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Abstract

The purpose of this current study is to evaluate the Small Steps Early Intervention Program based on opinions of the mothers who participated in the program ten years ago. The participants of this study consisted of 10 mothers who had young children with disabilities participating early intervention program carried out in Turkey between 2000 and 2003. In this study, a descriptive research method was used in order to determine the mothers' opinions regarding the Small Steps Early Intervention Program. The data was collected by using semi structured in-depth interviews. In an attempt to reach detailed findings, the data of the study were analyzed inductively. The present study provides an understanding of opinions related to the Small Steps Early Intervention Program of mothers who have children with disabilities and it gives important information on the effectiveness of the program having been implemented since 1996 in Turkey. More importantly, it gives insights regarding the changes and adaptations to be done for future implementation of the SSEIP which was the first structured early intervention program aimed to meet the needs of the young children with disabilities and their parents in our country.

Key words: early intervention, parent satisfaction, Small Steps Early Intervention Program

The effectiveness of early intervention programs is mostly evaluated by comparing the children's developments before and after interventions or by comparing the developmental outcomes of the experiment and the control groups of young children. However, using control groups in early intervention research has been difficult because of several reasons (Bailey & Wolery, 1992). For example, having the control group

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children wait until the end of the research for intervention is accepted as unethical and establishing experimental and control groups of children with the same age and same level of disability may not always be possible for research purposes (Bailey & Wolery, 1992). On the other hand, as for the effectiveness studies comparing the children's pre-post intervention developmental skills (White, 1980; Sucuoglu, Ceber-Bakkaloglu, Ozenmis, & Kaygusuz, 2001), it has not been clearly determined whether the developmental gains and changes in the performance levels of the children occurred because of early intervention or because of maturation (Bailey & Wolery, 1992). The third way of to evaluate the success of early intervention programs is to obtain parent opinions or their satisfaction with the programs in which they and their children participated (Summers, et al., 2005). This approach has been used in several studies and the positive and negative aspects of the programs have been evaluated in terms of parents' satisfaction and opinions in addition to the children outcomes (Jinnah & Walters, 2008).

Parental satisfaction with programs or opinions related to the intervention goals is accepted as a good indicator of the quality of the early intervention programs (Lanners & Mombaerts, 2000) and there is almost a universal consensus that parents' satisfaction is a key component of the evaluation procedure of early intervention services (Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 2004). In existing literature it is clearly stated that determining parental opinions or satisfaction with the early intervention is very important for the following reasons: (1) Parents have the responsibility and the control of development of their children. (2) Information collected from parents can be used in the development of better services for both parents and the children. (3) Participating in an evaluation process might increase parental involvement with intervention. (4) Data collected from parents might lead the professionals and policy makers to develop new programs to be responsive to the needs of the parents and the young children with disabilities (Bernheimer, Gallimore, & Weisner, 1990; Favez, Metral, & Govaerts, 2008; Guralnick, 1989; King, King, Rosenbaum, & Goffin, 1999; McNaughton, 1994; Summers, et al, 2005; Wolery, 1987).

In previous studies, it has been highlighted that satisfaction with the programs or opinions of parents regarding early intervention services were mostly evaluated by the professionals or researchers who were directly involved with the programs. However, measuring parent satisfaction has the problem of positive response bias (Favez, et al, 2008; Jinnah & Walters, 2008). Because of the fact that parents generally have limited information about the early intervention programs, they think that the program in which they participated is better than the other programs. In addition, affordability of program might lead the parents to think that the quality of the program is better for their children than the others (Favez, et al., 2008; Jinnah & Walters, 2008). Moreover, the parents worry that if negative opinions are to be stated about the services; this might result in the destruction of their relations with the professionals and the reduction of the quality of the program. Lastly, they can think that the probability of being taken out from the services might increase (Favez, et al., 2008). Therefore, it is believed that most of the parents generally express positive opinions and high satisfaction about the programs and

services to which they are offered. Consequently, the results of the evaluation might not reflect accurate opinions or ideas of parents about services provided for them and their children with disabilities. Given this background, in this study, the opinions of the mothers about The Small Step Early Intervention Program (SSEIP) in which they participated approximately ten years ago were evaluated by the first researcher who was not involved in any aspect of the implementation of the program.

The SSEIP developed by Pieterse and Treolar (1989) in Australia and adapted to the Turkish language (Kircaali-Iftar, 1996) is an early childhood special education program for young children with disabilities aged 0-4 years. It includes all skills, such as gross and fine motor, receptive and expressive language and personal-social skills expected from children without disabilities. In Turkey, the SSEIP has been implemented as a home-based or center-based program since 1996 in university research centers, private preschools and special education schools. Throughout the program, the parents, mostly mothers, are supported and helped in their home by the family trainers or the other program staff who have been trained for the main purpose of the program. Services are also provided by the academicians in the university centers. Parents learn how to assess the performance of the children, how to select and teach skills that are appropriate for their children's performance levels throughout the program. In addition, they are given information by the professionals on how to use the program books and the other written materials.

Implementation of SSEIP in Turkey was evaluated by several researchers in terms of parent and children outcomes. As for child outcomes, Sucuoglu et al., (2001) examined the effects of the SSEIP on children's development and found that the SSEIP was effective on the performance levels of the children in their motor, communication, social and personal skills and the number of skills learned by the children with severe and mild disabilities had increased significantly after the program. In second group of the studies focusing on parents' outcomes, the needs, stress levels and depression of the parents of children with disabilities as well as their interactional behaviors and their satisfaction with the services were evaluated. For example, in a study carried out by Kircaali-Iftar (2000), the parents stated that the program had positive effects on their children as well as on them and suggested that the program should be disseminated to all parents who had young children with disabilities or developmental risk. A group of researchers conducted another study based on the opinions of the family trainers on the program (Kircaali-Iftar, Uzuner, Batu, Vuran, & Ergenekon, 2001) and they found that the trainers had mostly expressed positive opinions about the program, stating that the SSEIP had positive effects not only on parents but on children with disabilities and trainers themselves. The findings of Kucuker's (2001) study revealed that although the SSEIP had no measurable effects on the stress level of the parents, the depression level of mothers who had children with disabilities decreased after the one year program. A group of parents who participated in the program stated that the SSEIP had met most of their informational and emotional needs (Sucuoglu, 2001a) and moreover, they expressed positive opinions and had high level satisfaction with the way the program was implemented (2001b).

The parent-child interaction was the other important issue for the researchers and whether the SSEIP resulted in changes of the interactional behaviors of the parents as well as the children with disabilities were examined. The findings of the study indicated that the interactional behaviors (initiating and maintaining interaction) of the mothers as well as the children had increased as a consequence of the SSEIP (Kucuker, Ceber-Bakkaloglu, & Sucuoglu, 2001). The results of the last study conducted by Birkan (2002) revealed that a group of mothers who participated in the SSEIP training course learned how to use the manual of the program and how to teach the age-appropriate skills to their children in addition to being able to work with them in their homes successfully.

In all studies that have been conducted to date in Turkey, the effectiveness of the SSEIP was evaluated immediately after or during the implementation of the program by the professionals; however, no research has investigated whether the opinions and satisfaction of the parents with the program changed after a time interval from the implementation of the program.. In the literature, it has been emphasized that the evaluation of the effectiveness of a program might lead to more objective results if conducted at a later date after the completion of the program. That is, the different experiences acquired during the time in between are likely to cause the people to change their opinions about any program in which they participated (Summers et al., 2005). Therefore, it seems that following up the effectiveness of early intervention services sometime after the completion of a program might suggest some new and challenging ideas regarding the development of new programs and services for the young children with disabilities and their parents (Favez, et al., 2008).

The purpose of this current study is to evaluate the SSEIP based on opinions of the mothers who participated in the program ten years ago. For this purpose, the parents were asked about; (a) the contribution of the SSEIP on themselves, (b) the contribution of the program on children during the implementation of the SSEIP, (c) the effects of the program on the children's current state, (d) the positive and negative aspects of the program, (e) the difficulties they encountered during program, (f) the suggestions of the mothers for the professionals and the other parents who have young children with disabilities?

Method

Participants

The participants of this study consisted of 10 mothers who had young children with special needs. The mothers and their children had participated in The Small Steps Early Intervention Program carried out in The Ankara University Special Education Research Center between 2000 and 2003. The ages of the mothers were between 32 and 44 with an average age of 37.9 and their educational levels varied from high school to doctorate. Except for two mothers, all of them were employed in full time jobs outside the home as nurses, engineers, doctors or civil servants. The ages of the children with disabilities

ranged from 52 months to 100 months and all these children lived in their homes with their parents and siblings. The children were diagnosed with Down's syndrome, Rett syndrome, cerebral palsy and hydro or microcephaly.

The mothers were recruited by phone, given information about the research and were invited to participate in this study via interviews to be conducted by the first researcher. 10 mothers out of 12 agreed to be volunteers for the research and interview time for each mother was set at the parent's and researcher's convenience. The demographic characteristics of the mothers and children are illustrated in Table 1.

Table 1
The Demographic Characteristics of the Mothers and Children

Number	Mother			Child		
	Ages	Education Level	Profession	Ages	Sex	Diagnostic
1	42	High School	Housewife	7y 2m	Female	Cerebral Palsy
2	44	Bachelor's Level	Economist	6y 0m	Male	Down Syndrome
3	36	Associate Degree	Nurse	4y 4m	Female	Down Syndrome
4	39	Doctorate Degree	Med. Doctor	8y 4m	Female	Rett Syndrome
5	37	High School	Housewife	6y 9m	Male	Cerebral Palsy
6	41	Bachelor's Level	Engineer	6y 6m	Female	Hemi Paralysis
7	32	Master's Degree	Teacher	6y 2m	Male	Hydrocephaly & Cerebral Palsy
8	36	Master's Degree	Sociologist	4y 6m	Female	Down Syndrome
9	37	High School	Civil Servant	5y 9m	Female	Down Syndrome
10	35	Associate Degree	Civil Servant	5y 1m	Female	Microcephaly & Cerebral Palsy

Data Collection

In this study, a descriptive research method was used in order to determine the mothers' opinions regarding the SSEIP in which they and their children had participated in 2000-2003. The data was collected by using semi structured in-depth interviews with each mother (Berg, 1998; Yildirim & Simsek, 1999) so as to employ a qualitative analysis. .

The researchers developed an interview form based on the related literature and determined the interview questions to be asked. Then, two experts, working in the early childhood special education, were asked to read the questions and make any corrections if needed. Consequently, the researchers reorganized and corrected the questions based on the

comments of the experts related to the content as well as the order of the questions. The interview form included three groups of questions: demographic questions, transition questions and key questions. Interviews began with the first group of questions including the general demographic information of the parents and the children including the age, disability and recent program in which were the children involved as well as the age, occupation and education of the mothers. The transition questions asked for the information about the age of the children when they participated in the program and also the opinions of the mothers about the duration, the services and implementation of the SSEIP. The nine key questions addressed the contributions of the SSEIP for the mothers as well as the development of the children, the positive and negative aspects of the program, the difficulties the mothers had encountered during implementation, what they had done after the program and lastly, their suggestions to the professionals and experts who were responsible for working with the parents of the young children and also for the parents who would participate in an early intervention program in the future.

All interviews were conducted face to face by the first researcher in the places suitable for the mothers and each of them lasted 10-60 minutes. The total duration time of the interviews conducted with the all mothers was 5 hours and 13 minutes. 10 interviews were recorded and then transcribed. As a result of the data collection procedure, 205 pages and 5302 lines of data were obtained in total. Each cassette was given a number; however, only one interview was hand recorded due to the fact that the mother did not allow her interview to be audio taped.

Data Analysis

In an attempt to reach detailed findings regarding the mothers' opinions related to the early intervention program, the data of the study were analyzed inductively (Gay, Mills, & Airasian, 2006). Having finished all the interviews, all the participants were given code names so as to protect their privacy and all the cassettes were transcribed verbatim, in full, by the first researcher. All tapes were listened to one more time to check for errors of transcription. All data were recorded on a form including five sections such as content recordings, descriptive information, descriptive index, interviewer's comments and general comments (Colak, 2001) and the consistency of the forms and the cassettes were checked one more time. For reliability, five cassettes, (50% of all data) selected randomly (Kvale, 1996) were listened by one academician who had knowledge and experience in qualitative research.

The next step of the study was to give numbers to the all lines of the written document and thus, categories and codes were determined based on the questions asked to mothers during interviews. Then, all the codes were placed on the appropriate lines, paragraphs and pages. The researcher carried out all the steps such as copying the data according to the number of the codes on each pages and forming a new code file consisting of all the data. Finally, the themes of the study were determined by using the code files and the agreement pertinent to the themes and sub themes between the researcher and one academician experienced on inductive analysis was established (Patton, 1990).

Results

In this part of this article, the nine themes and the sub themes that emerged from the mothers' answers given to the questions asked by the researchers: (a) participating in the early intervention program, (b) educational history of the children, (c) services provided during the program, (d) contributions to the families, (e) contributions to the children's development, (f) positive aspects of the program, (g) negative aspects of the program, (h) problems, and (i) comments. These themes were then grouped into four sections: (a) the characteristics of the children and program, (b) contributions of the SSEIP, (c) positive and negative aspects of the program, and (e) the difficulties encountered during programs and comments for the professionals and as well as the prospective parents.

The Characteristics of the Children and Program

The ages of the children that participated in the program with their mothers varied and there was no child entering the SSEIP before the age of six months. The ages of five children were between 6-12 months and two of them were within 12-24 month interval. Only three children were older than two years. Eight children out of 10 participated in the program for one year while two of them were in the SSEIP for almost two years.

As for the question regarding sufficiency of the duration of the program for the mothers, two mothers out of five who answered this question stated that program's duration was satisfying, while the other two indicated that they would have liked to attend the program if it had been longer. One mother reported that they attended for only eight months and had to leave the program due to the financial problems and transportation difficulties before the end of the program.

All mothers stated that, after the SSEIP, their children had been accepted by various special education programs. Two children out of 10 were attending special education centers while they were in the SSEIP and seven children were placed in special education centers by their parents under the guidance of the SSEIP staff. As for the educational histories of the children, five mothers out of ten reported that their children have been in one of the private special education centers since the SSEIP ended and the three mothers stated that their children have been in regular preschools with their friends without disabilities and were provided special education services by special educators in their home, while the two children attended elementary school as a part of mainstreaming system since they completed the SSEIP.

The qualitative data indicated that the SSEIP had been implemented in the Research Center of Ankara University as a center-based program and the parents had attended in weekly or monthly meetings that focused on training of the mothers so that they could use the SSEIP manuals and support their children's development. Mothers stated that services for the parents had covered the parents' training, including the information regarding the importance of early intervention, the assessment of the children's performance, the prevention and control behavior problems, the teaching skills and monitoring of the development of the children. The mothers said: *"For example, we learned that we should have kept all promises we gave to Ada during the SSEIP, they*

(program staff) said that we should have been very careful about whatever we said to our child, because he is very aware of everything.” and “I was told that participating in the program with my husband would be better and also I learned that feeding is a very important issue for my child. Now I feed her with good food I had learned in the Small Steps.”

Because of the fact that the SSEIP is a program to be implemented at home by the parents of the children with disabilities, throughout the 8 months program, the parents learned how to use the program books, how to monitor their children’s development as well as how to teach the skills based on the children’s needs in their home. Moreover, the parents were observed and given feedback by the program staff and their children’s development were monitored within one month intervals. Below, there are some examples of what the mothers said about the services provided for them: *“We were thought the program and asked to work at home with our children. I accepted these as homework for me and I worked very hard with my children.”*, *“We were given information about how to use the program books and I worked with the program staff on these books. During the working sessions, I was given information of course.... ”*, *“We determined our target behaviors for our child. Thanks to them (program staff)... We decided everything with Miss Ayse (program staff). When we went to the center, Miss Ayse had an assessment form and she evaluated the performance of my child. For example, if we had taught five fine motor skills, we would have to choose new ones to be taught from the assessment form.”*

According to the results of the analysis, the program staff gave information about the development of children and improvement of their performance to the mothers throughout the program and all the mothers stated that these informative meetings affected their emotions, behaviors towards their children and teaching skills in a positive way. One mother said *“The program staff, even though she had seen my child once a month, she could see the improvements in him. I remember that this used to make me happy.”*

With respect to the services provided for the children, the mothers mentioned that assessment the children’s development and physiotherapy were the regular services along with the parent training meetings. They said that the motor skills of their children were assessed and monitored regularly by the physiotherapist experienced in working with the young children with disabilities throughout the program: One mother stated: *“I took my child once a week for physiotherapy. The physiotherapist was teaching me all exercises while she was implementing with my child. I had learned how the legs should be held, feet positions, etc.”* Moreover, during the program, other developmental skills of the children were assessed and their performance was recorded regularly. Two mothers mentioned: *“I remember that the observations were conducted regularly and I was given some suggestions for the development of my child.”* and *“.....They were constantly monitoring my child’s development and giving information to us.”*

Contributions of the SSEIP

The interview data revealed that the contributions of the SSEIP to the parents can be grouped into three sub themes: Contributions to the (a) learning of new information, (b) learning of teaching skills, and (c) emotional contributions. As for the contributions to the acquisition of new information of the parents, the mothers reported that, during the program, their point of view regarding education had changed (five mothers), they learned about child development and developmental delays (five mothers), and they acquired new information related to SSEIP (four mothers). In addition, their understanding of the importance of the parents on child development increased (one mother) and lastly, they learned how to obtain to new information about their children (one mother). One mother explained her new point of view related to education by saying *“I learned the purpose of the education during the SSEIP and started to look at all schools based on what I had learned in the program.”* In addition, one of the mothers voiced her improved information related to development and developmental delays this way: *“I know how a child develops very well now. For example by four months, the child can hold his head, can look around, can recognize mother.”* Other mothers stated that they had learned new information during the program and said: *“For example, what I learned best in this program was that the child should be active participants of the exercises. We had no idea about that before the program. We would make her practice all exercises, repeatedly; however, I learned that if the child was not actively involved with the exercise it would not be useful”* and *“Now, I realize that I had learned a lot throughout the program.”* One mother emphasized her acquiring new information about the importance of the parents on the child’s development and early intervention with this sentence: *“I learned that mothers and fathers should be involved with the early intervention program together. I was told that my husband should come to the center with me.”*

The contributions of the SSEIP in terms of teaching skills were listed by the parents. They stated that they had learned teaching their children, assessing their children’s performance, determining the target skills, designing the teaching materials as well as the other parenting skills during the SSEIP. Seven mothers reported that the SSEIP contributed to their knowledge about teaching by saying: *“I learned what to teach and how to teach to my child.”*, *“I used to think that clapping hands was not necessary to teach; the children must clap their hands on their own. However, in the program I learned and saw that many skills like clapping could be taught.”*, *“I learned how to assess my child’s skills and what can be done after determining the goals in the SSEIP.”*, *“To teach a skill, at first I assessed that what he can or can’t.”* According to the two mothers, the SSEIP helped them to determine the target skills for their child. They said: *“We were working on new skills and keep working on learned skills already time to time”*. Two mothers reported that the program helped them design the teaching materials for their children and increased their creativity by saying: *“We tried to find Lego and wooden blocks appropriate for my child and then we decided to create this kind of materials to teach by ourselves. This improved our imagination.”*, *“..... for example, small wooden sticks, we learned that we could have bought these toys; however, we, ourselves, produced these blocks by cutting sticks, and we used a cup so that my child*

can put the wooden sticks in the cup.” An important thing expressed by one of the mothers was that they had acquired better parental skills along with dealing with the child’s difficulties during the program.

With respect to the emotional contribution of the program, three mothers mentioned that the SSEIP gave them hope for the development and future of their children by these statements: *“When you were told that your child, whom everybody said can’t do anything, learns many skills, this gives you hope and makes you feel happy”, “... (During the program)... I realized that my child could achieve something. Of course, the pace of her development was not to parallel to her peers, but still, the program gave me the impression that she could learn many things and reach her peers in some point. It gave me a cause to hope”*. The mothers reported that the SSEIP guided them and led them in every aspect of their children’s development (three mothers), facilitated their acceptance of their children with disability (two mothers) and increased their motivation (two mothers). One mother said *“I feel that the program had increased the pace of my acceptance”*, while the other one stated that *“I was told that I was good at this and as a parent I was doing perfectly well. They said that I had to keep working.”* In addition, there were several mothers who voiced their emotional satisfaction by saying *“It was very nice to be happy as a parent; we were motivated by the program staff, otherwise, I could have left the program or I could not have made a big effort for my child.”*, *“The program had provided self confidence, emotional satisfaction as well as psychological support for me.”* and *“Although there were no psychological support groups in the program, my psychological condition improved.”*

When the mothers were asked to explain to what extent the SSEIP contributed to their child while they were in the program; they answered that this program had contributed to their children’s development and learning (seven mothers); however, one mother reported no contributions at all to her child with Rett Syndrome. Here, there are examples of their sayings: *“My son was just like a marshmallow, when he was 16 months. But it was during the first three months in the Small Steps Doğus had recovered immediately and he became a lively child.”*, *“Ayca had developed rapidly while we were in the program”*, *“She learned many things by repeating the skills many times”*, *“My child had learned how to hold her hand up.... We made bridges using blocks, we put the blocks in order, etc.”* and *“My child learned many things. Without the Small Steps, she would not have been like this.”*

All mothers reported that the program had contributed to their child in many ways; however, all of them strongly underlined the contributions on learning prerequisite skills and behaviors by using such sentences: *“If my child was more passive at that time and if we had not participated in these things, I believe that her condition would have been different. Now she is more confident and she can move easily“*, *“If Ada reached this point, I am sure that it is because of the program. The Small Steps defends the idea in which I believe... The sooner you start the sooner you move further.”*

Positive and Negative Aspects of the SSEIP

According to the mothers, the SSEIP was a very good program, because of the fact that it had included all developmental domains with developmental milestones and the monitoring of child development regularly. They said *“I liked this program. We had attended enthusiastically. I still think about it very positively. It was very nice... For example, it was very detailed program”*, *“I was aware of where we had been before and where we were after the program. Now we are going to Special Education Center; however, I cannot see as much improvement as I had seen in the Small Steps”*. The mothers voiced that they had found the program very positive because of the fact that the SSEIP was implemented systematically in a very organized way and the current circumstances of the parents were taken into account. Moreover, they were provided modeling and given observation opportunities as well as practical information and both the mothers and fathers participated in the SSEIP. One mother said: *“It was a flexible program. When my child was sick, I would call them and let them know that I would not attend at that day. I learned that a staff member would sit in front of you and your child and work with you. However, now, in the current school, they work with my child in the room without me and I do not know what is happening inside. In Small Steps, you could see everything. I can realize the difference between two programs now.”*

The mothers reported that the SSEIP had many positive aspects such as training mothers and fathers together, being evidence based, guiding the parents, implementing the program in an academic environment by the professionals and giving written materials. They expressed their opinions with these statements: *“The family is very important and the child spends so much time in her/his family. That’s why, training the parents in how to teach skills was the best thing of the SSEIP.”* and *“As for me, and the SSEIP was a scientific study. It was conducted by the professionals in an academic way in an academic environment. Because of that, you could trust it at the very beginning.”*, *“Because it was not based on financial profit, you could trust It.”* and *“It had some positive aspects such as giving the program books and other written materials.”* One mother mentioned that she had met with the parents who had children with disabilities while they were in the program and the program had contributed to the social interaction of all parents. According to this mother, this was the positive aspect of the program.

With regard to the negative aspects of the SSEIP, although the half of the mothers of the group mentioned at least one negative aspect, they immediately said that there was no negativity during the implementation of the SSEIP. Here, some of the statements of the mothers are given as examples: *“Actually, I do not remember the negative things.”*, *“I did not even think about the any negative aspects of the program, because I trusted the people who worked with me and my child and I did not question.”* The five mothers stated that the cost of the program was expensive by using these statements: *“We did not see any negative aspect of the program except the amount of the money we had to pay”*, *“Of course it was in the academic environment, but still it was expensive. I could not participate in the SSEIP for the last few months because of the high cost.”*, *“We had heard that it was more expensive than the other programs conducted by other*

institutions; however, if it had been cheaper, I could have taken Ada to the Center more frequently.”

It is very interesting that three mothers mentioned about the teacher role given to the mothers as a negative aspect of the program and said that it was not appropriate that the mothers had taken on the teacher role in their home. They added that the children at a very young age had to work intensively with the professionals not with the mothers. They said: *“I prefer not to live those days again, because, the trauma that I had experienced started to increase owing to the homework given by the professionals. I thought that I had taken on too much responsibility. I was not a professional and I felt that I could not learn how to teach my child by reading books or with a 15 minutes instruction. But I could design the learning environment for my child.”* and *“My child was reactive to us at home. I still do not want to educate her at home. Why? Because, I feel that I can lose her love for me. As I told before, taking teacher role for their child is not easy for mothers and fathers.”*

The three participants stated one negative aspect of the program was that it was center-based and therefore, there were no home visits. They said: *“It was winter, we had transportation problems, I did not want her to be outside in crowded places.”*, *“It was hard to carry my child and take her to the center and it was not possible to go by bus either. In such cases, the children should be trained at home and besides that, the child behaviors are different at home and at the center.”* Lastly, the two mothers stated that, during summer, they were not offered any services because of the vacation time of the universities and therefore there was the sustainability problem of the program.

The Difficulties and Suggestions

When the mothers asked what kind of difficulties they had experienced during the SSEIP, half of them (five mothers) said that they did not experience any difficulties at all. The difficulties that were mentioned by the other half of the group can be listed as financial problems (five mothers), transportation problems (four mothers), problems related to teaching materials (two mothers), problems related to the parents themselves and the other problems. Five mothers stated that both the program and the transportation from home to the center were very expensive. They said: *“It was financially hard for us. The government did not provide any payments to the parents whose children were placed in the Small Steps.”* and *“During that year, I did not buy anything for myself and I spend all my money for my child’s program, nutrition and transportation.”* Two mothers mentioned about their difficulties regarding the teaching materials which they used during the program and they said that they could not buy the materials easily or they had to pay a big amount of money for the toys appropriate for their children’s development. One mother said *“... The materials issue was the source of stress for me.”* In addition, two mothers reported various problems originated from the parents themselves. One of them said *“I was not concentrating on anything at home. I was fighting against something that I did not accept and it was my responsibility.”*

Three mothers mentioned only one problem besides the problems mentioned above. One of them stated the problem related to her reluctance for involving in the program and the other said that she had a problem originating from the professionals who were responsible for the implementation of the program. The third mother said that her problems were originated from the external factors such as the difficulty of taking the time off so as to come to the center.

The mothers who were interviewed offered several suggestions for the professionals and the prospective mothers. As for the suggestions for the professional, they proposed that home visits should be made, psychological and social support for the parents should be provided, parent involvement should be encouraged and more information should be given to the parents. Moreover, they suggested that knowledge and experiences of the trainers should be improved and some adaptations and changes in the SSEIP system should be made for future implementations. One mother stated that these programs should be home-based, the children should be observed at home and some activities should be carried out at the home environment with the parents and professionals. Here some examples of their suggestions. *“I wished that the staff of the program had observed me and understood how much I was doing at home. If they wanted, I would have welcomed them with pleasure.”*, *“If they had made home visits, I believe that I would have gained more from the SSEIP. I would have learned the teaching techniques more easily.”* The suggestions regarding psychological support was expressed by saying *“That was the first time this kind of thing happened to us. Especially I needed psychological support.”*

Four mothers stated that the family trainers should have some characteristics such as loving children, knowing the behaviors of the children, being patient and experienced, establishing empathy with parents. In addition, they said the staff should be more experienced, should reflect her/his knowledge to the training sessions and should update their teaching materials according to the skills they teach. Some of the mothers suggested that the parents' involvement should be increased by identifying the needs of the parents, taking the parents opinions into account and supporting families and their decisions. About these, the mothers said: *“... They have to feel what the mothers feel and expect...”* and *“They have to take the mothers opinions into account, because mothers know their children best....”*

Three mothers reported that they needed information about several issues and they added that the mothers should be informed on matters regarding characteristics of children, impairments and childhood diseases, the stages of acceptance of the parents and various difficulties to be encountered throughout raising children with disabilities. One mother voiced her feeling by saying *“... actually, the parents should know what kind of stages that they would go through... if it is necessary, the parents should be informed about childhood diseases, the incidents to be experienced and the ways to cope with these difficulties.”* The other mothers said *“Sustainability is very important. After the program the parents should be guided by the staff of the program for the next step in the education of their children...”*

Providing social support to the mothers was mentioned by one of the mothers by saying *“Socializing fosters the spirits of the human in a positive way. Of course I do not know how this can be done. However, at the beginning of the SSEIP, I had many needs, especially to talk to other mothers who had children with disabilities.”* On the other hand, another mother suggested that the trainers and special education teachers should take more courses on physiotherapy, speech and language therapy as well as child development and they should work as interns while they were undergraduate students. She said: *“Actually, field experts should collaborate based on interdisciplinary team work so as to make changes and adaptations in some parts of the system that do not work.”*

With respect to the suggestions for the parents, the mothers who were interviewed had some suggestions such as participating and attending the program regularly, working cooperatively with the trainers, regulating the emotions and asking help from the professionals. Eight mothers recommended that prospective mothers should participate in these kinds of early intervention programs as soon as possible and they said *“I am sure that participating in these programs will be helpful, I hope they will take part in this program before it is too late and before something is missed...”*, *“I think it was a very useful program. Speaking for myself, I think that the parents who have children with disabilities should be convinced to be enrolled to the SSEIP.”* and *“Every family should participate in this program and fathers should be in the program too... Fathers should not throw the responsibilities off their shoulders...”*

Five mothers emphasized that the parents should make an effort for their children and they need to go over what they learned at their home. One of them said *“There is no other way. They should work at home...”* while the other one said *“They have to observe everything done by the trainers and support the child at home by having their child exercise at home. You cannot get anywhere going to the center once a week or working with the professionals once a month.”* In addition, they suggested that parents share all information they were given with the other parents. Two mothers made suggestions to the parents with these sentences *“They have to love and accept their children; they should avoid isolating their children from the social life. They should provide opportunities for various experiences and education for their children; however, at the same time, they should take their own feelings, expectancies and needs into accounts so as to live meaningful life.”* Lastly, three mothers offered suggestions for getting help from the professionals whenever it is needed by saying *“Whenever they encounter difficulties, they should ask questions and they should get help from professionals, experts or whoever is responsible for their children’s education and their own training.”*

Discussion

The researchers believe that the results of this study will provide a means for the understanding of the opinions of the mothers related the effectiveness of the SSEIP in which they and their children with disabilities participated approximately ten years ago.

The children who were very young during the program have now been placed in either special education centers or in elementary schools as a part of mainstreaming system.

Those who are interested in the results of the study should consider all the findings based on the characteristics of the SSEIP employed as one of the first structured early intervention programs for children with disabilities in Turkey. This program was launched by the collaboration of one nongovernmental organization and five universities from different cities of Turkey in 1996. It was financially supported by the Association for the People with Mental Retardation and considerable data were collected by several research groups focusing on examining the effectiveness of the program in terms of parent and child outcomes and various other variables. For the first five years, it was implemented as a home based program, however, in the following years, the program became widely known and started to be implemented in public and private special education and rehabilitation centers. The mothers who were interviewed in this current study participated in the center-based SSEIP conducted in the Special Education Research Center of Ankara University during the academic years of 2001-2002 and 2002-2003 and the experts from the Department of Special Education were responsible for the implementation of the program. They assessed children's performances with their mothers by using The Small Steps Developmental Inventory. The results of the evaluation were shared with the parents and the target skills for each child were identified. The mothers were given the program books and the other written materials developed by the program staff for the teaching sessions and they were trained on how to work with their children in a home environment.

During the teaching sessions, the mothers were taught teaching techniques, and asked to work with their children based on what they had learned and given feedbacks. Each mother visited the center at least once a month with her child, and the program was lasted eight months for one full academic year. When the program ended because of summer vacation, all the mothers were guided for the next placement or the next program appropriate for their children. During the program, because of the fact that the program had a very small budget, the parents had to pay some amount of money but it was quite low. The following years, the SSEIP continued with different groups of mothers. Now, in 2011, in Turkey, there are almost 400 family trainers who are certified for working with young children with disabilities in the SSEIP and the parents are financially supported by the government for the education of their young children.

In previous research, it was emphasized that evaluating the effectiveness of early intervention programs based on the parents' opinions might be biased, because the parents generally express positive opinions and a high level of satisfaction with the program in which they are involved (Favez, et al., 2008; Jinnah & Walters, 2008). Because of the fact that they are usually faced with a limited choice of services, they might try to overcome frustration by overrating the services they are provided (Shpancer, 1998). In addition, the methodological limitation related to assessing the parent satisfaction has been highlighted and it is reported that assessment process is mostly carried out by the service providers themselves (Favez, et al., 2008). Therefore,

the parents are likely to express positive feelings and opinions about the services. However, in the current study, despite the fact that the mothers' opinions related to the SSEIP were asked by the first researcher who had no involvement with any of the steps of the SSEIP at all, almost all of them expressed positive opinions about the SSEIP carried out 10 years ago. Thus, the researchers think that the positive opinions reported by the mothers to the independent interviewer might indicate the fact that evaluating the early intervention program from the parent's point of view might not be biased all the time and it might reflect the accurate and the true qualities of the programs and services provided to their children and themselves.

The qualitative analysis of the data derived from the interviews with the mothers revealed that the mothers most likely were satisfied with the program and they reported positive opinions about it. According to the mothers, during the program, they were given a lot of information such as how to teach to their child, child development as well as the availability of early intervention services. In addition, some mothers stated that the SSEIP affected their emotional situation in a positive way and it facilitated the acceptance of their child's condition. Except for two mothers who believed that the professionals should have worked with the children instead of the mothers and who felt serious pressure due to the homework expected to be done in their home, all mothers voiced positive aspects of the SSEIP. This finding seemed to be consistent with the findings of the study carried out to assess the short term effects of the SSEIP by the staff of the program during the first five years of the implementation of the Small Steps (Sucuoglu, 2001b).

One of the most interesting findings of the study was the contribution of the program to the mother's point of view related to development and education of young children with disabilities. The mothers frequently emphasized the importance of the early intervention for young children, working with children at home and encouraging fathers to be involved with their children's education. Moreover, they said that young children with disabilities should be educated in their natural environments; that is, in their home and the trainers should be more experienced so that they can meet the needs of the families and the children. All these accounts stated by the mothers indicated that even though the main purpose of the SSEIP was not to change the mothers' perceptions or opinions related to education, the mothers had developed the new ways of thinking about the education of young children with disabilities and they created new expectancies from the education process because of the Small Steps (Summers, et al., 2005).

Having been asked the contributions of the SSEIP to their children, all the mothers seemed to be aware of the fact that, during the program, their children had learned prerequisite skills and behaviors that were necessary for the next step of their education during the program. In existing literature, lack of evidence for the long term effectiveness of the early intervention programs was criticized by the researchers (Barnett, 1995; Yoshikawa, 1995). However, the mothers volunteered for this study reported that the current developmental levels of their children with special needs are satisfying because of the Small Steps in which they had attended while they were very

young. The researchers think that this result is parallel to the accounts stated by the other researchers when pointing out the long term effects of the early intervention programs on children's development (Favez, et al., 2008; Kagitcibasi, Sunar, & Bekman, 2001; Sucuoglu, 2006). One mother reported that her child did not learn anything and the program had no contribution to her development at all because of her daughter's Rett Syndrome. In previous researches, it was discussed that as the level of impairment of the child increased, the satisfaction of parents with the early intervention decreased (Favez, et al., 2008; Law, et al., 2003; Measelle, Weinstein, & Martinez, 1998). Therefore, that the finding indicating that the child with Rett Syndrome did not benefit from the program seems to be consistent with the findings of the other studies focusing on short-term effects of the Small Steps on development of children with severe and mild developmental delays in Turkey (Kircaali-Iftar, 2000; Sucuoglu, et al., 2001).

What the mothers remember the most were the parent training services that focused on their needs related to teaching their children, physiotherapy services as well as the fact that the performance level of the children were monitored thoroughly during the program. In literature, it has been emphasized that early intervention programs should include all necessary services such as speech and language therapy, physiotherapy, medical services and the play groups along with the training and counseling services for the parents (Hume, Bellini, & Pratt, 2005). On the other hand, in this study, the mothers pointed out the fact that the professionals should work with the young children instead of parents and moreover, the children should be provided other services by the special schools or rehabilitation centers to meet their various needs. However, in the SSEIP, the services such as speech and language therapy and play groups could not be provided to the children due to the limitations of the program as well as the implementation process. The only extra service provided was physiotherapy. Therefore, future programs to be developed for children with disabilities should include professionals or experts from diverse fields so that the development of the children might be supported just as it should be (Kircaali-Iftar, 2000; Kopal, 2003).

In the two studies conducted in Turkey, the researchers found that the parents who had participated in the home-based SSEIP had reflected their opinions about the program on how it was implemented (Kircaali-Iftar, 2000; Sucuoglu, 2001b). They said that the SSEIP was very comprehensive program and the organization was very good. In addition, they added that program was carried out by the supervision of the experts and written materials had been given to them during the program. Likewise, the current study revealed similar findings; however, in addition to the positive aspects mentioned above by the parents who were in the 2000 and 2001 studies, the mothers emphasized that the quality of the program was very high because of the fact that the SSEIP was scientific and it was implemented in an academic environment by the academicians. As pointed out by Favez, et al. (2008) the high quality of the program has been accepted as one of the main factors affecting the satisfaction of the parents. Accordingly, based on the mother's opinions, the researchers of the current study believed that the mothers trusted the program team who was responsible for every step of it and they reflected their feelings by saying that the SSEIP was satisfactory.

With respect to the negative aspects of the program, that the program was expensive and center-based were the two important negative aspects of the SSEIP. However, in the two previous studies investigating the short term effects of the SSEIP, these negative aspects had not been emphasized by the parents at all (Kircaali-Iftar, 2000; Sucuoglu, 2001b). The reason is that, in these studies, the SSEIP was implemented as home-based and the family trainers visited their parents and trained them in their home which was a natural environment for their children. In addition, the home-based version of the program was financially supported by the Association for People with Mental Retardation and the parents did not make any payments. On the other hand, as discussed in literature, that home based early intervention programs are preferred because of the fact that, in early years, the programs provide services in home environment by observing the children in their natural environment, making adaptations and modifications appropriate for children and the family characteristics (Davish & Rushton, 1991; Favez, et al., 2008; Kagitcibasi, et al., 2001). However, in the current center-based program, the mothers often mentioned the transportation problems such as the difficulties in taking their children to the center by using public transportation vehicles. In existing literature, it has been established that accessibility to the early intervention programs is a significant factor for the satisfaction of the parents (Favez, et al., 2008; Law et al., 2003). Consequently, the location of the programs seems to affect the difficulties that the parents encounter as well as their opinions and satisfaction with these programs.

One critical suggestion offered by the parents was that the early intervention programs should be free and financially supported by the government. As it was mentioned before, in Turkey, according to the Special Education Law accepted in the year of 2000, early intervention services are free for the children with disabilities that are eligible for it. Besides that, the law says that the special education and related services are to be provided at home for children aged between 0-3 and the children with disabilities whose ages are between 3 and 6 can enroll in public preschools. However, because of the fact that considerable variability exists in implementing this law, and there have been some infrastructure problems such as limited number of personnel who work in the field, early intervention services cannot be provided at a high quality for free. Consequently, the parents are left with no choice but to search the most appropriate programs provided by private institutions or universities. Even though they are not expected to pay a high amount of money, a small amount of contribution might be asked for when they enroll in a program. Therefore, in the current study, although a very low payment was expected, some of the parents complained about the fact that the program was expensive.

In this study, although the mothers were more likely to express their high degree of satisfaction regarding the program staff, some of them recommended that those who work with the parents and children should improve their communicational and interactional skills as well as their experiences related to working with young children. Several researchers highlighted that the quality of interaction between the professional and the parents are considered as one of the important indicators of the parental

satisfaction with the programs (Favez, et al., 2008; Garwick, Kohrman, Wolman, & Blum, 1998; Hasnat & Graves, 2000; Lanners & Mombaerts, 2000; Summers, et al., 2005). Additionally, some participants of this current study suggested that the parent involvement with their children's education process could be improved by identifying the needs of the parents before the implementation of the program, taking the opinions of parents into account and supporting parental decisions about their children. McNaughton (1994) stated that the asking of parental opinions related to the early intervention program improves their self-efficacy and moreover, the perception of self efficacy and involvement with the decision making process increase their satisfaction with the services (Laws & Millward, 2001). The findings of this study seem to support the related literature on this account. In this study, the other suggestions concerning the sustainability of the program and its dissemination throughout the country look similar to the study carried out by Kircaali-Iftar (2000). Likewise, the suggestion related to the social support to be provided and the social networks to be established to the parents were mentioned in the findings of Lanners and Mombaerts's (2000) study.

In the case of this study, there have been several limitations. First, the study is limited with 10 mothers out of 18 whose children had enrolled in the SSEIP between 2001-2002 and 2002-2003. Therefore, the findings obtained from the current study cannot be generalized to the all parents whose children have attended in the SSEIP since 1996. In future research, the opinions and satisfaction of bigger parent groups who benefited from early intervention programs might be examined. In addition, the satisfaction of parents who are participants of home-based and center-based programs might be compared and lastly, the effects of early intervention program being carried out by public and private organizations can be compared in terms of parental satisfaction so that the necessary changes might be done in the programs and services. The second limitation of the study can be accepted as the fact that one mother did not allow her interview to be recorded on audiotape; the researchers think that it might have caused a loss of some data in the study.

The present study provides an understanding of opinions related to the SSEIP of mothers who have children with disabilities and it gives important information on the effectiveness of the early intervention program having been implemented since 1996 in Turkey. Moreover, it gives insights regarding the changes and adaptations to be done for future implementation of the SSEIP. Furthermore, if the researchers work with the bigger groups of parents who were in any early intervention program, they can identify what factors are most likely affect the parent satisfaction in terms of parent and child outcomes. As one parent in this study says "*The sooner you start, the sooner you advance.*" In Turkey, if an early childhood intervention system includes special education and related services for children with disabilities is improved and provided with a high quality based on the information collected from the parents, we believe that we can support all children with disabilities before it is too late for them.

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