



Research Summary on Family-Centered Helpgiving Practices

Researchers at the Orelena Hawks Puckett Institute analyzed 47 research studies on [family-centered helpgiving practices](#).¹ Here is what the researchers learned from their review of the research.

How were family-centered helpgiving practices defined and implemented?

Family-centered helpgiving was defined and implemented differently across studies. A single, agreed-upon definition of family-centered helpgiving does not exist in the research literature. However, some of the most widely mentioned dimensions of family-centered helpgiving in the studies included: treating families with dignity and respect; sharing relevant information so that families can make informed decisions; offering families choices regarding their involvement in and the provision of services; and forming partnerships with families and working collaboratively with them.

Who implemented the family-centered helpgiving practices and in what types of settings?

The professionals who implemented the helpgiving practices included early childhood practitioners, educators, nurses, physicians, therapists, and service coordinators. The settings included early intervention programs, preschool special education programs, elementary schools, family support programs, hospitals, and clinics.

What were the characteristics of the children and families who participated?

The studies included over 11,000 parents of young children from 7 months to 13 years of age. Two-thirds of the children were boys, and the vast majority had developmental disabilities. Almost 90% of the research participants were mothers and were white. Mothers from other racial and ethnic groups represented less than 15% of participants (7% African American, 2% Latino, 1% Asian, 1% Native American, and 3% other ethnicities). No information was given on the socioeconomic status of the families. (This is noteworthy because research has consistently documented that families from lower socioeconomic circumstances typically experience less satisfaction with services and higher levels of caregiving stress.)

Was family-centered helpgiving beneficial for families and children?

Findings from the research synthesis showed that family-centered practices were related to positive parent, family, and child outcomes. These outcomes included effective parenting, a sense of well-being, adequate social support, satisfaction with program services, feelings of competence, and positive judgments of child behavior. However, the authors concluded that family-centered helpgiving practices represent only one of a number of factors that

contribute to positive outcomes for children and their families as part of early intervention and family support services.

Bottomline on the effectiveness of family-centered helpgiving

Research has shown that family-centered helpgiving practices in the context of early intervention and family support services were related to positive parent, family, and child outcomes. Additional research is needed to determine if these same findings would be obtained across different practitioners, settings, families, and children. In the meantime, the use of family-centered helpgiving in programs serving children with disabilities and their families should be considered a recommended practice.

¹These studies relied primarily on correlational research designs. This means that the existing research can provide information about outcomes that are related to family-centered helpgiving practices, but it provides little evidence about which practices work best, for whom, and under what conditions.

Reference: Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helpgiving practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13, 370-378.