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**EARLY INTERACTION SUPPORT GROUPS FOR**  
**INSTITUTIONALIZED AND FAMILY-REARED YOUNG**  
**CHILDREN**

Natalia N. Iskra (a)\*, Maria Y. Solodunova (b), Varvara O. Anikina (c)

\*Corresponding author

(a) Division of educational psychology and pedagogy, St. Petersburg State University, 199034 University

Embankment, 7/9, St. Petersburg, RF, E-mail: n.iskra@spbu.ru, +79119230207

(b) Division of Child and Parent Mental Health and Early Intervention, St. Petersburg State University, 199034

University Embankment, 7/9, St. Petersburg, RF, E-mail: m.solodunova@spbu.ru, +79219248159

(c) Division of Child and Parent Mental Health and Early Intervention, St. Petersburg State University, 199034

University Embankment, 7/9, St. Petersburg, RF, E-mail: v.anikina@spbu.ru, +79095939423

***Abstract***

This article describes the results of the study aimed at exploring the effect of Early Intervention Support Groups (EISG) on personal-social development and quality of play of early age family-reared and institutionalized children. The study sample includes 91 typically developing children aged 8 to 36 months old, both from biological families and an institution. The Battelle Developmental Inventory (BDI; LINC Associate, 1988; Newborg, 2004) is used to evaluate the level of children development. The Child Play Checklist (CPC; Iskra, Solodunova, 2008) is applied to explore characteristics of play. The results demonstrate a set of convincing inferences: EISG positively influences the development of both the family-reared and institutionalized children. For the institutionalized children EISG leads to the improvement of the personal-social development. The more EISG sessions the child participates in, the less differences with the family-reared children he or she has. As for the family-reared children, EISG improves the quality of child play – both with the mother/adults and other children. The results enable us conclude that EISG might be recommended for both family-reared children and children from institutions.

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**Keywords:** Young children, institutionalized children, family-reared children, development, play, interaction.



## 1. Introduction

Due to a set of political, economic and cultural reasons, the most powerful and widespread concept of a child development in the Russian Federation has been the one emphasizing the role of the child's early cognitive development. And, various systems of special training for children have been developed. Within such concept the interaction with children is more "teacher-directed" than "child-centered", and a sensitive and respectful attitude to the child is out of consideration. The situation is especially dramatic for children without any parental care, living in institutions. These children have no constant and sensitive caregiver to build the relationships with, which in turn leads to some emotional and social delays (Razenkova, 1997). The care for such children is increasingly aimed at correcting the deviant behavior and taking care of the physical health (Solodunova, Palmov & Muhamedrahimov, 2017).

At the same time, early age is a time of fast biological and social changes in a child development and behavior (Muhamedrahimov, 1999). And, caregivers often face difficulties, such as toilet training, feeding difficulties, sleep problems, speech delays, a child's whining, temper tantrums, conflicts with peers and some others. For some caregivers these changes and difficulties can be unpredictable and unpleasant, and elicit strong feelings, such as anxiety, anger, frustration, etc. The caregiver's emotional state in turn influences the child's emotional state and can hinder the development, especially in the social-emotional and personal-social fields. So, it is very important that the mother's feelings are heard and accepted by a professional, so that the mother and child can get the support and help they really need.

The importance of an early child-caregiver interaction has been shown in many studies (Interpersonal relations..., 2001). The influence of an early peer interaction on the child's personal development has been demonstrated in some research (Smirnova et al., 2005).

In spite of the results of many studies and child professionals' efforts for creating a support system for families with small children, a systemic strategy has not yet been developed in the Russian Federation. We feel that Early Interaction Support Groups (EISG) can be such a tool to satisfy developmental, especially social-emotional and personal-social needs of early age children and provide a psychological support to mothers (primary caregivers).

## 2. Problem Statement

As it has been said before, the current support system for early age children being used in the Russian Federation is mainly targeted at early cognitive development than social-emotional development and close relationships. At the same time, early age is an important time for the child's emotional development and interactions, first of all, with a primary caregiver (mainly, the mother). So, it is important to use the evidence-based support systems for early age children that are primarily aimed at developing the interactions and close relationships with the mother (a primary caregiver) and then with other adults and peers. We see that Early Interaction Support Groups (EISG) might be one of the tools for supporting child-caregiver interaction and the child's social-emotional development. It has been important for us to understand how the participation in such groups influences children interaction and play. One should note that there have been no research assessing of the effectiveness of EISG.

### 3. Research Questions

The main research questions of the study are the following:

- (1) What are the differences between family-reared and institutionalized children in their personal-social development and play characteristics before and after EISG sessions?
- (2) How do EISG sessions effect personal-social development and play characteristics of family-reared children?
- (3) How do EISG sessions effect personal-social development and play characteristics of institutionalized children?
- (4) To what extend do regular and consistent EISG sessions help institutionalized children to improve their personal-social development?

### 4. Purpose of the Study

This research was aimed at exploring the effect of Early Intervention Support Groups on personal-social development and quality of play in early age (1) family-reared and (2) institutionalized children.

### 5. Research Methods

#### 5.1. Participants

Children with no documented serious developmental conditions were invited for the participation. The final study sample included 91 typically developing children aged 8 to 36 months old: (1) 68 family-reared children (FC), aged 8 to 36 months old, and (2) 23 institutionalized children (IC), aged 14 to 36 months old.

#### 5.2. Assessments

The Battelle Developmental Inventory (BDI; LINC Associate, 1988; Newborg, 2004) was used to evaluate the children's development. The BDI was appropriate for children from birth to 95 months old and provided a total score and subscale scores for Gross Motor, Adaptive Behavior, Cognitive, Communication, and Personal–Social Domains. For the purposes of this study, only the Personal–Social Domain was used consisting of (1) interaction with adults and peers, (2) expression of affect, (3) self-concept, (4) coping, and (5) social role subscales. The BDI was administered by independent examiners individually to each child accompanied by his or her mother (for FC) or by the caregiver who knew the child best (for IC).

The Child Play Checklist (CPC; Iskra & Solodunova, 2008) was used to explore characteristics of a child's play. CPC consisted of six scales assessing play and social activity of the children during EISG sessions. They were as follows:

- (1) Child-Caregiver Interaction

*The child initiates/replies to an interaction with his/her caregiver.*

- (2) Child-Adult Interaction

*The child initiates/replies to an interaction with an adult (not his/her caregiver).*

- (3) Child-Child Interaction

*The child initiates/replies to an interaction with another child.*

(4) Role Play

*The child engages in adult role-playing.*

(5) Gender Assigned Games

*The child prefers gender assigned toys.*

(6) The Quality of Child-Peers Group Interaction

*Conflicts/playing alongside another child/non-conflict participation in group play.*

### **5.3. Intervention**

EISG model was created on the basis of the concepts of toddler group as practiced at the Anna Freud Centre and Green House of Françoise Dolto. Each EISG session included 5-6 toddler-caregiver dyads coming once a week to a cozy playroom filled with different toys. The standard set of equipment included: water tank and toys for playing with water, bicycles, intellectual toys (books, puzzles, pyramids, etc.), toys for physically active games (balls, wheelbarrows, labyrinths, etc.), puppet toys, clothes for dressing (shoes, hats, handbags, "mom's" attributes, creams, mirrors etc.), role sets (for playing doctor, cooking, etc.), as well as garage, cars, tools, etc. The duration of each EISG session was one hour and a half. Each session was divided into two parts. The first part was one hour when children and mothers played together as they liked (free play part). During this time, mothers had an opportunity to: (1) observe their children exploring the environment, (2) communicate with other mothers, discussing common difficulties and joys, (3) discuss with the professionals the issues of concern of their child development.

Free play could include components of the child's independent play, his or her dyadic interactions with other children, his/her own mother, the mothers of other children, and also some group forms of interaction. The examples of different forms of children activities in the groups might be:

- group activities, when children were sitting in a circle and playing together;
- active games, when children were running around, climbing play equipment, "saddling" toys and jumping on them;
- intellectual activities like drawing, modeling, coloring, cutting, doing puzzles, etc.;
- games with water and sand;
- role play.

The second part of an EISG session was a joint tea party aimed at general relaxation, rapprochement and creation of a comfortable atmosphere of trust and acceptance. During the tea time children and their mothers were sitting at the same table, this allowed children to feel important and equal to adults.

EISG sessions were conducted by two professionals. Usually they were certified psychologists who had a basic knowledge in child psychology and special training in EISG. Their task was to create an environment comfortable for the interaction of the children and their caregivers. The professional should have provided a support to the mothers and helped them better understand the behavior and development of the child. The professionals should have been tolerant to any behaviors of the children and their caregivers and able to give a feedback to the children and their caregivers. The combination of a special equipment, toys and professional training of the specialists created the therapeutic environment in EISG sessions for the children and their caregivers.

## 5.4. Design

The study design was conducted so that each child from the sample, accompanied by his or her caregiver, participated in EISG sessions once a week. The whole period of participation for an individual child differed from 5 to 10 months. The BDI assessments were used before starting EISG, and then after each 5 or 6 months of the participation in EISG.

The CPC was filled up by one of the EISG professionals after each EISG session (every week) for each child who had been participating in the session.

## 6. Findings

### 6.1. Results

First, to verify our hypothesis, we explored the influence of the factors “group” (family vs. institution) and “number of EISG sessions” on characteristics of children play (MANCOVA). The results showed the strongest influence of the “group” factor ( $0 \leq p \leq 0.084$ ) while the impact of the number of sessions was lower ( $0.120 \leq p \leq 0.967$ ). Therefore, further sets of analyses were carried out for the FC and IC groups separately.

Second, we studied the correlations between the number of EISG sessions and a child development in the Personal-Social Domain. It was found that the IC group had lower scores in the most subscales of the Personal-Social Domain, in comparison with the FC group ( $0 \leq p < 0.05$ ) in the assessments before the EISG sessions and after 5-6 months of the EISG sessions. But those differences became lower by the end of the intervention – after 10 month of the EISG sessions.

Third, we conducted a partial correlation analyses (with the age-control measures) between characteristics of a child play and a number of EISG sessions. For the FC group we found strong positive correlations between the number of sessions and characteristics of the following: (1) Child-Mother Interaction - both a child initiative ( $p=0.028$ ) and reply ( $p=0.009$ ), (2) Child-Adult Interaction – a child initiative ( $p=0.015$ ), and (3) The Quality of Child-Peer Group Interaction ( $p=0.012$ ). For the IC group the only correlation between the number of sessions and Child-Caregiver Interaction (child initiative) was detected at a statistical tendency level ( $p=0.012$ ).

### 6.2. Discussion

This research was aimed at exploring the effect of Early Intervention Support Groups on personal-social development and quality of play of early age children living in two different social environments, i.e. families and institutions. Besides, we raised an important research question: whether regular and consistent EISG sessions might help institutionalized children with an early deprivation experience improve their personal-social development.

The research data showed the differences in the children from FC and IC groups. First of all, it was found in the area of personal-social development. This fact certainly met our expectations, as many previous studies had demonstrated significant developmental delays in institutionalized children (St.-Petersburg – USA Orphanage Research Team, 2008, Rutter et al., 2010; The Leiden Conference, 2012; Nelson, Fox & Zeanah, 2014). But our further findings convincingly proved that those developmental delays in Personal-Social Domain, remaining in the children after 5-6 months of EISG sessions, were not finally detected in the assessment after 10 months of EISG sessions. According to our understanding based

on the theory of attachment (Bowlby, 1969; Ainsworth, 1968), the positive experience of spending time with a primary caregiver, who systematically answered the child's needs and signals, followed the child's initiative and showed a less intrusive behavior would have a positive effect on the child development in the different areas: in interaction with adults and peers, affect expressions, self-concept, coping, etc. The effects of positive changes in social environment on the development and mental health of institutionalized children was proven by many research works and papers. For example, in one of the largest institutional intervention studies, involving three orphanages and a maximum of 530 caregivers and 954 children (St.-Petersburg, Russian Federation), there was an intervention program implemented to improve social-emotional environment for the children. Two main components of the intervention were the following: 1) training of caregivers to promote responsive caregiving and 2) changing of an orphanage structure and employment patterns with the aim to increase the staff stability and consistency. The purpose of the interventions was to promote the development of stable, warm, caring, and socially responsive interactions and attachment relationships between the children and caregivers. The results showed that the double intervention produced a significant developmental improvement in the children in every domain including personal-social development (The St. Petersburg – USA Orphanage Research Team, 2005, 2008; Solodunova, Palmov & Muhamedrahimov, 2017). The high effectiveness of changes of social environment for early age children was also depicted in many studies showing developmental catch-up in the children replaced from institutions to foster care (McCall et al., 2016b; Nelson, Fox, Zeanah, 2014; O'Connor et al., 2003).

The analysis of the data of this study discovered significant positive changes in the quality of play in the FC group, i.e. in the intensity of child-mother, child-adult, and child-peer group interactions, while such a dynamic was not found for the children from the IC group. At the same time, we depicted a higher quality of play in the institutionalized children straight at the beginning of EISG sessions. On the one hand, that finding sent us to some research data showing that the institutionalized children developed a child-peer interaction earlier in comparison to the family-reared children (Razenkova, 1997). The possible explanation of such phenomenon might be the lack of a child-primary caregiver interaction in institutions; thus, the children used their peers to fulfill that interaction gap. On the other hand, this result might be considered as contradicting to well-known studies depicting the lower developmental level in general, and specifically the developmental delays in the social-emotional area in institutionalized children compared to children from families (St.-Petersburg – USA Orphanage Research Team, 2008, Rutter et al., 2010; The Leiden Conference, 2012; Nelson, Fox & Zeanah, 2014).

## **7. Conclusion**

The results of the conducted study provide a set of convincing inferences: (1) EISG sessions positively influence the development of both the family-reared and institutionalized children; (2) as for institutionalized children, EISG sessions lead to improvements in the personal-social development. And, the more EISG sessions the child participates in, the less differences with the family-reared children he or she has; (3) as for the family-reared children, EISG sessions improve the quality of child play – both with the mother/adults and other children.

Therefore, EISG might be recommended both for family-reared children to facilitate the interaction with the mother and expand the repertoire of behavior when interacting with other adults and children, and for children from the institutions to support child development in different aspects of personal-social development.

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