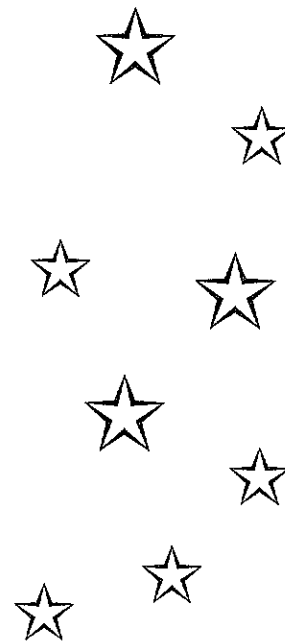


★ CELEBRATING
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★ FAMILY LITERACY
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★ THROUGH
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★ INTERGENERATIONAL
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★ PROGRAMMING ★

Edited by
Margaret Matthias
and Beverly Gulley

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*****TABLE OF CONTENTS*****

PROLOGUE

- 4** Olta Baa Akohwiinidzin (Literacy Awareness)
Kellamay Kelly

INTRODUCTION

- 7** *Margaret Matthias and Beverly Gulley*

PART I: INTERGENERATIONAL PROGRAMMING FOR AN INTERGENERATIONAL PROBLEM

- 10** Family Literacy, the Legacy of Learning
Sharon Darling

- 15** Parent/Family/Community Collaboration:
Making a Difference in the Lives of Children
Linda B. Cooper and Michael F. Kelley

- 23** Even Start: A New Beginning
Gail Snavely, with an introduction by U.S. Representative Goodling

PART II: FOCUSING ON THE STORY READING SESSION AS THE BASIS FOR
INTERGENERATIONAL LEARNING

- 31** The Critical Role of the Child in Storybook Reading
Ann M. Mowery

- 39** Family Literacy: Enhancing Adolescent Mothers' Guided Participation in
Storybook Reading
Donna Celano and Susan B. Neuman

- 46** Baby TALK: Language, Literature and Love for Infants
Claudia Quigg and Jan Mandernach

PART III: FAMILY LITERACY IN MULTICULTURAL SETTINGS

- 52** Olta Baa Akohwiinidzin, Part Two
Kellamay Kelly

- 55** Weaving Parents as Partners: A Navajo School's Design
Sigmund A. Boloz

- 59** Family Literacy: Writing and Family
Joan Brooks McLane, with Deirdre Graziano

- 67** Building Families, Building Lives: Family Literacy in Immigrant Communities
Gail Weinstein-Shr

PART IV: EDUCATORS SET THE STAGE FOR INCREASING INTERGENERATIONAL LEARNING

- 75** Achieving Science Literacy: A Parent and School Partnership
*Robert E. Rockwell, Robert A. Williams, David A. Winnett, Lela M. DeToye and
Elizabeth A. Sherwood*

- 81** Tote Bags: An Innovative Way To Encourage Parent-Child Interaction While
Learning a Second Language
Allison Reeves

- 85** A Journey with Families
*Barbara Grace and Deborah Moberly, with contributions from Maryann
Chrisman, Belinda Conner, Nancy Pittman and Diane Richey*

EPILOGUE

- 95** Especially for Parents
Linda Nelson

Baby TALK: Language, Literature and Love for Infants

Claudia Quigg and Jan Mandernach

Prenatal clinics, well child clinics and hospital obstetric units in Decatur, Illinois, are building a "cradle" of literacy through a community collaboration known as Baby TALK (Teaching Activities for Learning and Knowledge). When they speak of literacy, many people think of the ability to use written language. Written language, however, is the most refined form of communication that is only attained after lower forms of communication have become facile. The evolution of communication begins with nonverbal or "body language" and then proceeds through oral language development before mastery of written language is possible.

And because communication happens among human beings, it must grow out of relationships (Brazelton, 1992; Brazelton & Cramer, 1990; Magid & McKelvey, 1987). Therefore, the earliest relationship, the attachment between parent and child, is in reality the "cradle" from which the child's eventual communication skills and style will develop.

In 1986, concern about children brought together professionals from Decatur's schools, libraries, hospitals, health department and volunteer literacy program. Sharing a belief in the power of positive relationships, these agencies committed themselves to a collaboration and Baby TALK was created. With a basic goal of encouraging parental nurturing of very young children, Baby TALK has combined resources and opportunities to reach more than 14,000 families in Decatur with the message that "Language, Literature and Love" can provide a pretty wonderful start for a child's life.

Where To Begin?

Driven by a desire to provide parents with tools to develop their relationships with their infants, Baby TALK coordinators set about determining how to reach parents and children. A survey of other parent-infant programs in the United States pointed to service delivery as the key to success (Baby TALK, 1986). Many outstanding programs reported that despite the presence of beautiful facilities, insightful curriculum and engaging staff, they continued to reach only middle-income, well-educated parents. Consequently, Baby TALK planners asked the two questions that have driven service delivery ever since: "Where are the parents and children we want to serve?" and "How can we serve them there?"

Virtually all of the 2,100 babies born each year in Decatur are born in one of two places: Decatur Memorial Hospital or St. Mary's Hospital. We chose the obstetric units at these two hospitals as a good starting point for Baby TALK. Because the obstetric staff from these hospitals were part of the original collaborative group, Baby TALK personnel easily gained access to the obstetric units.

Claudia Quigg is founder and Executive Director of Baby TALK.

Jan Mandernach is a researcher for Baby TALK.

INTERGENERATIONAL PROGRAMMING

Since new parents are enthralled with their babies and eager for whatever information they can get about them, we arrange for a Baby TALK teacher to visit them while they are still in the hospital. Parents are eager to learn about their newborn's abilities and what to expect in the months to come. Even at-risk parents display this same enthusiasm. Baby TALK personnel offer information about the challenges ahead, such as colic and sleepless nights, and encourage the parents to see these as developmental, short-term and survivable challenges.

Anticipatory Guidance

An important guiding principle for the Baby TALK program is providing *anticipatory guidance* for parents. Most challenges parents face are entirely predictable in nature, typical of the child's stage of development (Brazelton, 1992; Schmitt, 1992). In his book *Touchpoints*, T. Berry Brazelton provides a clear road map to the challenges commonly experienced by young families. If parents know what lies just ahead and understand why it is likely to occur, they are more likely to view a developmental challenge as a sign of a normally developing child, rather than as a negative idiosyncrasy of an individual child. With such understanding, parents are less frustrated and tense. Then, when the challenge passes, parents can share in the child's relief and both parties can feel satisfaction at having made it through a difficult passage.

Parents also need concrete tools to help them build a relationship with their child (Brazelton, 1992). While in the hospital obstetric units, parents receive a copy of Baby TALK's parent manual, *Babies & Books: A Joyous Beginning* (Quigg & Gross, 1994), and a cardboard book to begin their baby's home library. Other examples of fine children's books appropriate for use with little ones are shared. Parents are invited to bring their baby to the public library, where children's librarians take a photograph of each baby's first visit and give families a "red carpet tour" of the children's section.

A simple telephone call from a caring and informed individual is often enough to ease a parent through the stressful times. Studies show that even limited counseling over the telephone can alleviate stressors to a parent-child relationship (Wolke, Gray & Meyer, 1994). Approximately two weeks after a baby's birth, parents receive their first call on the Baby TALK Warmline from a Baby TALK staff member or a representative from one of several collaborative agencies. The caller asks the parents how things are going and offers to send them a handout about 3-week-old babies or information on any other topic. Referrals for services are often made to other agencies. If a family is experiencing significant stress, a home visit will be made. The Warmline professional follows up a week later to ask if the material arrived and if the situation has improved. Parents are invited to call the Warmline anytime they want to talk, and every family has a refrigerator magnet printed with the Warmline number.

The interagency collaboration that makes this Warmline possible enriches the program in many ways. When the Housing Authority colleague works her shift, she follows up on Baby TALK parents who live in the housing project and checks on the housing needs of other families. When the adult literacy coordinator comes to work her shift, she also calls parents who did not finish high school and invites them to work towards their GED.

Every two to three months, parents receive a letter outlining the developmental stage their child is entering. These letters describe the challenges of that age and explain why they are happening. They also remind parents of the unique joys

CELEBRATING FAMILY LITERACY THROUGH *****

and opportunities of each particular stage and include strategies for managing the challenges and enjoying the opportunities. Parents who appreciate these letters comment that "The letter arrived on exactly the right day!" or "My husband read the letter and thought you were writing about our child!" Staff at the public library report that they always know when the mailings have arrived because the parents come in asking for the children's books and parenting resources recommended in the letters.

A Community-based Approach

Observing the positive approach Baby TALK personnel shared with parents in the hospital, other health and service agencies requested Baby TALK services on their premises. The following programs were established:

- ★ When mothers come to WIC (Women/Infant/Children) offices to receive their supplemental food coupons, the Baby TALK program provides part of the education that makes them eligible for this benefit.
- ★ In the federal housing project where many of Baby TALK's families reside, families can gather at the Baby TALK apartment to chat, cook or play with each other's children.
- ★ Both local hospitals have prenatal clinics for low-income women to receive obstetric services. In 1987, Baby TALK personnel began working with families on each prenatal appointment.
- ★ At the Well Child Clinics at both the Macon County Health Department and the Community Health Improvement Center (CHIC), Baby TALK staff members visit with each family as a part of routine pediatric care or when children are getting immunized. A Baby TALK teacher sees the family before they see the doctor.

Personal visits provide an opportunity to find out what each family is going through, and to discuss the developmental challenges characteristic of the child's age. In these clinical settings, Baby TALK teachers show parents age-appropriate curriculum materials, which can then be used at home. The rapport teachers build with parents through repeated visits enables them to speak intelligently about each family's situation. Parents also know when their own teachers will be staffing the Warmline, so they may call at those times if they prefer.

This curriculum is used regularly at "Baby TALK Times," small parent-child support groups held weekly at elementary schools and other community sites. Additionally, a variation of this curriculum has been developed to teach young mothers at the Teen Parent/Infant Care program run by the Decatur Area Vocational Center.

Being educated about their children empowers parents (Brazelton, 1992) to actively cope with their children's demands rather than be defeated by them. Through anticipatory guidance, Baby TALK teachers give parents specific behavioral strategies for handling situations. Every parent wants to know what to do when a child cries, misbehaves or shows regressive behavior. Simply telling parents "not to worry" or that "this challenge will pass" trivializes the frustration and suffering parents experience. Explaining the causes for children's behavior and giving parents coping strategies, however, lets parents know that their concerns are important. In order for the parent-child relationship to survive these challenges, parents need to know that their concerns are respected and that their re-

INTERGENERATIONAL PROGRAMMING

lationship with their child is worth all the hard work.

Parents assume that educators are only interested in schools and books, and are amazed to find that Baby TALK teachers care about their child's sleeping, eating and crying habits. The Baby TALK program first addresses those topics that are critical to parents and children, with the understanding that the parent-child relationship is primary to everything else. Academic achievement is more likely when the family's immediate needs have been met.

Reading Aloud

True to its mission, Baby TALK promotes reading aloud as a way to enhance both the parent-child relationship and the child's development. Most early childhood educators agree that young children who have been read to at home usually have an edge over their nonreading peers when they enter school (Durkin, 1986). Certainly, reading aloud does much to develop language, imagination and attention span, and to create an early comfort level with the concept of letters and words (Butler, 1982). Children who have "connected" with books will face the new experience of learning to read with an ease and familiarity not shared by children who have been denied this experience. When parents complain that their child will not go anywhere without a certain book or that he wants the same book read again and again, we congratulate them for having helped their child make this fabulous connection!

What may be more important, however, is the effect reading together has on the parent-child relationship. More than any other single activity, reading together has the potential to enrich the parent-child bond for a variety of reasons:

- ★ Reading together requires a physical closeness that some children do not otherwise seek or receive in the course of a busy day.
- ★ Reading a good book provides a great transition activity. The very act requires that both reader and listener leave behind previous thoughts and moods in order to be in the right frame of mind to enjoy the story. When parent and child are on a collision course toward conflict, reading together may be the very thing to give them a fresh start.
- ★ Reading a book together requires that both parent and child give the activity their undivided attention. This precious time communicates, more than words ever could, that they are important to one another.

The problem with advice to "READ ALOUD!" that many educators give to parents is that it simply does not go far enough (Cullinan, 1992; Trelease, 1989). Parents know they should read to their children, but many of them (particularly parents who are not accomplished readers themselves) are not quite sure how to go about it. They may have unrealistic expectations about what the reading session will be like. They may not understand enough about their children's development to predict their responses. Every teacher knows that reading aloud to a 15-month-old is very different from reading to a 4-year-old, which is very different from reading to a 7-year-old! Unfortunately, parents may expect a toddler to sit quietly and listen to a book, although in that development stage the child may feel compelled to practice walking. The child's body is telling her to move, while her mother is telling her to sit. Consequently, terrific frustration arises for child and parent. Advice to read aloud should always be accompanied by information for making the reading experience developmentally appropriate.

CELEBRATING FAMILY LITERACY THROUGH *****

At every stage, the best books can be a help to parents and can provide for children's developmental needs. Toward this end, Baby TALK personnel developed *Read for Joy!* (Quigg, 1993), an easy-to-read manual for parents. This book reviews developmental issues surrounding reading aloud for every stage from infancy to adolescence. Written on a simple reading level, the book is designed for use in family literacy programs. Its beautiful illustrations are taken from ten different books by renowned illustrator Tomie dePaola. The developmental information is new to many parents, including some of Baby TALK's best educated parents. *¡La Alegria de Leer!* (Quigg, 1994), a Spanish translation of *Read for Joy!*, is also available.

Using books and literature in a developmentally appropriate way is possible at virtually every stage of a child's life. Baby TALK teachers encourage parents to show newborns bold, contrasting illustrations in picture books and to chant nursery rhymes. As babies learn to use their hands (at 4 to 5 five months), board books provide a wonderful hinge-type toy for manipulating. Around the time of their first birthday, most babies show an understanding of "beginning-middle-end"—the basics of the earliest simple storybooks. Concept books featuring a photograph and the word naming its object satisfy toddlers' endless desire to learn new words. Bedtime books, by providing a predictable structure to a 3-year-old's unwanted bedtime, can make accepting the inevitable a little easier.

Furthermore, certain books are specifically appropriate for individual children. Decatur Public Library Children's Librarian Katie Gross is a master at finding the book that is "just right" for every child who visits. She remembers what kind of book brought stars to a child's eyes the last time he was in, and she may even have tucked a certain book away for him. Even at a very early age, children have individual tastes in books, just like their parents, and an astute librarian will tune in to them and lure them with books that will suit their appetites.

Baby TALK's GED/Parenting program, operated in conjunction with Richland Community College, uses *Read for Joy!* as a text to teach young parents how to read aloud. During the course of the semester, a system of "borrowing" each other's children gives parents the opportunity to practice reading aloud to children of every age. Books are provided, and parents are brought closer together by getting to know each other's children.

Another collaborative program that capitalizes on the motivational value of reading aloud is a monthly Family Fun Night co-sponsored by Baby TALK and Head Start. The night revolves around a give-away book, but also includes a parent education component and parent-child activities based on book suggestions. The give-away book *A Chair for My Mother*, for example, recommends spending an evening discussing, setting and reaching family goals, as well as constructing a "Dream Book" and a bank in which to save pennies. Parenting topics spun off from children's books are less preachy and more inviting. Parents listen raptly as the evening's book is first read aloud to them, and remember the evening's lessons better because of this connection.

Seeking Answers Together

The Baby TALK program approach of delivering services side-by-side with local colleagues from other disciplines has a multitude of benefits:

- ★ Most important, this approach provides access to the targeted population. Baby TALK personnel do not have to worry about recruiting families. The

INTERGENERATIONAL PROGRAMMING

- program is already established within the families' communities.
- ★ This approach respects parents. We know how hard it is to go somewhere with a newborn in one arm and a toddler pulling on the other. Parents appreciate not having to make a separate effort to go to yet another program.
 - ★ Because this combined approach is "owned" by the community, it reduces duplication of services. Partner agencies do not have to create their own parent education programs. Instead, they can all claim Baby TALK and use it to accomplish their goals for families. Quite simply, it makes the most efficient use of resources possible. And parents benefit from the vast expertise of professionals from many disciplines.

A multidisciplinary Board of Directors representing agencies and community interests facilitates the pooling of community resources into a united approach through the Baby TALK program. No one agency carries all of the responsibility, but rather this eclectic group makes policy decisions for the project. The Baby TALK budget reflects both funding and in-kind contributions from most of the partner agencies. Working through a variety of agency structures provides increased access to funding. Grants that are normally available only to school districts or only to hospitals or only to literacy projects are *all* potentially available to Baby TALK. Furthermore, the diverse expertise of Board members increases the chance of successful problem-solving when challenges arise. Certainly, we all know more together than any of us know individually. And Baby TALK's families are the ultimate beneficiaries.

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