

Handout: Research Foundations of the Beach Center Partnership Scale and Sunshine Model on Trusting Family-Professional Partnerships

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There are two phases of the literature related to the Sunshine Model. The first part addresses its development, while the second highlights aspects of its implementation.

Developmental Phase

Three strands of inquiry guided the development of the Sunshine Model in regard to having trust as the key focus and identifying five dimensions of attaining trust. The first strand was comprised of a comprehensive qualitative study involving 33 focus groups (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004). Approximately 150 family members of individuals with disabilities and 50 educational/human service professionals from three states were respondents. Additionally, 31 families who did not speak English participated in interviews with a bilingual interviewer or interpreter. As contrasted to the majority of family research in the IDD field (Turnbull, Summers, Lee, & Kyzar, 2004), the respondents represented a broad range of racial/ethnic and income diversity. The protocol of the focus groups and interviews directed attention to respondents' characterizations of the highly positive and highly negative interactions they had experienced related to the provision of supports and services for children and youth with disabilities, as well as for themselves. Qualitative analysis revealed six key dimensions: equality, respect, communication, competence, commitment, and trust.

Following the qualitative study, the research team developed a survey of 12 items for each of the six dimensions for a total of 17 items (Summers, Hoffman, Marquis, Turnbull, Poston, & Nelson, 2005a). The survey contained a Likert-type scale for families to rate the importance of each partnership item and the extent of the family member's satisfaction with the primary service provider of their child with a disability. Approximately 300 families from 8 states representing the West, Midwest, Northeast, and South completed the survey. The children with disabilities in these families varied widely in terms of age

and type/severity of disability. An exploratory and confirmatory factor analysis indicated that the following two factors were represented in the dimensions:

- Family focus
 - Shows respect for your family's values and beliefs
 - Uses words you understand
- Child focus
 - Has the skills to help your child succeed
 - Builds on your child's strengths

Through the factor analysis, the researchers reduced the original survey of 72 items to an 18-item overall scale (including two 9-item subscales) with excellent psychometric properties (Summers et al., 2005a). This scale, the Beach Center Family-Professional Partnership Scale, is available free of charge for ongoing partnership research (<https://beachcenter.lsi.ku.edu/beach-families/>)

The second strand of research influencing the development of the Sunshine Model focused on the effect of advocacy on families. In the qualitative study described above, advocacy was originally identified as an indicator of equality. In research on family quality of life conducted by the same research team, families reported that advocacy was a two-edged sword (Wang, Mannan, Poston, Turnbull, & Summers, 2004). A positive aspect was learning their rights and knowing how to be assertive in actualizing the rights; however, a negative aspect was weariness from the ever-vigilant requirement to hold professionals accountable in providing an appropriate education to their child. Frequently, words such as fight, battle, guns, and ammunition were used in describing advocacy experiences. For example, a respondent shared: “But, you know, it is really unfortunate that you have to pull out those kinds of guns. I almost felt like I was threatening them to get what he needed. And I really didn't like that feeling of having to do that” (p. 148). Families described the impact of adversarial relationships related to advocacy as negatively affecting their quality of life as illustrated by the following quote:

We were talking about the impact that the professional relationship can have on the quality

of life for families, and most of us were talking about the constant battle that life becomes with service providers and the school system ... and the tremendous amount of stress that brings on families and the marriage. If they survive, they're never quite the same. (Wang et al., 2004, p. 149)

Quantitatively, Burke and Hodapp (2016) reported that families who experience stronger partnerships with educators have reduced levels of advocacy. Families with the strongest advocacy are typically dissatisfied with services and communication, as well as lack trust in professionals to be true to their word. Given the general expectation that families *should* be advocates without a similar expectation for professionals, the research team developing the Sunshine Model established advocacy as a separate dimension in order to emphasize advocacy expectations for professionals.

The third research strand related to the development of the Sunshine Model is in the area of trust. Henderson and Mapp (2002) conducted a comprehensive review of 51 studies focusing on the impact of family/school/community connections on student achievement. They concluded that “building trusting collaborative relationships” (p.7) was the key factor that enabled these connections to result in positive student outcomes. Multiple researchers conducting research in human service contexts have identified trust as essential for relationships, characterizing it as vital as air (Baier, 1986) and water (Hoy, 2002), as well as being the glue that solidifies relationships (Meier, 2002).

Implementation Phase

The implementation phase of research in using the Beach Center Family-Professional Partnership Scale has addressed demographic considerations, effect of partnerships on service delivery, and effect of partnerships on family well-being. Research results focusing in these three areas are explicated below:

- Demographic considerations have been a catalyst for increasing our advocacy for equity in experiencing partnerships for students as they progress to higher grades and for families who are often marginalized due to low income.

- Families from three age groups of children (birth-3, 3-5, 6-12) place equal importance on partnerships, but their satisfaction decreases as their children get older
- Families with low income rate all the items related to partnership as equally important as compared to middle- and high-income families; but they are significantly less satisfied (Summers et al., 2005b).
- Impact of partnerships on service delivery has caused us to emphasize the necessity of trusting partnerships as an element of appropriate services and supports.
 - Parents' satisfaction with partnerships significantly predicts parent involvement and parent-teacher communication for families of kindergarten children with and without disabilities (Zuna, 2007).
 - Partnerships partially mediate the effect of families' perceptions of service adequacy and their family quality of life suggesting that partnerships are a key element of appropriate services (Summers et al., 2007).
 - Higher satisfaction with child-focused (but not family-focused) partnership items is significantly associated with families' perceptions about their child's improvement over the previous 12 months (Eskow, Chasson, Mitchell, & Summers, 2015).
- Impact of partnerships on family well-being has created an awareness that educators can make a significant contribution to not only student success but family quality of life in how they work collaboratively with families as valued partners.
 - As satisfaction with family-professional partnerships increases, family quality of life increases (Eskow, Summers, Chasson, & Mitchell, 2018; Summers et al., 2007; Kyzar, Brady, Summers, Haines, & Turnbull, 2016).
 - As satisfaction with family-professional partnerships increases, family stress decreases (Burke & Hodapp, 2014).

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