ED 250 064   PS 014 543

AUTHOR   Evans, Judith L.; And Others
TITLE   Roots and Wings, Volumes I and II. Parent-to-Parent
                Dissemination, Phases I and II.
INSTITUTION   High/Scope Educational Research Foundation,
                Ypsilanti, Mich.
SPONS AGENCY   Bernard Van Leer Foundation, The Hague
                (Netherlands).
PUB DATE   Mar 84
NOTE   515p.
PUB TYPE   Reports - Evaluative/Feasibility (142) -- Reports -
                Descriptive (141)

EDRS PRICE   MF02 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS   Case Studies; *Child Rearing; Cost Effectiveness;
                Models; Parents; *Program Descriptions; Program
                Development; *Program Evaluation; *Program
                Implementation; *Social Support Groups; Technical
                Assistance; Training
IDENTIFIERS   New England; Ohio (Miami Valley); *Parent to Parent
                Model; Program Replication; Regional Training and
                Dissemination Centers

ABSTRACT
                This report analyzes the effectiveness of the
High/Scope Parent-to-Parent (PTP) Model as a system for disseminating
support to families and communities. Focusing on dissemination to a
variety of program sites and efforts to help selected sites function
as Regional Training and Dissemination Centers (RTDCs) for the model,
the report is divided into two volumes. Volume I primarily deals with
dissemination at the program level, while volume II examines the
development of the centers and discusses the role of facilitators in
this process. Volume I consists of two parts. The first part
describes the PTP model, its implementation, and services delivered
in current programs at seven case study sites. Additionally, the
model evaluation is discussed, outcomes across programs are
described, and cost analysis in relation to evaluation and program
implementation and operation is reported. Discussion concludes with a
summary of the PTP model. The second part provides a view of the
model's effectiveness, describing 18 family case studies and offering
a detailed analysis deriving general lessons about the model's
effectiveness in working with families. Volume II reports an effort
to maximize the number of communities reached by training successful
first-generation sites to disseminate the model. Specifically, this
volume describes the PTP model and the dissemination and evaluation
program, details both the New England and the Miami Valley RTDCs,
outlines the training and technical assistance process, and offers a
final summary. Conclusions report success for the project: (1) in
supporting the development of parenting skills; and (2) in developing
criteria and processes for guiding agencies in the utilization of
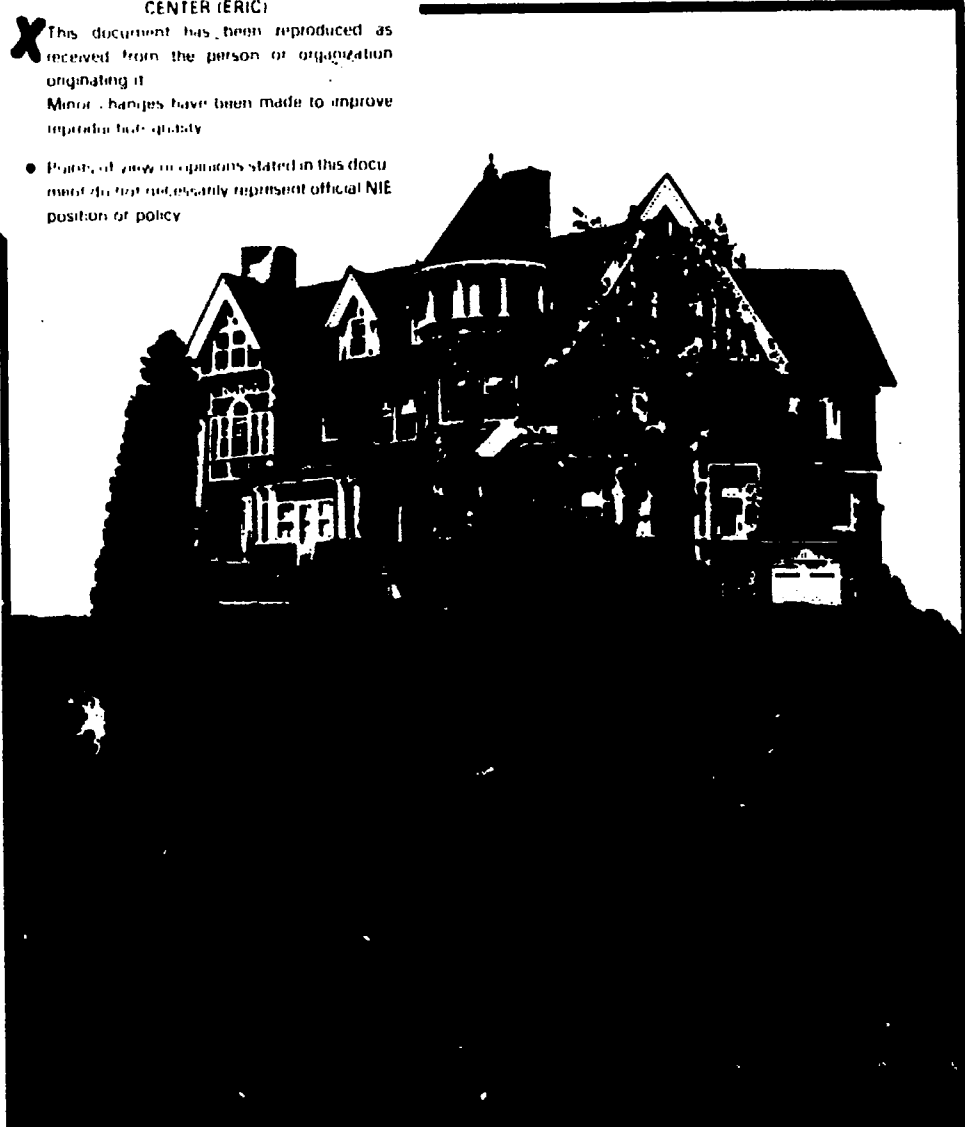this model. (RH)

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PS 014343

ROOTS AND WINGS

VOLUME I

PARENT-TO-PARENT DISSEMINATION

PHASE I

MARCH 1984

High Scope Educational
Research Foundation

ROOTS AND WINGS

VOLUME I

PARENT-TO-PARENT DISSEMINATION

PHASE I

SUBMITTED TO:

BERNARD VAN LEER FOUNDATION

MARCH 1984

SUBMITTED BY:

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VOLUME I

SECTION A

THE PARENT-TO-PARENT PROGRAMS

PARENT-TO-PARENT DISSEMINATION PROJECT

PHASE I

1978 - 1981

INTRODUCTION

> It would appear that the process of
> making human beings human is breaking
> down in American society. To make it
> work again, we must reweave the
> unraveling social fabric and recreate
> the human ecosystem essential to
> sustaining the well-being and
> development of both present and future
> generations.
>   Urie Bronfenbrenner, 1980

An analysis of contemporary American life leads many to the conclusion
that the American family is in crisis. Beyond all the books and articles
being written about the stresses on family life, our everyday experiences
underline the difficulties experienced by families in today's world.
Unfortunately, in the years when children are young, parents are
inexperienced. Specific sources of stress for families with young
children include economic insecurity, lack of adequate resources to solve
problems, social isolation, lack of consensus on childrearing goals,
adjustment to new social roles, and the additional responsibilities
brought on by teenage parenthood or the birth of a handicapped infant.
But families do not operate in a vacuum. They are members of a community
and a larger society--with its norms, stresses, demands and rewards. What
happens within the family context is greatly influenced and supported or
undermined by that society.

We find as we enter the 1980's that human service institutions which
support families are also under stress. Budget cuts, in the face of ever-
increasing demands for services, are forcing painful prioritizing and
reduction of services. Many agencies are eliminating preventive services,
frequently aimed at families with young children, in order to free up
resources to attack existing problems. In addition, many institutions are
discovering that their extremely specialized services cannot respond
adequately to the complex, interwoven needs of families. Thus, those of
us in education and human services are challenged to find new ways of
utilizing strengths within the community, of building support systems for
families that draw on local resources and develop from local initiative.

Such a support system is available through the High/Scope Parent-to-
Parent Model. The framework of the model incorporates: an awareness of
the family's role in the development and education of the young child; a
recognition of the importance of community involvement in the design and
implementation of programs to be offered within the community; a vehicle
by which families can be linked appropriately with community services;

cost-effective techniques for use in the delivery of support and linkage services; and a process for implementing the model that insures increasing local responsibility for program operations and decreasing levels of support from external agencies.

In the following report we analyze the effectiveness of the Parent-to-Parent Model as a system for disseminating support to families and communities. The Model has evolved through several phases over a period of fifteen years, beginning with local development and field testing, and gradually moving out to a diversity of community agencies and populations throughout the country. In this report, we focus on the fourth and fifth phases of the evolutionary process, i.e., our dissemination of the Parent-to-Parent Model to a variety of program sites and our subsequent efforts to help a selected subset of these sites become Regional Training and Dissemination Centers (RTDCs) for the Model.

Our report is divided into two volumes. Volume I deals primarily with dissemination at the program level, while Volume II examines the development of the centers (RTDCs), and our role in that process. Volume I is further subdivided into two parts: I.A. looks at the sites in general while I.B. zeroes in on the Model's effectiveness with families. We begin Volume I.A. with a description of the historical underpinnings and critical features of the Parent-to-Parent Model. We trace developments in the field of parent-infant intervention as a whole, and cite parallels in the changes of High/Scope's own philosophy and curriculum. Research on the nature of infant development, insights about the importance of parents in promoting early learning, and realization that families are influenced by their communities, have all shaped the Parent-to-Parent Model. Our current application embodies several basic principles, including action and equality. Participants, from infants in families up to agencies in communities, are all seen as active participants in the Model. And the transfer of skills, again whether from parent to parent, or agency to agency, is seen as a sharing between partners on both sides of a "peer-to-peer" equation.

Earlier reports (April, 1981 and December, 1981) presented detailed case studies of all the program sites reached in the first phase of dissemination work, and set forth the lessons we learned about the generic process of implementing innovative programs. These lessons--e.g., the contributions of motivation, timing, resources, and personalities--are again summarized in the current volume. Active program sites--"first generation" programs begun in Phase I Dissemination and "second generation" programs begun in Phase II Dissemination--are briefly described. High/Scope's philosophy and approach to evaluating the Parent-to-Parent Model is set forth; our "action research" orientation and collaboration with local program staff is stressed. Volume I.A. continues with a summary of the evaluation findings across sites and a cost analysis of what it takes to put the Parent-to-Parent Model into operation. This part of the report concludes with a statement on the validity of the Model.

Volume I.B. presents a detailed analysis of program work with families. Although the earlier reports also described the Model's outcomes with parents and children, the current write-up is our most comprehensive and systematic analysis of family impact to date. A total of eighteen family case studies are reported here, with families from all

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first and second generation sites which have been active for at least one year represented. The case studies describe, for each family, their background at the time of program entry, the services they received through their community's adaptation of the Model, and the extent to which the program was successful in meeting its goals for the parents and children. After the individual cases, a detailed analysis is undertaken to derive some general lessons about the Model's effectiveness in working with families. We examine, for example, its relative success in helping families at different levels of risk, the flexibility of the Model in personalizing services to meet individual family needs, the process of building trust that is at the core of the relationship between a volunteer and a family, and the outcomes characterizing the Model's "success": new skills, changes in status, and above all a sense of strength and optimism.

Volume II presents for the first time a thorough description of the RTDC endeavor, i.e., High/Scope's effort to maximize the number of communities reached by training successful first generation sites to disseminate the Model themselves. We start with our rationale for undertaking the process of RTDC development, and then trace this process from its incipient stages to its current status. Case studies of the RTDCs in Vermont's Northeast Kingdom and Dayton, Ohio are offered. The analysis continues as we step back and systematically describe High/Scope's role in providing training and technical assistance to the centers. Finally, we examine the entire RTDC concept as a valid approach to transferring institutional capability and disseminating a workable program model. As the previous phase derived lessons about the institutionalization of a core program, so in this phase we set forth what we have learned about establishing a viable network of training and dissemination centers.

VOLUME I PART A. THE PARENT-TO-PARENT PROGRAMS

Chapter I

THE PARENT-TO-PARENT MODEL

A. <u>Developmental</u> <u>Phases</u> <u>of</u> <u>the</u> <u>Parent-to-Parent</u> <u>Model</u>

The dissemination of the Parent-to-Parent Model, which is the focus of
this report, represents the fourth and fifth stages in High/Scope
Foundation's work in parent/child education. Our experience in this field
began with the Ypsilanti-Carnegie Infant Education Project (1968-71). In
that program, professional staff visited the homes of low income families
with infants between the ages of three and eleven months. Meeting once
weekly for 16 months, the home visitor and parent would initiate activities
with the baby, respond to games and other activities the baby initiated,
and discuss child development, using the baby's actions as a focal point.
Home visitors planned sessions together with parents, using a curriculum
structured around Piagetian developmental theory, and sought to help
parents to see themselves as their infant's first and most important
teacher. Evaluation results (Lambie, Bond & Weikart, 1974) have shown that
those who participated in the program evidenced significantly more
supportive verbal interaction with their children at the end of the program
than did the comparison groups. Furthermore, while group differences were
not significantly maintained, longitudinal evaluation showed that verbal
interaction patterns when the children were two years old were
significantly related to school performance five years later (Epstein &
Weikart, 1979).

The second stage was the Infant Videotaping Project (1971-73), also
supported by the Carnegie Foundation. During this phase families
participated in a home visit program in which all sessions were
videotaped. Project staff again visited local homes to work with parents
and infants, this time accompanied by a media crew who documented the
unstaged activities and interactions during the home visit. Using the
resultant 270 hours library of these tapes, the Family Programs Department
has produced videotape programs on home visitor training, parental support
of early learning, and child development.

The third stage, the consolidation of previous experience into the
Parent-to-Parent Model, was supported jointly by the Lilly Endowment and
the National Institute for Mental Health (1973-78). In this project
mothers from the Ypsilanti community who had participated in our previous
home visit programs conducted home visits themselves after being trained
by High/Scope staff. The goal of the project was to prepare a complete
training/delivery system for disseminating the home visit program to other
sites.

In 1978 we began the fourth stage with the help of a grant from the
Bernard van Leer Foundation. This stage consisted of disseminating the
Parent-to-Parent Model to five communities. This was a challenge as these
communities represented diverse populations, geographic locations, and

host agencies. Populations included teenage parents, Navy families, parents of handicapped infants, economically stressed families and those at risk of child abuse and neglect. Working in isolated rural areas as well as densely-populated inner cities, we adapted the Model to fit the service delivery system of public schools, community mental health agencies, the military, and the Head Start network. High/Scope's role in local implementation of the program was to provide continuous, long-term technical assistance to the implementing agencies. This assistance included training, evaluation services, program development, problem solving, and assistance in helping the implementing agency secure long-term support for the program. In working with the agencies over time we observed a consistent process unfolding. Earlier reports on the work from 1978-81 (April 1981 and December 1981) present a discussion of what we learned about both the generic process of implementing innovative programs (from the disseminating agency's perspective and implementing agency's perspective), and about the conditions and strategies necessary for successful implementation of the Parent-to-Parent Model. These findings are summarized in the following chapter of the current report. Additional insights from this dissemination project—based on site updates, cost analyses, and detailed examination of families—constitute the remainder of Volume of this report.

In 1981, the Parent-to-Parent Model took another major step, representing the fifth stage. With the help of a second grant from the Bernard van Leer Foundation, we contracted with two communities already using the Parent-to-Parent Model to help them become Regional Training and Dissemination Centers (RTDCs). Essentially, our purpose has been to train Parent-to-Parent staff in these communities to take over our role as trainers and resource people for the regions or special populations they served. The RTDCs provide services to other communities within their regions wishing to establish similar programs, and promote high quality programs for young children and parents. An analysis of our work with the RTDCs from 1981-83 constitutes Volume II of this report.

B.   Historical Influences on the Development of the Model

Over the years, High/Scope has been involved in the development of an educational intervention program which provides home visits to families with young children. While the basic framework of the model has remained the same over time, aspects of the model have changed. These changes are the result of a combination of influences: lessons we have learned from our long-term direct experience working with families; the ever-increasing body of knowledge about infant development; and an awareness of the necessity to take a cross-disciplinary look at social problems and intervention programs. Here we will trace the historical development of the Parent-to-Parent Model, taking into account these variables.

Historically, the view of an infant's characteristics and value in western society has been influenced by the meshing of advances in the sciences with an understanding of the relationship between infancy and adulthood. For example, when there was a high rate of infant mortality, the physical health of the infant was of primary concern to parents and

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society; little thought was given to the child's intellectual development or psychological make-up. With advances in medicine that greatly decreased the infant mortality rate, society in general has turned its attention to the intellectual and psychological development of children.

This concern is demonstrated by the type of research we pursue related to the young child and the intervention programs being implemented. Already in the literature some basic principles about infant development seem to be emerging. Primary among these is the fact that infants are not passive, uninteresting objects that can be shaped and molded to meet adult expectations. Clearly they are dynamic, ever-changing human beings that come into this world with myriad competencies. Neither is their course of development genetically predetermined at birth (Hunt, 1961). Experiences in the environment do interact with these inborn competencies so that infant, significant others, and surroundings all shape the pattern of growth.

The realization that the rate of learning is so great during infancy has had an enormous impact on intervention programs. If infants are, in fact, able to learn so rapidly during this time, then we ought to provide programs that will support that learning. The first home visiting program developed at High/Scope (1967 to 1971) was a research project designed to focus on fostering the cognitive development of the child from infancy through age two.

At the same time that early intervention programs were being developed essentially by educators, psychologists were applying psychoanalytic theory to the understanding of infant development. Even those who did not embrace the tenets of psychoanalytic theory began to look at the connection between the infant's experiences during the early years and later development--whether in the psychological, social or cognitive realm. Essentially the research put an enormous burden on the mother, suggesting that she, and she alone, was largely responsible for the child's psychological development. The research also presumed that all children brought the same psychological state into this world to be molded by the parent.

Our intervention programs were influenced by this finding. If, as the literature suggested, the mother is of such importance to the child psychologically, then she must have this same power and influence in terms of the child's education. So, we defined the mother as the child's first and more important teacher. Unfortunately, we not only emphasized the importance of the mother's role in child development but also, for many mothers, increased the burden they already carried--to be all things to their child. We were not yet aware of the broader influences upon the child's development--the total family as an environment in itself, and the community, in turn, as an environmental context for the family.

At this point, intervention programs shifted from using professionals, who by the nature of their job, had very limited contact with the child, to using parents as the primary teachers of their children. The shift in emphasis from professional to parent as teacher was reflected in our own program to some extent. We capitalized on parent input--they really did know more about their child than we could ever know. We wanted to build on that knowledge. To accomplish this

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objective, the role of the home visitor became one of building a partnership with the parent, where both the parent and the home visitor were viewed as providing an important perspective on the child's growth and development. Toge:her, home visitor and parent planned activities that were appropriate to the child's developmental abilities. Shifting to this view of the parent allowed us to take another look at who was providing the direct service to the family. Clearly, if wꞓ were to get away from the notion that the home visitor was an "expert," we needed to find people with whom the family could build a peer relationship—who better than other parents in the same community? During this phase of model development we trained community members to serve as home visitors to other famili⌁s in their community. In fact, we recruited these home visitors from among the parents that we had visited in earlier programs.

The design of intérvention programs changed again somewhat when researchers and practitioners began acknowledging that each infant has a personality of its own, right from the very beginning of life (e.g., Thomas & Chess, 1977). The infant, then, as well as the parent, is a determiner of the type of relationship that develops between parent and child. As a result of these findings, some intervention programs changed their focus; program goals were stated in terms of working to develop a "synchrony" between mother and child. It was suggested that this synchrony, which is the basis for a positive parent-child relationship, would have a positive influence on the child's later development. In our own longitudinal study of infants and their families who participated in our first program (Epstein and Weikart, 1979), we were able to look at parent-child interaction styles over time. We found them to be stable and related to children's achievement in first grade. So, it seems highly probable that early parent-child interaction is an important factor in children's later development and school success.

These findings have been integrated into the ongoing development of our own Parent-to-Parent Model. The home visitor is trained to focus on what is happening between the mother and child, to help the mother make observations of her child, and then to put those observations into a developmental context. This process provides the mother with an understanding of her child's normal growth and development as well as a context within which to see the ways the experiences she provides support that development.

But the story doesn't end here. The historical sequence shows that at each stage of the research and program development process we have been able to step back, to get a broader and deeper perspective on appropriate intervention strategies. From viewing the infant as an object that must be acted upon, we shifted to an appreciation of what infants can and do learn right from the start. We then began to emphasize the mother's impact on the child's development. This impact was balanced when we began to appreciate the infant's role in the interaction process. When we could step back and view neither of them in isolation, but recognize that the whole is greater than the sum of its parts, we had achieved a new perspective. In the same sense that we needed to step back from viewing parents and children in isolation, we needed to step back and see their interaction within a wider societal perspective. This realization influenced our understanding of the role of the home visitor. We increasingly became aware of her importance in linking the family with

appropriate service agencies and other support groups in the community. The child and family are a part of a community, and we believe that a supportive home visiting program can help families develop skills to cope with contemporary society, thus enabling them to support child development more effectively.

C.   The Fundmentals of the Model

Our philosophical orientation. We believe that every child is unique and special. Each child's growth and development should be supported by family and other relationships that make up his or her world. Parents are vital to the positive growth and development of their children. Positive parent-child relationships should be encouraged and supported by the community. Beneficial and long-lasting family change occurs when a family can function within the customs and mores of their culture and society. A program for families must be developed by those who best understand family needs in their community.

Our basic values. Based on our philosophical orientation, we work to meet the following goals:

To share child development information in a manner that supports, reinforces, and extends parents' child rearing skills.

To share ideas and alternative means of meeting a child's needs in a way that fosters parents' self-confidence and self-worth.

To reinforce and promote parents' view of themselves as their child's most important resource.

To share with parents techniques for providing time, materials, freedom, and relationships that allow learning to occur.

To help parents make connections with others and effectively use available community resources.

To base our efforts on the goals and needs identified by parents.

To foster parents' independence through the promotion of self-help skills.

To encourage parents' personal development so that they may become contributing members of their own communities.

The Outcomes. Successful implementation of the model provides a community-based program which:
Promotes the child's intellectual and emotional development within the family context.

Supports family strengths and enhances parenting skills.

Encourages far lies, over time, to participate in and contribute to their community.

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Radiates from each family and each volunteer to affect an ever-growing number of friends and relatives in the community.

Acts as a catalyst and res   for making other community services more responsive to families' needs. The peer-to-peer philosophy, as applied in the Parent-to-Parent Model, helps a community discover and build upon the diverse talents of its members, and helps community service agencies effectively coordinate their efforts.

D.   The Service Delivery System: A Peer-to-Peer Approach

The creation, operation and evaluation of a succession of programs has shown that when we work with any parent population, we are dealing with a group of interested and vital people, each of whom brings to the program a unique set of skills and varying needs. This experience has reinforced our belief in the mutuality of roles between parent and peer; the focus is not on "eliminating deficits" but on the challenge of supporting and expanding present skills. Rather than considering parents as an efficient means of getting through to the infant, they are seen as active, autonomous decision-makers for the infant and themselves. Rather than teaching parents to use a prescribed set of activities with the child, resources are made available to support and complement parental skills and to assist parents in clarifying their childrearing goals.

The High/Scope peer-to-peer delivery system is based on the belief that, within a community, peers are often the best people to turn to for support. They have worked through similar situations, or come from similar backgrounds, and can understand and respond to another's problems in nonthreatening and insightful ways. A peer-to-peer support system is flexible, develops in response to real needs, and is shaped by the people who use it.

The peer-to-peer concept implies a one-to-one relationship between two individuals, social groups, institutions, even communities or nations. The two parties to the relationship share a common historical experience base. But there is a difference between the two in actual experience, or in opportunity to analyze and integrate that experience to enhance functioning. The heart of the relationship is the sharing of the more experienced peer with the less experienced peer of that greater or more integrated experience, in palatable bits.

The sharing that occurs, in the context of other elements--the previous establishment of trust and a common sense of purpose--acts as a catalyst to set in motion or enhance a developmental process in the less experienced peer. The relationship is reciprocal, with the less experienced peer contributing his or her knowledge to achieving the common purpose.

The anticipated outcomes in using this process-whether it be with parents or with working with an RTDC--is to provide the less-experienced peer with a sense of empowerment, responsibility for informed decision-making, and ultimately independence from the more experienced peer. Not independence in the sense that there is no further contact, but independence which comes from the less experienced peers' awareness that

they have the capability to carry on without turning to the more experienced peer as a reference point. The less experienced peer comes to understand and appreciate the reciprocity of the relationship. Continuation of the relationship is not dependent on a "contractual" relationship--however informal--but on the extent to which both parties continue to be nurtured by the interaction.

From our work we have been able to identify the development of the peer-to-peer relationship over time. In fact we have defined several "stages" of the relationship. (Given our basic developmental orientation, it is not surprising that we would define stages.) Table I-1 illustrates our understanding of the stages in skills transfer between more and less experienced peers.

It may appear that we no longer value professional contributions and expertise. This is not the case. Instead, the professional's roles changes. Professionals become more effective in training and supervisory roles and are thus able to use their knowledge to benefit even more people than they can when they work in one-to-one relationships. Further, professionals are freed to use their expertise helping severly dysfunctional families who require skilled assistance beyond that of our trained paraprofessionals.

As professional roles change, shifts in attitude also occur, gradually transforming the traditional hierarchy of service-provider roles: Families become active participants in change rather than dependent recipients. Volunteers and paraprofessionals are viewed as skilled individuals, providing services in exchange for training and institutional support, rather than "cheap labor". As supervisors and trainers, professionals use their expertise and knowledge to develop resources and support for families working to help themselves. They are no longer direct service providers trying to bridge the gap between their own values, backgrounds, and training, and the lives of families they served. Educators, researchers, and program directors become partners with the community by translating child development information and experience into a program that develops community child-rearing competence.

The shift in roles means that program staff are freed from certain social and bureaucratic constraints and thus permitted to contribute to the program on their own terms. Gradually, families show less fear and distrust of professionals because the professionals are functioning in roles more suited to them. At the same time professionals' reservations about the volunteers in the program lessen as they witness the effectiveness of the paraprofessional home visitors, and begin to understand better the sources of family stress.

Table I-1

STAGES IN THE SKILL TRANSFER PROCESS BETWEEN
MORE AND LESS EXPERIENCED PEERS

Entering

1. Physical entrance into the less experienced peer's world.

2. Establishing a sense of mutual experience, mutual concerns, mutual trust.

3. Identification of less experienced peer's concrete immediate knowledge/support needs through observing, listening, interpreting and responding.

4. Establishing objectives for joint activity.

Participating

5. Sharing of knowledge and experience in areas of concern (modelling).

6. Encouragement of self-initiated planning, information-gathering, decision-making, action.

7. Joint participation in action(s); movement out into broader social and institutional settings.

8. Feedback regarding actions.

9. Encouragement of sustenance of new patterns of activity (e.g., problem identification, information gathering, decision-making, activity).

Reinforcing

10. Review of joint goals, evaluation of joint progress.

11. Reduced intensity of contact, establishment of new maintenance level.

E.   The Parent-to-Parent Curriculum

The theoretical structure underlying the program, in its applications at all levels is derived primarily from the child development research of Jean Piaget, whose work has gained widespread recognition among both psychologists and educators. Piaget stresses that a necessary ingredient for learning is interaction with the social and material environment. The Family Programs curriculum is designed to facilitate this interaction process.

The curriculum does not specify a pre-packaged set of instructions for parents to learn in order to "teach" their children. Even if this were possible, such a curriculum would discourage creative problem-solving by the trained peer and parents, a process which is vital to their continuing active involvement with each other and the child. Curricular activities and materials are developed in the course of planning contacts, but they do not themselves constitute a curriculum. Although activities and materials can be generalized to some extent for parents and young children, they neither exhaust all possibilities nor constitute a curriculum "package" that can be applied uncritically in all situations.

In essence the Family Programs curriculum is a process defined by a developmental perspective on learning. The process offers a way for adults to support the early learning of the infant by providing materials and people with whom the infant can interact and the time and freedom to do so. By focusing on the child's action, the trained peer supports the parent's ability to observe and interpret those actions and to provide activities which support the optimal development of the child. The curriculum approach is presented in Good Beginnings: Parenting in the Early Years. High/Scope Press, 1982.

F.   The Structure of the Model

As the Parent-to-Parent Model has been implemented in various communities, distinct staffing patterns for volunteers and paraprofessionals have evolved for two types of programs: home visiting progams and center-based programs.

Home visiting programs. Within these programs, a staff member designated as program supervisor trains and supervises 12 to 15 volunteers--home visitors. Each volunteer conducts weekly home visits with one to three families. Home visitors are trained to observe family needs, provide activities for parents and children to do together, act as family liaisons and advocates within the community, and just "be there" for families as a steady, responsive, helpful influence.

The home visitor becomes a consistent, regular part of the lives of the families she or he visits, but must work to establish such a relationship with each family. No matter how much role play a home visitor has done in training, the first home visit is usually the most difficult one. To help break the ice, the supervisor accompanies the home visitor on this visit but takes a back-seat role to allow the home visitor to begin to establish rapport with the family.

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Home visits are not always immediately successful. A home visitor may make an appointment, reconfirm it, and arrive fully prepared only to find that the family has gone off somewhere. Over time, however, the family and the home visitor learn what to expect from each other and develop a give-and-take relationship.

Center-based programs. In a center-based program, volunteers, frequently called family advocates, are trained to take a regular role in the school or center. Within the Head Start system, for example, family advocates are parents of children who are enrolled in the Head Start center. They generally participate during the morning or afternoon session their child attends. Their roles vary depending on the nature of the center, the personality and interests of the family advocate, and the needs of the program.

A family advocate's major responsibility is to meet the other parents who visit the center and help them find ways to feel a part of the center's activities. The family advocate works closely with the family advocate supervisor, classroom teachers and aides, and the center's assigned social worker. After designing a weekly schedule, a family advocate adds daily assignments from either the teachers or the social worker. In the classroom these assignments include assisting with attendance, health checks, meals, field trips, small-group activities, and outdoor activities; acting as resource in classroom interest areas; and helping to plan and conduct classroom activities, special events and holidy activities. Within the center, the family advocate:

Recruits parents for classroom participation, field trips, parent meetings, and special events.

Checks with other parents about attendance records, and health check-ups.

Assists parents who need help getting things organ..zed in their lives so their child can attend school every day and stay enrolled.

Helps parents examine their housing and other material needs.

Encourages parents to participate more in their children's growth and development through more active involvement in the center.

Spends time with parents who visit the center.

Keeps records so that others are aware of the full range of roles parents are playing in the center.

Attends and participates in training sessions, policy committee meetings, parent meetings, and policy council meetings.

The family advocate is an integral part of center life. Her presence makes it easier for other parents to participte and to see themselves as serving an important role.

Staffing. Within both of these structures the person who delivers
the service to the family is essentially a volunteer. In most instances,
however, there is a small stipend associated with the service provided
(generally $5.00/home visit in the home-based model, and $10.00/week in
the center-based program, depending on the level of responsibility). The
original Parent-to-Parent Model utilized paid professional staff; as the
model evolved, however, we moved to volunteer para-professional staff—for
programmatic and economic reasons. Initially we were skeptical about the
ability of volunteers to deliver quality services, and we were reluctant
to continue to "use" volunteers. Over time, however, we have come to
realize how important the program is to the volunteers and we have gained
greater appreciation of the role volunteers can and do play in the social
services.

As we began working with volunteers we felt it was important to gain
a better understanding of the history of volunteer work and to become a
part of a network of programs that utilize volunteers. Within the
literature there were two recurrent themes: one, there are many people
who are willing to volunteer, but they are not included in agencies in
effective ways; two, the type of person that volunteers in the 1980's is
different from the person that volunteered 20 years ago. We tried to take
this information into consideration when developing a training and support
system for the volunteers in the Parent-to-Parent home visiting program
and the Family Advocate center-based alternative.

In the U.S.A. today, particularly in programs like the Parent-to-
Parent Model volunteers have the potential to play an important role in
the social and human service network. If all types of volunteer work are
included, one out of every four Americans over the age of 13 does some
form of volunteer work during the year. This ranges from volunteers for a
day to longer term commitment to a project. However, there is no
organized volunteer system and this vast resource is often untapped and
underutilized. Inadequate planning for volunteer participation is
generally the reason for the lack of meaningful volunteer work. One of
the ways to gauge the level of adequate planning is to look at the
turnover rate of volunteers within a program. Among social service
agencies this rate averages 50% over a year's period of time. That means
that over half of the volunteer group that begins a program has been
replaced by the end of the year. Resources expended to train these
volunteers are essentially wasted. Generally this high turnover rate is
attributed to the fact that: the job the volunteer is being asked to do
is not meaningful to her; volunteer supervision and support is inadequate;
there is little incentive or motivation for the volunteer to provide the
service; the screening process is admitting inappropriate people who, for
various reasons, will not be in the program.

One of the challenges then is to create a program which, with
adequate planning and support, can produce a lower turnover rate, and
where the turnover is related to things beyond the control of the program
(i.e., relocation of the family, the economic necessity of finding paid
employment, etc.). The Parent-to-Parent Model provides such a mechanism
for the utilization of volunteers. The turnover rate is 20% across sites,
and the reasons for leaving the program have included such things as:
illness, the economic need to seek full-time paid employment, the birth wf
a child, relocation, and returning to school. This means that the program

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provides an appropriate selection process, quality training and support, and the work provides the volunteers with the motivation needed to continue.

A second issue related to the utilization of volunteers is the fact that the profile of the volunteer in the U.S.A. has changed over the past ten years. Historically the typical volunteer was a middle- to upper-middle class woman with a high level of educational training. She clearly had enough education to find gainful employment. However, the social norms dictated that if she worked outside the home, the work should be voluntary. Several things impacted this. First, as a result of the Women's movement many highly qualified women who were doing volunteer work decided to do equivalent work for pay. Secondly, the economic reality forced many women, who previously did volunteer work, to seek employment. Thus, those who have higher levels of education and marketable skills are joining the labor force. The pool of volunteers has recently opened up to include a different kind of woman. One is the woman who left school early and who has few marketable skills. If she had these skills she would be working for pay. She needs a place to gain some experience so that she can apply for employment. A second group are women who have marketable skills, but who have not been involved in the world of work outside their home, either in gainful employment or in volunteer work. While these women are interested in paid employment at some point in time, they are not able to do it now—for family related or personal reasons. By volunteering in the Parent-to-Parent program they gain work-related skills through a structured program that provides them with training and support, as they are doing meaningful work within their own community.

Thus, an additional benefit of working in the Parent-to-Parent Model is that it provides for the volunteer's own growth and development. As such, the Parent-to-Parent structure creates more than one level of program recipient; volunteers as well as families grow as a result of program services. At still another level the model has an impact on the agency which hosts the program, and over time it affects community services. But in order for the program to have such an impact it must be firmly rooted in the community. In Chapter II we describe that process.

IMPLEMENTING THE PARENT-TO-PARENT MODEL

During the Phase I Dissemination Project we were able to define the stages of implementation for the Parent-to-Parent Model and to define how High/Scope staff and agency personnel could work together to facilitate the process. Further, we were able to define what needed to exist in the agency and in the relationship between High/Scope and the local agency to assure a solid beginning for the program. And finally we were able to delineate strategies used over time to faciltate agency ownership of the program and its institutionalization once external resources were withdrawn. Within this chapter we will present an overview of all these elements.

A. Phases of Implementation

Communities in the United States have a long history of innovative programs which have been put into place by national and/or state agencies. What generally happens is that when the major initiator of the program withdraws support, the program folds or limps along because the community, in reality, never really owned the program. Our intent in the Parent-to-Parent Model implementation process was to insure that local ownership did occur. This was accomplished in several ways, e.g., letting the community define its own program needs during the early negotiations, and requiring that they invest a substantial amount of their own monetary as well as human resources in the program. High/Scope's timeline of technical assistance was also designed to facilitate local ownership; we provided heavy external support as the project began and gradually withdrew support as the community assumed increasing responsibility.

Support occurs at two levels: High/Scope staff provide technical assistance in implementing the model, and at the same time work to enhance local capability to find long-term support for the program. During the first year of implementation, High/Scope staff impart the mechanics, logistics and theoretical framework of the model, serving as a resource for program planning and providing emotional support to local program staff. During subsequent years, the time and resources invested in each site are decreased, while the local sponsoring agency is supported in securing additional resources from community and regional agencies. High/Scope assistance has also involved working with the local sponsor to encourage the creation of policies and human service priorities for their own activities that support more effective child development and parenting skills in the family context. In other words, our goal has been to ensure that changes effected by the Parent-to-Parent program in the family environment are reinforced by similar changes in the institutional environment; the ultimate goal is to influence policy formulation for families at the local, state and national levels.

The process of implementing an innovative program is fundamentally one of interactive accomplishment. That is, progress and problems in implementation-- the way goals are achieved--is a function of a series of discrete interactions between individuals and groups. Each interaction builds on and ties into previous ones; the distinctive features of the

program at each site emerge over time as this process unfolds. To continue on an abstract level for a moment, we found that the process that our sites went through with us is both developmental and cyclical: certain kinds of activities were evident during all the phases of program development, but with a different purpose in furthering the implementation of the program. Figure 1 outlines the implementation process we identified in terms of the central purpose of each developmental phase, and the activities that occurred to accomplish that purpose.

As can be seen in Figure 1, the three main phases we identified in program development are: negotiation, organizational development (capability building), and implementation of the core activity (direct action). These developmental phases include activities that go on all the time during a project's life--for example, mutual definition of needs, takes pre-eminence during the negotiation phase, but is always a part of the process. These activities occur with the purpose of achieving different objectives at different points in time. A narrative discussion of the implementation process follows.

1. Negotiation Phase

The process begins with two institutions searching, more or less actively, one for the right environment to disseminate its idea, the other for a solution to an identified problem or need. When the search--not always an explicit purposeful process--yields a tentative matching of needs, both written and phone contacts are exchanged between High/Scope and a community agency. This exchange leads to a process of mutual definition of needs. The general features of the model and the process of High/Scope's work with the agency are described. For their part, agency people--usually administrators of some larger program in which the Parent-to-Parent program would be "housed"--tentatively define their needs, and question High/Scope on two issues that prove to be the central topics of discussion: program control and program financing. If the initial contacts work out, then the next stage in the process proceeds. We call this phase negotiation and clarification of expectations.

This is a prolonged process, covering many months and a range of issues. The broadest purpose of this phase is for each institution to come to understand clearly the other's level of commitment and intentions with regard to all aspects of startup, management, implementation, institutionalization and evaluation. There is some mutual assessment of capability and some tentative working through of details with relation to staffing, training, and so forth; basically this phase is a time for establishing trust.

At the point where it looks like a relationship can be created, someone from High/Scope visits the site. This allows face-to-face sharing of ideas--a process that is necessary in establishing the final agreement. While many things are accomplished through correspondence and phone conversations, it isn't until we have had some time together, either onsite or at High/Scope, that we can mutually make the commitment to work together.

Once there is agreement that we can work together, we discuss the financing of the project. In some instances the funding source is

searching for a community that would be interested in implementing the model. In other instances the reverse is true. A community of people exists who want the program, but they have to obtain outside funding for the program. In the first instance we work with the funding agency to

Figure 1

A Generic Implementation Process for Innovative Programs

Negotiation Phase
Search phase → Mutual definition of needs → Negotiation and clarification of expectations → Signing a contract/agreement on obligations

Organizational Development Phase
Finalizing an organizational structure → Working out lines of communication → Formal knowledge transfer → Re-interpretation and re-negotiation of obligations, etc. → Prioritizing operational, immediate implementation tasks

Implementation of Core Activity Phase
First operational actions/multiple lines of activity → Adaptive and tentative implementation → Full implementation/setting-in a realism vis-a-vis the program → Team leader focus shifting outward to medium and long-term planning → End Year One Implementation

Institutional-ization
Re-interpretation and re-negotiation of obligations, etc. → Experimentation with organization, and implementation of core activities → Operational planning for institutionalization begins

Note: Core activities every phase: negotiation, organizational development, implementation of core activities.

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help identify a community, and in the latter instance we work with the community to seek funds from outside sources. The latter is by far the most common occurrence.

The culmination of this long process is the signing of a contract: the contract makes explicit the agreed upon obligations of each side. The contract with High/Scope sets aside some portion of the total operating funds to pay for High/Scope service. The contract spells out what the site is buying with those funds--training, curricular material, technical assistance, and evaluation. From High/Scope's perspective, these services assure some measure of quality control over the program. The contract signing also provides assurance for both sides that there will be adequate resources and commitment to implement the program.

In sum, contacts move through different levels of the organizational structure over time. The first level of contact is administrative. Once the contract is signed and the supervisor hired, she becomes the primary contact at the site, and the High/Scope trainer who has the major responsibility for the training and support to the site becomes the chief High/Scope liaison.

The negotiation phase--from initial contact between High/Scope and a site to signing of a contract--generally takes about a year. Once there is a formal agreement between the community and High/Scope, we began the process of implementing the model programmatically.

2. Organizational Development Phase

During the three to five months immediately after contract signing, the tasks of finalizing an organizational structure and working out lines of communication with High/Scope are tackled. Both of these are intra- and inter-institutional tasks. For example, High/Scope's role in the hiring of a supervisor at each site has to be worked out. Within each site it has to be established who will be communicating with High/Scope on what issues. The site people or person who has been communicating mostly with High/Scope has to establish relations with the High/Scope site trainer. As start-up activities become more clearly defined, the need to begin thinking through how these activities will be accomplished become more pressing. A key activity occurring during the latter part of this period is the actual hiring of the supervisor.

It is the responsibility of the community to select an individual to serve as the site supervisor. In some instances, the supervisor chosen is already on staff within the host agency. At other sites, the supervisor is new to the agency; in such cases, it is helpful if she is at least familiar with the agency's mission and services. But, regardless of how supervisors are recruited, there are certain criteria to be considered in assessing their suitability for the role: he or she needs to have "people skills", administrative abilities, an aura of leadership, the ability to work independently as well as cooperatively, knowledge of early child development, experience working within the community, and an awareness of its resources. Above all, a supervisor must have an eagerness to learn and a commitment to the Parent-to-Parent philosophy. While it may be difficult to find a person who meets all these criteria, since they characterize the

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"ideal" supervisor, an effort should be made to identify an individual with many of these qualities in place and the potential to develop others.

Once the supervisor is selected, she receives on-site training from the High/Scope trainer in the structure of the model, its philosophy, goals and curriculum. In addition, training focuses on the four areas of the supervisory role that are critical to the smooth functioning of the program: (1) administrative program operations; (2) selecting, training and supervising staff; (3) building relationships within the community; and (4) working with parents.

The High/Scope trainer also works with the supervisor to develop a strategy for gaining community support, set the program up physically, and recruit home visitors. This process provides an opportunity for the High/Scope trainer to become acquainted with the community and the organizational structure of the host agency, all of which enhances the trainer's ability to provide support and assistance to the supervisor and trained volunteers over time.

It is at the point of supervisor training that the program model is transferred to the site and detailed knowledge of the site is transferred to the High/Scope staff. Both groups need that knowledge transfer: each has to take ownership of something more concrete than what is outlined in the contract. The supervisor is the one person most clearly resonsible for taking the set of rules, concepts, activities, and materials that make up the program and converting them into action. Although High/Scope's site trainers play a continuous technical assistance role as implementation progresses, the effectiveness of the initial training of the supervisor is closely related to the course of implementation. The ideas the supervisor actually internalizes and the materials she is given will be what she uses to shape the program. High/Scope, in turn, needs to know the kinds of local forces likely to influence implementation, in order to provide appropriate technical assistance.

As a consequence of supervisor training and its concomitant two-way knowledge transfer, there is on both sides a reinterpretation and re-negotiation of mandates, expectations, and needs. A great deal of information is exchanged during supervisor training, and it takes a few weeks to come to understand the meaning of some of that information. For example, particular patterns of personal interaction between individual supervisors and High/Scope staff become immediately evident during supervisor training. Both groups have to sort out what those patterns mean. While High/Scope has gone through a long period of mutual clarification of expectations and obligations with the program initiator at each site, it has often not done so with the supervisor (who typically has been hired only after the contract is signed). This process begins during supervisor training, but in a few cases continues for many months.

3. Implementation of the Core Activity

Meanwhile, implementation cannot wait. Another effect of supervisor training is to convince everyone involved that the job to be done is even more complex and difficult than has been expected (especially given limited resources). This knowledge has different effects on different

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people. But, for all involved, prioritizing has to be done and the first
operational actions taken. The starting place of the implementation period
is home visitor recruitment and tra..ing. There are also a number of
administrative and program mechanisms to set in place, such as a family
recruitment system and the documentation system. This is a period, then,
of multiple lines of activity.

    a. Recruiting home visitors. The recruitment and selection of
volunteer staff occurs after the supervisor has been trained. Volunteers
generally represent the population being served by the program. Thus, the
type of individual selected to be a peer supporter will be defined by a
particular community's needs. When the program is starting up, it is
necessary to recruit individuals from a variety of sources--local parent
groups, social clubs, sports leagues, parents of school-aged children,
senior citizen groups, and so on. Within some communities there is a large
pool of people who are interested in providing their services to the
program on a volunteer basis; other communities may represent populations
for whom it is necessary to provide at least a small stipend to home
visitors. In all instances, babysitting and transportation costs for
volunteers are covered. Once again, however, the community must examine
its needs and resources and make staffing decisions accordingly.

    In presenting the program and describing the volunteer's role to
community members, the supervisor needs to clarify what is expected of the
home visitor--both in terms of time and personal commitment to the
project's goals. Once a pool of individuals has been recruited, the
supervisor selects those who she thinks can best do the job. One thing we
have learned the hard way is that you can say "no" to a volunteer. Simply
because persons are willing to give of their time and energy does not
necessarily mean that they are always appropriate for the task. If the
host agency has a variety of tasks that can be undertaken by volunteers,
someone who is inappropriate to work directly with families might be able
to work in a different capacity within the agency.

    Volunteers should have an interest in working with other adults and
be able to demonstrate a respect for parents rather than a need to "teach"
them; the volunteer must be willing to learn, as well as provide
information; she must be willing to learn new things about herself as well
as acquire knowledge about child development and parent support; and she
must be able to take the initiative and be persistent in sometimes
frustrating circumstances. All of these skills and abilities will be
called upon as she begins to work with families.

    To the degree possible, inappropriate volunteers should be counseled
out of the program before training begins. In some instances, however, it
is not possible to make an accurate assessment of an individual's
potential in a short interview. Frequently the training process itself
provides the framework within which both supervisory staff and potential
volunteers can more accurately assess an individual's potential.

    While volunteers are recruited from a variety of sources during the
first program year, in subsequent years there will be an additional source
of volunteers--these are the parents who participated in the program in
earlier phases. Some of the most successful volunteers are those who
first participated in the program as recipients. Their prior awareness of

the program provides a strong experiential base from which their skills can be further developed through the training program.

b. **Training.** Once the volunteers have been selected, the training schedule is set up by the program supervisor and the High/Scope consultant. Through a participatory training model—that trains the volunteers in the same way that they are expected to work with parents—the participants gain experience in observing, describing and interpreting infant behavior and supporting parents' positive interactions with their child. The content of the training sessions is divided into four major topics: child development information; understanding the role of the volunteer; gaining skills in providing parental support; and learning about community resources.

Within the child development sessions the theoretical framework of the parenting curriculum is presented. Participants gain knowledge of our Piagetian-based developmental perspective on growth and development and acquire skills in creating and using appropriate materials that facilitate that development with infants.

To achieve an indepth understanding of the role of the volunteer, participants are presented with the philosophy of the program—coming to understand the rationale for the parent-as-partners approach—and have the opportunity to examine their own values, feelings, expectations and biases as they relate to this style of working with parents.

The third area, providing parental support, includes the development of volunteers' skills in terms of building relationships with family members, understanding how to work within varying life styles and cultures, and designing techniques and strategies for planning, implementing and evaluating contacts with parents. One of the ways in which parents can be supported is through linkages which the volunteer is able to make between "community resources" and families. During training the volunteer is made aware of services in the community and the ways in which they can be made accessible to families.

The training experience is very powerful for the participants. One volunteer summarized the training experience as follows:

Our first few days were...hectic getting acquainted with our own office area, and other people involved in the Parent-to-Parent program...From those first few days on we started learning and working together. We began to learn about ourselves and each other as we began the serious part of the training.

What do you do? What do you say? How do you react? Watching a videotape such as Problems Encountered by the Home Visitor made us think and talk about what we felt we would do in certain situations and then about what we thought we should do.

We were learning the true meaning of a lot of words we kept hearing during training sessions; be flexible, observe, listen, share, don't judge and be flexible! We were

learning how to use change for the good of everyone—
including ourselves!

          c.   Recruiting families.   While conducting training, the
supervisor also recruits families to be visited.   The criteria for
selecting families for participation in the program need to be defined
locally and families recruited accordingly.   For example, a community may
develop the program for adolescent parents.   In this instance they would
recruit families through local clinics, schools, pediatricians who are
likely to come into contact with the population.   In another situation it
may be implemented for the parents of handicapped children, or for all
families in a sparsely populated rural area, or for high-risk low-income
families in large metropolitan communities.   It is the community's
responsibility to define the population and then make adaptations within
the model that are appropriate to serving that population.

     As early implementation tasks are completed the focus of activity
narrows to immediate implementation tasks.   For the volunteers, the focus
is on their first family contacts; for the supervisor the focus tends to
center on personal supervision of volunteers.   This focusing helps
concentrate the high level of energy that is still present at the sites.
Experience with this dissemination effort illustrates that implementation
is extremely variable, not only from site to site, but within sites.   The
volunteers individually re-interpret the program goals and mandate that has
already been re-interpreted by the supervisors.   Generally, volunteers
modify formal requirements of the task to make that task more manageable to
them personally.   There is a noticeable raggedness in early implementation:
new roles are being tried out, relationships with families start
tentatively, time necessary for planning and documenting are being worked
out.   This is a period of adaptive and tentative implementation of the
innovation.
     During the first months of implementation supervisors focus on setting
up internal procedures and on personal supervision of volunteers.   Most
volunteers are learning a new role and need a great deal of support during
this time.   The rate of growth of the program (in terms of making core
activities operational) is greatest during the early months, and
subsequently eases up as the "skeleton, nervous system and limbs of the
program are formed." At some point supervisors and volunteers have the
time and sense of security vis-a-vis the program to begin planning a future
for it.   Thoughts turn to sources of actual and potential support;
constraints to eventual institutionalization; and the program's long-term
role in the community.

     Gradually, implementation moves into a routine phase at each of the
sites. As the program solidifies—sometimes in a problematic fashion, but
in most cases successfully—two concurrent processes became noticeable.
One is the setting in of realism vis-a-vis the program and what it can
accomplish, and the other is preparing mentally for the long-term
operation of the program.   At most sites the excitement of being involved
with a new effort lasts about three months.   As this wears off, it is
replaced either by genuine commitment and a sense of community, or,
occasionally, the setting in of disillusionment with the mission of the
program.

As the first year of implementation draws to a close, sites feel a need to formally re-negotiate expectations and obligations. The kind of support sought from High/Scope relates most specifically to the demands of institutionalization: assembling evidence of program effectiveness and developing strategies for building political and bureaucratic support for the program.

During year two of implementation growing attention is paid to institutionalization plans and experimentation with elements of the model. This is not the basic adaptation that occurred during the first year of implementation. Rather, it consists of incremental efforts to further contextualize the program in terms of available human and fiscal resources and community needs. During this time there is also some effort to identify what is really making the program work, with the awareness that planning is necessary to enhance and support such program elements.

The keys to the process decribed above are: (1) continuing re-negotiation and clarification of roles and responsibilities, both between High/Scope and the sites, and within each; (2) continuing re-mobilization to meet new demands; and (3) continuing re-definition of the Parent-to-Parent Model. When there is an unwillingness to continue these lines of activity, but especially when honest communication and negotiation breaks down, the harm to the implementation effort can be severe. When, by contrast, these key elements are present, then we know we have a program that "works", i.e., one that will indeed take hold and grow as part of the community.

The description of the phases of implementation is helpful in understanding the process of model implementation. But as indicated, the program does not exist in a vacuum; it operates in a larger agency and community context. During the Phase I dissemination project we were able to identify what needed to exist within an agency before the model could be implemented--the conditions enhancing implementation--and what needeed to happen over time to assure institutionalization of the model--strategies enhancing liklihood of success. These are described in the remainder of this chapter.

B. Conditions Enhancing Implementation

The ingredients that go into successful implementation efforts inevitably vary: communities are diverse in social and cultural patterns, organizational and fiscal resources, problems, norms, and history. Nonetheless, High/Scope's experience in working with a number of communities to implement the Parent-to-Parent Model indicates that there are certain pre-existing site conditions and certain implementation strategies that enhance or hinder the likelihood of successs in any implementation effort. Pre-existing conditions can themselves be acted upon so as to improve the environment in which an innovative program is to be implemented.

Table II-1 outlines the pre-existing conditions we found to be most crucial in influencing eventual implementation. The narrative analysis of those conditions follows.

1. Genuine perception of the problem as serious and requiring attention.

There should be consensus among potential program staff, within the host agency, and within other key agencies, that the problem being tackled is important and requires action soon. Since there are always a number of social problems in a community "chasing" scarce resources, and since adequate resources are crucial once a decision has been made to tackle a problem, the perception of the problem as requiring immediate attention is also necessary to secure funding.

2. A perception that the solution stragety is appropriate.

It is crucial that potential program staff and, to a lesser extent, others in the community agree philosophically with the approach or strategy to be used. It is important also that those whose support will be necessary for implementation perceive the strategy chosen as an appropriate one for attacking the problem defined and applicable within that community context. If there are other strategies being employed to attack the problem already the new strategy will be frequently seen at first as being in competition with those others. The program has to present itself clearly as complementing existing strategies.

3. An organizational mandate complementing the program mandate.

The program to be implemented should be a sensible extension of work already being done within the agency, in terms of agency mandate and services.

4. Appropriate motivation for the involvement of both sides.

Sites have a number of motives for wishing to implement the Parent-to-Parent Model. To the extent that implementing the program is a means to some end other than solving the problem, elements of implementation are constrained; key elements of the program are manipulated to help a site achieve that end rather than to make the program more effective at solving the problem. When the overriding motive for a site's involvement is to solve the problem at hand there tends to be more will to overcome

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Table II-1

PRE-EXISTING CONDITIONS CRUCIAL IN INFLUENCING IMPLEMENATION

1. Genuine perception of the problem as serious and
   requiring attention.

2. A perception that the solution strategy is appro-
   priate.

3. An organizational mandate complementing the program
   mandate.

4. Appropriate motivation for the involvement of both
   sides.

5. An agree-upon contract describing roles and responsi-
   bilities on both sides.

6. A supportive organizational environment.

7. Good timing.

8. Adequate fiscal and human resources.

9. An adequately developed program model or idea.

difficulties. In general, initial motives have reverberating effects throughout the life of the program. Honesty in communicating motives contributes to more effective inter-institutional relations.

5. **An agreed-upon contract describing roles and responsibilities on both sides.**

It is crucial that there be clarity from the outset between the disseminator and the site implementing the program as to roles, responsibilities, and expectations of each other. If at the start of the relationship the shape of the future is not spelled out clearly then there is likely to be both confusion and resentment during the course of implementation.

6. **A supportive organizational environment.**

The state of the host agency in terms of finances, morale, recent history with innovations, stability or shifts in mission, staffing, organizational structure, and so forth, will influence program development for a new effort. These elements interact to create a climate more or less conducive to implementation. No one negative factor in the organizational environment is usually enough to significantly impair implementation prospects. It is usually when two or three combine that a less promising organizational environment is created.

7. **Good timing.**

A number of the conditions cited above must come together if an innovative effort is going to work. The sense that a problem needs to be solved now, that the strategy chosen fits the problem and the mandate of the agency, and that the host organization can and should support the effort, must come together at approximately the same point in time, or one will create a "drag" on the others. Readiness for change is an elusive concept, but all involved agree it is critical.

8. **Adequate fiscal and human resources.**

While there are rarely enough human and fiscal res   ces available to do the job at hand, especially from the perspective of program implementors, there is a critical mass necessary to begin and maintain forward prog ess. At the outset people are needed with time, skills, and personal commitment to get a program started. If there are not enough resources to accomplish appropriately the start-up tasks, including training and technical assistance from the model disseminator, then later activities will suffer. Likewise, if resources are reduced before a site has internalized and fully implemented a program idea, then the program can quickly unravel.

9. **An adequately developed program model or idea.**

The innovative program or strategy must be developed enough and spelled-out clearly enough to support the generic implementation process. Not only must goals be concretely defined, but activities must be described in a form immediately translatable into obvious action. The model must define an idealized implementation process, so that those

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implementing it can sense where they ought to be. Contingencies and
potential problems should be identified and accounted for. An adequately
developed model contributes to assuring mutual understanding of
expectations for an innovative effort between disseminator and the agency
implementing that effort.

All the above pre-conditions were important predictors of the success
of the implementation effort. Conditions could be less than optimal if
High/Scope and site staff were aware of, and took into account, the
potential effects of pre-existing constraints; strategies could then be
developed to minimize the effects of expected problems. But if too many
pre-conditions were overlooked or not met—particularly if there was a
lack of organizational support and committed leadership—then programs
failed to get off the ground and become established. As an institution,
High/Scope has had to learn to recognize these negative indicators before
agreeing to embark upon a full-scale implementation contract. It is
clear that the political, social, and bureaucratic feasibility of
implementing the Parent-to-Parent program in a setting is as important as
the features of the model itself in predicting successful implementation.
Equally important are the strategies used in the process.

C.   Strategies Enhancing Likelihood of Success

It is often assumed by those implementing an innovative program that
there is something inherently desirable about the changes the program is
designed to bring about. There are, nonetheless, a number of structures
within instititutional and broader social environments that give those
environments stability, and it is frequently these very structures that
are attacked by innovative efforts. These structures consist of
traditional responses to problems and stresses, traditional patterns of
distribution of resources, traditional patterns of relationships between
those with authority and those without authority, traditional patterns of
childrearing, and so forth. Thus, while the goals of an innovation may
seem naturally desirable to those implementing it, these same goals may be
felt by others (consciously or unconsciously) to be potentially
destabilizing and threatening to values and practices already making up a
social environment.

A number of strategies can nonetheless be identified which facilitate
the process of entering an already full social-institutional environment,
with the purpose of implementing an innovative idea. These strategies are
identified in Table II-2 and will be discussed on the following pages. The
various strategies are applicable to different stages in the change
process, but they have one feature in common—they facilitate the building
of links between the old and the new: the pre-existing environment and the
innovative program entering into that environment. The following
strategies are essential to enhancing the likelihood of short- and long-
range program success:

1.   Defining clearly and openly the goals and limits of program
     implementation.

This is crucial to secure initial and continuing funding; to assist

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those directly involved in planning, in making operational decisions, in measuring implementation in the light of something concrete; and to clarify the program's likely relationship to ongoing activities. If the program is going to interfere or overlap, at least that is spelled out and can be dealt with openly. But it is important that the relationship of the new effort to existing programs and services be dealt with forthrightly (whether it is a new service, an expansion of an existing service to more people, or another option among a range of options).

Goals need not be set in stone, but they must be defined sufficiently to provide a clearcut basis for action. Setting limits and establishing priorities—for example, limiting the program to teen parents, or focusing on neighborhoods poorly served by social services—make program implementation tasks more manageable. When goals are defined and achieved, those implementing the program experience success. Also, achieving operational goals during the first year of implementation provides evidence that can support continued funding.

2. <u>Allowing</u> <u>adequate</u> <u>time</u> <u>and</u> <u>resources</u> <u>for</u> <u>planning,</u> <u>start-up</u> <u>and</u> <u>role</u> <u>definition</u>.

The processes of negotiation, clarification of program purpose and expectations of various actors, reconciling differences, and building local commitment, are crucial to the program's future relationship to its local environment, and to its relationship with the disseminating organization. Time spent thinking through potential issues, planning activities, explaining and discussing the program with key local people, and mutually defining responsibilities, returns benefits throughout the life of the program.

3. <u>Selecting</u> <u>leadership</u> <u>with</u> <u>local</u> <u>credibility,</u> <u>genuine</u> <u>commitment</u> <u>to</u> <u>the</u> <u>task,</u> <u>and</u> <u>a</u> <u>personal</u> <u>style</u> <u>suited</u> <u>to</u> <u>the</u> <u>nature</u> <u>of</u> <u>the</u> <u>innovation</u>.

Those responsible for managing the program effort, and those disseminating the program, should not be afraid to define what they are looking for, and seek out supervisors with the personal and professional qualities necessary for the supervision task. Choice of front-line leadership (in the case of the Parent-to-Parent program, the supervisor) proves to be the single most important strategic determinant of implementation success. The quality of commitment of the supervisor mirrors the success of implementation. While no one leadership style can be identified as more effective, certain qualities prove helpful. These include flexibility, the ability to sort out and prioritize among numerous demands, the ability to handle ambiguity in a situation (i.e., not understanding fully the program elements, but being able to proceed anyway), a committment to nurturing growth in others, well-developed communication skills, and openness to new ideas (in this case the program itself). A personal predisposition to the philosophy and assumptions underlying the program is also important, as is some kind of credibility either within the host agency or within the broader human service community.

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Table II-2

STRATEGIES THAT FACILITATE THE LIKELIHOOD OF
SUCCESSFUL IMPLEMENTATION

1. Defining clearly and openly the goals and limits of program
   implementation.

2. Allowing adequate time and resources for planning, start-up
   and role definition.

3. Selecting leadership with local credibility, genuine commitment
   to the task, and a personal style suited to the nature of the
   innovation.

4. Building local support early.

5. Developing concrete strategies for maintaining program acceptance
   and support.

6. Establishing legitimacy for the program.

7. Setting up monitoring and feedback mechanisms early and
   assuring that users are commited to them.

8. Viewing implementation as a bureaucratic and political as
   well as technical process.

9. Assuring an adequate period of time for the program to be
   tested and implemented.

10. Early planning for institutionalization.

11. Planning program gorwth carefully.

12. Being sensitive to the inter-personal bonds that hold programs
    together.

Leadership also becomes important at the level above the supervisor. As we noted at the beginning of this section, innovations often cause conflicts among agency staff with competing priorities. A supervisor must be able to depend upon a superior who will defend the new program and create a consensus of acceptance for the endeavor among non-program staff. The most successful Parent-to-Parent programs have had strong leadership and commitment at this executive level within the organization. Without such a figure backing her up, even a strong supervisor will have trouble creating a climate of acceptance for change.

4. Building local support early.

The early involvement of people who have some kind of stake in and commitment to a program's success makes it less likely that the program will be resisted by those not directly involved. It is especially important, though time consuming, to bring those whose own programs might overlap with or be disrupted by the proposed effort into the planning process, because they are often in the best position to give the new effort trouble. Participating in the planning helps the opposition perceive ways in which the program can benefit them; this strategy can successfully diffuse their resistance.

5. Developing concrete stategies for maintaining program acceptance and support.

This strategy is related to the previous one, but is focused more on activities during implementation. The program must be seen as an integral part of its host agency, and also of the service network in the broader community. To facilitate internal acceptance, it is important to create formal lines of accountability between the program and the agency. This is particularly true in cases where funding comes from an outside source (e.g., a public or private grant). If all accountability is to this third party, the program may not be seen as a part of the agency; as such it will not receive institutional support for maintaining its activities or insuring its longevity. If, on the other hand, program staff regularly report their progress to executives within the system, then they can more readily call on the agency's support to solve problems and maintain their operations.

Several strategies are useful to establish the program within the service network of the agency and the community. Providing services to outside agencies or to divisions within the host agency (e.g., identifying potential clients, or serving overflow demand), sharing resources to the extent possible, linking with other programs in their political efforts, all contribute in the current effort to integrating the program into the local service environment. A new program must demonstrate that the benefits of having it around are worth the costs and disruption it causes.

6. Establishing legitimacy for the program.

    Formal support for the program from other institutions and services in the community is as important as day-to-day personal support. Mechanisms used in the Parent-to-Parent effort to establish community support include conducting a formal needs assessment, developing formal inter-agency agreements with other agencies, and having key officials from other agencies and the community participate on the advisory board of the program, thus lending their legitimacy to it.

7. Setting up monitoring and feedback mechanisms early and assuring that users are committed to them.

    Means must be develped for program participants to know how they and the program are progressing, and for the disseminating group to know where they can most effectively provide support. Most important, the use of these means must be built into the routine responsibilities of program participants at the earliest possible point in program development. Evidence from the Parent-to-Parent program suggests that participants want to know how they are progressing, and that they resent time spent on evaluation and monitoring activities if the information provided is not available to them.

8. Viewing implementation as a bureaucratic and political as well as technical process.

    It is not enough to competently carry out the technical activities at the heart of the program, although they are central. Other kinds of activities have to be planned for and continuously implemented. Strategies for gaining and maintaining support and building an institutional base take up increasing amounts of supervisor time as implementation becomes routinized. A new program will not sell itself just by its good works. For one thing, the program itself is one activity among many in a large organizational and social environment, and its hold on that environment is frequently the most tenuous. In addition, obstacles to a program's success frequently don't even appear until implementation is well underway. It is easier for many people to support the program at a point where it is still ideas and rhetoric than when its actions begin to have an effect on the environment. Implementation is thus also a process of anticipating contingencies and obstacles and planning to overcome them.

    A broader view of implementation means sensitivity also to the necessity of trade-offs between flexibility and conformance to ideal specificiations for a model. A question always confronting those implementing an innovative program is: at what point is local adaptation of the program model so extensive that it no longer appears to be the same model? The bottom line must be negotiated early, then re-negotiated as implementation proceeds.

9. <u>Assuring an adequate period of time for the program to be tested and implemented</u>.

No matter how thoughtfully planning is done, no matter how many contingencies are planned for, pre-implementation always takes more time than anticipated. This often means in innovative programs that time available for implementation is insufficient to provide an adequate test of a new program's effectiveness. An initial round of judgments about the program by funding sources or higher-ups in the host organization are often made before the program staff themselves feel they are ready to be judged. Although usually difficult to secure, funds for a planning period can reduce the pressure to demonstrate impact before program staff feel it is logical for impact to appear.

10. <u>Early planning for institutionalization</u>.

A new program will not necessarily receive the institutional and financial support it needs to be maintained over the long run just because it is proving effective. Concrete, deliberate work should be begun early, during the first year of implementation, to build a supportive constituency in the community, and at higher levels in the region or state where budgetary decisions are often made. Planning for institutionalization as a deliberate, important implementation activity is built into the Parent-to-Parent Model. High/Scope works with sites, where institutionalization appears feasible, to develop a concrete stategy that includes: identifying a potential long-term institutional home for the program and working to build the program itself, or key activities, into the routine life and structure of that institution; identifying and working with potential sources of long-term funding; establishing an in-house evaluation system to document program findings of interest to potential funders; political constituency-building in the bureaucracy and among elected officials; and so forth. People outside the program will not run to embrace it just because it is successful--they must be convinced.

11. <u>Planning program growth carefully</u>.

If a new effort is working well there may be a tendency to expand fairly rapidly, especially if social demand for program services is great. The coherence, commitment, and direction which frequently characterize a successful innovative effort can be threatened by rapid growth: energy begins to dissipate in many directions. Supervision and quality control become more difficult. Building a solid foundation for the future must be balanced with the need to be, and be seen as, responsive to the community.

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12. **Being sensitive to the inter-personal bonds that hold programs together.**

The quality of personal contact between disseminating agency and implementing agency will influence the way in which the innovative program is interpreted and implemented: feelings, as well as information, are internalized and translated into actions. High/Scope staff and implementing agency staff have become increasingly sensitive during the implementation effort to the equal importance of a well-developed innovative product and a well-developed innovation process. Also important, obviously, are the nature of inter-personal relations within the site, especially between administrators and front-line staff. Implementing new programs is generally stressful, and extra inter-personal support is needed to balance the extra stress. Even within a local setting, ideas are interpreted and used by people with distinctive values, goals, personal needs. These personal qualities can be ignored by program participants only at the peril of constraining the effectiveness of program activities.

D. **Our Findings and the Planned Change Literature: A Concluding Note**

Our own findings proved to be consistent with those emerging in the planned change literature generally, and the implementation literature in particular. We found, as have a growing number of studies in the literature, that implementing innovative programs and ideas is a complex and difficult process, a process whose very difficulty is generally underestimated by those involved with the implementation effort (see, for example, Sarason, 1972; Pressman & Wildavsky, 1973). The findings in this section (and increasingly in the literature) reflect the importance of interpersonal, political, bureaucratic, socio-cultural, and resource-related aspects of implementation; a recognition that implementation is not just, or even primarily a technical process (Dalin, 1977; Bardach, 1977; Wacker, 1982). It is increasingly clear that even when there is a gap or need for a particular innovative program, that program is brought into a full social and organizational environment, with a historical way of dealing with the problem, however inadequate that way might be. This finding implies that an innovative program will naturally attract resistance, since it is disrupting a social system in some kind of prior balance or equilibrium (Smith & Rosario, 1980). As noted, we found this to be true in the present effort.

A central finding from our own work, now receiving attention in the literature, is that implementation of innovations is an interactional, multi-directional process; that is, one of mutual negotiation, clarification of intent, adaptation of expectations and plans, and establishment of consensus on roles and obligations. Both the disseminator and user are active shapers of the process as well as the

innovation itself (Berman & McLaughlin, 1975, 1977; Majone & Wildavsky, 1978; Rosario & Lopes, 1981). In addition, participants in the process interact with and are shaped by others in their own respective organizational environments. A relationship between disseminators and implementors is built as mutually established obligations are accepted and acted upon. Difficulties occur when the nature of obligation on each side is not clear, or if clear, is not accepted. Innovation then is more than a scheme for change. It is a dynamic process of negotiation and creative problem solving between committed individuals operating within supportive institutions.

Chapter III

CURRENT PROGRAMS

This chapter provides an overview of the current Parent-to-Parent programs in operation as of December, 1983. Within the chapter we summarize information across the programs in terms of populations served by each program, the host organizations, program goals, staffing models, and services delivered. We then present case studies on seven of the active Parent-to-Parent sites—the three programs that have become RTDCs, and four second generation sites.

Population Served

Current Parent-to-Parent programs serve a variety of families in a wide variety of settings. (See Table III-1.) Three programs serve teenage mothers, four serve families at risk of child abuse and neglect, two serve parents who meet low-income guidelines (one of which is a Native American tribe), two serve parents of handicapped youngsters, and one serves all parents residing in a particular school district.

In some ways all the programs work with families "at risk". However, the level of at-riskness varies both within and across programs. Overall, the Ypsilanti Family Support Program, targeted at families at risk of child abuse and neglect; the Lorain Parent-Infant Enrichment program; and potentially the three Navy sites, which will serve at risk families, are working with families that have more severe problems than the other programs. See Figure III-I for a list of risk factors identified among families served by the Ypsilanti Family Support Program.

Host Organizations

The various Parent-to-Parent programs are housed within such diverse organizations as public school systems, community mental health agencies, Head Start programs, three Navy base Family Service Centers, a non-profit educational research foundation, and a county center for retarded citizens. Funding for each program usually comes from more than one source. As Table III-1 indicates, the programs are frequently supported by their host agency, but funding is often supplemented with monies from foundations and community donations. The Head Start programs, of course, receive funding from the federal government as well as from local in-kind donations.

Program Goals

The goal of most Parent-to-Parent programs is to give parenting and problem-solving support to families of very young children through weekly visits in the home by trained, volunteer home visitors. Within the Head Start programs the model has been adapted to meet its objective of involving parents more actively in their children's education. Trained volunteer "advocates" help out in their child's center or in the home—

Table III-1

<u>Program Structure</u>
<u>1982-1983</u>

Program	Geog. Locat.	Host Agency	Source Funding	Goals	Target Pop.	Staffing Pattern
Ypsi Family Support	urban/ suburban	private, non-profit	foundations, community donations	secondary prevention, abuse/neglect	at-risk families	paid supvsr., 20 vols.
Vermont Parent- to- Parent	rural/ small town	community mental health	Vt. Dept. of Mental Health, host agency	parent-infant education	teenage mothers	paid supvsr., 13 vols.
Dayton Family/ Program Advocate	urban/ rural	Head Start	federal	parent in- volvement	low- income families	paid supvsr., 31 vols.
Lorain Parent- Infant Enrichment	urban	community mental health	private foundations	parent-infant education	teenage mothers	paid supvsr., 13 vols.
Mont- pelier, VT	urban	community mental health	private foundations comm. mental health	parent-infant education	teenage mothers	paid supvsr., 8 vols.
Oneida, WI Head Start	rural & reserv- ation	Head Start	Title IV, part B (federal)	parent-infant education	low-inc., Native American mothers	paid supvsr., 4 vols.
Mankato Parent- to- Parent	small town	public schools	foundations school dis- trict	parent-child education	school district mothers	paid supvsr., 10 vols.
Toledo Parents Plus	urban	public schools	school dis- trict	parent-child education	parents of handi- capped preschoolers	paid supvsr., 21 vols.
Chelsea, MI Parent- to- Parent	rural	private non-profit	community donations	parent- child education	at-risk	vol. supvr., 6 vols.

Table III-1 continued

1983-1984

Program	Geog. Locat.	Host Agency	Source Funding	Goals	Target Pop.	Staffing Pattern
Oneida, NY Parent-to-Parent	urban/ rural	Assn. for Retarded Citizens	community action	parent-child inter-action to support IEP Goals	parents of handicapped birth to 5 years	paid supvr., 4 vols.
Great Lakes Navy Parent-to-Parent	base housing	Family Service Center	Family Program Branch (OP152) Dept of Navy, D.C.	parent-child education	parents of children at Risk 0-5 yrs.	paid supvr. 9 vols.
Navy Dist Wash. Bellevue Family Support Model	base housing	Family Service Center	Family Program Branch (OP152) Dept of Navy, D.C.	parent-child education	parents of children at risk 0-5 yrs.	paid supvr. 7 vols.
Navy Family Peer Program Ft. Meade, MS	on & off base (Navy)/ urban	Family Service Center, Annapolis	Family Support Program Branch Dept of Navy	secondary prevention abuse/ neglect	Navy & Marine parents of 0-5 yr olds	paid supvr. 10 vols.
Grand Rapids, MI Head Start	urban	Head Start	federal	parent involvement	low-income parents	
Dickinson Iron Mt., MI Head Start	rural	Head Start	federal	parent involvement	low income parents	

volunteer "advocates" help out in their child's center or in the home-based office, performing a variety of services depending on their skills and the program's needs. Even within the traditional Parent-to-Parent models specific services vary according to the population served—teenage mothers, parents of handicapped children, at-risk parents—but the underlying, unifying thread across all Parent-to-Parent programs is the goal of strengthening parents' skill in understanding their children's behaviors and stimulating their development.

Staffing Models

The staffing model is virtually the same across home visiting Parent-to-Parent programs—it consists of a paid program supervisor, and from four to 21 volunteer home visitors. The host agency usually provides administrative support, such as secretarial help and book-keeping. Most full-time supervisors are responsible for other programs or activities within the agency as well as the Parent-to-Parent program. Some, for example, provide training and technical assistance to other organizations interested in setting up their own Parent-to-Parent model; others supervise related kinds of volunteer programs within their agency.

The Miami Valley Advocate programs, in Dayton, Ohio, which do not involve home visiting, are the only ones that have purposely built in a hierarchical structure for their volunteers. Advocates can progress up a career ladder, assuming more responsibility at each step, and earning slightly larger stipends. At the top step they may qualify for a paid staff position within Head Start, if a position is open.

Profiles of Volunteers

The demographic characteristics of home visitors and advocates vary to some degree across programs. Table III-2 outlines each program from which volunteer data was available. (Data from the MVCDC home-based and center-based advocate programs are combined.)

Table III-2

Demographic Characteristics of Home Visitors/Advocates

Program	Ethnicity				Age				Education				Chldrn	
	BL	WH	IN	HI	20-29	30-39	40-49	>50	<HS	HS	>HS	COL	Y	N
Ypsi FSP	3	10	0	1	8	5	0	1	0	1	2	11	x	x
VT P-to-P	0	13	0	0	5	4	2	2	0	6	4	3	x	
OH Head Start	22	11	0	0	28	4	1	0	10	17	6	0	x	
Lorain P-I E, OH	2	10	0	1	0	8	3	2	1	5	3	4	x	
Montpelier, VT	0	8	0	0	3	3	2	0	0	0	5	3	x	
Oneida, WI Head Start	0	0	2	0	2	0	0	0	0	1	1	0	x	
Total	27	52	2	2	46	24	8	5	11	27	21	2		

BL = Black
WH = White
IN = Native American
HI = Hispanic

Services Delivered

Focus of Visits

A similar pattern across Parent-to-Parent models in the timing of different kinds of services that home visitors deliver to parents has emerged over the years. During the early weeks the home visitors find themselves spending most of each visit dealing with the parent's own personal problems. They have found it very difficult to focus the visits on the child's needs when the parent has so many needs herself.

In the early months the home visitors also have to resolve the limits as well as potential of their role vis a vis the family. Families often have so many immediate needs that home visitors can find themselves functioning as medical and nutrition consultants, educational counselors, and psychotherapists. They find it necessary consciously to restrict and define their role to fit their abilities and their available time.

Over time the majority of the home visitors manage to shift the focus of the home visits to those activities originally designed to serve as the foundation of the weekly home visit: discussion, modeling, demonstration, and observation of parent-child activities. Typical activities include discussing with the parent why the baby has been responding as it has to particular situations, playing with the baby to model ways to stimulate it, and showing the parent how to use available objects around the house to make simple toys.

The pressure to focus on the parent's immediate needs during the early months of home visiting seems to be a necessary and predictable phase of the program. Until parents can resolve satisfactorily the concrete and seemingly overwhelming problems confronting them, they have little energy or motivation available to attend to improving parent-child interactions. As the home visitor helps the parents help themselves, trust is built up between the two, and the parents become receptive to the child-rearing suggestions and developmental information offered by the home visitor.

Status of Current Programs

Table III-3 summarizes the most recent information about program operations across currently operating home-based Parent-to-Parent models. Some programs included in Table III-3 have been functioning quite independently of High/Scope for some years now--the Mankato and Toledo programs in particular. We present information on those programs begun before fall 1983. Those listed under 1983-1984 are just getting underway, and participating families have not yet been recruited.

Table III-3

Numbers and Ages of Parent-to-Parent Participants by Program

for the 1982-1983 Program Year

Program	No. Families		Ages of Moms		No. Children		Ages of Target Child		No. Home Visitors
Ypsi Family Support	cont	8	<20	6	cont	11	<1 yr.	20	
	new	25	20-29	22	new	43	1-2 yrs.	22	20
	total	33	>30	5	total	54	3-5 yrs.	12	
Vermont Parent-to-Parent	cont	7	<20	10	cont	11	<1 yr.	15	
	new	10	20-29	7	new	10	1-2 yrs.	5	13
	total	17	>30	0	total	21	3-5 yrs.	1	
Lorain OH Parent-Infant Enrichment	cont	0	<20	25	cont	0	<1 yr.	31	
	new	27	20-29	1	new	36	1-2 yrs.	5	13
	total	27	>30	1	total	36	3-5 yrs.	0	
Montpelier, VT	cont	0	<20	12	cont	0	<1 yr.	14	
	new	17	20-29	5	new	21	1-2 yrs.	7	8
	total	17	>30	0	total	21	3-5 yrs.	0	
Oneida WI	cont	0	<20	4	cont	0	<1 yr.	6	
	new	6	20-29	1	new	6	1-2 yrs.	0	4
	total	6	>30	1	total	6	3-5 yrs.	0	

Table III-3 continued

Program	No. Families	Ages of Moms	No. Children	Ages of Target Child	No. Home Visitors
Mankato MN Parent-to-Parent	cont 14 new 28 total 42	(No data)	cont 24 new 46 total 70	eldest preschool	10 (+ 5 staff)
Toledo OH Parents Plus	cont 20 new 13 total 33	(No data)	cont 22 new 15 total 37	handicapped preschool	21
	Total 175		Total 245		Total 89

For the 1983-1984 Program Year

Program	No. Families	Ages of Moms	No. Children	Ages of Target Child	No. Home Visitors
Oneida, NY P-to-P	new ____ (no data yet)	new ____	new ____	new ____	3
Great Lakes Navy P-to-P	new ____ (no data yet)	new ____	new ____	new____	9
Naval Dist Wash. Bellevue Family Support Model	new ____ (no data yet)	new ____	new ____	new ____	7
Navy Family Peer Program Ft. Meade, MD	new ____ (no data yet)	new ____	new ____	new ____	10

The summary data presented in Tables III-1, III-2, and III-3 provides only a brief glimpse into what is happening in the various Parent-to-Parent Programs. In order to understand the dynamics present within each program, in the following section of this chapter we provide case studies of seven of the currently operating Parent-to-Parent Programs.

Case Studies

Within each case study we include information on the program structure (in terms of goals staffing patterns, and its place in the host agency), the actual services being delivered, and the status/current viability of the program. The following programs are described in the case studies:

1. Ypsilanti Family Support Program

2. Vermont Parent-to-Parent Program

3. MVCDC Inc. Family Advocate Programs

4. Lorain Parent-Infant Enrichment Program

5. Oneida, WI

6. Oneida, NY

7. Montpelier, VT

1. YPSILANTI FAMILY SUPPORT PROGRAM CASE STUDY

BACKGROUND INFORMATION

The Ypsilanti Family Support Program was designed to provide primary and secondary prevention services to families "at risk" for child abuse and neglect. A trained, volunteer home visitor from the local community visits parents in their home once a week to model developmentally appropriate activities for the child and to help the family resolve immediate concrete problems that may be confronting them.

The program began in fall, 1981. Although it was designed to provide primary prevention, there had been such a decrease in the services normally provided by community agencies that for the first two years of operation it accepted a large proportion of families with severe problems, some going well beyond secondary prevention. During this third program year an attempt has been made to focus more directly on secondary prevention.

Support for the Family Support Program has come primarily from the host agency, High/Scope Foundation, with small grants coming in from local agencies.

Sponsoring Institution

The sponsoring institution for the Ypsilanti Family Support Program is the High/Scope Educational Research Foundation, an independent, non-profit research and development organization with 55 full-time staff members. The Foundation's primary goal is to develop and disseminate practical alternatives to the traditional ways of educating children, training teachers, and working with parents. Its research, training, curriculum development and publishing activities are funded by the Bernard van Leer Foundation, the Carnegie Corporation of New York, the Levi-Strauss Foundation, the Agency for International Development, and the Robert T. Grant Foundation.

High/Scope's work in parent/child education began more than 15 years ago with the Ypsilanti-Carnegie Infant Education Project (1968-1971). From that original program, which utilized professional staff visiting the homes of low income families with infants between the ages of three and eleven months, evolved the Parent-to-Parent model, a peer-to-peer, volunteer home visiting program aimed at sharing child development information in a manner that enhances parents' child-rearing skills and fosters parents' self-confidence and problem-solving ability. While the core curriculum targets parents of very young children, the model has been adapted by various organizations to serve parents of preschool children, parents of preschool handicapped children, and parents of school-age children.

Organizational Structure

High/Scope Foundation has six departments, among them Research, Family Programs, and Early Childhood Education. The Family Support Program is in the Family Programs department, whose director is

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responsible for the overall course of the local program. Directly responsible to the director is the supervisor of the Family Support Program, who is one of two consultants who provide training to outside agencies in the Parent-to-Parent model. Two evaluators also work part-time in the department, along with a full-time secretary. Additional support is available from the Administration department, which includes an accountant and the High/Scope Press.

Community Context

Ypsilanti is a city of approximately 60,000, located about 30 miles from Detroit. Here and throughout southeastern Michigan, the principal industry is the manufacture of automobiles, with over 25,000 employees in the Ypsilanti area. While Washtenaw County is a relatively affluent county, in 1970 ranking thirty-first in median family income among 332 counties in the nation with over 50,000 people, the city of Ypsilanti is a pocket of blue-collar workers, many of them Appalachian whites drawn north to work in the automobile factories.

The recession in the car industry has had a severe impact in Ypsilanti. In July, 1982 unemployment in the state of Michigan, among the highest in the nation, stood at 14.7%. In Ypsilanti joblessness reached 18.6%. No aspect of the local economy has remained unscathed, and many neighborhoods have houses standing empty and lawns dotted with "for sale" signs.

Economic stress has been identified as a major antecedent of child abuse and neglect. Joblessness, and the frustration and anxiety that accompany it, create wide-reaching problems, since the behaviors that emerge to cope with it—drinking, violence, withdrawal—are often more detrimental to the individual and the family than the initial situation. The Family Support Program grew out of a need to help these families undergoing stress, families with young children whose futures were very much at risk.

PROGRAM IMPLEMENTATION: STRUCTURE AND PROCESS

In this section we will describe Family Support Program goals, the target population of the program, the staffing of the program, and the kinds of services the program provides.

Program Goals

The overriding goal of the Family Support Program (FSP) is primary and secondary prevention of child abuse and neglect. Toward this end the FSP seeks to improve the quality of parent-child interaction, support the personal development and self-esteem of the parent, and encourage the wise use of community resources. Essentially, the FSP endeavors to have a positive impact on the overall quality of the family's environment.

Improve Parent-Child Interactions

In order to improve interactions between parent and child, FSP home visitors try to accomplish the following objectives:

1. Help parents gain increased knowledge and understanding of their child's individual level of development

2. Help parents learn to recognize and respond to their child's cues

3. Encourage parents to display more warmth and affection (both verbal and physical) towards the child

4. Discourage the use of physical punishment and encourage the use of alternative methods of discipline

5. Help parents learn to interact with their child in ways that are both stimulating and challenging

Support Parents' Personal Development

In order to support parents' personal development, FSP home visitors try to do the following:

1. Help parents to prioritize their problems and concerns and help them learn ways to deal with them more effectively

2. Help parents reduce isolation by encouraging them to build friendships

3. Enhance parents' positive feelings about themselves in their parenting roles

4. Assist parents in obtaining a limited number of concrete services, with the long-term goal of encouraging independence and self-sufficiency

Improve Parents' Knowledge About and Use of Community Resources

In order to increase parents' knowledge about and use of community resources, FSP home visitors try to:

1. Link parents with appropriate community resources

2. Increase their awareness of community resources and help them become more effective consumers of these services.

Target Population

Although the Family Support Program was designed as a primary and secondary prevention program for families at risk of child abuse and/or neglect in Washtenaw County, an exclusive focus on primary prevention has not been possible. Because of the severity of the economic climate and the decrease in services normally provided by community agencies, there has been a larger number of high risk referrals from these agencies, referrals who would otherwise receive no services if the Family Support Program did not accept them. As a result, the target population has turned out to include some families with numerous indicators of "at riskness," and some that might be categorized as tertiary prevention. During the first year of operation there was some pathology identified in

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80% of the families served, and 10% were designated "hard core." The hard core included, for example, families who were ordered by the courts to participate in the program. During the second year of the program, an examination of each family's situation revealed that no participating family had fewer than three potential risk factors, and some had as many as 10.

The risk factors identified as present in the FSP families are listed in Figure III-1.

Figure III-1

Abuse and/or Neglect Risk Factors

1. Severe mental illness (clinically diagnosed, includes periods of institutionalization)

2. Previous substantiated incidence of abuse/neglect (open or previously opened protective services cases)

3. Parent(s) come from abusive/neglectful home(s)

4. Alcoholism or drug abuse by one or both parents

5. Unemployment

6. Teenage parenthood

7. Severe health/medical problems (any family member)

8. Handicapped/mentally impaired child

9. Drastic life changes (death of close relative, divorce, job loss, move, addition to family)

10. Criminal history

11. Severe marital stress (arguing, fighting between spouses)

12. Physical isolation/lack of transportation

13. Single parenthood

14. Social isolation/lack of support systems

15. Low income/severe financial stress

16. Length of time family is in financial need

17. Poor physical environment (overcrowding, lack of running water)

18. Difficult pregnancy and labor

19. Sexual assault that resulted in birth of child

20. Parents' dissatisfaction with child's appearance, temperament

Community agencies were notified that the FSP would accept referrals for families with young children (birth to 2 1/2) who were identified as needing assistance in parenting, who might more readily accept assistance from a non-professional, or for expectant mothers in their last trimester who could benefit from prenatal visits and from continuing visits after the baby's birth.

A descriptive summary of the numbers of FSP participants—families and children, their ages, and the number of home visitors serving them—is presented in Table III-4.

Table III-4

Numbers and Ages of Family Support Program Participants by Year

Program	No. Families	Ages of Moms		No. Children	Ages of Target Child		No. Home Visitors
1982–1983	cont 8	<20	6	cont 11	<1 yr.	20	
	new 25	20-29	22	new 43	1-2 yrs.	22	20
	total 33	>30	5	total 54	3-5 yrs.	12	
1981–1982	cont 0	<20	2	cont 0	<1 yr.	8	
	new 21	20-29	15	new 35	1-2 yrs.	19	13
	total 21	>30	4	total 35	3-5 yrs.	8	

Demographic Information on Families Served

As Table III-5 reveals the great majority of the FSP families served in the last two years received public assistance as their primary means of economic support. About half the mothers had less than a high school education, and from one-quarter to one-third lived alone. Ethnically program participants were about 2/3 white and 1/3 minority (black, Hispanic, or Asian).

Table III-5

Demographic Information on FSP Families

Year	Educat. Level, M.		Household Composition		Economic Support		Ethnicity	
1982-1983	< 10th	8	M. Alone	13	M. Empl.	0	Black	9
	10-11.5	9	F. Pres.	13	F. Supp.	4	White	22
	H.S.	10	Gr.Par.Pres.	3	Oth.Supp.	7	Amer.Ind.	0
	> H.S.	6	Oth. Adult	4	Publ.Asst.	25	Hispanic	2
1981-1982	< 10th	3	M. Alone	8	M. Empl.	1	Black	6
	10-11.5	7	F. Pres.	9	F. Supp.	4	White	14
	H.S.	10	Gr.Par.Pres.	1	Oth.Supp.	1	Amer.Ind.	0
	> H.S.	1	Oth. Adult	3	Publ.Asst.	17	Hispanic	1

Staffing Arrangements

The FSP is run by a paid supervisor and a varying number of volunteer home visitors. Last year there were 20 home visitors. The supervisor is a college graduate with a background in political science. In addition, she has done graduate work in English and education. Before assuming the FSP supervisor's position, she directed the local Child Care Referral Service, an information, referral, and parent support organization, and was active in the community. She is married, in her thirties, and the parent of two school-age children.

The 20 home visitors were predominantly white, college graduates, in their twenties, with a few in their thirties and one over 60. Although most were married, about a third were single and childless. Among the latter group were two single men.

Services Delivered to Families

A total of 688 home visits were made to families during the 1982-1983 program year. The focus of these home visits encompassed a broad range of activities.

Focus of Home Visits

The focus of the home visits has varied depending on the individual needs of the families. While a common denominator has been to provide child development information, in many cases the provision of concrete

services was often a necessary step in building trust and a prerequisite to the eventual transfer of knowledge. In one case the home visitor helped the mother find a crib by putting her in touch with some local community groups. In another case, a young teen mom was leaving her baby alone for short periods because, as she put it, "she was climbing the walls." The supervisor of the program successfully solicited donations of strollers from a local discount store, and the home visitor then provided one on loan to the young mother, who used it frequently to get out of the house and take her baby to the park.

Certainly a major focus of the program has also been to increase positive parent-child interaction. Many times the home visitor's goals stated on Home Visit Plans would reflect the need to reinforce parental consistency and work on positive alternatives to hitting or shouting. A discipline workshop, organized for families and home visitors, was a major turning point for one couple, who subsequently, with the support and encouragement of their home visitor, put into practice several of the principles learned there. The results were so rewarding that the family continued to implement them long afterward.

Length of Participation

Although the majority of families participated in the program for up to six months, many participated for substantially longer periods (see Table 4).

Length of participation is dependent on several factors. For those who complete the program length of participation is based primarily on the family's degree of need. The greater the needs, the longer may be the participation. Those who did not complete the program may have dropped out or may still be ongoing. Since families enter the program througout the year, length of participation for the ongoing is related to when they started. Many families were still ongoing (47%) when data were collected, so the six months figure may be misleading.

The percentage of participants who dropped out of the program before completion (36% the second year and 41% the first year) is higher than in our other programs, but this may be in part a function of the way in which participants enter the program and in part a function of the severity of the problems they are experiencing.

Several families have been ordered by the courts to participate in the FSP. Some of these families agree to enter the program but are not very motivated. Others have different expectations of what participation in the program means and may, for example, be disappointed that the home visitor won't provide transportation for them. One 22 year old who had been through a traumatic first birth experience had it in mind that her home visitor was there solely to help her find a way to "get my tubes tied." She lost interest as soon as she learned otherwise.

Other referrals have come from Mott's Children's Hospital and Women's Hospital at the University of Michigan; the Department of Social Services (Office of Preventive Services); the Corner--a community-based health center for adolescent parents; public health nurses and school nurses.

For some of these participants, the FSP turned out not to be an appropriate resource. One young mother was sent to the state mental hospital, accused of abusing her child. The child was placed in foster care, but the home visitor continued to visit the child and her foster mother.

Another parent who did not successfully complete the program, a single father, was sent to jail for committing a felony. The home visitor continues to keep in touch with both the father and the foster care worker, serving as a source of communication and an informal liason between the father and the worker. The continuity of contact between the child and the home visitor during this difficult period may have been invaluable for the child, even though it did not help the father.

Program staff have concluded from these experiences that parents with very severe or multiple problems cannot be effectively served by a volunteer home visiting program. This year the FSP has declined to accept these multi-problem families, as well as those who seem to have a history of "using" social services. The burden on volunteer, non-professionals was deemed to be too great to take these families on.

The potentially high-risk family can be served effectively. The key seems to be in accurately identifying those who can and cannot be served, based on referrals received and on the program's own assessment procedures, especially the initial home visit by the supervisor. However, the initial assessment is more difficult than anticipated, and many of the families that have been accepted have turned out to have more problems than were initially identified. Home visitors have needed additional support and supervision in working with them.

Table III-6

Program Participation and Percent Completion

Year	No. Families	Time in Program		No. Home Visits		Percent Program Completion	
9/82-8/83		<1 mo.	2	<4	4	% Complete	21
	33	1-6 mos.	16	5-17	16	% Ongoing	42
		7-12 mos.	11	18-30	8	% Dropped	36
		13-19 mos.	4	31-48	3		
				>48	2		
9/81-8/82		<1 mo.	3	<4	3	% Complete	14
	21	1-6 mos.	14	5-17	14	% Ongoing	43
		7-12 mos.	11	18-30	8	% Dropped	43
		13-19 mos.	3	31-48	3		
				>48	2		

PROGRAM EVALUATION

Nature of the Evaluation

The Family Support Program enlisted during the second year the participation of several senior staff researchers in addition to the two researchers involved in the program to participate in a systematic review of potential evaluation instruments. The purpose of the review process was to identify instruments that would more appropriately reflect the program goals unique to this Parent-to-Parent model and also yield more concrete outcome data than was currently available.

Instrument Selection Process

Several considerations guided the final selection of instruments (see Table III-7). The measures had to:

1) reflect specific program goals

2) meet certain practical requirements

3) have adequate psychometric qualities.

Table III-7

Ratings of Measures for Families and Children in FSP

Outcome Domain	Relevance to FSP			Practical Considerations					Psychometric Qualities				
	Spans age range of FSP population (0-5)	Relevant to FSP program	Likely to demonstrate program effects	Available for use by fall 1983	Appropriate for volunteer paraprofessionals	Test format appropriate for use in home (nonintrusive)	Scoring procedures appropriate for data processing;	Reasonable testing time for program staff	Adequate construct and/or predictive validity	Adequate test stability and internal consistency	Culture and/or SES fair	Representative of target population	Widely used and recognized in field
Parent- Child Interaction													
Caldwell's HOME	X	X	X	X	X	X	X	X	X	X	X	X	X
Parents' Personal Development													
H/S Knowledge Scale		X	X	X	X	X	X	X					
Family Environment													
Michigan Screening Profile of Parent-		X	X	X	X	X	X	X	X	X	X	X	X

Effect of Evaluation on Program Development

The dialogue that ensued between researchers and program staff had several positive effects on the program itself. The process of identifying and judging instruments that would best reflect program goals demanded that the goals be explicitly specified. It is a mistaken assumption that once this goal articulation has been done, either before the program is initiated, or during the early phases of program development, it need not be repeated.

Rather, good programs are aware that implementation followed by critical program evaluation is an ongoing, cyclical process and that the two activities complement each other. It is necessary to good program functioning, in fact, periodically to take time out from delivering the program, to step back and reflect critically on the fundamental program goals. It is especially important in the earlier phases of program development, because the typical temptation is to start out with unrealistic, overly ambitious goals that then must be re-thought and reformulated when the real world intrudes.

Issues that arose in the review process and that had an impact on program development included the "evaluability" of the program, the importance of keeping in mind the need to provide a successful experience for the volunteers, and the questionable ability of multiple-problem families to benefit from the program.

The importance of having an evaluable program directed staff attention to several issues regarding variability in treatment—whether the level of need in families being served varied so much, whether each home visitor-parent relationship was so unique, and whether the age range of children served was so great that each "treatment" was in fact different. If there were such great variability in treatments and a concomitant variation in expected outcomes, then how could such a program be evaluated?

One decision reached by the program supervisor, having wrestled with these evaluation issues collaboratively with research staff, was to try to narrow the focus of population served. The decision was not forced upon her by outsiders, but was her own. It was reinforced by consideration of the volunteers as themselves being served, and thus deserving not to be matched with such multiple-problem families that would overtax the home visitors' ability to work with them successfully, inevitably resulting in volunteer burn-out.

Another result of the researcher-program staff dialogue was a much more critical look at whether any measurable changes could be expected among these high-risk families within a year, and whether it was cost-effective to allocate resources and services to such families since they would not benefit from the experience. This consideration of cost-effectiveness also served to reinforce the decision to narrow the target population to families still "at risk," but not so disorganized that they could not take in or attend to the parenting information being provided.

Evaluation Instruments Used

The three instruments listed above (High/Scope Knowledge Scale, Caldwell's H.O.M.E., and the Michigan Screening Profile of Parenting), all focus on the target parent, and are administered at the beginning of the program and approximately six months later. Since there is considerable variation in length of program participation, the timing of the post-tests was designed to obtain information from the most families—before the family terminates or is terminated—yet after enough program contact that some gains might reasonably be expected to occur.

The High/Scope Knowledge Scale is also administered to the home visitors to reflect their increase in knowledge of child development.

In addition to these summative measures, the FSP uses several evaluation instruments that serve both formative and summative purposes. These instruments include:

o Home Visit Plan (used before and after each home visit)

o Program Status Report (quarterly program report by supervisor)

o Parent-to-Parent Intake Form (initial fact sheet, final summary)

o Record of Home Visits/Evaluation Forms (monthly, each family)

Program Effectiveness Indicators

One program effectiveness indicator is the active use of a formative evaluation system to monitor and, if necessary, redirect program operations. The joint program staff-researcher review of program goals and evaluation measures described above that led to ongoing program development exemplifies one type of formative evaluation system in place.

Existing documentation reflected program outcomes (described below) in a more or less qualitative way, but the review process made it clear that greater attention needed to be focused on quantifiable outcomes, which in turn meant that program services needed to be more narrowly directed to a less diverse population. That redefinition of program purpose has begun.

Other indicators of program effectiveness are presented below, based on the program supervisor's observations and on qualitative analyses of Home Visit Plans.

Parent Outcomes

Any discussion of parent outcomes stemming from program participation has to take into account the level of disorganization existing in a high percentage of FSP families and the kinds of problems they were facing (refer back to Figure III-1). Any one of the 20 abuse and/or neglect risk factors present in a family situation would be difficult to address, but, as noted earlier, no FSP family was experiencing fewer than three of these serious problems.

Home visitors described how some of these families were coping and how they reacted to the presence of the home visitor. For example, one home visitor observed, "sometimes it was hard, because when I'd bring in activities, there were so many other crises she couldn't focus on what was going on." Another explained, "it just doesn't work to go in with a bag of activities when their whole world seems like it's crashing down on them."

In these families' chaotic and stressful lives the appearance of another outsider, however well-meaning, is often greeted with something less than enthusiasm. A third home visitor reported, "When I first started seeing B., she barely talked with me and stated that she did not see how I could be very helpful." Families whose problems seem overwhelming have to be convinced that anything can help. Their own actions have been fairly ineffectual, and they feel powerless to resolve the problems of overcrowded living arrangements, not enough money for food, heat or hot water, no transportation, and no job. These frustrations coupled with the demands of several young children provide the classic conditions for child abuse and neglect.

Helping these parents deal effectively with their financial and housing needs seemed to free them somewhat to relate more positively to their children. Although many changes that were observed were not dramatic, or in some cases, even very big, nevertheless they were important. Typical of these small changes are the following examples.

o One mother learned to use all her available money to have the gas turned back on. Before her home visitor came into her life, she was spending money on non-essentials like birthday gifts, and not meeting basic needs first.

o Another 24 year old mother, who had had her first child removed by Protective Services because of child abuse, had had another child die in the hospital, and had recently delivered her fifth child, finally after much encouragement from her home visitor, overcame her ambivalence toward doctors enough to take her four-year old child in for his required immunizations, to undergo a tubal ligation herself, and to allow the youngest to have an operation to repair a congenital defect.

Parent-Child Outcomes

Typical parent-child outcomes involve more satisfying relationships for several reasons: 1) as they learn that they can, in fact, manage some of their external affairs, they also begin to realize they can manage their children, 2) as they understand their children's behavior better, they accept it with more tolerance, and 3) as they understand their children better, they begin to realize how their own actions affect their children's behavior.

o A mother of three reported on her final visit, "I cope better with my family problems. I learned why my children do the things they do and how to better manage my temper when they do them."

o A home visitor reported that a parent who had had real problems with consistency in disciplining her children "is now doing better, and seems better able to see the growth in her children."

o Another home visitor was overjoyed that a formerly abusive mother "comforted her sick child for ten minutes!" Previously this mother had been unable to spend more than one minute comforting her child when he was ill.

Child Outcomes

Behavior problems related to stressful home environments have tended to become less severe, as parents solve problems distracting them and causing them anxiety, and as they learn how to give their children positive kinds of attention. One home visitor reported that the temper tantrums that used to annoy the mother so much had disappeared as she learned to be more consistent, and eating problems diminished in another child.

Other outcomes observed are in the area of improved health. Immunizations that may be three and four years overdue are finally obtained with the home visitor's encouragement. More appropriate medical services are obtained sooner because of the home visitor's more knowledgeable eye and her regular presence.

One mother with two younger children finally enrolled her four year old in Head Start with the encouragement of the home visitor, after months of resistance. We have learned from our own Perry Preschool research that this experience may have far-reaching consequences in this disadvantaged youngster's life.

Home Environments

The changes that have been wrought in the family environment of many FSP participants and the corresponding improvements in the quality of life of everyone in those families have been significant. Resolving crises and taking the first steps to changing chronic situations have given many of these families the courage to attempt other changes. One family resisted a landlord's unreasonable request to pay $160 for a broken storm door and then fixed it themselves at a fraction of the cost.

Home Visitors

The experience of being a home visitor--helping families cope with challenging and extremely serious problems, teaching them more effective ways to interact with their children--results in a great deal of personal growth for the home visitor. The supervisor has observed that home visitors have:

o a much better knowledge of child development,

o improved skills in working with and teaching adults,

o an increased knowledge of community resources and the ability to use them effectively,

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o more self-confidence.

Indirect Indicators of Program Effectiveness

Various groups and agencies have attested to the effectiveness of the program.

o During a recent conference on prevention, several of the county's service agencies were asked to give their opinions on a wide range of suggested programs. Two in the group (not High/Scope staff) responded "The High/Scope program works and has seemed to have proven its effectinvess — why do we need to look elsewhere?"

o A University of Michigan Social Worker claimed that she felt the program was well run and that the volunteers are exceptionally well trained and committed.

o Two local businesses have donated strollers, cribs, toys and baby clothing to the program.

o The waiting list has grown to the point where the supervisor has had to discourage referral sources from mentioning the program to families for the time being, in order not to promote false expectations.

o The opinion of a Department of Social Services Protective Services worker regarding the home visitor working with the mother whose oldest child had been removed due to child abuse is a significant indicator of program effectiveness:

"Peg [the home visitor] was a godsend on the case. She was so reliable and consistent. She reinforced a lot of the things I was trying to get through to her, especially in the area of discipline...When I asked [the mother] what she had learned from Peg, she said 'I learned to understand my kids better.' I consider the Parent-to-Parent program our number one resource."

Fy 82-83:

o Salaries	
Coordinator (75% time)	$13,500
Secretary (25% time)	3,175
o Overhead & Benefits	8,330
o Staff mileage	500
o Volunteer stipends	2,400
o Occupancy	1,000
Total Cost	$28,905
Number of Families Served	33
Cost per Family Served	$876

2. VERMONT PARENT-TO-PARENT PROGRAM CASE STUDY

BACKGROUND INFORMATION

In this section we will describe the Vermont core program and Regional Training and Dissemination Center, its sponsoring institution, and the local community within which it operates.

VERMONT PARENT-TO-PARENT PROGRAM

The purpose of the Parent-to-Parent program in the Northeast Kingdom of Vermont is to provide a home-based parent support program for adolescent parents in selected counties in the Kingdom. Volunteers trained in child development and the principles of home visiting have as their goals: 1) enhancing the teen-aged parents' ability to meet their own personal developmental needs, 2) supporting and strengthening the teenager's interpersonal relationships, 3) enhancing their interactions with their children in order to better meet their developmental needs, and 4) increasing their skill in locating and acquiring community services that will help them meet basic family needs.

The Vermont Parent-to-Parent program has over the years increasingly emphasized meeting the personal needs of the volunteer home visitors as well as those of the adolescent parents. Program goals in the areas of personal development, interpersonal relationships, child development knowledge, and community involvement have emerged for the volunteers.

The program has been operating since the fall of 1979. Because of its strength it was selected by High/Scope to demonstrate that it could successfully transfer its knowledge and experience to other organizations interested in starting their own parent-to-parent programs. In the fall of 1981, the core program began the transition from exclusively providing direct service to adolescent parents to also providing training and technical assistance to other agencies and communities throughout New England. Thus, the New England Regional Training and Dissemination Center was established.

Because resources to support both core program operations and training activities were limited, the scope of home visiting, which since 1979 had expanded to include three geographically distinct areas each with its own supervisor, was reduced. The Parent-to-Parent program reverted to a demonstration model serving only adolescent parents in the original target area (5 mile radius) surrounding St. Johnsbury. When the first program supervisor retired in January, 1983, a former home visitor and later supervisor for the Newport area assumed program responsibilities. Another former home visitor who had been working with the supervisor since September, 1982 to learn RTDC operations assumed RTDC responsibilities.

NEW ENGLAND REGIONAL TRAINING AND DISSEMINATION CENTER

The New England RTDC has three primary functions: 1) to demonstrate the core Parent-to-Parent model, 2) to disseminate the model and provide

outreach, and 3) to provide training and technical assistance. The core program has been described above. Dissemination and outreach takes place through the supervisor's presentations at conferences and meetings, her visits to interested organizations, mailings and distribution of materials, and through articles and reports. These will be described in more detail in Chapter III.

Training and technical assistance is provided to agencies and organizations with whom the RTDC has negotiated contracts. Currently such assistance is being provided to the Bennington-Rutland Opportunity Council's Parents Together Program, which serves at-risk families with children ages 0-5, and the Washington County Youth Services Bureau in Montpelier, which serves teen families. In addition the RTDC was awarded a grant by the Department of Social and Rehabilitative Services to provide training and technical assistance to parent-aide programs throughout Vermont. Training is also expected to begin at the Children's Health Programs of Great Barrington, Mass., with their adolescent family support program.

SPONSORING INSTITUTION

The RTDC and core program operate under the aegis of the Northeast Kingdom Mental Health Services, Inc., a mental health agency with offices in St. Johnsbury and Newport, Vermont. It is one of the oldest community mental health centers in the nation, in operation for the last 16 years, and the only such service in the Northeast Kingdom. The mental health agency provides a wide range of traditional, remedial services along with a consultation and education program that focuses on prevention and community education.

Since September, 1979 the Parent-to-Parent program had operated with financial support from the Turrell Fund and the Public Welfare Foundation, but with no direct agency funding beyond the initial costs for training and technical assistance from High/Scope, and then the ongoing cost of office space, secretarial support, and administrative supervision. These organizational supports were not inconsequential; in fact, it was very important for the program to have an institutional "home," but the indirect support was indicative of the fact that Parent-to-Parent was initially seen as a demonstration program by the NKMHS executive staff, external to its ongoing operations.

In July, 1982, when the Turrell and Public Welfare Foundation support was coming to an end, the RTDC and core program were formally taken over by NKMHS. The agency allocated $20,000 of its own funds from the State Department of Mental Health to the program. There appear to be several reasons for this move to institutionalize Parent-to-Parent.

1) The program seems to be effective and is supported throughout the community.

2) The director's personal commitment to a preventive approach to mental health service delivery seems to be gathering increasing support throughout the state. The Parent-to-Parent program and the RTDC together are the agency's most visible example of a community-based prevention

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program, and the director is clearly proud of the attention that his agency is receiving for having the first, and as yet, only peer prevention program in Vermont funded by the state.

3) The RTDC has the potential to be self-supporting.

The Parent-to-Parent core program is run by a former volunteer home visitor and area supervisor who officially devotes 80% of her time to it. The RTDC is run by another former home visitor who officially devotes 73% of her time to RTDC activities. The two have adjoining offices in the St. Johnsbury agency, and work very closely and cooperatively.

LOCAL COMMUNITY

The Northeast Kingdom of Vermont borders Canada in the eastern corner of the United States. It is remarkable for its beautiful green, wooded mountains and rural countryside. Population density is very low, only 25 persons per square mile. Winters in the Kingdom are exceptionally cold and very long. Historically, the Northeast Kingdom was an active farming area, with many small dairy and sheep farms. Farming has declined, however, and the local economy consists primarily of lumbering, maple syruping, and small industry, such as ski apparel manufacturing. Economic opportunities now are scarce. Wages for available work are low. The Kingdom's three counties make up the only officially designated poverty area in Vermont. The population of the Kingdom is largely Yankee and French-Canadian, but has been growing recently due to the arrival of former urban and suburban dwellers seeking alternative lifestyles.

To an outsider life in the Northeast Kingdom seems isolated. Distances between towns and villages are long, and natural geographic barriers—the mountains—increase the psychological distances even further. Formerly strong family support systems have been weakened due to harsh economic pressures, the availability of state and federal social welfare services, and our increasingly technologically advanced society.

Attitudes toward the NKMHS throughout the Kingdom have traditionally reflected the region's general attitude toward social welfare services. The widespread value placed or self-reliance, the tendency to keep personal problems hidden, and the fear of a mental health agency have all been barriers to full use of NKMHS services.

The stigma attached to using social welfare services has declined in recent years, perhaps due to the stresses on family life that have grown recently. Reports of alcoholism, spouse abuse and child abuse are increasing, and adolescent pregnancy and related adolescent problems have apparently become more common.

The Consultation and Education division of the NKMHS attempts to overcome the stigma attached to community mental health through public relations efforts, and apparently they have been very successful. This success has benefitted the Parent-to-Parent program as well. It is also possible that the preventive, positive approach of the Parent-to-Parent model has benefitted the agency.

PROGRAM IMPLEMENTATION: STRUCTURE AND PROCESS

In this section we bring the reader up to date on core program and RTDC operations, describing the program structure, ongoing implementation, program evaluation and effectiveness indicators.

PROGRAM STRUCTURE

The organizational structure of the core program has been constantly evolving since it began in 1979. Initially program structure was quite conventional and similar to other Parent-to-Parent programs, with a supervisor responsible for the day-to-day program operations and supervision of the volunteers, and in turn responsible to an administrator within NKMHS. (Tragically the first supervisor was killed in an automobile accident in January, 1980, and the agency administrator carried on until a replacement could be hired in April, 1980.)

During the second year the demand for the program was so great that it expanded into two other communities geographically distant. It then became necessary to designate area supervisors to assist the supervisor in her administrative tasks and reduce her travel time. Three area supervisors were chosen from among the trained and experienced home visitors.

In December of the third year with the inception of the RTDC the two expansion communities (and area supervisor roles) were phased out, leaving the core program to operate only in St. Johnsbury. One of the three area supervisors assumed responsibility for the core program, allowing the program supervisor to devote herself to her new outreach and training and technical assistance responsibilities.

In December of the fourth year, the RTDC supervisor retired, but the overall division of labor that had been established the previous year remained in effect, with the core program supervised by one person, and the RTDC responsibilities assumed by another. Both had been trained as home visitors and were experienced in the Parent-to-Parent program. Moreover, an orderly transition between old and new RTDC supervisors was assured by the four-month "apprenticeship" that the new RTDC supervisor underwent prior to taking over the role.

Staffing Arrangements

The staffing pattern within the core program consisted of the supervisor and from nine to 13 volunteer home visitors. During the expansion years there were 17 to 21 home visitors with the addition of the three area supervisors who assisted in overseeing home visitor activities.

The supervisors have always reflected the local community in terms of ethnicity and religion. They have all been white and protestant, and could pass for "Yankees"--no southern or other "foreign" accents--even if they weren't Yankees, strictly speaking. The first supervisor was a local woman, but the second was not, and had only recently arrived in Vermont. Of the two current supervisors, one grew up in Vermont, the other moved to

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Vermont about seven years ago—another recent arrival as Vermonters judge these things.

The supervisors have all been college graduates and experienced in working within the community. They have all been mothers and married formerly, if not currently. Age seems to be less important than experience or ability—the first supervisor was in her early thirties, the second her early sixties.

The Target Population

The target population is all new, primarily adolescent parents in the St. Johnsbury area. The prevalence of adolescent pregnancy and parenthood in the Northeast Kingdom has increased steadily in recent years, and there was a general consensus that services that included information, guidance, and support for these young parents was greatly needed.

Since September, 1980 when the program first began, a total of 70 teen-aged parents have been served. (See Table 1.) Although this is an adolescent parent program, there have been a few mothers as old as 22 at program entry. In general this has been a program serving older teen-agers—most have been 17 to 19 years old, with only two as young as 15.

There are two reasons that the younger teenagers don't participate in the program: 1) they are generally still living at home and are not as isolated as the older teens, 2) they don't like such programs because they think they already know all there is to know.

Self-selection thus is operating to a certain extent, but not always in the way one normally would assume. While it is true that the younger teens select themselves out, the older teens who do participate may not necessarily be the highly motivated, self-starters. Rather local agencies may refer some very difficult teenagers, including those already identified as child abuse or neglect cases. However, the program supervisor has worked very hard in the last two years to achieve a balance between relatively stable, ordinary teens and the high-risk, multi-problem teen.

Each year a portion of the teen-agers continue on from the preceding year, so that for the last two years about half have been new to the program, and half continuing. Those teenagers who stay in the program for the longest time are the ones with the most problems.

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Table 8

Numbers and Ages of Parent-to-Parent Participants by Year

Year	No. Families		Ages of Moms		No. Children		Ages of Target Child	
9/82-8/83	cont	7	<20	10	cont	11	<1 yr.	15
	new	10	20-29	7	new	10	1-2 yrs.	5
	total	17	>30	0	total	21	3-5 yrs.	1
9/81-8/82	cont	15	<20	20	cont	16	<1 yr.	27
	new	13	20-29	8	new	19	1-2 yrs.	7
	total	28	>30	0	total	35	3-5 yrs.	1
6/80-8/81	cont	10	<20	32	cont	10	<1 yr.	43
	new	33	20-29	11	new	40	1-2 yrs.	7
	total	43	>30	0	total	50	3-5 yrs.	0
1/80-5/80	cont	0	<20	9	cont	0	<1 yr.	13
	new	13	20-29	4	new	13	1-2 yrs.	0
	total	13	>30	0	total	13	3-5 yrs.	0
	Total	69			Total	82		

During the first program year, each mother had only one infant, but as the program expanded it included new mothers who already had more than one child. Thus, the fact that there were more children participating than mothers in subsequent years was not due to repeat pregnancies. Information collected on program participants indicates that the rate of repeat unplanned pregnancies is extremely low—0% the first two years, and only 1% in 1982 and 1% in 1983.

Table 1 indicates that the target children have for the most part been younger than one year old. This is because most participants enter the program very soon after their baby is born having learned of it through the visiting nurse working in the town's two obstetrician's offices.

Even though the Vermont teen parents who participate in the
program are older on the whole than teen parents in general, and even
though the sample includes several mothers 20-22, the percentage of
participants who have not completed high school each year ranges from 58%
to 69%.

Focus of Visits

A general trend in the focus of the home visits to teen parents has
emerged over the years. During the early weeks the home visitors find
themselves spending most of each visit dealing with the mother's own
personal problems. It is difficult to focus the visits on the child's
needs when the teen mother has so many needs herself. In the early months
the home visitors also have to resolve the limits as well as potential of
their role vis a vis the family. Families have so many immediate needs
that the home visitors could find themselves functioning as medical and
nutrition consultants, educational counselors, and psychotherapists. They
find it necessary consciously to restrict and define their role to fit
their abilities, available time, and program mandates.

Over time the majority of the home visitors manage to shift the focus
of the home visits to those activities originally designed to serve as the
foundation of the weekly home visit: discussion, modeling, demonstration,
and observation of parent-child activities. Typical activities include
discussing with the teen mother why her baby has been responding as it has
to particular situations, playing with the baby to model ways to stimulate
it, and showing the mother how to use available objects around the house
to make simple toys.

The pressure to focus on the teen parent's immediate needs during the
early months of home visiting seems to be a necessary and predictable
phase of the program. Until the teen parent can resolve satisfactorily
the concrete and seemingly overwhelming problems confronting her, she has
little energy or motivation available to attend to parent-child
interaction matters. As the home visitor helps the teen parent help
herself, trust is built up between the two, and the teenager becomes
receptive to the child-rearing suggestions and developmental information
offered by the home visitor.

Table 2 reveals that only 11% of the adolescent parents
participated in the program for longer than a year. Most remain involved
for six months to a year when their children are still infants.
Participation is voluntary, based on the needs and interest of the teen
parent, and there is no set program termination point. Length of
participation thus is based on a number of factors; often it is a mutual
agreement between the home visitor and the adolescent, other times it is
an event beyond the control of either the visitor or teen, such as the
phasing out of the program in the local community, or a move by the teen.

Number of home visits are related to length of participation, of
course. Since there is no natural beginning and ending of the program
year, the dates reported are somewhat arbitrary.

Table 9

Program Participation and Percent Completion

Year	No. Families	Time in Program		No. Home Visits		Percent Program Completion	
9/82–8/83		<1 mo.	0	<4	3	% Complete	12
	17	1–6 mos.	9	5–17	7	% Ongoing	47
		7–12 mos.	6	18–30	5	% Dropped	41
		13–19 mos.	1	31–48	0		
				>48	2		
9/81–8/82		<1 mo.	1	<4	4	% Complete	43
	30	1–6 mos.	14	5–17	13	% Ongoing	28.5
		7–12 mos.	12	18–30	6	% Dropped	28.5
		13–19 mos.	3	31–48	3		
				>48	2		
6/80–8/81		<1 mo.	3	<4	7	% Complete	37
	43	1–6 mos.	21	5–17	22	% Ongoing	35
		7–12 mos.	16	18–30	4	% Dropped	28
		13–19 mos.	3	31–48	0		
1/80–5/80		<1 mo.	0	<4	5	% Complete	0
	13	1–6 mos.	13	5–17	8	% Ongoing	77
		7–12 mos.	0	18–30	0	% Dropped	23
		13–19 mos.	0	31–48	0		

In response to the teen parents' social isolation regular group meetings occur that take the place of home visits.

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PROGRAM EFFECTIVENESS INDICATORS

Formative and Summative Evaluation in Place

Program staff have always been sensitive to participants' feedback concerning program operations. Assessments of the program are sought from volunteers at the end of each year and suggestions are incorporated into the next year's program. Word of mouth throughout the community about the effectiveness of the program has contributed to its being incorporated into the agency.

This past year program staff put much more emphasis on developing procedures and identifying instruments so that they could conduct a summative evaluation of the program. A member of the High/Scope evaluation team made two site visits to the program and working collaboratively with program staff revised existing instruments and developed others in order to construct a comprehensive evaluation within the constraints of time and expertise available to the program. See Figure 1 for a summary of the program domains and instruments identified to measure those domains.

Figure 2

Northeast Kingdom Parent-to-Parent Program: Goals and Measures

Program Goals	Evaluation Instruments

Adolescent Parent

I. Personal Development

    A. Educational/Vocational Development   Home Visit Plan
    B. Health Practices

                                  Teen Parent Out-
      o Family Planning Efforts   come Checklist
      o Independence from Substance Abuse

                                    Teen Parent Final
    C. Enhanced Sense of Responsibility   Report
    D. Increased Self-esteem
    E. Realism regarding Concerns/Options Parent Question-
                                    naire

II. Interpersonal Relationships

    A. Ability to Communicate   Home Visit Plan
    B. Move toward Resolution of Issues   Teen Parent Out-
    C. Social Reaching Out   come Checklist
    D. Support Group Formation/Use   T. P. Final Report

III. Parent/Child Interaction

    A. Increase Parent-Child Verbal   Parent-Child Inter-
       Communication   action Scale
    B. Encourage Exploration with Child

Figure 2 continued

C. Respond Appropriately to Child's   T. P. Final Report
     Developmental Level
D. Show Positive Affect toward Child   Child Development
E. Increase Sensitivity to Child's   Guide
     Needs

IV. Appropriate Use of Community Resources

   A. Use of Health Resources (well-
        child clinic, EPSDT, WIC)   T. P. Outcome
   B. Use of Community Counseling   Checklist
        Services   T.P. Final Report
   C. Use of Cultural, Recreational,   Parent Question-
        Educational Opportunities   naire

                Home Visitor

I. Personal Development

   A. Employment   H. V. Application
   B. Formal Education   Form & Addendum
   C. Informal Education (conferences)   H.V. Final Report

II. Interpersonal Relationships

   A. More Effective & Assertive   H.V. Addendum
        Communication Skills
   B. Broader Social Network   H.V. Final Report
   C. Community Leadership Roles

III. Child Development Knowledge

   A. Social-emotional
   B. Cognitive/Language   Child Development
   C. Physical Growth   Game

IV. Community Involvement

   A. New Areas of Interest   H. V. Addendum
   B. Sense of Responsibility to   H. V. Final Report
        Community

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Evaluation Design for the Program

A list of the evaluation instruments developed in collaboration with program staff over the summer to demonstrate program effects on families and on home visitors is presented in Figure 1. Up until this summer, however, the Home Visit Plans and the Home Visitor Final Reports were basically the only source of data available on program outcomes other than interviews of knowledgeable community people. (This is because the two forms served necessary program management functions as well as evaluation purposes.) The press on the program supervisor to systematically collect more outcome information led to the selection and revision of the instruments in Figure 1. She became much more aware during the past year that to attract and maintain funding, the program had to demonstrate concrete evidence of program impacts. Thus, we can expect much more outcome data from these instruments in the future.

A recent journal article (Halpern and Covey, 1983) on the program described the evaluation design in effect before this summer:

"Home Visit Plans have served as the principal vehicle for documenting program impact on the families involved. Home visitors receive training in observation of parent-child interaction, and after each home visit use a structured outline in the Plan to describe observed patterns of verbal and nonverbal interaction, parent sensivitity to the infant's developmental abilies, actions encouraging exploratory and play behavior, the nature of parent-child affect, and so forth.

The Home Visit Plans also have space for describing impact on families in other program goal areas: use of community resources to meet family needs, involvement in community life, personal development, and planning for the future."

Impact on Families

As a result of this model of involving volunteers from the community in a peer-to-peer home visiting program focused on transferring parenting skills, the following concrete outcomes have been observed among the participating families:

   o Improved parenting skills

   o Fewer child neglect and abuse referrals

   o Fewer unplanned second pregnancies

   o Increased access to and success within further academic or
      vocational education

   o Enhanced employability

1. Improved parenting skills. Research has shown that teenage mothers typically expect too little of their infants and what they do expect, they expect too late. As a result they tend to concentr.te on the physical care of their babies, but neglect cognitive and emotional

stimulation. They tend not to talk to them, nor to play or cuddle them, because they don't think that babies can understand or in any way appreciate these kinds of things.

Home visitors who are themselves mothers and trained in child development can transmit much of this information to teenagers, showing them how much babies can learn and how early they begin learning. The young mothers become better observers and interpreters of their baby's behavior, and understanding more, they respond more appropriately to the child's developmental level.

A content analysis of the Home Visit Plans yielded qualitative evidence documenting the improvement in parenting skills: "Within the area of parent-child interaction the most significant impact has been on knowledge of infant's developmental abilities and needs, with the consequent implications for responsiveness to the infant...Over half the teen parents became significantly better able over time to point out new skills, or milestones their baby was reaching. This helped them enjoy their baby more. About half began interacting with their infant in a 'fuller' manner: spending more time playing with their infant and talking to it, enjoying the interaction, setting up play activities.

The area where there was the least observable change was in the quality of verbal interaction. About a quarter of the parents visited demonstrated observable improvement in this area, talking with their babies more, and in that verbal contact engaging in more praising, questioning, explaining, and less forbidding, directing, and blaming (Halpern and Covey, 1983). "

The High/Scope Knowledge Scale, a measure of appropriate expectations for infants and children, renamed the "Child Development Game," was administered to some teenage mothers, and available data indicates that their knowledge of child development indeed improved.

Thus, the teenagers become better parents at a critical period, both for them and for their children, when they are aware that they need to develop their parenting skills and are thus open to learning.

2. Fewer child neglect and abuse referrals. The degree of stress in one's life is an important factor in the incidence of child neglect and abuse. A key element in reducing stress is to obtain more control over one's environment—whether that means eliminating irritating interruptions, or increasing one's ability to get a job, or stopping a baby's constant crying. For new, very young mothers, more realistic expectations and increased understanding of an infant's behavior allows them to predict the behavior better and thus control it more effectively. This increased knowledge and control may well be the underlying factor in what preliminary data indicates are fewer neglect and abuse referrals among program participants.

Recently the supervisor of public health nurses, a member of the Child Protection Team for a large geographical area between St. Johnsbury and Newport, reported that of 12 open child abuse cases, 75% had been teenage mothers, but none were Parent-to-Parent program participants. She also had observed much more fear of the unknown (with correspondingly

more anxious but often unnecessary phone calls to doctors) among non Parent-to-Parent teenage mothers.

Previous research on the Vermont program alluded to the relationship between improved parenting skills and decreased potential child abuse: "three-quarters of the 40 adolescent parents visited during the first two program years demonstrated significantly greater ability over time to respond appropriately to cues from their infant...This knowledge eased anxieties, fears, and even anger at the infant" (Halpern & Covey, 1983).

3. Fewer unplanned second pregnancies. The teenage mothers who participate in the Parent-to-Parent program have very few repeat pregnancies. Only 9% had become pregnant again during participation in the program according to recent research, and most for whom there was information indicated that they were using contraceptives consistently (Halpern & Covey, 1983).

It is not clear yet what psychological and social mechanisms account for a reduction in the number of second pregnancies. To knowledgeable observers it seems that teenagers' increased self-confidence, hope for a better future, plans to finish school and get a job, a new-found sense of control over their life—all may provide some of the motivation to defer having another baby. The teenager who quickly gets pregnant again often feels she has nothing to lose by it, but the teenager who sees a future for herself feels she has much to lose.

4. Increased success within further academic or vocational education. Typically, Vermont teenagers do not remain in school once it is apparent that they are pregnant. For many the pregnancy ends their formal education. However, recent evidence shows that fully 38% of Parent-to-Parent teenage mothers returned to school or resumed study at home, and 28% graduated or received their GED equivalent (Halpern & Covey, 1983).

5. Improved employability. The most powerful aspect of program impact during the first two years has been in the personal development of the parent involved. Teenage parents who develop more self-esteem, make plans for themselves, develop a stake in the future and who see themselves as having some control over that future are more employable because they are more mature. Learning to be more responsible and more conscientious as parents, they learn to be more responsible as people.

The more subtle signs of personal development have been such things as: expressing more positive feelings about themselves as parents and as people, renewing friendships, making new friendships (especially with each other, as a result of the parent group meetings), taking an interest in community life. In a few cases teen mothers who were particularly unhappy or depressed, or who were not adjusting to parenthood, gained the courage to seek counseling to assist in resolving problems.

Impacts from Polly Anderson's perspective (supervisor of public health nurses, member of Child Protection Team for area between St.J. and Newport)—Polly has had contact with pregnant teens since P-to-P inception, both participants and non-participants (about 25 of each). Based on her observation, she believed that the P-to-P adolescent mothers:

o were much better adjusted

o had happier babies because the teenagers had developed a much better self-image

o were less apt to lose interest in their infants as they became toddlers, less apt to want to have another baby that they could control better.

Some of these teenage mothers have become home visitors themselves. The same supervisor of public health nurses reported that her nurses say that they see changes in these mothers who have become home visitors (whom the nurses encounter in their work), that they now "have their act together."

Impact on Home Visitors

It has become a truism that the act of teaching may have a greater impact on the teacher than on the taught. One learns best not merely by doing but even more by doing unto others. We, too, have observed that some of the greatest program impacts seem to be on the volunteers themselves. Paramount among these outcomes are the following:

o Improved parenting skills

o Improved knowledge of child development

o Increased access to and success within further education or employment

1. <u>Improved Parenting Skills</u>. Home visitors have reported that the experience of home visiting made them much more conscious of their own actions as parents. In helping teenage parents interact more appropriately with their infants, they themselves worked harder at interacting appropriately with their own children, for example, looking for and rewarding good behavior rather than, without thinking, attending just to infractions.

2. <u>Improved Knowledge of Child Development</u>. A major focus of preservice and inservice training in the Parent-to-Parent model has been the stages of child development, especially birth to age five. The High/Scope Knowledge Scale, an instrument measuring appropriate expectations of infants and children, was used in training the volunteers. For one home visitor, from whom repeated measures were obtained over a period of a year and a half, not only did her absolute number of correct answers increase markedly, but her incorrect answers were not as far off the mark as they they were initially.

3. <u>Improved Access to and Success within Further Education or Employment</u>. A number of home visitors use the volunteer experience as a bridge over which they make the transition between home and work. The program has served as an excellent means of renewing in them both the confidence and skills necessary to enter the world of work.

Successful accomplishment of the home visiting experience has led to increased self-confidence among them. The role is sufficiently challenging--it is clear that not everyone can do it--that those who do complete their commitment feel justifiably proud. The benefits are not only psychological, however.

The home visitor has gained valuable knowledge of her community and personal contacts with professionals within it. She has obtained new information, new skills in adult education, and valuable training in planning, observing, and documenting. She also has had a supervisor whom she can now call upon for a job reference. These new attitudes and skills not only expand new horizons regarding potential human service careers, but also open new doors to further education or employment that were not open before.

Since the Vermont program's inception nine home visitors have asked the program coordinator for job references. The experience that they had in the program contributed to their employability in a way that benefited them. Although none of these volunteers could have been considered unemployable since they all had had prior work experience of some sort or another (school cook, cleaner), having been in the program seems to have influenced their futures in a way that their previous employment did not.

Of the 34 former home visitors, 15 are working, four are attending college studying toward a bachelor's degree, nine are at home, and the activities of six are unknown. Those who are working hold such jobs as teacher aides, clerks, and receptionists, and one is working in a pizza parlor.

Impact on the Community

As Halpern and Covey observed, "appropriate and effective use of community resources and services to meet family needs has increased significantly for about half the participating families." This has cost implications for the whole community in the more efficient use of available services.

Community impact is apparent in the expressed preference of a local professional for a peer service delivery model: "As the director of the Home Health Nursing Agency noted: "The traditional model of the professional showing mothers, telling them how to care for their children has reached its limits. We're beginning to learn that people learn best from each other, and professionals must figure out how to support that" (Halpern and Covey, 1983).

And the supervisor of public health nurses in a geographical area covering St. Johnsbury to Newport reported "In Newport where there was a bonding program run by doctors' wives, the women were a little too threatening to the client. The teenagers here are much more receptive to this program...The program has proven itself. It's solidly supported, and I would like to see it in every town we [public health nurses] work in."

Summary

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These observed outcomes of the Parent-to-Parent model among teenage parents as well as among the trained volunteers who visit them are substantial and hold potentially long-term consequences both for the lives of the teenagers and those of their children. Improvements in parenting skills will have rewards for the family system for some time to come. Fewer unplanned second pregnancies will have significant consequences for the mother as well as for the community, and increased academic acheivement and vocational success will continue to have pay-offs for the individual and society well into the future.

Vermont Budget

FY 82-83: (7/1/82-6/30/83)

    1. Core Program Costs to NKMHS

o Supervisor @ 80% time	$11,451
o Staff mileage	1,224
o Volunteer stipends	
12 vols. @ $5/visit	1,720
Babysitters	1,430
Volunteer mileage	2,076
o Building	846
o Administration (overhead) @ 20% total	3,749
Total	$22,496

FY 81-82 (7/1/81-6/30/82)

    1. Core Program Costs to NKMHS

o Supervisor @ 50%	$9,217
o 4 Area Supervisors @ $1200	4,800
o Staff mileage	1,225
o Volunteer stipends	
12 vols. @ $5/visit	3,000
Babysitters	2,500
Volunteer mileage	3,600
o Building	0
o Travel expenses (Training at High/Scope)	349
o Administration (overhead) @ 20% total	5,802
Total	$34,493

FY 80-81: (7/1/80-6/30/81)

    1. Core Program Costs to NKMHS

o Supervisor	$17,227
o Staff mileage	1,225
o Volunteer stipends	
12 vols. @ $5/visit	3,000
Babysitters	2,500
Volunteer mileage	3,600
o Travel expenses	349
o Administration @ 20% above total	5,561
o Building	800

                                    Total $34,162

    o H/S Training and Technical Assistance $ 6,613

FY 79-80: (7/1/79-6/30/80)

1. Core Program Costs to NKMHS

o Supervisor	$16,000
o Staff mileage	1,225
o Volunteer stipends	
12 vols. @ $5/visit	3,000
Babysitters	2,500
Volunteer mileage	3,600
o Travel expenses (Training at High/Scope)	958
o Administration @ 20% above total	5,457
o Building	800

                                    Total $33,440

    o H/S Training and Technical Assistance $10,712

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Total Program Costs Per Year

	1979-1980	1980-1981	1981-1982	1982-1983
Program	$33,440	$34,162	$34,493	$22,496
H/S	10,712	5,613	1,000	1,500
Total Costs	$44,152	$40,775	$35,493	$23,996
Number Families Served Per Year	13	43	28	17
Costs Per Family Per Year	$3,396	$948	$1,268	$1,412

Total Program Costs	$140,416
Total Families Served	70
Total Volunteers Served	33
Total Served	103
Cost per Family Served	$1,363

3. MVCDC FAMILY ADVOCATE PROJECT CASE STUDY

BACKGROUND INFORMATION

The Miami Valley Child Development Centers, a Head Start grantee and delegate agency in Dayton, Ohio, have developed an innovative model to increase parents' understanding of child development and stimulate parent involvement in their four-county system, which combines center-based preschools and home-based services to families. They have named this unique adaptation of High/Scope's peer-to-peer model the Family Advocate Project.

Family advocates and program advocates are trained, volunteer Head Start parents who perform a wide variety of services four half-days a week at their child's center or home-based program. (Family advocates are attached to centers, program advocates to home-based programs.) Through their work as advocates, these parents gain an in-depth understanding of the comprehensive Head Start program, learn about their own child's development, and build up self-confidence and job-related skills. Unique to this project but embodying an important priority of Head Start is a career ladder, which provides a framework within which advocates can assume roles of increasingly greater responsibility as their skills and confidence grow.

The Advocate Project had its roots in a conventional, Parent-to-Parent home visiting program launched on a trial basis at one center in Dayton in March, 1981. A joint evaluation of that initiative by MVCDC and High/Scope staff, relying on input from the volunteer home visitors, led to the decision to change the program focus and create the innovative Family Advocate Project(FAP). The FAP was grounded in the same principles of peer-to-peer interaction as the home visiting model, but newly conceptualized so that the volunteer would be an advocate serving all families through the center or home-based program, rather than a home visitor serving one or two families on a one-to-one basis.

After one year of operating the Advocate Project, the MVCDC with High/Scope assistance, successfully wrote a grant application to the Federal government to expand the program within its own three-county area and to disseminate it throughout the national and regional Head Start network. Designated an RTDC by High/Scope on the strength and viability of the core program, the Advocate program supervisor began a dual role of overseeing operations in three counties as well as providing training and technical assistance to other Head Start programs interested in the new model of involving parents. The Advocate Project also expanded in fall, 1983 to new centers in Butler County, recently taken over by MVCDC.

Sponsoring Institution

The sponsoring institution for the Advocate Project is the Miami Valley Child Development Centers, Inc. (MVCDC), a nonprofit corporation that has offered the Head Start program to low-income families in the greater Dayton, Ohio area for 15 years. MVCDC is delegated funds by its

grantee, the Montgomery County Community Action Agency, to operate Head Start centers in Montgomery County (the Dayton area). It is also itself a grantee, allocated funds by the Department of Health and Human Services to operate Head Start programs in Clark, Madison, and recently Butler counties. Head Start provides not only preschool education for children but also comprehensive health and social services, and programs for parent involvement and education. MVCDC also trains parents of Head Start children to help them qualify for positions within the agency.

Organizational Structure

MVCDC, like other Head Start agencies, has four program components— health services, social services, education, and parent involvement. In addition, there is a fiscal department. Each of the four components is run by a coordinator who is responsible to the assistant director, and through her to the executive director (see Figure 1). The component coordinators are in turn responsible for their staff in each of the four counties in which MVCDC is now running programs.

The Family Advocate Project falls within the parent involvement component, and the FAP supervisor is responsible to the parent involvement coordinator. However, because advocates touch on areas that are the responsibility of staff from all four components as they work within centers or home-based programs, the FAP supervisor must maintain good working relationships with staff across all components, in all counties.

Community Context

Miami Valley Child Development Centers, Inc. is currently delivering Head Start services to 1222 children and their families in Montgomery, Clark, Madison and Butler counties in Ohio. The four counties, which are geographically diverse, mirror the range of settings in which Head Start operates nationally: urban Montgomery County includes inner-city Dayton and comprises eight Head Start centers; nearby Clark County operates three centers in and around Springfield and a home-based program; Madison, a very rural county, has one home-based program; Butler, like Clark County, serves families in center and home-based programs.
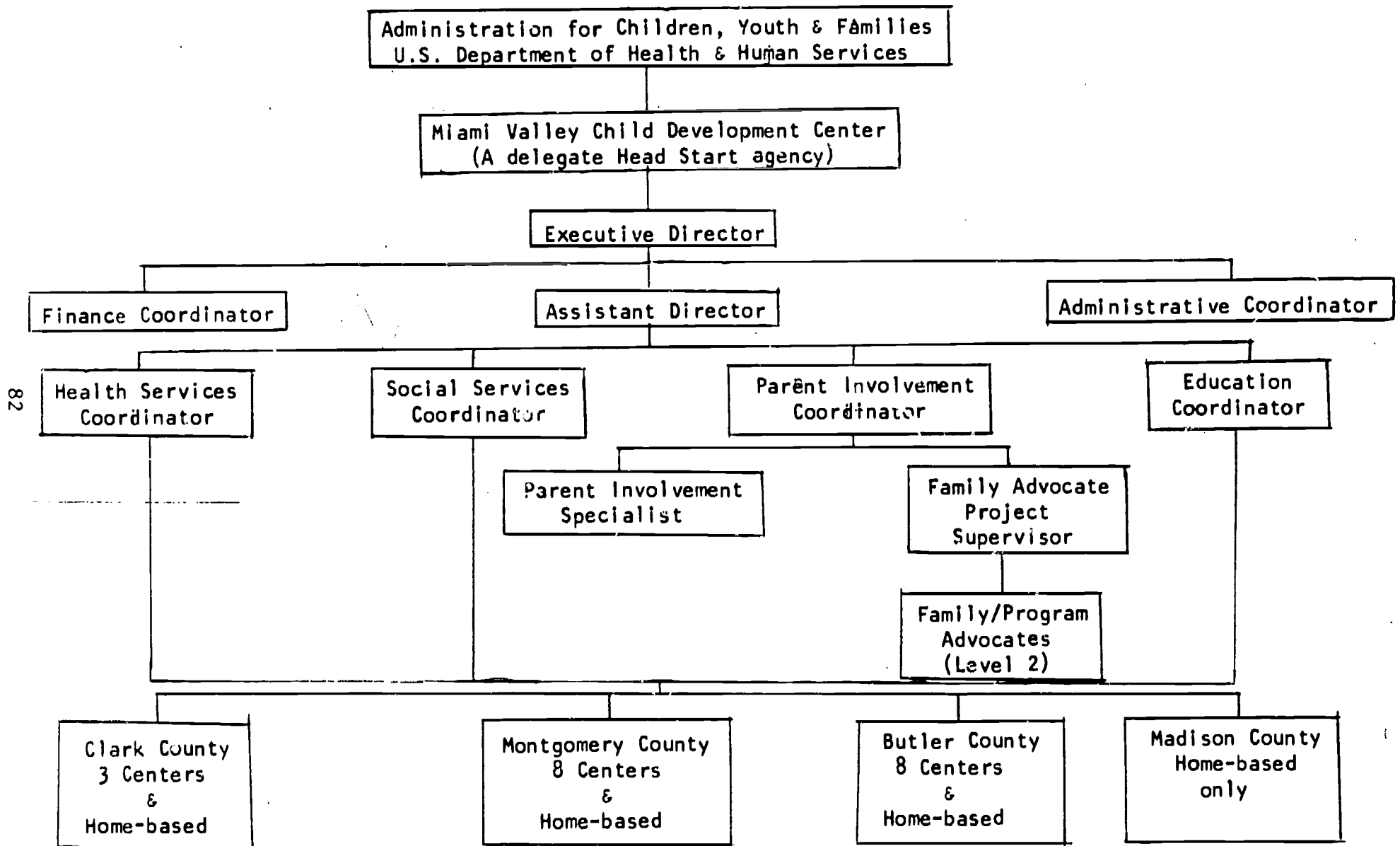
All four counties are suffering extreme economic depression with high unemployment rates. The abolishment of CETA job training programs and cuts in human services have continued to add even more families to the ranks of the jobless in these counties. This picture is not unique to the MVCDC population. Nationally, Head Start is charged with serving families in comparable circumstances, and is currently only serving 20% of those families eligible to receive services.

PROGRAM IMPLEMENTATION: STRUCTURE AND PROCESS

In this section we describe the Family Advocate Project goals, the target population of the project, the staffing arrangements of the project, and the kinds of services the project provides.

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Figure 3

Organizational Chart: The Family Advocate Project within the Miami
Valley Child Development Center

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                    ┌──────────────────────────────────────────────────┐
                    │ Administration for Children, Youth & Families     │
                    │ U.S. Department of Health & Human Services        │
                    └──────────────────────────────────────────────────┘
                                          │
                    ┌──────────────────────────────────────────────────┐
                    │ Miami Valley Child Development Center             │
                    │ (A delegate Head Start agency)                   │
                    └──────────────────────────────────────────────────┘
                                          │
                            ┌──────────────────────┐
                            │ Executive Director   │
                            └──────────────────────┘
```

| Finance Coordinator | Assistant Director | Administrative Coordinator |

| Health Services Coordinator | Social Services Coordinator | Parent Involvement Coordinator | Education Coordinator |

Parent Involvement
Specialist

Family Advocate
Project
Supervisor

Family/Program
Advocates
(Level 2)

| Clark County 3 Centers & Home-based | Montgomery County 8 Centers & Home-based | Butler County 8 Centers & Home-based | Madison County Home-based only |

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FAP Goals

The basic goals designed to be met by the FAP are:

1) to increase the _quantity_ of parent participation/involvement in a variety of Head Start activities.

2) to improve/demonstrate the _quality_ of parent participation, e.g. increase knowledge of child development, health and nutrition; improve awareness of the purpose of Head Start and the role it plays in their children's education and development.

3) to improve use of community resources and Head Start services, e.g., getting children immunized, participating in nutrition program.

4) to enhance personal growth as people, not just parents, e.g., respecting their own needs and rights, resuming their education, increasing their professional competence and employment skills, achieving greater self-esteem.

Target Population

The Family Advocate Project is aimed at all Head Start parents served by MVCDC, Inc. Over 96% of the families served have an annual income below the government defined poverty level. Two-thirds of the children are from minority populations; the majority in the urban areas are black with the remainder being Oriental, Hispanic, and Appalachian. The rural areas are predominantly white.

Over two-thirds of the children come from single-parent homes in which slightly less than three-fourths of the parents are unemployed. Nearly all are under-educated and ill-prepared to compete in today's depressed job market.

Demographic Information on Families Served

The families served comprise all of the Head Start families in the four Ohio counties served by MVCDC. As noted above, over 96% of the families served have an annual income below the government-defined poverty level. The majority are unemployed, and a high proportion come from single-parent families.

All of the advocates are Head Start parents themselves. A look at their ethnicity, age, and educational level of the 1982-1983 advocates, although not necessarily representative of all Head Start parents, will provide a suggestion of the program population (see Table 1).

Table 10

Demographic Characteristics of Advocates
1982-1983

	Ethnicity			Age				Education			
	BL	WH	IN,AS,HI	20-29	30-39	40-49	>50	<HS	HS	>HS	COL
Montgomery County	15	4	0	16	3	0	0	9	7	3	0
Clark County	7	3	0	8	1	1	0	0	7	2	1
Madison County	0	4	0	4	0	0	0	2	2	0	0

In rural Madison County, advocates have a lower level of education than those in the more urban counties.

Staffing Arrangements

The FAP has a much more complex staffing arrangement than other Parent-to-Parent models (see Figure 2). The FAP supervisor is responsible for a combination of both paid staff and volunteers, who receive graduated amounts of stipends, based on their position. At the top of the hierarchy is an advocate assistant, a research assistant, several associates and apprentices, and numerous advocates (program and family) and advocate volunteers in each of four counties.

The supervisor of the FAP is a college graduate, a former Head Start parent herself who had a CETA-funded position within the parent involvement component when she was tapped for the FAP supervisor's role.

In 1982-1983 the FAP staff included the supervisor, one program assistant, no associates, three to four apprentices, 28 or so family advocates, four program advocates, a varying number of advocate volunteers, and one research assistant. (The number of apprentices and advocates fluctuated due to personal circumstances—promotions, enrollment in C.E.T.A. training programs, obtaining full-time jobs, enrollment in community college, and pregnancy.)

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Figure 4

Staffing Pattern of Family Advocate Program

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                    ┌─────────────────────────┐
                    │      MVCDC, INC         │
                    │   Executive Director    │
                    └─────────────────────────┘
                                 │
                 ┌───────────────────────────────────┐
                 │ Parent Involvement Component      │
                 │           Coordinator             │
                 └───────────────────────────────────┘
                                 │
                 ┌───────────────────────────────────┐
                 │   Family Advocate Program         │
                 │           Supervisor              │
                 │       Advocate Assistant          │
                 │      Research Assistant/          │
                 │            Secretary              │
                 └───────────────────────────────────┘
```

Montgomery County	Clark County	Madison County
Family Advocates (Yrs 1, 2, & 3)	Family Advocates (Yrs 1, 2, & 3)	Program Advocates (Yrs 1, 2, & 3)
Program Advocate (Yr 3)	Program Advocates (Yr 3)	Apprentices (Yrs 1, 2, & 3)
Apprentices (Yrs 1, 2, & 3)	Apprentices (Yrs 1, 2, & 3)	Program Assistant (Yrs 2 & 3)
Associates (Yrs 2 & 3)	Associates (Yrs 2 & 3)	
	P.I. Specialist (Yr 3)	

Butler County
Family Advocates
 (Yr 3)
P.I. Specialist
 (Yr 3)

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The FAP expanded in 1983-1984 year to Butler County involving family advocates only. Program advocates were also added in Clark and Montgomery Counties. The fact that the FAP has now grown to four counties means that additional supervisory staff are needed at the local level to provide the day-to-day, onsite kind of involvement that the program needs.

In Montgomery County the advocate assistant has assumed responsibility for day-to-day program operations. In Butler and in Clark Counties the additional supervision is provided by the parent involvement specialist in each county. These specialists are peers of the FAP supervisor within the Head Start bureaucracy, and all report to the parent involvement coordinator, but they are responsible to the FAP supervisor for the advocates. In rural Madison County, which is only home-based, a program assistant coordinates all office responsibilities.

In 1983-1984 five advocates were promoted to apprentice, and two apprentices were promoted to associate. The advocate assistant continued on. In addition, 34 parents completed family advocate training in Montgomery County: 22 are assigned to centers, two are working in the agency on the computer, and six are designated advocate volunteers. In Clark County there are now 7 family advocates actively serving centers.

Seven program advocates were trained this year—two in Montgomery County, one in Clark County, and four in Madison County. Five of the seven became advocates and the other two continue to volunteer.

Thus, the actual staffing arrangements have evolved over time, as parents have gradually been promoted up through the ranks from "volunteer" to advocate to apprentice to associate. One parent achieved the highest rank of advocate assistant last year, having proved her skills and gained the necessary experience at each of the lower levels.

The idea behind this hierarchical staffing arrangement was to meet a key Head Start objective of providing Head Start parents with an avenue for career development. Thus, the career ladder was a part of the project from the beginning, but progression of advocates up the ladder has depended first upon their successfully performing the requirements for the basic role of family or program advocate. (In some cases over the past two and one half years more advocates were trained than there were positions open for them in the centers. These parents—given the designation "advocate volunteers" to recognize them for having completed the training--have to prove themselves in that role even before becoming advocates.)

A description of each of the FAP positions follows.

FAP Positions: Assistants, Associates, Apprentices, Advocates, and Volunteers

The position of advocate assistant involves day-to-day management of the Montgomery County advocate program, trouble-shooting for the supervisor, visiting the centers periodically. It is a salaried position within Head Start, and makes use of an accepted Head Start title.

The federal grant has also allowed the FAP to hire a research assistant, whose function it is to enter into the computer the program documentation information on numbers of parents, children, and advocates participating in the various Head Start program activities—from field trips to policy council meetings.

The position of advocate associate entails assisting Parent Involvement staff with with the daily parent involvement function of the Head Start program. Two associates are assigned per county and are the immediate support persons and supervisors of apprentices. The reimbursemen. for transportation and babysitting is greater for this position because of additional mileage involved in performing tasks. The time commitment is 16 hours per week.

Advocate apprentices are assigned to the center social worker and are trained in the home visiting process. Their increased responsibilities include providing assistance to advocates in their centers. The reimbursement for transportation and babysitting is slightly higher than for advocates, and the time commitment is 16 hours per week. One apprentice is assigned per center.

Family advocates spend four half-days (at least 12 hours) at their centers each week, assisting the teachers as directed in meeting the needs of center parents and children. One advocate per session is assigned to small centers with 18 children per session, two are assigned to large centers with 36 children per session. In addition, advocates are responsible for the recruitment of parent volunteers and for guiding them in the classroom when needed. They also assist with special events and field trips, and may even help in the kitchen with meals.

Program advocates are the home-based counterpart to the family advocates. They assist home visitors in a variety of tasks identified by the home-based teachers. Their weekly time commitment is also twelve hours per week, and their reimbursement is the same as for family advocates.

Advocate volunteers are parents who have completed preservice training, but for whom there is not yet an opening in the center or home-based program.

Services Delivered to Families

Family and program advocates deliver a variety of services to families, some indirectly through assisting classroom teachers or home

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visitors, some more directly, for example, through providing transportation to families to attend center activities. Examples of the kinds of services advocates provide are listed below (taken from their Time Use Forms, which document the type of activity as well as the amount of time spent in it).

Family advocate services:

o teacher/social worker office support

e.g., answer phone, fill out forms, address envelopes, check attendance, call parents of absentees, pass out memos, make materials, make folders for new enrollees, etc.

o classroom activities

e.g., help teacher with planning time, help with small group activities, help with handwashing/toothbrushing, set up for/clean after breakfast & lunch, sub while teacher out of classroom

o trips to parents' homes

e.g., take child home (sick/no physical), obtain emergency contact form, take clothes or food to family

o errands outside office/center

e.g., transport parents to and from parent meetings/ parents and children to clinics, trips to central office/ store/other errands

o field trips/other trips

o meetings (policy committee, inservice)

o other (e.g., help cook lunch)

Program advocate services:

o home visitor office support

e.g., phone parents re meetings/home visits, phone churches to find meeting places/businesses for donations, clean file cabinets, write lists (advocate duty, RIF book), make seasonal office decorations, make name tags/games/crafts

o meeting-related work

e.g., help plan cluster meeting, set up for/clean up after, speak about advocate program, attend meetings/conferences (state association/regional conference/policy council)

o transportation

> e.g., parents to and from meetings, parents/child to speech
> therapy/doctor appointments, home visitor to home

o errands outside office

> e.g., collect donations (clothes, toys), to library for old
> magazines to cut, buy material for name tags/crafts, pick
> up case load

o field trips

o other (e.g., Halloween party, help at speech therapy class)

The kinds of services delivered to families also includes the
training, both preservice and inservice, that the advocates receive. In
addition to being trained in how the Head Start system operates, advocates
receive training in such topics as good health practices, nutrition, child
development, human relations, child abuse, parenting, communications and
self-awareness. The training provides an enrichment opportunity not
otherwise available. The newly trained individuals are prepared to share
information and skills with other families in need and in this manner
reach many more families.

PROGRAM EVALUATION

Nature of the Evaluation

The FAP uses several evaluation instruments that serve both formative
and summative purposes. These instruments reflect aspects of program
functioning that are relevant to this specific Parent-to-Parent project
and include:

1. Family Contact Form: documents personal contacts

2. Telephone Contact Form: documents family telephone contacts

3. Social Service/Family Advocate Contact Form: given to social
   workers

4. Time Use Form: documents daily activities and time spent; must be
   signed by center personnel

5. Time Sheet: given to fiscal department for stipend payments; must
   be signed by center personnel

6. FAP Staff Development Record: semi-annual assessment of FAP staff

7. Parent Participation Record: computerized documentation of parent
   involvement

8. In-Kind Volunteer Services Report: fiscal's form to document
   volunteer hours; FAP volunteers have separate sign-in form in

centers from other volunteers

9. Program Status Report: quarterly report to High/Scope on all aspects of program implementation

Program Effectiveness Indicators

Increased parent participation is the overarching goal of the FAP, and the Parent Participation Record is the primary summative measure of program success, but documentation of advocates up the career ladder and anecdotal records on family contacts provide additional, rich sources of information on the impact of the program.

Parent Outcomes

Even in its pilot year the FAP demonstrated its potential as a family support model:

o the number of parent volunteers in the eight center classrooms increased three-fold;

o attendance at Parent Meetings showed a fourfold increase, including a dramatic rise in the number of fathers who attended;

o families requiring specific services—financial, housing, health, etc.—were assisted in obtaining them through the support of the trained advocates at their respective centers.

The sixteen Head Start parents trained in Montgomery County in the pilot year gained significantly from their experiences. The supervisor reported during the year-end evaluation: "All the advocates are feeling very positive about their contributions to the program goals. They have a sense of being credible and legitimate due to their training and their title. These parents now have a greater sense of purpose and worth. They are willing learners, and are capable of maintaining the responsibilities assumed in their centers."

Immediate benefits are seen as the Head Start program meets its goals of increasing parent participation and seeing that families in need receive services. In addition, those who have received advocate services have themselves volunteered for the program, received training, and begun delivering services to the centers and to other families. In this way the program grows and becomes more effective.

For parents who have been advocates, the benefits of program participation have been even more dramatic. As a result of their extensive training and experience gained in working in the centers or home-based programs, parents have been seen to have:

o improved self-confidence

o goals for further education

o better understanding of their children's world—developmental,

social, educational

o more marketable skills

o job references

o increased knowledge of community resources

o decreased frustration and stress

o enlarged social support system

Personal changes have been evidenced by an improvement in the personal appearance of some—they have lost weight and begun to dress more carefully. Others have sought further education, and several have expressed interest in careers in the human services and early child development fields.

Child Outcomes

In this innovative project, it must be kept in mind that services are targeted primarily at increasing parents' involvement in Head Start activities, so specific outcomes on children or on parent-child interactions have not been explicitly anticipated or measured. However, one welcome outcome of the advocates' presence has been, in fact, an increase in children's attendance at centers: as advocates have guided parents through the sometimes frustrating logistical and administrative procedures, helping them car-pool, complete enrollment applications, and obtain dental and physical records, their children have been able to attend the center sooner and more consistently.

Children have also benefited from more individual attention in classrooms, as advocates either perform routine tasks for teachers, thus freeing the teachers to work more with children. Alternatively, advocates may work with small groups or individual children themselves, or recruit additional parents to help out in the classroom. Thus, children get more quality time from adults in their classrooms—whether adults, advocates, or volunteers—and they have a better chance of getting their special needs met because of the advocates' involvement.

Children in home-based programs have also benefitted from program advocates assuming many of the home visitor's time-consuming tasks, again freeing the home visitors to concentrate more on the children's educational or health needs.

Organizational Outcomes

There are more subtle changes affected by the program as well: in centers where morale was low before the Family Advocate Program, a noticeable change occurred: people say constructive things to each other instead of complaints; the buildings look brighter and better cared for, thanks to the decorating efforts of parent volunteers; and more parents are consistently in evidence.
Another significant outcome is that Head Start staff attitudes toward parents have shifted dramatically. Where there was frustration and

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cynicism before, there is now an optimism that activities with parents have a good chance of success. The results that advocates have produced have increased the staff's sense of respect for what parents are able to accomplish in the program. Advocates have successfully lightened the workload for staff.

The list below summarizes some of the benefits of the FAP identified since the FAP got underway:

For Head Start Staff

o more contact with parents

o more contact with children

o more time for individual attention to children

o better staff/parent relationships

o more time for staff duties (including paperwork)

o awareness of how to better utilize parents in classroom

For the Head Start Program

o increased number of parent volunteers

o program goals being met more effectively

o more center activities

o improved community relations

o better parent understanding of their rights and responsibilities

o increased participation and enthusiasm

o more effective delivery of social services

Organizationally the FAP has wrought some changes, too. Staff members have reported having increased contact and communication with individuals from other components. The FAP has served as a kind of magnet to which various component staff have been drawn in their different capacities, requiring coordination of effort. The executive director of the agency has viewed this increased communication and coordination as a real benefit of the innovation.

Indirect Indicators cf Program Success

There have been other signs since the inception of the FAP of its effectiveness. For example, in Montgomery County fund raisers had traditionally failed due to lack of interest and participation, but fund raisers organized by advocates are now successful and occur regularly. Moreover, advocates are so popular with center staff that there are increasing requests for advocates to take on broader roles. Some advocates have even been used as substitute teachers within the classroom, testifying to the trust that has developed between teachers and advocates, and indicative of the potential financial savings the program can offer.

In Clark County, advocates organized a midwinter parent orientation, as a means of providing information so that new and non-participating parents could become committed to Head Start involvement. Because of the advocates' efforts, over one hundred parents attended. Advocates planned and facilitated the event, including making arrangements for a buffet luncheon, introducing center staff, and providing explanations of the program. When questions were asked, it was the advocates who answered—from parent to parent.

In rural Madison County, where the budget originally allowed for only three advocates, four t/ainees decided to split their stipends so that all of them could take on equal roles as program advocates; however, the FAP federal grant allowed all four to become advocates. They supported each other through several difficult periods, and have been so successful, that they have been considered qualified to apply for Home Based Teacher positions in the program.

Summary

The FAP has been a resounding success for the MVCDC Head Start agency. It has achieved its goals of 1) increasing the amount of parent participation in a wide range of center and home-based activities, 2) improving the quality of parent participation, in terms of the responsible contributions advocates make in the classroom and the home-based program demonstrating their increased knowledge of child development and the important role Head Start plays in their child's life, 3) improving the use of community and Head Start resources, and 4) enhancing the personal growth of Head Start parents.

Through the FAP Head Start parents have steadily progressed up the FAP career ladder, from advocate to salaried assistant, or to other outside employment. But more importantly, t'ese parents have gained a new sense of themselves as people, with newly realized skills and abilities, with the power to make something of their lives, and with the will to direct their children along a better path. The FAP has made a difference in their lives, a difference that will affect them and their children for years to come.

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MVCDC Family Advocate Budget

Montgomery-Clark-Madison Counties

FY 82-83:

o Salaries

Coordinator	100%	$10,819
Par. Inv. Coordinator	25%	4,292
Agency Director	10%	2,877
Executive Secretary	10%	1,768
Specialist	100%	7,604
Sec./Research Asst.	100%	6,150

$33,510

o Fringe Health Benefits 9,518

o Supplies

Office supplies	300
Training materials	1,125
Refreshment	500
Gasoline	230

Total supplies 2,155

o Staff travel 832

o Volunteer stipends 28,980

o Other

Phone	200
Babysitting	960
Xeroxing	300
Training stipends	5,680

$82,135

High/Scope Training and Technical Assistance 7,992

Sinclair College 1,400

Total Cost $91,527

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Number of Families Served
        Montgomery Co. = 473
        Clark Co.      = 305
        Madison Co.    =  46
                         ____
        Total          = 824
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Cost per Family Served $111

    No. of Family/Program Advocates   23

Cost per Advocate $3,979

4. Lorain, Ohio Site Case Study

BACKGROUND INFORMATION

The Parent-Infant Enrichment Program is a program for teenage parents and their babies. A trained, volunteer home visitor visits the home of a teenage parent once a week to model developmentally appropriate activities for the baby and to help the teenager learn how to resolve other real-world problems that may be confronting her. •

The program began in August, 1982, culminating a five-year effort within the schools, the welfare department, Children Services, and mental health agencies to establish such a program. Adequate funding to begin as a small demonstration project was finally secured through two local foundations, Nordson and Stocker. The aim of the Nordson Foundation, headquartered in Elyria, Ohio, is "to better the general life circumstances of the county." Now in its second year the program is funded primarily by federal Title XX moneys, which restricts service to low-income teen parents, by Stocker, which has given them the necessary 25% community match, and by Nordson.

Sponsoring Institution

The sponsoring institution for the Lorain Parent-Infant Enrichment Program is the Center for Children and Youth Services (CCYS), a non-profit agency that provides counseling for families, children, and youth both at its Center and at other locations throughout the county through outreach workers. It is funded by the Lorain County Board of Mental Health and is designated as the children's mental health agency in the county. Other funding sources for the agency include the United Way, Title XX, Bureau of Drug Abuse, private foundations, and medical insurance.

Much of the agency's work has been with families at the point of crisis. The kinds of services provided include:

o community mental health services, such as counseling,

o Harbor Drug Abuse Program for teenagers,

o Junction Runaway Shelter for teenagers, and

o Genesis Battered Women's Program.

The initiation of the Parent-Infant Enrichment Program is an important step in the direction of prevention, providing education and support for adolescents who are also new parents and thus in a critical period in their lives. The timely support received when they are most in need is expected to avert future problems both for themselves, their children, and the community.

Organizational Structure

The organizational structure of CCYS is quite simple. The P-I E program, along with the Junction Runaway Shelter and the Genesis Battered Women Shelter, is directly responsible to the executive director of the agency. The executive director also oversees the clinical director, who is responsible for the counseling services and the Drug Abuse program. Administrative support is provided by an office manager, a secretary, and a fiscal officer.

Community Context

Lorain County is west of Cleveland, Ohio in the northeastern part of the state, near Lake Erie. Economically it has been hard hit along with the rest of the industrial midwest, and has a high rate of unemployment. Elyria, the town in which the agency is located, has no public transportation, which makes life even more difficult for low-income residents.

Human service problems in the area include a high rate of adolescent pregnancy and school drop-out. Professionals in the schools, hospitals, Children Services, the Welfare Department, and the courts, as well as the mental health agency, were convinced some time ago that a program for teenage parents was a critical need. The P-I E does not meet the existing need fully, since there are many more teenage parents in the county than they can serve, but it is a first step.

PROGRAM IMPLEMENTATION:STRUCTURE AND PROCESS

In this chapter we will describe P-I E program goals, the target population of the program, the staffing of the program, and the kinds of services the program provides.

Program Goals

The goal of the Parent-Infant Enrichment Program (P-I E) is to give parenting support to teenage mothers through other parents. This support will enable the teenagers to:

o become more aware of the importance of the early years of a child's life and of their own role as primary facilitators of their children's learning,

o strengthen child-rearing skills and positive ways of relating to their chidren,

o develop childrearing goals,

o gain a new awareness of their ability to function both in their home and neighborhood, and

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o be more knowledgeable consumers of community services.

The program is also designed to enhance the growth of children by providing them with a variety of developmentally appropriate opportunities and activities.

Target Population

The P-I E program is aimed at teenage parents in general in Lorain County. These new parents are deemed "at risk" by virtue of their still being children themselves, who need support in prematurely taking on a role that demands uniquely adult skills. However, of the 27 teenage parents served by the program this past year, 15 were considered "high risk" by the P-I E supervisor for reasons over and above their status as adolescent parents. These reasons included chronic mental illness (requiring periodic hospitalization), referral by Children Services for child abuse and/or neglect, referral by the Courts for delinquency, or referral by the hospitals for health or developmental problems of the infants.

Referrals also come from the Lorain County Health Department, other CCYS staff, the Welfare Department, the YWCA, teen parents already in the program, and self-referrals. Thus, the teen parents served by the P-I E are a cross-section of the pregnant adolescent population, including multi-problem, high-risk teenagers as well as those with no apparent stresses over and above their premature pregnancy.

Demographic Information on Families Served

The P-I E program served 27 families including 36 children in 1982-1983. About half of the participating families were black, one was Native American, and the rest were white. Although it is a teenage parent program, one mother was in her twenties and one in her thirties. All but five of the 36 children served were less than one year old; the five children were less than two years old.

As with most teenage parents the pregnancy interrupts their education. Only five (19%) of the teenage parents in the P-I E program had graduated from high school. Of the 22 who had not graduated, half had less than a 10th grade education. (With the exception of the school system in Elyria, no alternative school program is available to these teenagers during their pregnancy, and they drop out of school.) Lacking child care, other than what relatives might infrequently provide, most of these teenagers are unable to reenter the educational system after their babies are born.

Thus, the teenage parents are isolated from their peers, see little chance of continuing their education, and feel even less hope of ever obtaining economic self-sufficiency. In fact, at program entrance most of the young mothers were still living with their parents (59%), and an even higher number (74%) were on public

assistance.

Staffing Arrangements

The P-I E program is run by a paid supervisor and 13 volunteer home visitors. The supervisor is a college graduate with a background in early childhood education. In addition, she has a master's degree in Family Development. Before assuming the P-I E program supervisor's position, she taught for 13 years in a nursery school and had been active in the community. She is married, in her forties, and the parent of two teenagers.

The 13 home visitors are all parents (a program requirement); mostly in their thirties, with a few in their forties and a few in their fifties; mostly white, with one black and one hispanic; and with a wide range of educational backgrounds (from one home visitor with less than a high school diploma all the way to four with college degrees). The only single home visitor had been a teenage parent herself.

Services Delivered to Families

A total of 391 home visits were made to families during the program year. Most teenage parents participated in the program for one to six months and received an average of 13 home visits (see Table 1).

Table 1

Time in Program, Number of Home Visits, and Percent Completion

Year	No. Families	Time in Program		No. Home Visits		Percent Program Completion	
9/82-8/83		1 mo.	4	<4	5	% Complete	7
	27	1-6 mos.	17	5-17	13	% Ongoing	70
		7-12 mos.	6	18-30	8	% Dropped	22
		13-19 mos.	0	31-48	1		
				>48	0		

The focus of the home visits has been on providing families with information on child development, demonstrating ways to increase positive parent-child interaction, and helping families use community resources. Referrals have been made for food, baby equipment, clothing, housing, employment, funding for corrective shoes, and nutrition counseling. In addition, the program worked

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with the Lorain County Rehabilitation Center on obtaining services for a slowly developing baby.

The program also puts out a newsletter that participants themselves contribute to, coming to the center to work on it. The newsletter provides parenting information and highlights the progress of the teenagers' babies and accomplishments of the families. It also announces program meetings and thanks people and organizations who have helped the program. Mothers themselves bring in ideas for articles. For example, one mother asked that an article on anemia be printed because her daughter was diagnosed borderline anemic, and she wanted other parents to be alerted to the problem. Another had a difficult time when her baby had diarrhea, and she had the newsletter print the instruction sheet her doctor had given her on what to do when beginning signs of diarrhea appeared. Each issue of the newsletter has a balance of learning activities, family and program news, and health and safety suggestions.

Of the 27 teenage parents participating in the program, two (7%) were considered by the supervisor to have successfully completed the program. Most teenagers were still ongoing because they had not yet participated a year by the time data was collected, and the expectation was that they would participate for about a year.

We have learned over the years that program completion must be determined by the supervisor on an individual, family by family basis. Supervisors have found that the higher need family tends to participate longer than the lower need family. Moreover, since the program depends upon volunteers, the needs and inclinations of the volunteer must also be taken into account in deciding when to terminate a family. For example, in one case where a home visitor and teen parent developed an especially close rapport and the relationship was very rewarding to the home visitor, the supervisor worried that terminating the teenager would have a negative impact on the volunteer. Thus, the decision as to when a participant has completed the program often must take into consideration more than whether the teen parent has benefited as much as she is able—sometimes the dynamics of the situation are far more complex.

The percentage of teenage parents who dropped out of the program before completion (22%) is comparable to the 23% drop out rate of the Vermont Parent-to-Parent program during their first year of operation. Of the five who dropped out, one who had been in the program for about three months ran away from home and was later placed in a group home and separated from her baby. Another ran away from home after only two or three visits. When she returned and wanted to participate again in the program, no home visitors were available. The family of another teenager, visited only once, moved away. The mental health of the fourth teenager was too unstable for her to be visited, and the fifth teenager married her boyfriend after eight months of active participation and moved away.

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The reasons for these teenagers dropping out varied, but for most it seemed that their lives were too unstable for them to benefit from the program. Nevertheless, the supervisor believed that they had derived some benefits from even a brief participation in the program--for example, information about community resources such as WIC, the knowledge that there was a program to which they might turn in the future, and at least the beginning understanding that how they interacted with their infant was important.

PROGRAM EVALUATION

Nature of the Evaluation

The P-I E program uses several evaluation instruments that serve both formative and summative purposes. These instruments include

o the H/S Knowledge Scale,

o the Home Visit Plan,

o the Parent-Infant Interaction Scales, and

o the Home Visitor Implementation Scales.

The Knowledge Scale and the Parent-Infant Interaction Scales are used as pre-tests, and are administered when families first enter the program. After families have participated in the program for one year, they will be tested or observed again for post-test information. The Home Visit Plan is used as ongoing record-keeping and documentation of home visitor-family interaction, and is used by the supervisor as a means of overseeing potential problems as well as progress. Information that she obtains from the Plans can be quickly fed back into decision-making about useful inservices or other program activities. The Home Visitor Implementation Scales are used quarterly as a supervisory tool and as a way to document home visitor growth and development.

In July the program supervisor had the experienced home visitors evaluate their fall '82 home visitor training as a formative evaluation mechanism to determine potential revisions in training content or format. The evaluation provided valuable feedback to the program supervisor while at the same time it enabled the home visitors to put their experience into perspective. As a result of their suggestions the supervisor left the training outline basically intact, just adding to it short presentations by staff from agencies whose programs the teenagers are in most frequent contact.

Program Effectiveness Indicators

The P-I E supervisor has identified the following key outcomes of participation in the program. She relied upon a number of methods in arriving at her conclusions, 1) a careful examination of the Home Visit Plans, 2) frequent reviews of families' progress with home visitors, and 3) her own observation of teen parents and their children as they participated in program group activities. An Oberlin College student is beginning this fall to sift through the Home Visit Plans to document these achievements, and when the H/S Knowledge Scale post-test data is collected, further evidence will be available to support the supervisor's observations.

Parent Outcomes

The supervisor has noted that, as a result of having a sympathetic home visitor's ear week after week to help them "sort things out," parents have:

o worked through some of the relationship problems they had with their family-of-origin;

o sought and/or received birth control information;

o taken steps to become more self-sufficient:

    a. one has gotten her GED; one is working on her GED; eight are in the process of completing high school;

    b. two have acquired part-time jobs that reduce their dependence on public assistance;

o obtained a better understanding of community resources, and the ability to use sources for:

    a. clothing
    b. food (including WIC)
    c. health care
    d. housing and emergency funds for utilities
    e. counseling help

o looked for ways in which they can give back to the program and the community:

    a. four mothers have expressed interest in becoming home visitors in order to pass on the help they received;

    b. four mothers have become active in putting out the Program Newsletter;

    c. several mothers have given baby equipment and clothing to the program for the "clothing and equipment exchanges;"

o gained a better understanding of other cultural groups, as

people of differing backgrounds participate in P-I E events;

It is important to point out that no new babies were born to teenage parents during the year. However, the program has only been in operation for one year, so teenagers have not had much time to get pregnant again, nor is it clear that the program can take sole credit for preventing second pregnancies.

Nevertheless, he program tries to emphasize the importance of parents spending quality time with their present family and the need for everyone, parents included, to have the resources and time to grow and develop. This positive approach, emphasizing the concrete benefits to the teenager of family planning, seems intuitively to be more persuasive than a moralistic, "thou shalt not" approach. So far, demonstrating the rewards of waiting seems to be effective.

Parent-Child Outcomes

The supervisor has noted that parents have:

o learned more about what their child will do at certain ages and stages;

o become more active observers of their child, commenting to the home visitor on what their child had been doing;

o become more able to plan activities to do with their child that are developmentally appropriate, and have enjoyed demonstrating these to their home visitors;

o shown pride in small developmental steps the child has been making, and have enjoyed having some of them printed in the newsletter;

o responded positively to encouragement to get appropriate medical care for themselves and their child;

o become more aware of their child's efforts to involve them in interaction and the importance of responding—children initiate more as a result;

o stated that they are taking more time with their child, because doing things together has increased in importance and has become more fun.

Child Outcomes

Because of the age of the target children, observable changes in their behavior as a result of program participation are naturally difficult to identify. However, changes in the child's proximal environment have occurred, and the supervisor has reported that children have:

o had more activities and more developmentally appropriate

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activities carried out with them by both home visitor and parent;

o had weekly attention by a trained paraprofessional who has referred them for professional help when appropriate, e.g., M.D.s, opthamologists, physical the   ts, Gates Clinic;

o had opportunities to be with other infants and toddlers at "Playtime and Talk" sessions at the center and at park outings.

Home Environments

As parents have become more aware of their child's emerging abilities and of the importance of giving the child a safe and stimulating space in which to learn, the supervisor reports that they have made changes in the home environment. Parents have also become more knowledgeable about the importance of refrigerated food and of not smoking while around their infant or child, so home environments have:

o become safer places for children;

o become more stimulating places for children to explore;

o become healthier places.

Home Visitors

Over the past year the supervisor has observed that the experience of being a home visitor has resulted in the home visitor herself having:

o an increased understanding of child development;

o an increased skill in educating and working with parents;

o an increased understanding of and appreciation for cultural differences;

o an increased sense of competence and ability to use their skills to benefit their community.

Indirect Indicators of Program Effectiveness

Various groups within the community have demonstrated their support for the program by contributing to it in a number of ways:

o an Oberlin College student has volunteered to assist in program research;

o a high school student volunteered one day a week during her vacation to help the program in a variety of ways; she gained work experience and a knowledge of a mental health agency, and later referred a high school friend to the program;

o Elyria Welcome Wagon has asked to "adopt" a P-I E family
for Thanksgiving and Christmas;

o RSVP members (senior citizens) have sewn home visitor bags
and repaired and made new toys;

o Birthright has located baby equipment for P-I E families;

o Amherst Welcome Wagon is planning a toy party, the toys
from which will be presented to P-I E;

o families in an Oberlin nursery school donated many toys
and infant clothing.

Another indicator of program effectiveness is the increasing
number of referrals of teenagers to the program. In fact, the
number of referrals has surpassed the number of trained
volunteers available to serve them. The supervisor has had to
discourage some referrals until a larger number of home visitors
can be recruited and trained.

LORAIN BUDGET

FY 82-83:

o Salaries	
Coordinator	$15,500
Secretary, Fiscal office	3,500
o Benefits	2,071
o Staff mileage	1,000
o Volunteer stipends	7,000
o Occupancy	1,277
o Administrative	
Supplies	1,420
Phone	720
Postage	.160
Equipment	214
Equipment Rental	250
Printing	100
Seminars	150
o Professional fees	650
	$34,012
Donations	$500
High/Scope Training and Technical Assistance	$6,270
Total Program Costs	$40,782
Number of Families Served	27
Cost per Family Served in 82-83	$1,510

5. ONEIDA, WI PARENT-TO-PARENT PROGRAM CASE STUDY

BACKGROUND INFORMATION

The Oneida Tribe of Indians of Wisconsin is a Head Start agency serving Indian families on a reservation near Green Bay, Wisconsin. The Oneida Parent-to-Parent program was initiated in 1982, and is now in its second year of operation. The Oneidas are one of several major tribes in Wisconsin, including the Menominees and the Winnebagos.

PROGRAM IMPLEMENTATION

Goals

The major goal of the Oneida Parent-to-Parent program is to strengthen the parent as the primary educator of the child through providing the parent with a sound understanding of the child's growth and development process. This goal is consistent with national Head Start goals to reinforce parents as the first and most important educators of their children.

Objectives within this overall goal are to 1) develop a lending library of materials and equipment, instituting parent meetings to acquaint parents with the library and the appropriate use of the materials and equipment, and 2) "track" children throughout their participation in the Parent-to-Parent (PTP) program, assigning them first priority for the center-based Head Start program when they reach entry age of three years.

Target Population

The Oneida PTP is aimed at all Oneida Reservation parents of children from birth to 36 months. In addition, during the second year of operation the program is attempting to include Green Bay area families.

Head Start has nationally established income guidelines above which families are not eligible to participate. However, Oneida Reservation families, like many Indian groups in this country, are well within the guidelines, as incomes are extremely low and unemployment is high.

Families Served

The first wave of home visitors visited seven families, four of which were intact, the other three single parent. The mothers were between the ages of 16 and 19, and five were receiving AFDC (welfare assistance). Two of the children were younger than one, five were between one and three, and none were handicapped.

Staffing Arrangements

The PTP is staffed by a paid supervisor and six volunteer home

visitors. Two have continued on from the previous program year, and four are new. The home visitors receive nominal stipends for each home visit and reimbursement for mileage.

Supervisor. The PTP supervisor is half Oneida Indian and half white. She was raised on the reservation, one of a family of eight. Her family were very active in one of the two churches that have served the Oneida Indian population from the time of their arrival in Wisconsin in 1882.

The supervisor is herself married to a white man. They have two children and several grandchildren. She taught Sunday school at the Methodist church, served as a Head Start classroom aide, and a Head Start home-based teacher.

Home Visitors. The first cohort of four home visitors were all in their twenties, and all Oneida or part Oneida. They all had children in the Oneida Head Start program and had spent time volunteering or working as paid staff in the Head Start system--as nurses aide, a health contract manager (WIC program), and in tribal affairs and events.

One of the four home visitors was part Winnebago. She spent a great deal of time traveling to and from reservations, in addition to accompanying her boyfriend to North Dakota, where he performed ceremonial dances. Eventually the traveling led to her dropping out of the program.

The second wave of home visitors included two Oneidas, one Menominee married to an Oneida, and one white married to an Oneida. Each serves two to three families.

Relationship to Host Agency

Two home visiting programs currently are operating within the Oneida Tribe of Indians Head Start agency—one is the Parent to-Parent program utilizing volunteer home visitors, the other utilizes salaried Head Start teachers. The PTP program serves parents of children from birth to 36 months, while the standard Head Start home-based model serves families of children from 36 months to five years.

Both programs are considered integral parts of the agency. Home visitors attend workshops and conferences along with the Head Start teachers.

Services Delivered

The first group of home visitors visited from one to two families each, serving a total of seven families. They included the parents in the preparation of the weekly Home Visit Plans and provided times for parents to come to parent meetings and to utilize the lending library. The PTP home visitors were also required to collect Head Start evaluation information, such as the Caldwell HOME, the Head Start Family Information Record, a Child Health Record, a Family Referrals Wrrksheet, a Consent Form, Individual Rating Sheets, A Graph of Testings, and the Parent-Home Visitor Agreement.

Current Status

   The Oneida Parent-to-Parent program currently has six home visitors
serving 12 families and 16 children. Proposals are in the process of
being submitted to continue operation of the program.

VI. ONEIDA, NY PARENT-TO-PARENT PROGRAM CASE STUDY

BACKGROUND

The Oneida, New York Parent-to-Parent Program is housed within the the Madison County Association for Retarded Citizens, a community mental health agency.

Program Structure

Overall Goals

The primary goals of the Oneida Parent-to-Parent program are:

o To share child development and related information in a manner that will support, reinforce, and extend their own child rearing skills.

o Share ideas and alternative means of accomplishing desired goals (of parents) for their children in a way that will foster self confidence and self-worth in parents.

o To reinforce and promote the parents sense of value as their child's most important source of learning.

o To share techniques with parents for providing time, materials, freedom, and people for their child to interact with in order for that learning to occur.

o To be an effective and empathetic liaison and resource person between the family and the community resources available to them. (see attached Xerox copies)

Target Population

The target population is parents of handicapped children from birth - 5 years of age being served by the Early Learning Center. The home visitors work in conjunction with the teachers and therapists on Home Visit Plans to include IEP (Individual Education Plan) goals.

Staffing

Supervisor. The supervisor is the Early Learning Center Social Worker. She is supervising the home visitors and coordinating their work with the center staff. She lives in the area on a 60 acre farm and is aware of the isolation the families experience. She is well respected and enjoyed by those who work with her.

Home Visitors. Four home visitors were trained. Three are parents of handicapped pre-schoolers and one has two grade school aged, non-handicapped children. The parent of the non-handicapped children was quite ill the second week of training resulting in the supervisor deciding to have her work in the center this year rather than do home visits. The

home visitors ages range from mid twentys to late 30's. One is a single parent. Two live in the rural area and one lives in Oneida.

Their experiences cover a wide range of activities; e.g., being a school bus driver; assisting in setting up a co-op nursery; substitute/aide in elementary school classroom; Crises Hot Line; Respite care (for handicapped kids); teacher aide in Early Learning Center; Foster Care Parents; Parents Anonymous Worker and Special Olympics coordinator.

Relationship to Host Agency

In the beginning MARC wrote a proposal to work jointly with another agency, Catholic Charities, which was already involved in a Teen Parent Program. Following supervisor training in June, Catholic Charities had to withdraw following the resignation of one of the key individuals expected to assist in the Parent-to-Parent Program.

The Madison County Assoc. for Retarded Citizens agency has full ownership of the program and is in complete support of the supervisor and home visitors. The Early Learning Center is located outside of Oneida in an old 3 room school house. The PTP Supervisor and Home Visitors work from this center. They are well integrated with the ELC staff.

Services Delivered

The three home visitors are home visiting 2 families each. They meet with the ELC staff to correlate activities for the child to help work toward IEP goals, and to discuss ways to encourage and support the parents. They also can and do, observe the child at the ELC during therapy sessions.

Status

The program is moving along very successfully and is now in the planning stages for a second year and an expansion of the work. A site visit is scheduled for March 20-23 to assist in these plans.

THE HOME VISIT

Goals for Parents:

1. Promote child's growth and development
2. Improved interaction with child
3. Personal growth
4. Improved interpersonal relationships
5. Appropriate use of community resources

Outcomes for Parents:

1. Parenting Behaviors (#1 and 2 goals)
   - --uses less physical force
   - --uses less yelling
   - --uses appropriate praise (encouragement)
   - --encourages process, not just finished product
   - --uses diversion vs. coersion
   - --finds new ways to discipline
   - --spends "good times" with child
   - --sensitive to child's physical, cognitive, and emotional needs
   - --sensitive to child's cues; able to examine child's behaviors
   - --uses logical, natural consequences (where appropriate)
   - --has more reasonable expectations of child
   - --more consistent limit-setting
   - --more consistent schedule (meals, naps, etc.)
   - --talks to child; expands on child's talking
   - --increased knowledge of early childhood development
   - --home environment more conducive to learning, e.g., appropriate toys
   - --take precautions against injury; safe home environment
   - --seeks medical care for child
   - --increased show of affection toward child
   - --uses above skills with all children, family, and extended family
   - --monitors amount of and content of television viewing

2. Personal Growth (#3, 4, 5 goals)

   - --sets goals for self
   - --returns to school
   - --seeks, finds employment, maintains employment
   - --attends workshops
   - --sets up independent household
   - --improved health
   - --improved appearance
   - --improved surroundings
   - --uses community resources appropriately
   - --fewer moves
   - --improved personal relationship with spouse, family, friends
   - --shares feelings with others
   - --increased desire and ability to examine behavior, motives
   - --increased ability to examine and resolve issues
   - --reaches out socially
   - --improved financial status

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—improved money management
—family planning efforts
—less frequent use of T.V.
—exhibits confidence of own skills by comfortable interaction with child in front of others.

Goals for Child:

1. Development to greatest potential:
        cognitive skills
        communication skills
        self care skills
        social/emotional skills
        gross motor skills
        fine motor skills
2. Achieve IEP goals
3. Ameliorate, prevent, reverse developmental delays
4. Encourage interaction with others
5. Develop positive image of self
6. Improved quality of life (has basic needs met)

Outcomes for Child:

1. Child's Behaviors (#1, 2, 3, 4 goals)

    —achieves specific skills (#1) (These will be assessed by teachers and therapists using EIDP, evaluations, and consultations with therapists, psychologist).
    —achieves 1-3 IEP goals as set by teachers
    —enjoys parents, siblings, others
    —engages others
    —responds to affection in a positive way
    —has sense of excitement in mastering new task
    —communicates needs

2. Personal Growth (#5, 6 goals) (as provided by caretakers)

    —gets three nutritious meals a day
    —improved health, regular medical care
    —increased freedom for movement/exploring
    —receives more affection
    —receives less hitting, yelling
    —is talked to alot
    —has regular meal and bedtime schedule
    —feels secure, safe
    —has limits set
    —receives encouragement
    —has appropriate toys/activities available
    —receives affection

PROGRAM IMPLEMENTATION

Goals

The primary goals of the Montpelier Parent-to-Parent program are to provide friendship and support to teen mothers in the area.

Target Population

The program serves teenagers with children 0-3 who reside in the cities of Montpelier, Barre (each with populations of approximately 11,000), and Plainfield, a small community about 30 miles from Montpelier. In this area, there are a great many poor families who have migrated from the farms to seek services in the cities. (Although the services are far from extensive in the urban areas, at least there are more than in the rural areas.)

Staffing Arrangements

The PTP is staffed by a paid supervisor and three volunteer home visitors.

Supervisor. The supervisor, Karen Rexford, is the parent of school-aged twin boys. She has worked in social services in the area for many years. Just prior to taking this job, she was a family worker with Head Start. She has taught parenting classes and continues her interest in this area with local groups such as Lamaze. She has a B.A. in social science.

Home Visitors. The home visitors are women who in another program might themselves be home visited. During the first program year, two were former clients of the social worker who initiated the program, and one was legally blind. Seven of the nine original home visitors were either single parents or not married. One of the current home visitors was a teen mom. The director describes them as "survivors, working class, self-focused." The supervisor, who was very energetic and committed, gave a lot of support to these home visitors, but still had a lot of attrition after the first year.

Relationship to the Host Agency

The Washington County Youth Services Bureau is a private non-profit agency which provides a variety of services to adolescents, including a runaway shelter, drug and alcohol counselling, etc. The Parent-to-Parent program is considered a "full partner" in this programming effort to provide services to teens. In fact, in the earlier phases of the program, the clinical director of the agency was quoted as saying "the PTP program is the most positive, active program the agency has offered for some time."

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Services Delivered

The program provides similar services to the other programs—home visiting with activities to do with the child, community referrals to other agencies, and a newsletter once a month with some child development information. They have attempted to hold parent meetings, but have not offered them recently because of transportation problems. The supervisor feels that there are basic problems with the model, given the very high risk nature of many of their clients. She feels that the "average" teens want more concrete services than the program can provide, and she sees transportation as a big service which the parents want, but the model is not set up to handle.

Status of the Program

At this time (one and 2/3rd's years into the program) there are only 3 active home visitors in the program. The rationale offered by the supervisor was that she "wasn't getting any referrals," so she didn't offer a second round of training. She explained that she didn't understand why the referrals were not coming in and when she checked around with the referral sources, the parents, she found that either (1) the moms felt that the home visitors were only coming to check up on them or made them feel they were doing a bad job of parenting, or (2) that they wanted more concrete services, such as child care, and did not really find PTP relevant, or (3) that some of the families were so high-risk that the volunteers couldn't really cope with their problems. It was her conclusion that the program in and of itself was not equipped to meet the needs of that population.

For these reasons, Karen has submitted a grant to the Turrell Foundation (the current funder of their PTP program) to completely change the nature of services offered. She wants to establish a "Family Center" at the agency, where teens could come in two days a week and enjoy some group activities with each other and their kids. Transportation would be provided, and the only staff would be a part-time counsellor "trained in crisis intervention" who could lead small group sessions. Play groups for the children would be staffed by volunteers, during group times. They will know by mid-May whether or not they will be funded, but Karen thought it had a good chance.

This program was of concern to High/Scope staff as well as the Vermont RTDC staff practically from its inception. The woman who originally set the program in place left, and Karen was never formally trained. Ann Dunn of the Vermont RTDC program expressed her concerns about this program to the High/Scope consultant in March of 1983. She felt that there had been very little of the model set in place by Ann's predecessor (Marian); that it has suffered from lack of follow-up, lack of evaluation procedures from the RTDC.

PURPOSES OF THE EVALUATION

The evaluation of the vanLeer Parent-to-Parent models has always been multipurpose as well as multidimensional. Initially the purposes of the evaluation included first, helping sites develop their own site-specific evaluation systems and second, identifying the organizational and community conditions necessary for successful program replication in other settings. The underlying logic was that if we as evaluators could identify the necessary community resources and host organization attributes that supported the implementation activities and resulted in desired program outcomes, then we could help consultants and the world at large identify those organizations with the attributes and resources needed to achieve similar results if they replicated the model.

This rather traditional, logical conception of evaluating program implementation took for granted the interpersonal, always dynamic nature of the relationship between High/Scope and the site during all phases of program implementation. We looked outward at the various programs, but took as a given our own role in interacting with sites. However, we realized over time that High/Scope's role as key actor in what was basically an interpersonal, interorganizational relationship needed to receive critical attention as well. Thus, the purpose of the evaluation was broadened to include a focus on High/Scope's role in the dissemination process as well as on program replication.

Within this chapter we define the purposes of evaluation from our perspective and describe the types of evaluation undertaken during the Phase I Dissemination Project. We outline the principles that served as the base for our decision making regarding evaluation design, instrument development, data collection, and analysis. These principles are based on an "action research" orientation. We then provide an overview of the evaluation systems as implemented at the various program sites. Specific program outcomes are presented in the following chapter.

Implementation Evaluation

During the implementation phase of the evaluation we collected data on the process of implementing the Parent-to-Parent model under different organizational sponsorships in widely different community settings. There were three dimensions involved:

o a formative component of the evaluation that documented a wide range of program implemention issues and that was useful to program staff in directing their programs;

o a summative component that documented outcomes of the programs on participants--families as well as volunteers;

(In a sense, the summative component was formative, too,
because attention that was focused on program outcomes served to
direct staff energy to ways of molding the program to achieve
those outcomes.)

o a context component that included the local social and political
    context of program implementation.

Information gathered concerning the local organizational,
social, and political context of program implementation at each
site allowed evaluators to identify the necessary
characteristics for successful adaptation of the model and
ongoing maintenance of it within the organization.

Dissemination Evaluation

This aspect of the evaluation examined the dissemination process
itself, focusing on two dimensions: 1) High/Scope's role in the knowledge
transfer process, and 2) the host institution's role in adapting the
model.

High/Scope's role in providing technical assistance to new sites has
been grounded in the peer-to-peer principle of mutual responsibility—
between site and High/Scope staff—for the ultimate shape of the model at
each site.   Each working relationship was, therefore, a dynamic,
interactive accomplishment that varied to some degree with the different
personalities involved. Each model was developed through negotiation,
with the site assuming substantial responsibility for adapting the model
to meet its unique organizational and community needs.

This active process of negotiation and compromise meant that the
definition of the model evolved both over time within sites and also
varied across sites. Each site had its own target population, and its own
organizational constraints that have impacted on the model.   The
evaluation has provided an opportunity for reflecting on this "model in
action" and as a result, contributed to a clearer understanding of the
"bottom line" regarding key aspects of the model, on which High/Scope
could not compromise without jeopardizing the eventual viability of the
program.

Reflecting on the model in action has also had implications for
defining the "bottom line" regarding site responsibilities. Although the
relationship between High/Scope and sites is dynamic, it is not completely
open-ended, and there are differing responsibilities that each must meet,
or program effectiveness is jeopardized. Not atypically, we have learned
more in this area of interorganizational relationships and mutual
responsibilities from our "stumbles" than from our successes.

Just as the evaluation has had more than one purpose and several
dimensions, the principles guiding the acheivement of our purposes have
been several. A discussion of evaluation principles follows.

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Definition of Action Research

The principles guiding the evaluation of the Parent-to-Parent models are characteristic of what has been known traditionally as "action research."

The concept of action research appears to have originated in the 1930's to describe collaborative research joining academic social scientists and action agencies in a new undertaking aimed equally at solving social problems and at contributing to scientific knowledge. Although the term has been interpreted somewhat differently over the last 50 years by various social scientists working in different contexts (Morrison, 1974), the core concept has remained basically intact (Rapaport, 1970).

Action research is a type of applied social science that differs from "pure" social science in the close involvement of the researcher with the practitioner in a social program designed to solve a real life problem. Historical examples of various kinds of action research include the Tavistock Institute's multidisciplinary (psychology, anthropology, psychoanalytic psychiatry) involvement in action programs (for example, for rehabilitating returning prisoners of war and for bringing about industrial organizational change), the Institute for Social Research's department of Group Dynamics's studies of leadership and power, and anthropologists' involvement initially in problems of wartime intelligence gathering and later in industrial relations and organizational development (Rapaport, 1970).

More recently evaluation research, appearing in the 60s, has shared some of the characteristics of action research, in that it has often linked researchers with federally sponsored programs intended to ameliorate social problems. Although many of these federally funded evaluations have differed from action research in focusing only on outcomes, a few evaluations have also included implementation studies designed to identify how and why the innovative programs achieved the outcomes they did (Wacker, 1982).

A more critical difference between evaluation research and action research is the fact that evaluation research does not require the close and sustained collaboration between researcher and program implementor that is characteristic of action research, nor does evaluation research pay much attention to testing theory or expanding scientific knowledge. High/Scope's evaluations of the various Parent-to-Parent models have always exemplified a close and ongoing collaboration between researcher and program staff. Partly as a consequence of this collaboration, however, the evaluations have focussed relatively less on testing theory.

Our operational guidelines are discussed below, and embody the notions of action research.

Operational Guidelines

1. **Evaluation must be a collaborative venture between program (site) staff and High/Scope staff (consultant and evaluator).**

The key principle here is that High/Scope staff must work with site staff on a equal footing, acknowledging that the site staff are the experts about their community, their organization, and their program needs. High/Scope staff, in fact, work with site staff in the same way that the volunteers work with parents—on a peer-to-peer basis.

The fundamental conception of program evaluation that we communicate is that evaluation helps program staff develop a better model by forcing them to articulate very clearly their program goals in measurable terms. This process helps them avoid the common pitfall of expecting too much of their program, thinking it can "do it all." It also helps them look beyond the immediate service they are offering to the ultimate reasons for offering the service, to the results expected. Are they realistic? Are they measurable or even observable?

Then, after helping site staff clarify their program goals, evaluation can serve their purposes by documenting clearly just how the program is good and in what ways it might be improved. Evaluation is presented as a tool to be used by the program staff within the program, rather than as something external to which they must submit, that uses them and points out their shortcomings.

Initially, it is the High/Scope consultant who works with the site staff to clarify their goals and to choose and adapt instruments that best meet their unique program needs. The consultant allays their fears and suspicions of "evaluation" as an intrusion and distraction from their primary concern, portraying it instead as an important mechanism in developing a good program. Because she is a "program" person herself, and a peer, she can do this even more effectively, perhaps, than the researcher/evaluator can.

The consultant typically works with High/Scope researchers as well as with site staff in this process of constructing an effective evaluation. But the High/Scope researchers may work directly with sites after the program is launched and the initial forms are chosen and adapted, particularly if the sites have an interest in documenting unique outcomes that existing measures do not adequately reflect. In either case, site staff and High/Scope staff share the mutual responsibility for designing the evaluation.

This collaboration between site staff and High/Scope staff in creating the evaluation is of critical importance for the site to feel a sense of ownership of the evaluation. Even though we found that most sites were not able to take ownership of the evaluation in a technical sense (they often did not develop the capability ultimately to analyze or interpret their data), their involvement in designing the evaluation at least insured that they cooperated in filling out forms and collecting the data, and that they recognized and agreed with the findings compiled by the High/Scope evaluators.

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2. __The evaluation at each site must be designed in accordance with its unique program goals.__

For the evaluation to be a valid portrayal of the individual program, it must be firmly rooted in the program, emerging logically from it rather than being imposed upon it from the outside. This is the reason it is so important that consultants/evaluators work closely with site staff to achieve a common understanding and clear definition of program goals—both parties must understand the program to develop a valid evaluation. It is not an easy process for site staff to articulate what seems so obvious to them, but the mutual effort to specify the model and design an evaluation based on it creates a sense of ownership and commitment that would otherwise not exist.

3. __The evaluation must be an integral part of program delivery.__

Our Parent-to-Parent Model has always included evaluation as a component of the program equal in importance to volunteer recruitment, inservice training, public relations, and so on. The High/Scope consultant has found it is a major responsibility of hers following supervisor training to convey the importance of evaluation to volunteers, who are naturally more concerned with providing the service than documenting it. They must be convinced of the essential function that evaluation serves in facilitating program management and documentation of service delivery and outcomes; unfortunately, it is not intuitively apparent to them.

Since evaluation is presented as an integral part of the model, it must be designed and carried out in a way that complements rather than interferes with service delivery. This means that practical considerations must be important priorities, especially in designing specific instruments and deciding who will administer them and how they will be administered.

Practical considerations include such things as amount of time required and ease of administration of the instruments and forms chosen. Staff characteristics must be accommodated, such as their writing facility and research sophistication. Host agency characteristics must be accommodated as well, such as fiscal and human resources available to support the evaluation. When evaluation is seen as enhancing rather than competing with the service delivery effort, these considerations become simply parameters within which decisions are made, instead of barriers to implementing any evaluation at all.

Our evaluation approach, in its close collaboration with service deliverors, can be seen to be in the tradition of action research. And we have encountered both some of the problems that other action researchers have encountered, as well as some of the rewards. However, we have found that some of our problems have resulted from a failure to fully actualize our own principles of mutual responsiblity.

Problems in Conducting Action Research

__Lack of control.__ The action researcher typically gives up some of the control inherent in conducting basic research. Action researchers

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cannot dictate what instruments can be used on whom at what times, but must negotiate these with program staff working within the constraints discussed above. This imposes a cost in terms of losing certain types and quantity of information collected, but, we have discovered, probably not in decreased quality of data.

An example of this finding was our early experience with attempting to videotape parent-infant interactions. There were several "stumbles" here. First, child outcome measures per se were not seen as relevant to most of the programs' immediate goals. However, in our zeal to accomplish what we had promised in our proposal, we did not "hear" sufficiently their lack of agreement with the goals, and with the specific measurement of them.

Second, there were real concerns on the part of program staff about how their families would react lo being video-taped. They worried about its potential interference with service delivery, that is, with the crucial building up of trust and rapport between the home visitor and family. We agreed that it might be a problem with some families, but based on our own experience with families in Ypsilanti, we thought it could be overcome.

Third, there were equipment problems due both to the cost and the technology involved. Many sites had limited financial resources to purchase the equipment. Moreover, it was cumbersome and unwieldy, and carrying it around especially in cold, icy weather was a real challenge for home visitors.

Fourth, there was a problem about the level of skill of the site staff who were collecting the data with the videotaping equipment. Quality control was impossible over such long distances.

Exemplifying most of these problems was one program in particular, the most distant geographically as well as culturally, that never fully bought into the outcome as a goal or the use of videotaping to measure it. Although they verbally acquiesced to the videotaping, they saw the technology as intrusive and as imposed upon them, and consequently, they never actually carried it out.

This was obviously a loss to us (and them) of the data, but as it turned out, similar data collected at other sites was not really useful either, for several reasons: 1) the ages of the target children varied much more than we anticipated, 2) the data was collected after differing periods of program contact, and 3) it was collected by home visitors who were somewhat less than objective in their administration of the videotape equipment.

Thus, it seems that the constraints imposed by the principles of action research to work collaboratively, limiting measures to those that site staff fully agree with and, in our case, can administer comfortably and unobtrusively, may ultimately result in less data, but what there is is of higher quality. The data is of higher quality because it is obtained in a more natural and non-intrusive way, and is thus more ecologically valid. The measurement situation is not distorted, either by unfamiliar outsiders or by uncomfortable insiders trying to make their

families look good on an instrument they don't really care for.

There is another tradeoff, however, to the increase in ecologically valid data, alluded to in the sentence above, which is an inherent problem of action research, an ethical one concerning decreased objectivity.

Lack of dispassionate objectivity. The lessening of scientific objectivity stemming from the collaborative relationship between researcher and program implementor can occur at several levels. At the highest level, of course, a decrease in objectivity may occur on the part of the researcher in the analysis and interpretation of data. Just as involvement in constructing the evaluation stimulates ownership of the evaluation in site staff, involvement in defining the model can arouse ownership of the model in evaluators.

Sophisticated critics of scientific research have pointed out, however, that there has always been less objectivity in the conduct of such research than has been commonly assumed. Personal preference and bias are in fact operating at every phase of scientific investigations from the initial selection of the research problem all the way to the final conclusions. One safeguard is for scientists to try to be very explicit and "up front" about their values from the outset. Others are built into the researcher/site relationship.

In the case of High/Scope evaluators and the Parent-to-Parent models, several factors in their relationships mitigate against too great a loss of scientific objectivity. One factor is that the High/Scope consultant, not the researcher, is the primary point of contact with the site. Initially she represents the researcher's interests to the site, and develops a very close relationship with them, but functions somewhat as a buffer between them and the researchers. High/Scope researchers do make site visits to work with staff on their evaluation, observe the program in action, and interview staff and knowledgeable observers, but they do not get so closely identified with them that they lose a sense of perspective.

A second factor is that the researchers are usually involved with several sites simultaneously. Comparing one with another automatically introduces a certain degree of objectivity.

A third factor is that geographical distance and other project commitments mean that the opportunity for researchers to establish very close personal ties with specific projects is considerably diminished. Although they collaborate with site staff on developing and reviewing their evaluations, they do not do it every day.

At another level, involving site staff and volunteers in the data collection process introduces another source of subjectivity. Naturally supervisors and home visitors/advocates want their participants to appear in the best light. However, the kind of documentary evidence that the evaluations tend to rely on now, more frequently than research instruments that require a high level of sophistication and reliability in their administration, are less distorted by non-objective data collectors. Examples of some of these tools are discussed in th4e following section.

Advantages of Action Research

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The advantages of doing evaluations within the parameters of action research are significant, notwithstanding the difficulties encountered. The benefits accrue both to program implementors, in terms of model development, and to evaluators, in terms of quality of information and relevance of findings to pressing social problems. Examples are discussed below.

Benefits to Programs. Working with researchers/consultants to clarify program goals and build in a system for determining whether goals have been met has both short-term and long-term advantages to programs. Over the short term such an evaluation system helps site staff keep the program on track. Documenting process variables can also aid in ongoing management decisions, such as the allocation of staff time and resources to alternative activities.

An example of an evaluation instrument that serves both evaluation and program management functions is the Time Use Form. Initially High/Scope developed it as part of the replication phase of the evaluation, to determine what kinds of staff time allocation were necessary to build a strong program. It also was useful to site staff—administrators and supervisors—to see whether they were spending too much energy on some activities and not enough on others.

More recently a revised version of the Time Use Form was developed with Family Advocate Program (FAP) staff in Dayton based on a content analysis of family advocates' open-ended description of their activities. This Form is now in a check-list format (more "user-friendly" for advocates), and is used by the FAP to document the advocates' fulfilling the time requirement for their stipend. Its evolution from primarily a research tool to primarily a program management tool is complete, but it clearly can still serve a dual purpose.

Another example of how evaluation and program management purposes overlap is the use of the Home Visit Plan, an instrument used in virtually all of the Parent-to-Parent home visiting models. The Home Visit Plan documents both immediate and long-range goals for the family, records what happened on each visit, and includes brief observations of progress made and problems encountered. This instrument serves management purposes, because it shows a supervisor very quickly what actions are occurring with each family, how well the home visitor is observing in the home, and even whether home visits are, in fact, occurring. The Plan also serves evaluation purposes, because it records somewhat inferentially (from the specific family goals) initial family status—immediate needs, problems, and plans for resolution, and then quite clearly documents family progress.

The Plans have been very useful in defining impacts on families, yet because they so clearly serve program management functic·s as well, they have been quite conscientiously completed by volunteers. Different sites have revised them to suit their particular needs—some sites more than others (see Appendix __)—but by and large there has been agreement between site personnel and High/Scope as to their fulfilling important evaluation as well as program functions.

Benefits to Researchers. The benefits to researchers of conducting action research include the discovery of non-standardized treatments in unique family situations (Halpern, 1983). However, the social problems of teenage parenthood, of inadequate parenting skills, of poor family health practices remain. Collaboration between researchers and action programs represents a merging of complementary skills that offers the best hope for resolving these problems as well as advancing the frontiers of scientific knowledge.

NATURE OF EVALUATIONS AT DIFFERENT PROGRAMS

Although the evaluation designs at various Parent-to-Parent programs have varied to some degree with program goals and target populations, the variation in evaluation designs has progressed through remarkably similar stages. Initially in November, 1978 we had proposed a fairly elaborate across-site design intended equally to define the implementation process and to determine program outcomes. The design was based on several assumptions:

1. Sites would progress in parallel throughout the life of the project, thus allowing us to gather across-site data for comparative purposes;

2. Within any one site there would be a large enough sample to provide the base for validating new instruments and assessing program impact;

3. Sites would be committed to collecting and analyzing research data;

4. Sites would have the resources available to have an on-site evaluator, at least 50% time, who would manage local data collection.

As program implementation got underway, however, it soon became apparent that our initial assumptions were overly optimistic. While we could use many of the implementation and process measures we had been intending to use, it was going to be much more difficult to fully develop and utilize impact measures. The real-life conditions that we found ourselves facing that impacted our research design were the following:

1. Sites did not, in fact, progress in parallel throughout the life of the project.

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a. Sites began implementation of the program at very different points in time in the project. It took sites varying amounts of time, for example, to recruit and train home visitors. Even within sites families began their participation at different time points. Some home visitors began with a family immediately after training; others waited up to three months to begin work with a family. Second and third families were added when they became available. Thus, there was no point in time which could logically be defined as the program "beginning."

b. In addition, end points were equally unclear. Some families were involved for from six to nine months; others stayed for 18 months, depending on family need and program model. Thus, the length of "treatment" was uneven.

2. Sample sizes were smaller than anticipated.

a. The number of actual home visitors and families in the first program year was small. (N's ranged from 6-12 home visitors, with from 8-24 families at each site.) These numbers were not large enough to allow for statistical analysis of the data.

b. The ages of the children involved in the programs varied greatly. With a sample of eight families, the ages of the children being served could range from two months to two and one-half years. Thus, the children in the program were at different developmental levels to begin with. Again with an N of one within an age group, it was not possible to determine program impact on the child's development.

3. Sites were not committed to doing basic research.

a. There was resistance from site staff to doing basic research. In large part this was due to the fact that local programs did not share our concern for or our belief in the value of research. They saw the use of standardized measurements as an imposition and costly—in terms of time and dollar costs associated with hiring and training testers, etc.

b. To some extent there was lack of agreement as to the importance of specific program outcomes, especially when the measurement of these outcomes was difficult.

c. There were inherent difficulties in the distance management of research. While we seemed to be able to handle distance management issues in terms of program implementation, research was much more difficult to negotiate. In order for the research to be ecologically valid, we had to rely on local staff to collect the data in a uniform, "objective" way. We found that we could not always monitor data collection and that techniques were being used which made the data questionable. For example, when videotapes were made of parent-child interaction, we found that home visitors were "cuing" parents as to what else they might do with the child; they wanted their parents to look good.

4. Sites did not have the resources available to fund an on-site evaluator to manage data collection.

Sites wanted to devote all of the funds they had available to direct service. They did not understand the value of research regarding program impact for the long-term.

In implementing the proposed evaluation design we asked all sites to use the procedures as proposed for at least the first year, in order to get what cross-site data we could. (The results of this research are reported in the December, 1981 evaluation report.) The sites cooperated with us on this for the most part, but as noted above, there were some limitations to the process.

By the second year sites had an idea of what had been valuable to them during year one, and they became interested in using those measures that had served them, but their resistance to collecting additional impact data became evident in sketchy information and evidence of cuing. We realized that we needed to refocus our efforts. We then turned to documentation of the process of implementing the Parent-to-Parent model and helping sites develop their own evaluation capabilities.

Consequently sites generally utilized evaluation measures that focused primarily on program process and implementation. Aspects of service delivery were documented and used to provide formative evaluation input that guided program supervisors in making management decisions, in supervising home visitors, and in verifying to funders that specific program operations were being carried out.

All of the original programs began with primarily a formative evaluation. Second generation sites, with the exception of the Head Start program run by the Oneida Tribe and the Lorain teenage parent program, have also concentrated on program process evaluation. The Oneida program, like the Miami Valley Child Development Centers Head Start programs, placed a much greater emphasis on outcomes--with the Oneida it was child development, with MVCDC it was parent involvement.

The Lorain Parent-Infant Enrichment (P-I E) program for teenage mothers has been fortunate in having a supervisor who has always appreciated the need to document outcomes. She has systematically reviewed Home Visitor Plans and extracted program impacts, but like other programs, she has not had the funds available to assign someone even part-time to do this for her. This year, for the first time, she has found a volunteer to assist her in the recordkeeping and documentation, so that outcomes can be identified more efficiently and presented in a usable form to potential funders.

Recently, sites have been coming to us for technical assistance in developing and implementing impact measures. Vermont, in particular, has become keenly aware that for its program to justify continued funding by the host agency and to attract funds from outside agencies, it must demonstrate program impact. Now that the program is fully operational and even institutionalized, staff have seen the need for a solid research base.

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Thus, over time program evaluations have evolved to reflect a greater emphasis on outcomes. However, the real-life constraints under which programs operate means that they are not likely to be able to do more than they already do in terms of documentation and evaluation.

In sum, what has developed from our research/evaluation efforts is an action research process that has resulted in the integration over time of evaluation into the ongoing implementation of the Parent-to-Parent model. (In Attachment A is a list of the instruments used at each site and how they are being used. For the most part these have been adapted from the original instruments used at all sites, samples of which are found in Attachment B.)

While we had to modify our original research design, we have been able to be responsive to community needs and to work with them to build their own evaluation capability. They carry out the evaluation and use the results to examine their own efforts and make changes as suggested by the data. At the same time we have been able to draw on data across sites and to define some important program outcomes. These will be described in Chapter V.

Chapter V

OUTCOMES ACROSS PROGRAMS

Because of the variation across programs in goals, target populations, individual "treatments," and evaluation designs, no attempt has been made to relate individual families and program "treatments" with individual outcomes. However, what we have attempted is a synthesis of program outcomes in general, identifying common impacts across programs as well as unique program impacts. (A possible causal model linking specific program activities with program outcomes is presented for the Vermont home visiting model in Chapter VI: Cost Analysis.) Although control groups were not identified that could rule out with certainty alternative explanations for the observed outcomes, the broad consensus among a range of knowledgeable observers at the various sites, as well as the consistency over time of the kinds of program impacts that emerge, lend substantial credibility to the findings.

Program outcomes deriving from the peer-to-peer home visiting programs and from the new parent advocate model in Head Start programs have been identified in the following six domains:

o Parent/Family

o Home Environment

o Child

o Home Visitor/Advocate

o Host Organization

o Local Community

Program outcomes in each of these domains will be discussed in the following sections.

Parent/Family Outcomes

Five specific outcomes have been observed to varying degrees in most parents served by the home visiting and advocate programs.

1. Improved parenting skills

2. Increased access to and success within further academic or vocational education

3. Enhanced employability/self-sufficiency

4. Increased ability to use community resources effectively

5. Enlarged social networks

As a preface to the discussion of these observable, external outcomes

mention must be made of the almost universally recognized increase across programs in participants' self-confidence. Supervisors, home visitors, advocates, knowledgeable community observers, referral sources, various host organization personnel (bookkeepers, administrators)—all have commented on this phenomenon. The possible interconnection between parents' growth in the skills noted below and their increase in self-confidence is unclear—one suspects a circular relationship, with increases in skill resulting in growth in confidence, which in turn sparks even more increases in skills, and so on. In any event, Parent-to-Parent is seen as the catalyst for these changes in peoples' self-confidence and behavior.

A discussion of parent outcomes resulting from Parent-to-Parent program participation has to take into account the differing degrees of intensity of treatment both within and across programs as well as the various levels of disorganization existing within the families. (Refer back to Table 1). Programs differ in the expected amount of home visitor/family contact and in the proportion of high risk/multi-problem families each served. (For example, any one of the 20 abuse and/or neglect risk factors present in a family situation would be difficult for trained volunteers to address, but, as noted earlier, no FSP family was experiencing fewer than three of these serious problems.) Thus, although all of the following program impacts were observed in parents across all programs, the amount of change varied from parent to parent and program to program.

1. Improved Parenting Skills

Parents increase their knowledge of child development and understanding of their own children through participation in Parent-to-Parent programs. Parents become better observers and interpreters of their child's behavior, and understanding more, they respond more appropriately to the child's developmental level.

Many parents become significantly better able over time to point out new skills or milestones their child is reaching. Many begin interacting with their child in a 'fuller' manner: spending more time playing with the child and talking to it, enjoying the interaction, and setting up play activities.

Some parents, particularly teenagers, find it very difficult to talk to their infants. Only about 25% of participating parents in the Vermont program demonstrated observable improvement in the quality of verbal interaction. Those that did talked with their babies more, and engaged "in more praising, questioning, explaining, and less forbidding, directing, and blaming" (Halpern & Covey, 1983).

Supervisors specifically made the following observations about participating parents' improved parenting skills. According to them, parents have:

o learned more about what their child will do at certain ages and stages;

o   become more activ(observers of their child, commenting to the home visitor on what their child had been doing;

∩   become more able to plan activities to do with their child that are developmentally appropriate, and have enjoyed demonstrating these to their home visitors;

o   shown pride in small developmental steps the child has been making, and have enjoyed having some of them printed in the newsletter;

o   become more aware of their child's efforts to involve them in interaction and of the importance of responding—children initiate more as a result;

o   stated that they are taking more time with their child, because doing things together has increased in importance and has become more fun.

Another supervisor reported the following:

o   A mother of three said on her final visit, "I cope better with my family problems. I learned why my children do the things they do and how to better manage my temper when they do them."

o   A home visitor reported that a parent who had had real problems with consistency in disciplining her children "is now doing better, and seems better able to see the growth in her children."

o   Another home visitor was overjoyed that a formerly abusive mother "comforted her sick child for ten minutes!" Previously this mother had been unable to spend more than one minute comforting her child when he was ill.

The High/Scope Knowledge Scale, a measure of appropriate expectations for infants and children was administered to some teenage mothers in Vermont, and available data corroborates their increase in knowledge of child development. The instrument is being administered to all Ypsilanti Family Support Program mothers this year.

2. Increased Access to and Success within Further Academic or Vocational Education.

Parents across Parent-to-Parent programs—from Vermont to Ohio—have returned to school or resumed study at home. In Vermont 28% graduated or received their GED equivalent (Halpern & Covey, 1983). In Lorain, which is only it its second year, two teen mothers have gotten or begun working on their GEDs and eight are in the process of completing high school. Head Start parents in Dayton have also gone back to finish school or continued on to obtain more training.

3. Improved Employability/Self-sufficiency

Although this has never been an explicit goal of the traditional Parent-to-Parent programs (with the exception, of course, of the advocate program in Dayton), participating parents have nevertheless developed in ways that tend to increase their employability. Along with seeking more

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education or vocational training, they develop goals for themselves. They seem to develop a stake in the future and see themselves as having some control over it. In short, they develop both the skills and attitudes that tend to make them more employable.

Several supervisors noted that parents had taken steps to become more self-sufficient, acquiring part-time jobs that reduced their dependence on public assistance; some become home visitors/advocates themselves, taking the first step on the path from home to paid employment by obtaining volunteer experience.

4. Increased Ability to Use Community Resources Effectively

Many participating parents have multiple needs—financial, health, housing, social—and home visitors and advocates assist them in learning how to meet those needs. Parents learn from the volunteers' example how to access the appropriate community resources. This more efficient use of available resources is ultimately a cost benefit to the community in terms of less time wasted by various agency staff responding to inappropriate requests.

Research in Vermont indicates that "appropriate and effective use of community resources and services to meet family needs has increased significantly for about half the participating families" (Halpern & Covey, 1983).

Examples of the kinds of community resources appropriately used come from the Lorain Parent-Infant Enrichment program. Teenage mothers:

o sought and/or received birth control information;

o used community resources for:

    a. clothing
    b. food (including WIC)
    c. health care
    d. housing and emergency funds for utilities
    e. counseling help

5. Enlarged Social Networks

Participation in Parent-to-Parent programs brings with it a reduction in social isolation. Parents in home visiting models interact in parent group meetings with other mothers who have similar problems, and make new friendships. Each year program participants develop close interpersonal ties and end up forming support groups for each other.

Parents who respond to encouragement by advocates in Ohio to participate in the various Head Start committees or in the classroom also inevitably expand their social network.

Perhaps as a result of their newly found self-confidence from rewarding interactions so many with adults, many program mothers have

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begun to look for ways in which they can give back to the program and the community. For example, in Lorain:

    a. four mothers have expressed interest in becoming home
visitors in order to pass on the help they received;
    b. four mothers have become active in putting out the Program
Newsletter;
    c. several mothers have given baby equipment and clothing to the
program for the "clothing and equipment exchanges."

There have also been some outcomes which are unique to teenage parent programs. These are

o Fewer child neglect and abuse referrals

o Fewer unplanned second pregnancies

1. Fewer Child Neglect and Abuse Referrals

Recently the supervisor of public health nurses, a member of the Child Protection Team for a large geographical area between St. Johnsbury and Newport, reported that of 12 open child abuse cases, 75% had been teenage mothers, but none were Parent-to-Parent program participants. She also had observed much more fear of the unknown (with correspondingly more anxious but often unnecessary phone calls to doctors) among non Parent-to-Parent teenage mothers.

Previous research on the Vermont program alluded to the relationship between improved parenting skills and decreased potential child abuse: "three-quarters of the 40 adolescent parents visited during the first two program years demonstrated significantly greater ability over time to respond appropriately to cues from their infant...This knowledge eased anxieties, fears, and even anger at the infant" (Halpern & Covey, 1983).

2. Fewer Unplanned Second Pregnancies

The teenage mothers who participate in the Parent-to-Parent programs have very few repeat pregnancies. In Vermont only 9% had become pregnant again during participation in the program according to recent research, and most for whom there was information indicated that they were using contraceptives consistently (Halpern & Covey, 1983). In the Lorain P-I E program no new babies were born during the year, and most were using contraceptives consistently.

The postponement of second children has very significant implications for the teenage mother's ability to complete her education and eventually become self-sufficient. Obviously this program outcome has direct economic benefits to the local community and to the larger society.

Home Environments

The changes that have been wrought in the family environment for many Parent-to-Parent participants, and the corresponding improvements in the quality of life of everyone in those families, have been significant. Inevitably the home environment has immediate impacts on children, and home visitors appropriately cope with the child's proximal environment before attempting to focus attention on child development issues. Indeed, helping families to resolve immediate crises, and take the first steps to change chronic situations, seems to have given many parents the courage to attempt other changes on their own.

As parents have become more aware of their child's emerging abilities and of the importance of giving the child a safe and stimulating space in which to learn, supervisors report that they have made important changes in their home environments. Parents have become more knowledgeable about the importance of refrigerated food and of not smoking while around their infant or child, so home environments have:

o become safer places for children;

o become more stimulating places for children to explore:

-children have had more activities and more developmentally appropriate activities carried out with them by both home visitor and parent;

o become healthier places:

-children have had weekly attention by a trained paraprofessional who has referred them for professional help when appropriate, e.g., M.D.s, opthamologists, physical therapists, clinics

Although many changes that were observed were not dramatic, or in some cases even very big, nevertheless they were important. Typical of these small changes are the following examples.

o One mother learned to use all her available money to have the gas turned back on. Before her home visitor came into her life, she was spending money on non-essentials like birthday gifts, and not meeting basic needs first.

o Another 24 year old mother, who had had her first child removed by Protective Services because of child abuse, and had had another child die in the hospital, finally after much encouragement from her home visitor, overcame her ambivalence toward doctors enough to take her four-year old child in for his required immunizations, and to allow the youngest to have an operation to repair a congenital defect.

Children's behavior problems related to stressful home environments have tended to become less severe, as parents solve problems distracting them and causing them anxiety, and as they learn how to give their

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children positive kinds of attention. One home visitor reported that the temper tantrums that used to annoy the mother so much had disappeared as she learned to be more consistent, and eating problems diminished in another child. These changes, of course, lead us to the next section concerning child outcomes.

Child Outcomes

In the home visiting programs and the innovative Family Advocate Program (FAP), it must be kept in mind that services are targeted primarily at parents and then secondarily at children. Moreover, the state of the art of evaluating change in infants and young children, together with the problems that are inherent in doing action research, have meant that specific outcomes on individual children have not been measured. However, it has been possible to observe program impacts on children as a group.

A significant program outcome has been in the area of improved child health. Immunizations that may be three and four years overdue are finally obtained with the home visitor's encouragement. In addition, more appropriate medical services are obtained sooner because of the home visitor's more knowledgeable eye and her regular presence.

Parents also make use of other available community resources that make their lives better and benefit their children. For example, mothers with younger children have finally enrolled their four year olds in Head Start with the encouragement of the home visitor, after months of resistance. We have learned from our own Perry Preschool research that this experience may have far-reaching consequences in this disadvantaged youngster's life (Schweinhart and Weikart, 1980).

The children themselves have had opportunities in the home visiting programs to be with other infants and toddlers at "Playtime and Talk" sessions or other parent group meetings at the center and at park outings.

In the FAP, children in home-based programs have also benefitted from program advocates assuming many of the home visitor's time-consuming tasks, again freeing the home visitors to concentrate more on the children's educational or health needs.

In the FAP one unanticipated program outcome of the advocates' presence has been an increase in children's attendance at centers: as advocates have guided parents through the sometimes frustrating logistical and administrative procedures—helping them car-pool, complete enrollment applications, and obtain dental and physical records—their children have been able to attend the center sooner and more consistently.

Children have also benefited from more individual attention in classrooms, as advocates perform routine tasks for teachers, thus freeing the teachers to work more with children. Alternatively, advocates may work with small groups or individual children themselves, or recruit additional parents to help out in the classroom. Thus, children get more quality time from adults in their classrooms—whether adults, advocates, or volunteers—and they have a better chance of getting their special needs met because of the advocates' involvement.

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Home Visitor Outcomes

It has become a truism that the act of teaching may have a greater impact on the teacher than on the taught. One learns best not only by doing but even more by doing unto others. We, too, have observed that some of the greatest program impacts seem to be on the volunteers themselves. These impacts will be seen to be very similar to the ones the target parents demonstrate, but absolute levels are higher with the volunteers because they started out with more skills in these areas to begin with.

The experience of being a home visitor—helping families cope with challenging and extremely serious problems, teaching them more effective ways to interact with their children—results in a great deal of personal growth for the home visitor. Supervisors across programs have observed that home visitors have:

- o Improved parenting skills

- o Improved knowledge of child development

- o Increased access to and success within further education or employment

- o Knowledge of and ability to use community resources

- o Enlarged social networks

1. Improved Parenting Skills

Home visitors have reported that the experience of home visiting made them much more conscious of their own actions as parents. In helping parents interact more appropriately with their infants, they themselves worked harder at interacting appropriately with their own children, for example, looking for and rewarding good behavior rather than, without thinking, focusing just on infractions.

2. Improved Knowledge of Child Development

A major component of preservice and inservice training in the Parent-to-Parent model has been the stages of child development, especially birth to age five. The High/Scope Knowledge Scale, an instrument measuring appropriate expectations of infants and children, was used in training many volunteers. For one home visitor, from whom repeated measures were obtained over a period of a year and a half, not only did her absolute number of correct answers increase markedly, but her incorrect answers were much less far from the mark as they they were initially.

3. Improved Access to and Success within Further Education or Employment

A number of home visitors have used the volunteer experience as a bridge over which they make the transition between home and work. The program has served as an excellent means of renewing in them both the confidence and skills necessary to enter the world of work.

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They have established personal contacts with professionals within this new world. They have obtained valuable new information, new skills in adult education, and important training in planning, observing, and documenting.

Their increased confidence and skills not only expand horizons regarding potential human service careers, but also open new doors to further education or employment that were not open before. In Dayton, the FAP supervisor observed that advocates "have a sense of being credible and legitimate due to their training and their title. These parents now have a greater sense of purpose and worth." Not unimportantly, they also now have a supervisor upon whom they can call for job references.

Since the Vermont program's inception, nine home visitors have asked the program coordinator for job references. The experience that they had in the program clearly contributed to their employability. Although none of these volunteers could have been considered unemployable, since they all had had prior work experience of some sort or another (school cook, cleaner), having been in the program seems to have influenced their futures in a way that their previous employment did not.

Of the 34 former home visitors, 15 are working, four are attending college studying toward a bachelor's degree, nine are at home, and the activities of six are unknown. Those who are working hold such jobs as teacher aides, clerks, and receptionists, and one is working in a pizza parlor. While not "professional" employment, the level is in general higher than previous jobs.

Personal changes that tend to increase volunteers' employability have been visible, too. Several have shown dramatic improvements in their personal appearance—they have lost significant amounts of weight and begun to dress more carefully.

4. Knowledge of and Ability to Use Community Resources

The home visitor has gained new knowledge of her local community and developed the expertise to refer parents to the appropriate agency for help. In the process she has also learned how to use these resources more effectively for herself. This new knowledge has been won both by home visitors across programs and by advocates who often assist Head Start social workers in filling out forms and making phone calls.

5. Enlarged Social Networks

Home visitors as well as advocates interact with many more people in their community than they ever did before. Head Start advocates in particular experience an increase in the number of adults with whom they interact that is exponential, through their various center activities. They find themselves getting to know agency staff—from social workers and teachers to bookkeepers and cooks; they go through training with other potential advocates; and they get to know many more Head Start parents.

Organizational Outcomes

One of the most significant organizational impacts of the Parent-to-Parent programs has been the institutionalization of the model within the host agency. A typical example is in Vermont where the program began as a pilot project funded by outside foundations. Word got back to the agency director from a variety of community sources that the Parent-to-Parent program was +effective, influencing him and his board of directors to assume responsibility for funding the core program, even though state monies that are the major source of agency revenue were being cut. Our other early Parent-to-Parent programs in Mankato and Toledo have similarly been institutionalized within their host agencies.

The FAP is Dayton has wrought the most sweeping changes within the host organization. The list below summarizes some of the positive outcomes of the FAP to the Head Start agency that have been observed since its inception:

For Head Start Staff

o more coordination and communication across components

o more contact with parents

o better attitudes toward and relationships with parents

o awareness of how to better utilize parents in the classroom

o improved morale within centers

o more time for staff duties (including paperwork)

o more contact with children

o more time for individual attention to children

For the Head Start Program

o increased parent participation and enthusiasm

- the number of parent volunteers in the eight center classrooms increased three-fold;

- attendance at Parent Meetings showed a fourfold increase, including a dramatic rise in the number of fathers who attended;

o more center activities

o more effective delivery of social services

- families requiring specific services—financial, housing, health, etc.—were assisted in obtaining them through the

support of the trained advocates at their respective
centers;

o improved community relations

o better parent understanding of their rights and responsibilities

Staff members have reported having increased contact and
communication with individuals from other components. The FAP has served
as a kind of magnet to which various component staff have been drawn in
their different capacities, requiring coordination of effort. The
executive director of the agency has viewed this increased communication
and coordination as a real organizational benefit of the innovation.

There are more subtle changes affected by the program as well. In
centers where morale was low before the Family Advocate Program, a
noticeable change occurred. People now say constructive things to each
other instead of complaining, the buildings look brighter and better cared
for, thanks to the decorating efforts of parent volunteers, and more
parents are consistently in evidence.

For example, in Clark County, advocates organized a midwinter parent
orientation, as a means of providing information so that new and non-
participating parents could become committed to Head Start involvement.
Because of the advocates' efforts, over one hundred parents attended.
Advocates planned and facilitated the event, including making arrangements
for a buffet luncheon, introducing center staff, and providing
explanations of the program. When questions were asked, it was the
advocates who answered—from parent to parent.

Another significant outcome is that Head Start staff attitudes toward
parents have shifted dramatically. Where there was frustration and
cynicism before, there is now an optimism that activities with parents
have a good chance of success. What advocates have been able to
accomplish has increased the staff's sense of respect for parents'
potential contribution to the program. For example, in Montgomery County
fund raisers had traditionally failed due to lack of interest and
participation, but fund raisers organized by advocates are now successful
and occur regularly.

Advocates have successfully lightened the workload for staff.
Moreover, advocates are so popular with center staff that there are
increasing requests for advocates to take on broader roles. Some
advocates have even been used as substitute teachers within the classroom,
testifying to the trust that has developed between teachers and advocates,
and indicative of the potential financial savings the program can offer.

Impact on the Community

Most notable, but perhaps hardest to document, has been the more
efficient delivery and use of community resources since the inception of
the Parent-to-Parent program. Across programs and models, observers have
noted the increased skills both of participating parents and of trained
volunteers in the accessing of community services. Greater coordination

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of effort has occurred as well as increased communication between various service providers.

These improvements have not gone unnoticed by local agency workers and professionals. In Vermont one local professional recently expressed her preference for a peer service delivery model: "The traditional model of the professional showing mothers, telling them how to care for their children has reached its limits. We're beginning to learn that people learn best from each other, and professionals must figure out how to support that" (Halpern & Covey, 1983).

And the supervisor of public health nurses in Vermont reported "In Newport where there was a bonding program run by doctors' wives, the women were a little too threatening to the client. The teenagers here are much more receptive to this program...The program has proven itself. It's solidly supported, and I would like to see it in every town we [public health nurses] work in."

SUMMARY

These observed outcomes of the Parent-to-Parent model among parents as well as among the trained volunteers who visit them are substantial and hold potentially long-term consequences both for the lives of the parents and their children. Improvements in parenting skills will have rewards for the family system for some time to come. Increased access to and success within further academic or vocational education will pay off in the long run in enhanced employability, but greater employability seems to be an immediate benefit of program participation in and of itself. Parents' increased ability to use community resources effectively is rewarding to them, concretely as well as psychologically, and in addition, ultimately saves the larger community money. Enlarged social networks—the development of close friends and the opportunity to meet diverse people within the community—also increases self-sufficiency from formal agencies while it builds interdependencies among individuals.

For teenage parents a reduction in the number of unplanned second pregnancies will have significant consequences for the mother as well as for the community in terms of opportunities to complete interrupted educations and to obtain employment, and to ultimately become self-sufficient. Preventing the occurrence of even one or two child abuse and neglect cases from reaching the legal and social services systems is a tremendously worthwhile program outcome—for the child, for the parent, and for society at large.

Home environments that are safer, healthier, and more emotionally and cognitively stimulating have also been specific outcomes of involvement in the Parent-to-Parent programs. These changes in the child's proximal environment have been easier to observe than child outcomes per se, but anecdotal evidence suggests that Parent-to-Parent children are healthier, initiate more, and are more responsive.

Program outcomes on individual organizations were seen to range from decisions to incorporate the program within the agency's mandate to

increased coordination and communication between components (departments) within the organization. The Parent-to-Parent program was seen as furthering the organization's own objectives—whether they were to provide human services in a preventive rather than reactive mode or to increase parent participation in agency activities.

For the community at large, benefits of the Parent-to-Parent model have been noted in terms of cost savings through more efficient use of community resources and improved coordination between service providers. The benefits to the community of having more self-sufficient, self-confident, and even empowered citizens cannot be easily overlooked.

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COST ANALYSIS

The Role of Cost Analysis in the Evaluation of Parent-to-Parent Programs

Economics, the study of how people use scarce resources to produce and distribute goods and services, is becoming increasingly important as available resources become scarce. With more basic human needs unmet, and fewer resources available to meet them, it is crucial that resources be invested as wisely as possible. Cost analyses can assist resource allocation in several ways.

1. Cost analysis provides basic information to the funding agency and to the management of a project about that project's use of resources. Aspects of the analysis can also be integrated into program implementation by program staff, providing them with feedback that helps them reach program goals. For example, program staff can learn to take into account the effects of time use on program costs and outcomes, and to distinguish between one-time only investment costs and annually recurring costs.

2. Through cost analysis the complete costs of a program to all parties--the outside funding agencies, program participants, host agency, and host community more broadly--can be assessed. Often programs have hidden or unobserved costs that are not taken into account. Moreover, the analysis can explore who bears what part of the costs.

3. A complete accounting of costs improves the assessment of the magnitude and types of resources contributed to the program by the local community. This kind of information is crucial to an accurate determination of the resources needed by a community to take over a program and operate it independently.

In the following chapter we present a cost analysis of the Parent-to-Parent models using the data that our programs made available to us. Although this analysis falls short of the ideal economic analysis, since we do not attempt to attach actual dollar values to program benefits, nevertheless it identifies various program costs, and relates costs to benefits in a way that has not been done before.

Cost Analysis Through the Use of a Process Model

One way to approach cost analyses of service programs is to start by identifying the various components of the program, then specify the actors and activities, and finally articulate very clearly just what it is the components are designed to accomplish. When costs are attached to the various parts of the program, these costs are firmly anchored to a complete model of the program. The result of this approach is called a "process model." In this chapter we work through such a process model using the Vermont Parent-to-Parent Program as an example.

Next we present an analysis of the costs associated with launching

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This chapter owes much to the guidance of W. Steven Barnett, Ph.D.

our peer-support volunteer program, from the stage of initial pre-program negotiations to the final stage of local self-sufficiency. We use the Lorain, Ohio Parent-Infant Enrichment (P-I E) program as an example of the early stages. P-I E program costs and High/Scope costs are attached since they represent our current work.

We then move to a discussion of various strategies used to analyze costs of service programs such as these and lay out some program outcomes identified in two of our models in order to get some notion of program benefits. Finally, we discuss alternative mechanisms for unleashing the growth in personal development and community coordination that the Parent-to-Parent program can instigate. In Attachment C are sample budgets from our programs, some that have been in operation for only one year, others that have been in operation for over four years.

Application of a Process Model: The Vermont Parent-to-Parent Program

The Vermont Parent-to-Parent program is an adolescent parent program involving volunteer home visitors from the local communities trained to support and strengthen the teenagers' ability to parent their children and to meet their own developmental needs. The program, originally funded by outside foundation money, is now supported by the mental health agency housing the program; it has been in operation for over four years. The process model below traces the program from the initial training by a High/Scope consultant in 1979 to institutionalization of the program within the agency in 1983.

1. A local community person receives supervisor training in the Parent-to-Parent program from a High/Scope consultant. She and the consultant train the first round of volunteers. The High/Scope consultant provides ongoing technical assistance to the supervisor by means of phone calls, reports, and site visits.

2. As local agencies learn of the new program, they refer potential participants to it. Participation in the referral system and in the program is voluntary.

3. The supervisor carefully matches teenage mothers with appropriate home visitors. The home visitor begins visiting the mother on the average of once a week to share child development information, help her develop self-confidence, and resolve most urgent basic problems, (for example, housing, health needs, relationships with boyfriend or parents, loneliness, and/or financial support).

4. A trust relationship develops between the teenage mother and her home visitor. The home visitor plans, observes, and documents each visit. Regular inservice training sessions are held for the home visitors. These include time for sharing experiences and receiving support as well as scheduled speakers or workshops.

5. Monthly group meetings are organized for the teen mothers to enable them to get together and share experiences and feelings. Isolation is reduced as friendships are made and a social support network is established and/or enlarged.

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6. The teenager's increased skill in parenting makes the mother-child relationship more rewarding and takes pressure off other relationships. Real-world problem-solving, primarily by the teenage mother, increases her self-confidence. She develops new hope for the future, formulates goals—perhaps goes back to school, gets a job—and defers subsequent pregnancies.

7. The home visitors' successful experience in this challenging volunteer job increases their self-confidence, skills, knowledge, and thus their employability.

8. Those involved, including service providers in related roles (for example, public health nurses) spread the word about the program, and demand for the program increases. Teen mothers who are home visited transfer their new knowledge to others informally (family, friends). They may become home visitors themselves.

We have observed this model in action over a period of some four years in Vermont. Very simila. processes seem to be occurring in our other Parent-to-Parent programs. Having identified the key actors and activities, we now move on to the program outcomes expected to occur.

Concrete Outcomes Among Teenage Mothers

As a result of this model of involving volunteers from the community in a peer-to-peer home visiting program, focused on transferring parenting skills, the following concrete outcomes, based on qualitative analyses and on observations, have been observed among the teenage mothers:

   o Improved parenting skills

   o Fewer child neglect and abuse referrals

   o Fewer unplanned second pregnancies

   o Increased access to and success within further academic or
        vocational education
   o Enhanced employability

An analysis of possible social-psychological mechanisms accounting for these outcomes is included in the discussion.

   1. Improved parenting skills. Research has shown that teenage mothers typically expect too little of their infants and what they do expect, they expect too late (Epstein, 1980). As a result they tend to concentrate on the physical care of their babies, but neglect cognitive and emotional stimulation. They tend not to talk to them, nor to play or cuddle them, because they don't think that babies can understand or in any way appreciate these activities.

Home visitors, who are themselves mothers and trained in child development, can transmit much of this information to teenagers, showing them how much babies can learn and how early they begin learning. In the process, the young mothers become better observers and interpreters of their baby's behavior, and understanding more, they respond more

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appropriately to the child's developmental level. The teenagers become better parents at a critical period, both for them and for their children, when they are very much in need of developing their parenting skills and thus open to learning.

The High/Scope Knowledge Scale, a measure of appropriate expectations for infants and children, renamed the "Child Development Game," was used with some teenage mothers, and preliminary data indicates that their knowledge of child development indeed improved.

2. Fewer child neglect and abuse referrals. The degree of stress in one's life is an important factor in the incid. ce of child neglect and abuse (e.g., Garbarino, 1976). A key element in reducing stress is to obtain more control over one's environment—whether that means eliminating irritating interruptions, or increasing one's ability to get a job, or stopping a baby's constant crying. For new, very young mothers, more realistic expectations and increased understanding of an infant's behavior allows them to predict the behavior better and thus control it more effectively. This increased knowledge and control may well be the underlying factor in what preliminary data indicates are fewer neglect and abuse referrals among program participants.

Recently the supervisor of public health nurses, a member of the Child Protection Team for a large geographical area between St. Johnsbury and Newport, reported that of 12 open child abuse cases, 75% had been teenage mothers, but none were Parent-to-Parent program participants. She also had observed much more fear of the unknown (with a corresponding increase in anxious phone calls to doctors) among non Parent-to-Parent teenage mothers.

Previous research on the Vermont program revealed that "three-quarters of the 40 adolescent parents visited during the first two program years demonstrated significantly greater ability over time to respond appropriately to cues from their infant...This knowledge eased anxieties, fears, and even anger at the infant" (Halpern & Covey, 1983).

3. Fewer unplanned second pregnancies. The teenage mothers who participate in the Parent-to-Parent program have very few repeat pregnancies. According to recent research only 9% had become pregnant again while participating in the program (Halpern & Covey, 1983).

It is not clear yet what psychological and social mechanisms account for a reduction in the number of second pregnancies. To knowledgeable observers it seems that teenagers' increased self-confidence, hope for a better future, plans to finish school and get a job, and a new-found sense of control over their life, may all provide some of the motivation to defer having another baby. The teenager who quickly gets pregnant again often feels she has nothing to lose by it, but the teenager who sees a future for herself feels she has much to lose.

4. Increased success within further academic or vocational education. Vermont teenagers do not remain in school once it is apparent that they are pregnant. For many the pregnancy ends their formal education. However, recent evidence shows that 38% of Parent-to-Parent teenage mothers returned to school or resumed study at home, and 28% graduated or

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received their GED equivalent (Halpern & Covey, 1983).

5. <u>Improved employability.</u> Teenage parents who develop more self-esteem, make plans for themselves, develop a stake in the future, and who see themselves as having some control over that future, are more employable because they are more mature. Learning to be more responsible and more conscientious as parents, they learn to be more responsible as people.

A Possible Reason Behind these Outcomes

Postponing a second pregnancy may be the key factor in the other four outcomes, for several important reasons. First, a second baby born soon after the first almost certainly precludes the young mother from returning to high school and completing her secondary education. Without a high school diploma, her economic future is bleak.

It is in this area of future financial self-sufficiency that postponing a second pregnancy has the greatest pay-off. Research has shown that the high school degree has more immediate monetary pay-off for women than for men (Kolstad, 1982).

Second, the risk of child abuse and neglect increases with additional pregnancies. The increased stress of coping with an energetic and actively mobile toddler as well as a new infant is often more than these young mothers can handle.

Third, a second baby takes a great deal of time away from the first born. Not only does the quantity of time with the first child suffer, but also the quality suffers. Just at a time when the first child may require more active attention, the mother has little energy to spare.

Fourth, for female heads of households who seek employment, one less child can make a significant difference in their lives. It means one less child for whom they must make day care arrangements; one less child who becomes sick and causes absence from work; and one less person for whom to provide and prepare food, buy clothes, make dentist and doctor appointments, clean up after and do laundry.

Fifth, mothers need time to recover physically from the pregnancy and birth. A second baby's nutrition is apt to be poorer if the young mother's own reserves are depleted, and that has significant implications for the infant's future health. It may be of lower birth weight, for example, which often means more frequent and longer hospitalizations to treat the multiple problems associated with low birth weight.

Thus, the timing of second babies for these adolescents is critical. If they can defer a second pregnancy until they graduate from high school, the prospects for their future self-sufficiency and quality of life and for their children's futures are much brighter.

This program also has had substantial program impacts on home visitors, on the host agency, and on the community, all of which have cost implications, but none which have such immediate relevance and long-term impact as those on the teenage mother. The interested reader is referred

to the Vermont Case Study, included in Chapter III.

Interventions in peoples' lives that result in these long-term outcomes only come about through conscious decision-making to allocate available resources in this way. In the following section we look at the resources necessary to operate the Vermont Parent-to-Parent program.

Vermont Program Costs

Table VI-1 illustrates several key facts about costs involved in implementing the Parent-to-Parent model in Vermont. First, it is clear that costs generally decline each year—both program and technical assistance costs. Although program costs rose slightly in 1982-1983, that was the start-up year for the RTDC and a part-time person was brought on to run the core program.

Costs per family varied from year to year, but showed the greatest decrease after the start-up year. This, of course, was due to the decrease in High/Scope's training and technical assistance costs and the increase in number of families served through expansion of the program into a much wider geographical area. Reflection upon the experience led program staff to scale back their operation the following year in terms of numbers served but to begin allocating resources to the RTDC.

Table VI-1

Vermont Program Costs Per Year

	1979-1980	1980-1981	1981-1982	1982-1983
Program	$33,440	$34,162	$34,493 [1]	$22,496 [1]
H/S	10,712	6,613	1,000 [1]	1,500 [1]
Total Costs	$44,152	$40,775	$35,493	$23,996
Number Families Served	13	43	28	17
Costs Per Family	$3,396	$948	$1,268	$1,412

Total Program Costs	$140,416
Total Families Served	70
Total Volunteers Served	33
Total Families and Volunteers Served	103
Cost per Family Served	$1,363

The Vermont Parent-to-Parent program has always seen itself as serving volunteers and teenage parents equally. A great deal of attention is devoted to seeing that the training and home visiting experience is beneficial to the volunteer. Thus, including volunteers among those served by the program reflects the reality of this program.

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The Bernard van Leer Foundation supported the costs of High/Scope's continuing technical assistance to the Vermont program. However, the technical assistance in fact contributed as much to outreach and dissemination—e.g., Robert's article written with Laird Covey in 1982— and to modeling for the RTDC coordinator ways to make the program more evaluable and fundable—Sally's evaluation consulting in 1983—as it did to program operations. Thus, the costs of technical assistance in 1982 and 1983 are divided equally between program costs and RTDC costs.

Cost of each Vermont Home Visit. Table VI-2 presents the number of families visited and the number of vists completed over the last four program years in Vermont. From this information a cost per home visit can be computed:

$140,416 / total number home visits (1167) = $120 per visit.

This figure does not show group meetings of all the program participants, which supplemented on a regular basis the home visits, nor does it show phone calls or other contacts, which, given the severity of Vermont winters, sometimes had to take the place of actual home visits.

These informal personal contacts and social interactions between teenage mother and home visitor and between the program teen mothers took place because relationships were developed within the context of the program that then extended beyond the formal home visit. Social networks were established that are not possible in a formal client/professional relationship.

Table VI-2

Number of Families, Visits, and Family-Months by Year

Year	No. Families	No. Visits	No. Family-Months
I	13	89	39
II	43	556	240
III	28	299	116
IV	17	223	83
	101	1,167	478

Thus, while the cost per home visit is the kind of figure that is typically asked for, it should not be used as a comparison, for example, with the hourly cost of counseling or psychotherapy. The comparison would be misleading, because unlike psychotherapy, within the Parent-to-Parent model, the home visit is only one of several program components that include home visitor-teen mother interactions.

In addition, more people than simply the client are being served: the home visitor is benefiting from sharing her knowledge and experience, the children a benefiting, and the whole family's home environment is being altered by the attention directed to solving specific housing, medical, or unemployment problems. Thus, this figure would more appropriately be used by funding agencies to make comparisons across similar programs than with

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other forms of service delivery that amy not be comparable.

Since the amount of time that each individual family participated within the program also varied a great deal, further analyses were performed to identify the cost per family month.

Cost Per Family Month Served. Table VI-2 also presents the number of family months served. ("Family months" are the total number of months that each family participates, so that if one family participates one month and another six months, the number of family months for those two families would be seven.) This kind of information is important to have in conjunction with the figure for "cost per family served." Programs that serve many families over relatively short periods of time appear to be more cost-effective than programs that serve fewer families over longer periods of time, but if information showing "cost per family month" were also available, it might be that the two programs had similar costs relative to program contact.

If this data were available for families across all Parent-to-Parent programs, it would allow us to make interesting comparisons as well as document how much more costly it is to programs to serve high risk, multiple-problem families over longer periods of time. The issue of level of need, or degree of risk, of families served vs. amount of resources available, both human and monetary, is one with which programs constantly wrestle.

Total program costs divided by total number of months that each family participated = Cost per family month

$140,416 / 478 = $294 per family month served

Cost of Launching A Parent-To-Parent Program

A cost analysis of a program such as the one outlined above needs to take into account the kinds of activities and time involved in simply getting to the first stage of the process model, which we have outlined as supervisor training. Generally a substantial amount of time and energy is involved in "pre-program negotiations" between High/Scope and the host agency before agreement is reached and training can begin.

A look at the components of the initial High/Scope-host agency collaboration, including the pre-program negotiations, which generally occur over a year's period of time, will further illuminate the process model described above. In the following section we present the kinds of activities and the types of actors involved in the early phases of the model, accompanied by the Lorain Parent-Infant Enrichment program's budgeted costs for those activities, since that program is most representative of our current costs. Table VI-3 outlines the pre-program and first year program activities, actors, and sample costs.

Table VI-3

Year 1 Program Activities, Actors, & Costs

Activities	Actors	Costs
1. Preprogram Negotiations	H/S Director, Consultant; Agency Director secretaries	salaries & benefits administration occupancy travel
o Phone Calls		
o Letters		
o Site Visit		
2. Letter of Agreement	H/S & Agency Directors	salaries
3. Initial Training		
o Agency Orientation	H/S Consultant Agency staff	salaries & benefits travel administr., space
o Supervisor Training	H/S Consultant Supervisor	salaries & benefits travel, administr.
o Home Visitor Training	H/S Consultant Supervisor, Volunteers	salaries & benefits administration
4. Ongoing Technical Assistance		
o Phone Calls	H/S Consultant	salaries & benefits travel administration
o Site Visits		
o Report Preparation		

H/S Costs for Lorain program = $6,270

Activities	Actors	Costs
5. Program Activities		
o Public Relations	Supervisor	salaries & benefits
o Home Visits	Supervisor, Home Visitors Secretary	salaries & benefits stipends gas administration occupancy toys, materials equipment
o Inservice Training	Supervisor, Home Visitors	coffee materials
o Documentation	Supervisor H/S Consultant, Evaluator	salaries travel

Lorain P-I E program costs = $34,012

o volunteer or inkind   volunteer time,
        contributions   toys, clothing,
                                                         baby equipment

                                    Lorain estimated donations = $500

            Total Cost for Year 1: Program + High/Scope = $40,782

Year II Program Activities, Actors, & Costs

The first three start-up activities—1. "Preprogram Negotiations," 2.
"Letter of Agreement," and 3. "Initial Orientation"—are no longer
necessary.

4. Technical Assistance from High/Scope (optional)

    o Review, Respond
       to Program Reports   H/S Consultant,   salaries & benefits
    o Phone Calls   Evaluator   occupancy
    o Site Visits   Secretaries   travel
    o Site Reports   administration

5. Program Activities

    o Same Activities, Actors, and Kinds of Costs as in Year 1

                                    Lorain estimated costs = $34,500

Analyzing Program Costs

Before we examine program costs over time and between programs, it is
important to understand a few basic terms used in cost analyses. The
three terms that are most relevant to us are 1) capital costs, 2)
recurring costs, and 3) variable costs.

Capital Costs

Many of the Year One costs are capital costs, which means that they
can be annualized (depreciated) over the expected life of the project. For
example, H/S's training and technical assistance is a capital cost that
can be annualized over a period of at least 5 years—the length so far of
several of our programs—since the initial training investment does not
have to be repeated.

In our experience, by the end of a year and a half supervisors
develop the expertise to assume responsibility for program operations and

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for the ongoing training. This may be due in large part, not only to the quality of High/Scope's training and technical assistance, but also to the host agency's institutional support and to the kind of supervisor hired.

Other capital costs are:

o Toys, materials, equipment
o Training manuals, videotapes

Recurring Costs

Another kind of cost is a recurring cost, one that arises anew each year. Examples of recurring program costs are:

o salaries
o occupancy costs
o administration or overhead
o inservice training

Recurring costs can be either constant or variable.

Variable Costs

Variable costs are those costs that depend on the size of the program, number of home visitors, number of families visited, and frequency of visits. Examples of variable costs are:

o home visitor stipends (babysitting expenses)

o gas mileage

o inservice training associated expenses: coffee, cups, copying

o inkind donations, volunteer time

Initial Start-up Costs Decrease Over Time

The capital costs for launching Parent-to-Parent programs have decreased from earlier programs to later programs as High/Scope has become more efficient over time. We have also observed that programs' recurring costs have decreased over time as programs have become more self-sufficient and efficient. The following paragraphs discuss this phenomenon of decreasing capital costs and decreasing recurring costs.

Initial H/S Training and Technical Assistance: A Capital Cost

Within programs, as we mentioned briefly in relation to capital costs, the intensive training and technical assistance required during Year One to launch programs does not continue to be necessary. Good examples are the Mankato and Toledo programs. In 1979 High/Scope's training and technical assistance contracts were $10,803 with Mankato and $7,750 with Toledo. Since 1981—after two years of collaboration with High/Scope—neither program has received any training or technical assistance. All volunteer preservice and inservice training has been

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conducted by the supervisors originally trained by High/Scope. Both
supervisors have continued to use High/Scope materials—training tapes and
the Parent-to-Parent manual—and feel these materials have stood the test
of time very well. The training and materials that they originally
received have enabled them to carry out all subsequent Parent-to-Parent
training unaided.

In fairness we should point out that the stability (as well as
ability) of staff at these two sites has contributed to some degree to
this outcome. Retraining new people has not been necessary. However, it
is also altogether likely that had there been more turnover, these staff
could have very effectively trained their successors, promoting from
within their programs, without having to turn again to us for assistance.

Thus, an initial first-year investment in substantial High/Scope-
agency collaboration is followed by self-sufficiency on the part of the
agency and much smaller program costs over time. Of course, a great many
factors—geographical location, community resources, agency resources,
target population—affect the ultimate cost of the individual program.
But experience has shown that High/Scope's initial comprehensive training
package can provide local organizations with the tools and skills
necessary to maintain the Parent-to-Parent program over time.

Administrative Costs Decrease Over Time

Another reason for diminishing program costs over time is that the
upper echelon administrative supervision and community public relations
effort—initially necessary both to give the program visibility within the
community and security within the host organization—lessen substantially
over the years. In Mankato, the director of the host agency was able to
allocate less and less of his time to the Parent-to-Parent program after
the first year. In fact, he left the agency in 1981, and the coordinator
not only carried on independently, but decreased her own time from 75% in
81-82, to only 25% last year (see Table VI-4).

Table VI-4

Decreasing Time Allocation: Mankato Parent-to-Parent Program

Year	Hours Per Week	Percent Time	Cost
1979-1980	44 hours	Coordinator = 85%	$7460
		Administrator = 10%	$2000 (est.)
1982-1983	10 hours	Coordinato· = 25%	$2600
		Administrator = 0%	.0

Note in this comparison that we are using actual 1979 dollars and
1982 dollars. If inflation were accounted for, the difference between
start-up and ongoing program costs would be even greater, because dollars

were worth more in 1979. For example, 85% of the coordinator's 1982 salary would be $8,840, and 10% of the administrator's salary would probably be $2,800, so that the difference between initial costs and ongoing costs once the program is in place is even more dramatic.

Program Efficiency Increases Over Time

The final reason that program costs decrease over time is that maintaining a smoothly running program simply takes less time on everyone's part than initiating one. Procedures are familiar, roles are clearly defined, recordkeeping and evaluation instruments are in place. Of course, the latter may need refinement, but not development, which is much more difficult. Everyone becomes more efficient with practice, and staff time, which is the major cost of the program, is utilized much more effectively as experience is gained. The example of the Mankato supervisor's decreasing time allocation illustrates the point (Table 2).

High/Scope's Training Efficiency Increases Over Time

While inflation has risen since 1979, High/Scope's Training and Technical Assistance costs have not kept pace. Over time the amount that High/Scope has had to charge agencies for our consulting time has decreased with our growing expertise in transmitting our knowledge and in carrying out our own recordkeeping and report writing time in the office. Preparation time before onsite training has also decreased. Table VI-5 illustrates this point.

Table VI-5

Decreasing Training Costs

Year	Program		
1979	Vermont	Minnesota	Toledo
	$10,712 = (15 Days Onsite)	$10,803	$7,750
	+ 4,400 = (40 Days in Office)	+ 4,400	+4,400
	+ 5,000 = (40 Days Director)	+ 5,000	+5,000
	$20,112	$20,203	$17,150
1982	Lorain	Minnesota	Toledo
	$2,211 = (11 Days Onsite)	0	0
	$2,555 = (17.5 Days in Office)		
	$1,650 = (5 Days Director)		
	$6,416		

The difference between the 1979 Vermont, Minnesota, and Toledo training and technical assistance contracts is primarily in travel costs.

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Toledo's costs were somewhat less than the other sites because it, like Lorain, is close enough to High/Scope that consultants can drive there.

The cost of providing training and technical assistance to Lorain in 1982 reflects the leanest budget possible to launch a program, for several reasons. First, the amount of onsite training by the High/Scope consultant was truncated because the program supervisor came to High/Scope for initial training. Second, her background and skills made it possible for her to conduct the second five days of home visitor training on her own. Furthermore, the Lorain budget did not include costs for materials and filmstrips, nor for evaluation. Lorain is located in relatively close geographic proximity to High/Scope. And finally, a great deal of consultant-supervisor contact occurred over the telephone, reducing onsite consultant time but increasing staff time in the office.

Thus, although a representative budget for providing training and technical assistance to a more typical program would be higher, nevertheless the reduction in High/Scope staff time to initiate and maintain assistance to the program clearly reflects the significant increase in technical assistance efficiency.

Alternative Supports for Adolescent Mothers

In evaluating preventive parent support programs such as the Vermont and Lorain programs, the question often arises as to whether there are alternative strategies that are equally effective but less costly that might still achieve the same ends? What other investments might be made that would encourage teenage parents to learn the parenting skills and develop the personal confidence that they do in this program? Are there other, less expensive means for the volunteer home visitors to negotiate the transition from home to work if the Parent-to-Parent program weren't available? Would alternative programs result in the institution-building and the creation of new skills in the community?

Research has shown that teenagers' preferred source of information on child development and parenting is the pediatrician, yet other evidence shows that pediatricians spend less than one minute per visit on providing parenting or child development information. Although doctors may respond to patients' specific questions, they typically do not initiate the information giving that would alert inexperienced mothers to their children's new developmental stages and allow them to understand and be prepared for these new, and often unexpected behaviors.

Even in the unlikely event that doctors were persuaded to assume greater responsibility for educating new mothers, it would be an extremely costly means of knowledge transfer. Given the sky-rocketing costs of medical care today, opting for this expensive mode of service delivery rather than a relatively inexpensive one would be difficult to justify.

Another alternative might be to expand the role of public health nurses. But nurses, too, have undergone years of expensive training to provide a relatively specialized form of health care delivery. Adding on to the nurses' already full job description makes less sense than training currently unutilized or underutilized volunteers to complement the nurses'

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tasks.   In Vermont, in fact, this is precisely how the public health nurses have come to view the Parent-to-Parent home visitors—as a valued supplement and support for their own work in the community.

A third alternative might be to involve the public schools in offering classes to all students on parenting and child development. While this might be a relatively low-cost way of reaching a large number of adolescents, it would be difficult to implement—changing a secondary school curriculum is no easy task—and it would not provide the one-to-one, individualized support at a critical time in the life of adolescents under stress that the Parent-to-Parent program does.   Moverover, it is questionable how much of the child development information would be retained when it is seen as abstract and unrelated to one's current life situation.   In addition, utilizing teachers rather than volunteers would inevitably be more expensive.

Another alternative might be to utilize the staff of the mental health agency to provide short-term support to adolescent mothers. However, it would be difficult to enlist young mothers' participation in such a program, since the mental health agency has a certain stigma attached to it that would be difficult to overcome.   The Parent-to-Parent program itself had to work hard to overcome it.   Professionals would have a much more difficult task.   In addition, their time is expensive, and would increase program costs substantially.

One of the features of the Parent-to-Parent program is that it reaches people who are not already being reached.   It finds those who are still "invisible" in terms of contact with other human service agencies and brings them back into sight. Moreover, it reaches them at a time when potential problems can be identified and addressed before they become crises, and thus much more expensive and difficult to treat.

The program also increases the efficiency of other community agencies, because they are being more appropriately and effectively used by Parent-to-Parent families.   Unnecessary visits and phone calls are avoided as knowledgeable use of community services is increased.

Recently it has become apparent that thousands of home visiting programs have sprung up across the country, apparently in response to a commonly felt community need.   High/Scope has been in the forefront of this movement, developing and refining its program, and increasing its expertise in providing high-quality training and technical assistance to others. This technical assistance has been instrumental in increasing the skills and expertise within the host organizations and stimulating the growth of supportive social networks within the community.

This commonly felt community need to address local problems using a low-cost, peer-to-peer program, in turn may reflect an underlying need for community.   The model empowers local people to help their neighbors in a process that strengthens community resources while developing individual skills, and in a program that has far-reaching consequences for the future, because it ultimately serves the community's children. The costs that we have outlined in this chapter are an investment of resources that meet immediate needs (have quick pay-offs) yet at the same time have extraordinarily long-range returns.

CHAPTER VII

MAKING A DIFFERENCE: A SUMMARY OF THE PARENT-TO-PARENT MODEL

> "This is the first time in my life
> I've ever been treated like a person
> and not like a case."
> — Parent being visited

> "After I had been coming over for a
> few weeks she began baking something
> for my visit. She also began cleaning
> up--things she hadn't done for
> months."
> — Home visitor

> "Since I became a family advocate I've
> changed so much! It's opened me up to
> a totally new way of looking at myself
> and other people. I understand now
> why my children sometimes do what they
> do. Now I see why they have the
> feelings they do and I know better how
> to deal with my own children."
> — Family advocate

> "When I was 16 and had my baby, no one
> seemed to care. That's why I became a
> home visitor. Marcy has grown so much
> this year. My relationship with my
> family has improved, too. I guess
> giving help does as much for you as
> getting help."
> — Home visitor

Experience with early intervention programs over the past 20 years indicates that, to be truly effective and enduring, a program must develop in reponse to community initiative, need, and willingness to take program development responsibility. Programs imposed on a community seldom take hold or endure. Yet, frequently a community with problems decides to look beyond its boundaries for solutions. The issue then becomes how to balance the learning that occurs in "reinventing the wheel" with the knowledge that model programs can provide to make the "wheel" work without undue trial and error.

There are two kinds of model programs available to communities: those that offer a materials and activities package, and those that offer a program development process. The High/Scope Parent-to-Parent Model is one of the latter. It is a peer support system for parents of young children that has evolved in a North American context and been adapted to meet current socio-economic needs in a variety of cultural groups in America. The Parent-to-Parent Model can be thought of as having two major

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components: a process for implementing the program, and content, which is the information, skills, and competencies which parents and children receive. The Model offers a process for adapting a basic framework to meet community needs and to use available resources, which we believe allows the program to take firmer root and have a greater chance of success than any package. The content has a theoretical base which is universal, but must be adapted to be culturally appropriate.

The Parent-to-Parent Model has an accompanying training and technical assistance process for its replication which has evolved with the support and guidance of the Bernard van Leer Foundation over the past five and a half years. During that time the model has been adapted and implemented by a variety of communities in the United States, and a dissemination process has been clearly defined that requires and supports active participation of the community at every step. Therefore, when a community agency enters into a collaborative agreement with High/Scope, or one of its Regional Training and Dissemination Centers, it is making a sound investment in its own future.

But, what is it specifically about the Parent-to-Parent Model that makes it a sound investment? In this final Chapter of Volume I we will answer that question. To do that we will look at criteria and guidelines that have been developed by those involved in creating and disseminating intervention programs nationally and internationally, and describe the Parent-to-Parent Model in relation to those criteria.

Within the field of early intervention, there is recognition of the value of supporting development programs that: (1) provide a multi-sectorial approach to the provision of services for the young child and family; (2) are developed in response to community-based initiatives that strengthen the community; (3) can be sustained within the community in which they were developed; (4) provide evaluation and documentation of the process of their development and program outcomes so that it is clear what has and can be accomplished; and (5) lead to the development of disseminable models that maintain their integrity while being flexible enough to adapt to meet the specific needs in a variety of cultural contexts. A more complete description of these criteria and guidelines provide the reference points for a more complete definition of the Parent-to-Parent Model.

A Multi-sectorial Approach

Twenty years ago, early interventionists sought to solve one particular problem within a given context. While change may or may not have been evident on that particular dimension, there were other forces in the environment that limited the effectiveness of the approach. It is now recognized that there is no simple solution. To truly make a difference there has to be a coordination of efforts; the totality of the child's experience must be valued and addressed. In addition program planners must realize that different actions and objectives must be allowed to emerge according to the needs of the community. With the young child as a point of entry into the community, multiple goals can be met—health, education and nutrition for the child; education, health, social services, and self-help for parents. As noted by the Ysilanti program Supervisor:

There are times when a family cannot focus on the child's
needs because their own needs are so great.   One parent
was faced with an incredible array of problems--divorce
proceedings, no money, a younger child with a language
delay and an older one with behavior problems.   However,
as the volunteer noted, this mother "basically likes
herself, wants to keep her family together" and gradually
showed a readiness to become involved in her young
child's development.   Although initially neutral   toward
the home visitors, her attitude became positive when she
saw how the program could address her concerns about her
son's lack of speech and attention.   In her own words,
this mother decided to stay with the program because,   "I
hope you can help me to help my son talk and to learn why
he can't talk."

     The Parent-to-Parent Family Support Model is designed around the young
child as the point of entry into the family and community situation.   It
provides a way of assessing family needs and determining the services that
should be provided to the family. While the primary objective of the model
is to enhance the cognitive and social development of the child, related
objectives are   enhancement of the quality of family life; increased
parental competence; appropriate use of and eventually decreased dependence
on social services; and greater individual and community self-reliance.
These objectives can be accomplished when program developers in the
community, and High/Scope staff in their technical assistance role, work
together to determine how to adapt the model, in terms of specific
activities, to meet locally determined objectives.

     The key to successful adaptation and implementation of the Parent-to-
Parent Model is the process of working with communities.   This relates to
the second criteria--that of a community-based approach.

A Community-based Approach

     It is recognized that programs imposed on a community operate as long
as external support is provided, but once this support is withdrawn, the
program fades.   This does not mean that external funding and technical
assistance should not be provided.   It does mean that, in order to be
truly effective and lasting, the program must be developed in response to
community initiative, expression of need, and willingness to take
responsibility for action.   One indication of the community's level of
commitment to the effort is their willingness to use community resources--
fiscal and human--to implement the program. As noted by the Vermont program
supervisor:

          The   teen   parents have shown a   high   level   of
          commitment   to the program. For instance, they took
          total   responsibility for holding a car wash to benefit
          the   program.   Over $35.00 of proceeds were donated
          and a second   car wash has been scheduled.   A second
          teen parent initiated activity involved making and
          raffling a quilt. Again, the   teen parents donated

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the proceeds to the program. Although the major
benefit of such activities is the opportunity for the
teens to support each other, we feel that the interest
in donating proceeds to the program demonstrates an
exceptional level of commitment.

Adaptation and implementation of the Parent-to-Parent Model in a
community is based on a technical assistance process that requires and
supports the active participation of the community in all steps of the
process. The community indicates their commitment to the program by
identifying and securing community resources for the program. This can
take the form of securing funds for the creation of a new position within
the host agency,allocating office and meeting space, recruiting volunteers
from the community who are willing to work together to coordinate this
program with current efforts, etc. In essence, the community is required
to come up with the resources that support program operation. If these
resources are not available within the community, High/Scope staff work
with community members to secure external funds that provide support for
the start-up of the program. Over time, as the community realizes the
benefits of the program, it will begin to generate ongoing support.

During what is called the negotiation phase, there is a mutual
determination of whether or not the Parent-to-Parent Model can be
appropriately adapted to meet community defined needs. Once that is
determined, the training and technical assistance process put into place
requires that the community take increasing responsibility for the
operation and management of the program. By the end of the process (which
lasts from 12-18 months) the community has assumed ownership of the model
and external technical assistance is no longer required.

This community-based approach has pay-offs for people involved in a
variety of capacities--for the children and families being served by the
program, and for community people who are involved in program development.
Those who assume the management and responsibility for the project in the
community gain leadership skills, as well as valuable experience in
budgeting, fundraising, training, supervision, evaluating, and integrating
the program into community life. Through this process the third criteria
for early intervention programs--sustainability is assured.

Sustainability

As noted, one of the major dimensions related to whether or not a
program continues in an organization, and more broadly in a community, is
the degree to which it is based on community-defined needs and
initiatives. Another key factor is whether or not the program has been
designed for adaptation in a given cultural setting based on a realistic
assessment of resource constraints in that setting, and with an awareness
of governmental resources, and current efforts and priorities which will
determine the extent to which it may be used in other communities within
the country. If the costs of the program, although they may appear to be
moderate compared to standards in another country, are high relative to
costs of other services in a community, the program to be implemented is
not likely to be sustained. The ongoing costs, fiscal and human, of the
program must be in line with what the community can afford now and in the

future. Thus there must be a recognition of the fact that a program may cost a given amount in one community and have different costs associated with it in another context.

The Parent-to-Parent Model has been adapted to meet financial constraints in a variety of contexts. In one community it costs $50,000/year to operate; in another community it operates for about $12,000/year. The differences are determined by the general wealth of the community, the type of staff that are hired to operate the program, the type of support that is provided to the volunteers, the extent to which space, materials, etc. are donated to the project, the specific activities within that adaptation of the model, and the number of families being served in the program. A high quality program can be operated in both contexts. In both instances, however, an attempt was made to adapt the program to operate realistically within the finances of the community so that it could be sustained once technical assistance was withdrawn. One way that it is sustained is through local commitment, however small monetarily. As noted by the program supervisor in Minnesota:

> An area church recently donated $50.00 in support of the program. The money will be used for the purpose of puchasing books to become a part of the lending library. This is evidence of the solid base of community support which exists for the program.

Another important dimension related to sustainability is the extent to which those involved in implementing the program can convince others that the program is accomplishing its objectives. To do this, the program must engage in the fifth criteria: evaluation.

Evaluation/Documentation

A good evaluation design provides both formative information--quick feedback that is needed to improve service delivery while the program is operating--and summative data that provides information on program outcomes. While it is extremely difficult to conduct evaluations of multi-sectorial programs that are responsive to community initiatives, it is critical to understand both the process of program development and outcomes in order to have a base for soundly conceived social development policy. Such evaluations are difficult to conduct for two reasons: (1) because the program does change over time in response to formative evaluation information, thus necessitating new evaluation procedures to reflect the changes, and (2) because these programs have a variety of objectives, many of which are long-term and difficult to measure (i.e., increased self-competence, decreased dependence on social services, etc.). As noted by the Lorain, Ohio program supervisor:

> Parents report that the program is valuable to them and that they are learning from it. The most commonly described area of learning relates to child development. Nearly every visit the mother learns of some new developmental skill her infant has acquired. Furthermore, she is made aware of activities she can participate in to foster the infant's further

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development. Several mothers have also said that they have learned a lot about themselves in their new role as parents. For example, one nursing mother had not realized until told by her visitor that she would not menstruate while nursing. She had been worried about this but had felt uncomfortable calling her doctor. Another mother has been referred to the local program for employment training and has begun work on her GED high school diploma.

There is also a recognition that not only should program management and responsibility be integrated into the community, but evaluation competencies should also be a part of the total program package. Thus, evaluators are increasingly linked with program development efforts. They work closely with community staff, as part of the technical assistance team, to help make them aware of the value of evaluation and appropriate procedures.

Evaluation is a key component within the Parent-to-Parent Model. While the dissemination effort funded by the Bernard van Leer Foundation began with a tightly conceived research design, once we became involved in a variety of communities--with very different needs, levels of expertise and resources--it became evident that the original evaluation design would have to be modified to be more responsive to the communities actually implementing the model. We also recognized the importance of developing the skills and competencies within communities to design and conduct their own evaluations.

To respond to the various demands for evaluation we undertook an action research process which has allowed us to view the programs from within--in terms of describing the process of adaptation and implementation, analyzing what is happening and drawing out lessons about the process--and from without, in terms of providing technical assistance that facilitates ongoing program development. In this role the evaluator can describe trends, help sharpen the program's focus, measure outcomes, and work with community staff to increase their awareness of the value of evaluation and to help demystify the process for them. In this way community people come to understand the ways in which evaluation can serve them--by giving them information on what they are accomplishing, in helping them to understand what has happened in the program and why, and in terms of describing and justifying their program to others.

As a result of the action research process, the actual evaluation design and instruments are different in the various communities adapting the Parent-to-Parent Model, although there is a great deal of overlap. The action research process helps to assure that the evaluation capability, as well as the program, is sustained within the community. This process is the component of the Parent-to-Parent Model that has allowed the program to develop from a pilot project to a large-scale dissemination effort, a feature which has been identified as critical in early intervention program development.

Dissemination

Innovative programs, many of which are successful, are created in a variety of contexts. Yet these efforts are seldom disseminated to other communities. There are several reasons for this. For one thing those developing the program are not always aware of the possibilities of creating a "model" that might be useful to others. They are concerned with meeting the needs in their community. Thus, they do n t document the process of program development and cannot suggest what is needed to make the program function in a different location. It is also true that many who do think about creating a model are convinced that their approach is "THE WAY" to do it, and they overstructure the replication process to assure that the purity of the model is maintained. Such efforts are seldom successful because they do not accomodate to local conditions.

Another concern is how to balance the recognized value of supporting community-based initiatives with an interest in disseminating a successful model in communities where there appears to be a match between community needs and what the program can provide. While there may be a definite value in "reinventing the wheel", which happens when programs receive no technical assistance, many communities flounder in the process. There is now a wealth of knowledge that can be provided to communities that will make the wheel work, without inhibiting the learning that occurs in the development process.

Thus, whose who are developing models for dissemination must be aware of the need to adapt the model if it is to be successfully implemented in a different context, and must build an adaptation process into the dissemination efforts. This process must build on community needs, values, resources and objectives, allowing the learning and ownership to take place that occurs when the community invents its own wheel, yet providing the technical assistance along the way to keep the invention on course.

The Parent-to-Parent Model in Perspective

The Parent-to-Parent Model has evolved from a pilot program, begun in 1968, to a disseminable model. Over the past five and a half years the Bernard van Leer Foundation has supported the dissemination effort which has allowed for a careful documentation of the adaptation and implementation process, and provided guidance on the procedure to be followed if the model is to become integrated into a community.

When the dissemination project first started we were unaware of all the ways in which we would have to examine the model to determine its adaptability. We had assumed that the model, as implemented in Ypsilanti, Michigan, would more or less be directly applicable to most other communities in the United States. Over time, however, we have learned to expect differences in each community, differences that have implications for both the process of implementing the model and its content. We have learned that during the initial negotiation stage—when the community is making its needs known and we are clarifying what the model can and cannot do—there is a need to be very sensitive to cultural differences. Learning to recognize and operate successfully within thes differences has been a major task in the dissemination process.

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Although our experience is at this time limited to North America, we have worked successfully within a variety of cultural and ethnic groups. We have learned to work with people in different ways, adapting to the way the cultural group operates. While the lessons we have learned may sound like stereotypes, they are what we have experienced. For example, we have found that Vermonters really are taciturn, direct, straight-forward, and test your motivation and commitment right away. They prefer to maintain a clear physical distance and are uncomfortable with touching. They let you know quickly if you are welcome back. Black Americans will also let you know if you are welcome back. They test you out in a different way, however. They listen closely to what you say and how you say it, and are looking for your real motivation in being there. In interacting with them there is a lot of physical touching and expression of affection. Native Americans (Indians), on the other hand are stoic and appear to be expressionless. They watch you openly, waiting to see what "you are made of". They are extremely uncomfortable in answering and asking personal questions. It is only over a relatively long period of time that they let you know if they agree with you and see you as worth working with. Hawaiians, on the other hand, place a high value on smooth, pleasant social relations, and you have to wait a long time to know whether or not they really accept what you are saying. They are relatively quick to agree with you verbally and give the impression that you have similar goals and concerns and can work together. It is only over time, if nothing happens, that you begin to understand whether they really accept the program. Appalachian Whites tend to be very clannish, male and elder dominated, and clearly do <u>not</u> trust outsiders—particularly professionals.

The process we have developed for working with people for different cultural groups is to listen to what people are saying and how they are saying it, observe their behavior, interpret the cues as best we can, and respond in ways that appear to be appropriate. If we have listened well, made careful observations, and cautious interpretations, we are likely to be able to maintain a dialogue. If we presume we know and respond before observing, listening and interpreting, the process can be short-circuited, and the development of a relationship that will allow for successful implementation of the model will be jeopardized.

The process of listening, observing, interpreting and responding doesn't happen only during the negotiating stage. It is part of the ongoing training and technical assistance process. It can never be assumed that all issues are clear and resolved; a flexibility and openness has to be maintained over time in order to allow the full adaptation of the model.

Thus, we have learned that the process of disseminating the Parent-to-Parent Model is influenced by cultural differences. It is also true that we need to be aware of the ways in which cultural differences impact the content. Through the dissemination process we found that we were forced to examine the various components of the Parent-to-Parent Model, make determinations about which of them were critical in maintaining its integrity, and plan how to address cultural differences within them. In the process we have identified the following as core content areas of the model.

Child development.   The curriculum in the model is based on a theory of child growth and development which has evolved from Jean Piaget's studies, and been validated in a number of third world contexts. Thus we believe that the knowledge, skills and competencies supported in the curriculum enhances childrens' cognitive and social development and helps prepare them for the formal school system.

Adult development. The principles of adult develo,..ent and education that underlie the curriculum for parents have been found applicable in a variety of cultures.   The techniques for working with parents have been derived from a number of non-formal adult education projects in third world countries, where a high value is placed on learners taking increased responsibility for their own learning, and where the development of self-help skills and feelings of competence are valued as highly as book knowledge.

Parent-child development. Since the model is based on supporting the development of a parent-child relationship that facilitates the child's growth and development, it is critical to understand the nature of that relationship historically in a given culture. If a culture does not emphasize or value the mother's teaching role with her child (as for example, in Turkey) then it may not be appropriate to implement the model within that cultural group. While mothers in many cultures have extensive physical contact with their young child (for example, in Swaziland and many other African countries the children are carried constantly on the mother's back), there is little verbal interaction. With Appalachian white mothers there is a similar phenomenon. Until they are of preschool age children are referred to as "lap babies" (meaning they are constantly on their mother's lap). This contact does not necessarily mean that the mother is providing stimulation for the child's cognitive development. It does mean that a close physical relationship exists and that there is a place to begin to show the mother what else she can do for the child and what that will mean for the child as he gets older.

Once you begin to examine parent-child interaction, you also have to examine the use of language between parent and child, the styles of discipline, the expression of affection, feeding practices, and all the other activities that make up the daily life of the child within the family. For example, middle-class whites in America place a high value on verbal interaction. In contrast, Native Americans rely much more heavily on non-verbal cues to convey a message. Discipline is accomplished with a look, a touch, or silence. Black families, on the other hand, discipline and show affection through what many whites see as very negative verbal statements, accompanied by occassional "swats" of smacks.

In introducing the Parent-to-Parent Model we cannot suggest that these practices be changed. They are grounded in the culture. What we do is to work with community people to identify what current practices are and discuss with them what their goals and objectives are in relation to these practices. Regardless of the culture where we are working, we can teach parents to be better observers of their children's behavior, to interpret that behavior more knowledgeably, to see how the child reacts to the parents' behavior, and to make decisions as to whether or not they want those reactions from their child. For example, Native Americans have come to realize that their non-verbal style produces culturally

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appropriate behavior in the child, but it does not help the child succeed in schools where the children are integrated with white middle-class children. Thus they have a decision to make about what they are going to promote with their children and how they are going to do it.

Family support. Another basic goal of the model is to develop a support system for families within the community. The nature of the support system is dependent on one's definition of the family and how it can appropriately be supported in a given community. In white middle-class families the nuclear family is the model. These families are frequently isolated geographically, and sometimes psychologically, from their extended families. In other cultures in the U.S.A. there is an expectation for greater involvement with the extended family. Black children frequently spend some or their childhood years living with grandmothers or aunts. Native Americans also are closely connected with their extended families. These considerations are made when the program is being adapted for local implementation. For example, when we began working with the Oneida Indians the program director, a white woman, suggested that home visiting only within the family system would be the appropriate strategy. Thus the program began that way. Nine months later the home visitors shared with the High/Scope consultant that it was very uncomfortable for them to visit within their family, and wouldn't work. They now visit across family lines and the program has a much greater impact.

Peer Support Philosophy. The basic framework for the model is the development of a peer-to-peer relationship that decreases reliance on professionals to provide services and solve problems. A comment from the Toledo parent support program illustrates what can happen:

> One volunteer demonstrated ingenuity in how she assessed a child's needs—she brought her own child along on a home visit and through observing his play with the child whom she was home visiting, she was able to assess the latter's spontaneous expressive language. Surely no professional armed with a bag of expert "tricks" would have been free enough to try this unconventional but highly revealing approach.

> Professionals within the Toledo program now see the Parent-to-Parent program as adding a whole new dimension to their services—complementing, not competing. As the school social worker put it, "We are all highly impressed with the quality of this group of volunteers. They can develop a rapport with families which we, as professionals, could never do in one or two visits."

This same peer-to-peer philosophy has been found to be effective in many international development efforts—from business, to agriculture, to the arts, to education. Thus we feel the framework can be applied cross-culturally, but not uncritically.

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Limitations of the Parent-to-Parent Family Support Model

The focus of this chapter has been on illustrating the ways in which the process and content of the Parent-to-Parent Family Support Program are illustrative of criteria for successful early intervention programs. In describing the model we have emphasized the ways in which the content and process can be appropriately implemented in a variety of cultural settings. However, we are not stating that the model is adaptable or appropriate in all cultural contexts. For example, we feel that the model would be difficult to implement in cultures where:

o in the hierarchy of human needs, the most basic needs for food, shelter and safety are not being met;

o economic conditions are so severe that parents have no real time or psychic energy to participate in the program;

o children are an integral part of the economy and so spend little time interacting with their parents and have few opportunities to play;

o there is no cultural support for a focus on mother-child interaction beyond feeding and physical care;

o the peer-to-peer philosophy would not be a culturally viable service delivery system.

or in contexts where:

o there is a lack of openness and trust among groups providing services;

o the program would be imposed on a community from an outside agency;

o the conditions for program viability (as defined in our early work) are not present;

o community members are extremely mobile;

o the community has no resource base, nor potential for developing one, to sustain the program.

However, even though there are community contexts within which the Parent-to-Parent Model is not appropriate for adoption, our experience has demonstrated that the Model has applicability in a wide variety of cultural and community contexts. As a growing number of communities use the Parent-to-Parent Family Support Model, it has taken different forms to fit the needs and special features of each locale. In spite of these variations, the basic features of the model remain.

o A Parent-to-Parent Program is relatively low in cost. Although first-year costs are high, once the program is established costs are low when compared to the costs of remedial programs.

o Each program activates a natural helping network. Among families served, each program builds a constituency that provides long-term, accessible support.

o Programs also link with other human service agencies, complementing their roles and building on their strengths to form a more effective support network.

o Programs reverberate. Although initially they serve a small number of families, they serve them in ways that can be shared with others: parents gain long-lasting skills and parenting values they will use throughout their lives; home visitors gain a sense of themselves as useful and knowledgeable individuals; the community reinforces the value of developing good parenting skills; and parents gain an opportunity to become service providers themselves.

o Finally, each program is preventive by helping families and parents of young children deal with existing problems and prevent future problems. Trained volunteers help parents gain skills and confidence in child-rearing, managing financial and interpersonal affairs, and dealing with stress. When families learn to cope with change, they positively affect their children's chances for academic and social success.

In sum, the Parent-to-Parent Model is an effective way to impact a community in terms of supporting parents as they are supporting their child's growth and development. Through the dissemination process we have learned from and with those with whom we have worked. They have taught us how to be flexible, to better understand the dynamics of model implementation, and to understand the many ways that the model impacts children, families, and the community. We firmly believe that the Bernard van Leer Foundation ivestment in the dissemination process has produced a way for communities interested in implementing the model to make it their own in a relatively short period of time.

VOLUME I

SECTION B

FAMILY CASE STUDIES

PARENT-TO-PARENT DISSEMINATION PROJECT

PHASE I

1978 - 1981

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Introduction

Family Case Studies were undertaken to provide an in-depth look at how the Parent-to-Parent Program has (not) been effective with individual families. They are intended to supplement our knowledge of overall program operations and outcomes, presented earlier in Volume 1. It is important to clarify our use of the case studies here, and in fact their use in general. A collection of selected cases cannot, in any statistical sense, yield a correlation or prove a "rule". However, case studies can demonstrate either __examples__ of, or __exceptions__ to, such rules, and in these ways enlighten us. In the first instance, "examples", case studies may increase our confidence in the validity of a hypothetical rule. Further, the depth of analysis afforded by the case study technique helps us to understand the how or the why of a rule in actual practice. In the second instance, "exceptions", case studies may call into question an accepted rule or mode of practice. Remember that even a highly significant statistical relationship may leave a large part of the variance unaccounted for. In programs dealing with individual unaccounted for. In programs dealing with individual lives, it is just as important to know when- and understand why- a sizeable number of families do __not__ follow the majority pattern. Case studies provide us with these insights and caution us against being automaticlaly guided by universal rules. The following family stories remind us that each case __is__ unique. But they also demonstrate that uniqueness does not result in chaos or despair over ever being able to meet such a diversity of needs. Individuality can be handled in an orderly fashion, provided the necessary program flexibility is present.

Case study data were collected from program sites which had been serving families for at least one year, and/or families who had been participating at least 6 months, to allow sufficient time to judge the impact of a fully functioning program on the families. Sites were sent "Parent-to-Parent Case Study Forms" (Appendix A) and asked to complete them on up to four families in each program. Forms were filled out by supervisors, based upon personal knowledge of the case, interviews with home visitors or family advocates, and program documents such as intake questionnaires and home visit plans; when High/Scope consultants had knowledge of a particular case they added their information too.

Instructions accompanying the forms (also included in Appendix A) stressed that we were interested in collecting data on a representative mix of the types of families served in each program. It is important for the reader to remember that the cases are __not__ a random sample, or even a statistically representative sample, of the families at each site. However, families were chosen by site staff because they do indicate, as a group, the range of cases typically seen. Similarly, we asked those filling out the forms to tell us the stories of families at different degrees of "risk". Again, readers are cautioned that "risk" labels are assigned by site staff to compare the types of families seen within their

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program, or other programs like their's with which they are familiar. "Risk" in the following write-ups is not an objectively derived rating, based on a standardized assessment applied across sites. However, in both the individual case write-ups, and the concluding section of this volume, we discuss the specific problems upon which these risk assignments are based. Finally, in asking site staff to provide data on the full range of participants in their programs, we emphasized that we wanted to hear about the "failures" as well as the "successes". In other words, we were interested in stories that would teach us all the ways in which Parent-to-Parent can, and cannot work.

A total of 18 case studies were completed, with the following number from each of five program sites:

o   Miami Valley Child Development Center Family Advocate Program, (Dayton, Ohio) - 6 case studies (3 from Montgomery Co., 2 from Clark Co., and 1 from Madison Co.)

o   High/Scope Family Support Program (Ypsilanti, Michigan) - 4 case studies

o   Parent-Infant Enrichment Program (Lorain, Ohio) - 4 case studies

o   Northeast Kingdom Parent-to-Parent Program (St. Johnsbury, Vermont) - 2 case studies

o   Oneida Parent-to-Parent Program (Oneida, Wisconsin) - 2 case studies

Below, we present each of these case studies in detail, describing the families, the problems that brought them to the programs, the kinds of help they received, and what its impact has been. Taken together, the 18 individual stories present a striking picture of what happens when people admit the Parent-to-Parent Program into their lives. They tell us a great deal about the variety accomodated in our model, the range of people served and their level of "risk", the types of services offered and the sensitivity to individual needs, and the kinds of outcomes we see in the parents and children who join the program. Following the individual cases, we conclude with a discussion of what we have learned about Parent-to-Parent's effectiveness under these varying population and program conditions.

Family Advocate Program (Dayton, Ohio). The Family Advocate Program
serves Head Start families in three counties: Montgomery and Clark
Counties operate center-based programs; Madison County has a home-based
program. Family Advocates are recruited and trained from Head Start parents
at the program sites. Following are the stories of six of these parents
and their families.

Family #1: The Alexanders (Montgomery County)

Background. The Alexander family consists of five members: Mr.
Alexander (age 32), Mrs. Alexander (age 28), a son in Head Start (age 3),
and two younger daughters (ages 2 and 1).   Mr. Alexander is a high school
graduate.   Mrs. Alexander had attended a secretarial school but did not
finish.   At program entry the family was living on public assistance in an
overcrowded, 2-bedroom apartment in a metropolitan housing complex.

Based on several factors, this family was labelled by the supervisor
as "high risk".   There was a long history of marital problems.   Mr.
Alexander, a slight and extremely quiet man to begin with, would "lose
himself" even more during frequent and regular periods of drinking.   Mrs.
Alexander, an obese and loud woman, would aggravate this situation by
making constant negative comments about her husband's drinking.   Their
contrasting styles and communication problems spilled over into
difficulties with raising their three young children.   Mrs. Alexander's
method of dealing with them was to yell and threaten punishment, while Mr.
Alexander's style was described by the High/Scope consultant as "more
positive, quiet and calm".   In fact, the mother's negative attitude and
"need for making unconsiderate comments" extended beyond the family and
included, for example, all the other people she came in contact with at the
Head Start center.   Mrs. Alexander was seen as someone who would find it
"hard to change her punitive style toward her children, her husband, and
others" according to the consultant.

Financial difficulties were a further source of stress in the family.
And, during their first year in the program, Mr. and Mrs. Alexander lost a
full term baby.   Emotional stress was very high in the family following
this incident.   It was compounded by ever present health problems.   In
addition to their respective weight and alcohol difficulties, both the
mother and father ignored the risks of yearly pregnancies, even after the
death of their fourth baby at birth; no contraception was practiced.

Mrs. Alexander was referred to the Family Advocate Program by her
center, not only to increase her involvement as a parent but more
specifically to help her interact in a more "positive manner" with other
people.   When she told her husband about the program, he asked if he could
attend too. Both Mr. and Mrs. Alexander entered and completed the training
program and became Family Advocates. The primary goal for this family in

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the program was to improve their interpersonal relationships. " Staff wanted to produce an awareness in both for consideration of the spouse's feelings and needs." The program aimed to "help them get in touch with each other, especially so that she could listen to him. He was so quiet, he rarely talked at all. For him the biggest growth would be to get him to express his own opinions and ideas." It was hoped that both the training and their continued participation in the Family Advocate program would improve their communication skills with one another, and by extension with their children and with Head Start staff and families. By having Mr. Alexander as a Family Advocate it was also anticipated that a program goal of increasing the involvement of other fathers would also be met.

Services. At the time the case study was written, the Alexanders had been in the Family Advocate Program for two years, i.e. while their son attended Head Start. Services provided to them during this time were the group training along with other advocates (two weeks preservice, plus regular inservice sessions and supervision) and a great deal of personal support. This individual help took several forms and addressed several issues. At a concrete level, the Social Worker helped the family find a larger, 3-bedroom apartment in the same housing complex; this alleviated some of the stress due to overcrowding. Most of the assistance however was what the supervisor termed "emotional support". In the period following their infant's death, Mr. and Mrs. Alexander received a great deal of care from their center and agency staff, and especially from the other family advocates in the program. They were also given the opportunity to go on a major Head Start retreat at this time, which helped them to get away from some of the tension and stress at home.

Individual support was particularly targeted at helping Mr. and Mrs. Alexander improve their ability to communicate with one another and their children, and to help her deal more positively with people as a whole. This personal help supplemented the group experiences in building communicative skills which they received during their advocate training. Most of this one-to-one assistance was provided by the Supervisor, the Social Worker and the classroom teacher. The Supervisor did not schedule separate meetings to discuss their problems, but rather used the context of monitoring their advocate duties. She could say, "as long as we're together and talking, how is _____ going?" The Supervisor also maintained regular contact with the social worker so that they could share observations and make sure they were being consistent when they helped this family.

The Supervisor summed up the services of the Family Advocate Program to the Alexanders this way: "Head Start gave them a new support group, other than their existing one of family and friends. The family reinforced the old interaction patterns between themselves." It especially helped Mrs. Alexander to be "honest with herself, instead of going on what others in her usual system advised". By helping her realize that she did have a support group among the advocates, the program aimed to show Mrs. Alexander that "the world was not out to get her, that just because others did okay, it did not take away from her."

Outcomes. As parents, both Mr. and Mrs. Alexander greatly increased their involvement with the Head Sta t program. Both of them worked at their center, sometimes sharing the work and other times splitting the morning and afternoon sessions between them. In a written evaluation of

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the program, Mrs. Alexander observed that it "can help you learn to adjust and feel a part of your center. It will help you get to know your child when he/she are around their peers and other adults."

In his first year, Mr. Alexander attempted to get a fathers group and also a couples group started. He was successful in getting more fathers to participate in the classroom, go on field trips, and share in other Head Start activities. By his second year, Mr. Alexander was hired as a part-time driver by the agency and was frequently called in as a substitute teacher because staff recognized the sincerity of his involvement, and his interest and skill in working with others. As the consultant observed after training: "He is a short, slight-built, quiet man but he has a depth it is doubted anyone has ever capitalized on." The Family Advocate Program allowed his strengths to emerge. During the child development training sessions, Mr. Alexander also "became aware of the need for relating to children on their level." As a result, he "began to volunteer in the classroom and began to relate more to his son" over the two years of his program involvement.

Mrs. Alexander also volunteered more in the classroom and worked at her center, although the loss of the baby and other health problems associated with her obesity occasionally limited her activities. Nevertheless, "at the beginning of her second year's involvement, the mother decided to be involved in every aspect of Head Start, including the Policy Committee and Policy Council. When she was refused a seat on Policy Committee after being elected from her center (her husband's part-time job made her ineligible) she was bitter but continued to attend the meetings to provide additional information to parents in her center." This was seen as an important step for Mrs. Alexander; she was able to put her own hurt feelings aside and work towards the benefit of other people without feeling it took anything away from her. "The mother began to realize that she isn't always right and was able to identify her need for putting other people down as compensating for their talking about her obesity."

Nevertheless, the Supervisor felt that Mrs. Alexander still could not completely shake her need to "measure her successes against those of other Advocates". The Consultant agreed, observing that she "needed to be in the spotlight. Being an advocate was not enough. She wanted other opportunities to always come to her and could not see the program meeting needs and providing opportunities for many parents." One positive result of her frustration however is that Mrs. Alexander has gone back to school to increase her own opportunities. She writes: "I plan to continue my evening training and to get a degree and in a year and a half be in the job field searching for a job that suits my needs." As a result, even though this family will have two children in Head Start next year, the Supervisor says Mrs. Alexander "claims" she will no longer be involved in the program. The Consultant feels the Supervisor "no doubt has a sense that [Mrs. Alexander's] need to belong will bring her back into the Head Start fold".

The success of the program in improving the Alexander's relationship with one another was more limited than the gains made in increasing their level of parent involvement. "The parents still have communication problems, the father is still withdrawn at times." However, as the Supervisor stresses, "their problems go back so many years that you can't expect a one-year program to bring about a total change." And the

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Consultant echoes: "It takes time to break ingrained cycles of behavior. The Family Advocate Program was not designed to promise this kind of change." Still, the Supervisor notes that staff can see progress in both of them, Perhaps the greatest benefit of their participation is expressed in Mrs. Alexander's statement that "in being a Family Advocate, it has given me the opportunity to look at my life and my family and to realize we as a family group can do better." Loth Mr. and Mrs. Alexander have now begun to attend a counseling service. As the consultant sums up: "The program could help the parents identify their major problems and motivate them to seek professional help. To that degree, I believe the goals were met."

Family #2: The Brooks (Montgomery Co.)

Background. Mrs. Brooks (age 27) lives with her three children: two daughters aged 11 and 2, and a 4-year old son in Head Start. She is married but the father is not in the home. The mother and children live on public assistance in an urban, low-income housing complex. Although their two-bedroom apartment is overcrowded, it is well-maintained. Mrs. Brooks did not complete high school; she dropped out in the twelfth grade. There are no health problems in the family.

The supervisor categorized the Brooks family as low risk: "she was able to provide a stable life for her family even with extreme finances because of her excellent budgeting and planning skills." Yet because of her financial problems this mother had little confidence in her own abilities and tended to cut herself off from potential support groups. Mrs. Brooks "knew how to relate to people but usually chose to not belong to groups, e.g., she felt her problems were hers alone and did not expect help or support from others." She trapped herself in her own attitude of "negative thinking". As a result, she limited her own opportunities and restricted her chances for developing the skills that would let her "grab the ring of upward mobility" in the consultant's words.

One way in which Mrs. Brooks did reach out beyond her "personal environment" was by volunteering a great deal at her son's Head Start center. As a result, it was the teacher who referred her to the Family Advocate Program. The main goal for Mrs. Brooks in being part of the program was to establish her self-confidence. The supervisor said she needed to hear the message: "You are on the right track but you need to know you are on the right track. You are doing a good job of raising your children." One additional, more specific goal was to encourage Mrs. Brooks to complete her high school education and get a job. Based on staff assessments of Mrs. Brooks' ability to communicate with other parents at her center, she was seen as ha'ing an excellent potential for advancing through the career ladder established by the advocate program (i.e., from Advocate to Apprentice to Associate). One way of achieving the employment goal would be for Mrs. Brooks to become a paid Associate within the agency.

Services. Mrs. Brooks was invited to join the Family Advocate Program when staff perceived her skills. She was later asked to attend the next level of Apprenticeship training. Mrs. Brooks was also encouraged to resume her education and get her high school GED (Graduate Equivalency Degree); Head Start covered all expenses associated with this process. To achieve the overall goal of buildilng this mother's self-confidence, the Supervisor counseled her in what she called "one-to-one pep talks." The aim of these talks was to help Mrs. Brooks tackle specific accomplishments like finishing school. More broadly, the Supervisor "helped her understand how things had stopped her in the past but she was able to do things well."

According to the supervisor, the two teachers at Mrs. Brooks' center were the most influential in boosting her confidence. She respected them a great deal and listened to them, even as she doubted what other individuals, such as the Social Worker, told her. As the Supervisor traces the change in Mrs. Brooks: "First the teachers told her she was good. Then I repeated the same message about her competence and this reinforced

what the teachers said. Then she heard the same message from the High/Scope consultant and finally her confidence began to build and she could acknowledge to herself that she was good."

Outcomes. Mrs. Brooks made major changes in both her attitudes and her life circumstances. She began to see herself and her skills in more positive terms. The Supervisor wrote: "The mother stated that she became aware that at times she chose the wrong associates, e.g, people who wanted to keep her down because they were down, or those who liked her being down in order to make their successes appear greater. Being involved with others in a structured program assisted in helping to show this parent that she has worthwhile qualities and that people can relate to her in a fair and constructive way." Mrs. Brooks herself put it 'his way: "The program helped to enforce the positives I already had and to rethink the negatives."

With the encouragement and financial assistance, Mrs. Brooks completed her high school education. "I probably wouldn't have my GED if it wasn't for the agency providing all the costs for the class I took and for the cost of taking the test itself." She then went on to complete a public speaking course at the Community College to "help improve her language and ability to share information in a positive, professional manner" (Consultant's description). The Supervisor reports that Mrs. Brooks "plans to continue her formal education while adding to her marketable skills through the Family Advocate Program experiences."

Once she perceived that others had faith in her, Mrs. Brooks exhibited what the Consultant called "some real go-getter attitudes." She realized the opportunities present in the Advocate training and the levels of experience in the career ladder. After participating in the program for just one year, Mrs. Brooks was employed by the agency as an Associate. Thus the goal of having her advance through the program was realized: "She participated at each volunteer level before becoming the first parent hired into the Family Advocate Program structure as a salaried employee." Being part of the program allowed Mrs. Brooks to recognize and acknowledge the skills she already had: facilitating, coordinating, and working well with people. The growing self-confidence that came with her new job was evident when Mrs. Brooks traveled to Michigan to present a workshop at High/Scope's Annual Spring Conference. Recalls the Consultant: "She knew she was in the midst of many degreed, experienced people but felt her own growth and development had worth and purpose, and she could share it in a very professional, warm manner."

Mrs. Brooks' own words best characterize the gains she made as a result of the Family Advocate Program: "I'm an all around better person with more self-confidence. I'm getting many skills. I'm learning how to deal with families as well as my own. I'm feeling like I am important because I have meaningful responsibilities. I feel helpful as a person, needed. The program opens your mind up to what you would want to be, what employment you would like to seek. Thanks [Supervisor] and [Parent Involvement Coordinator] for giving me a new outlook on life. This program helps me so much in so many ways. I love it."

Family #3:   The Cranes (Montgomery Co.)

Background.   At program entry, the Crane family consisted of five
members: Miss Crane (aged 25), her three daughters aged 6, 4, and 3 (the
younger two were in Head Start), and Miss Crane's father. Miss Crane had a
boyfriend; during the program she ended this relationship and married the
children's father. The Crane's lived in a ?-?-?-m apartment in a highly
populated, urban metropolitan area.   Fur.ishings and sanitation in the
apartment were described as adequate. The family depends upon public
assistance. Miss Crane is a high school dropout.

The Crane family was labelled as "high risk" by the supervisor.   Miss
Crane had in the past been repeatedly abused by her boyfriend, once to the
point of hospitalization. At program entry, she was still being regularly
abused by this boyfriend, although not quite as severely.   In addition,
Miss Crane felt responsible for her alcoholic father who lived with her and
her children.   "Because the mother was being physically abused, she would
not redirect her own children at all." As a result they were "unruly" and
Miss Crane was unable to find anyone willing to babysit for them.   The
supervisor sums up: "She felt that everyone had something against her."

Before FAP, Miss Crane had been involved as a volunteer in Head Start
for several years as an outlet from her stressful life.   The mother had
been referred to a counseling service but she refused to attend sessions or
to take any of the advice offered by the center social worker or other Head
Start staff. This parent did not communicate much with adults.   She could
never hold a conversation for any period of time without blowing off steam
almost to the point of total disruption.

Miss Crane heard about the Family Advocate Program from another
Advocate in her center. Based on their observations during training, staff
felt Miss Crane could benefit from joining the program.   The supervisor
stated that FAP could show Miss Crane that "she could interact with the
advocate group; that she could participate in the center and draw in other
parents to volunteer." A specific goal for Miss Crane then was to help her
work more effectively with others.   A second objective was to encourage
Miss Crane to complete her G.E.D.; it was felt that being with other
mothers returning to school would provide her with the encouragement to do
this.   Finally, it was hoped that Miss Crane would enter into counseling
with the support of the Family Advocate Program, even though individual
Head Start staff had previously been unsuccessful in getting her to agree
to attend sessions.   Counseling was seen as a necessary, long-term process
to help Miss Crane re-evaluate her relationship with her abusive boyfriend,
and also to find effective ways to deal with her alcoholic father and set
limits in her dealings with her three daughters.

Services.   To date, Miss Crane has been in the Family Advocate Program
for one year.   In addition to the regular preservice and inservice
training, she has received individual help and encouragement from the
supervisor, the Parent Coordinator, and the Social Worker.   The other
Advocates in the program have also become an important support group for
Miss Crane; "seeing the progress of others gave her a sense of what she
herself could do and accomplish."

Outcomes. The supervisor summarizes Miss Crane's positive outcomes by saying: "The program was able to prove to this mother that she can make some changes in her lifestyle instead of accepting everything that everyone else chooses to deal her." Like other high risk cases with long-term problems, Miss Crane "could not accomplish complete improvement in just one year. She had been a volunteer in her center before joining FAP, but had not been given meaningful roles. The FAP training and title were responsible for major growth during that year."

In/ accordance with the goals for this mother, Miss Crane was able to work /more effectively with other parents in her center. "After being in FAP, she began to be more reasonable and could hold conversations which allowed her more of a chance to see what the situation was, not letting herself be out of control. She is less loud and aggressive. She is calmer and relaxed now and can give helpful directions to parents in her center...The parent gained enough self-confidence that she no longer needed to inject negative ideas into every plan or statement."

Miss Crane was also encouraged by seeing other Advocates return to school and decided to enroll in a G.E.D. class. "She has expressed the desire to become skilled enough for a substitute teacher." Asked about her goals for next year, Miss Crane herself says, "I wish that I can do work in the office and any class."

The biggest changes in Miss Crane's life are in her dealings with her family; these are "changes in progress." With the support of FAP, the mother was finally able to acknowledge her need for counseling and began to attend sessions. These have affected her relationships with her alcoholic father, the men in her life, and her children. The supervisor presents this overall shift: "Participation in a structured program was a vehicle for the mother to sort out her circumstances and begin to deal with ending the relationship with the abusive boyfriend and to add some direction to the lives of her children. She began to take her child to the counseling session for children with special psychological needs and to be involved there herself. She also began counseling to enable her to deal with her father's alcoholism."

Specifically, Miss Crane was able to stop seeing the physically abusive boyfriend. The supervisor says: "For two or three years she had talked about getting married but she always cancelled it or found some excuse for putting it off. After joining FAP she did get married - but to someone else...She resumed a relationship with the father of her children and they were married in June 1983. The newly acquired husband has a part-time job that adds additional income; he seems to provide the emotional support and love" she has been been seeking." The supervisor thinks FAP played a major role in Miss Crane's changed circumstances: "The program helped her sort out priorities and take control of her life whereas before she always felt she was living to please others rather than meeting her own needs. The person she married was someone whom she realized could better meet her needs than the previous mate."

Miss Crane also became an excellent example of how changes in the parent produced changes in the children. "After she calmed down, her children did too. Before, she had not set limits on her children; she realized in the program that it was okay to set limits. Before, no one

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wanted to take care of her undisciplined children. Her children are manageable now and other people will babysit to give the mother time away." Miss Crane sums up the benefits of FAP in her own words: "I would tell [others] it is a good experience for them. What they can learn about their kids, what they do everyday, what they do not do. Maybe you learn what to deal with at home." And she recognizes her own growth as an adult: "[FAP] helped me learn more about the adult stage, how we really grow and [it's effect] on my child." Based on the growth seen in the Crane's, the supervisor sums up their prognosis as follows: "The family circumstance should be more stable now that the mother understands that she has alternatives and can make choices about her life."

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Family #4: The Dawsons/(Clark Co.)

Background. Mrs. Dawson is a divorced mother (aged 43), She has 4 children. The oldest daughter, aged 21, worked at the agency, first as a Handicap Aide and later as a Social Worker. The other children are a daughter (age 10), a son (age 6) who was previously in Head Start, and a 3-year-old daughter/currently enrolled in the Clark Co. Head Start program. Mrs. Dawson and her children live in a metropolitan housing development, an adequate 4-bedroom apartment which the Supervisor describes as neither overcrowded nor isolated. The family is dependent upon public assistance; the ex-husband has consistently refused to pay any child support. The Consultant notes that Mrs. Dawson has a strong sense of family and thus her ex-husband's refusal to help out is "a thorn in her flesh! It makes her determined to do right by her kids!" Because she is employed, the oldest daugher gives some financial assistance with the home.

Mrs. Dawson is a high school graduate. Her health has deteriorated with age, and she now suffers from a loss of hearing in one ear and from being overweight. In spite of these physical problems, the Consultant describes Mrs. Dawson as having a "high energy level". In fact, when her son had been in Head Start during the recent previous year, Mrs. Dawson was a very active parent. Says the Supervisor, "The mother had been a leader of the parent group for several years and was even a mother figure for many of the staff." Adds the Consultant: "She was seen as the 'agressor in the face of adversity'; one who can motivate people to get themselves going."

Because of her status in the community, Mrs. Dawson was identified by the Supervisor and Consultant as a principle person to get involved when the Family Advocate program expanded into Clark County. "Because she was respected by staff and parents, she was seen as a launching force as we began FAP implementation in this county." She was labelled "low risk" because she "has a great support system throughout her community and is well known in the city. The consultant added that Mrs. Dawson "has many resources, a sense of self, and understands some of her strengths in working with others." Nevertheless, it was felt that Mrs. Dawson still stood to grow a great deal by becoming involved in the program. Says the Supervisor: "She had not worked in years so it was hard for her to believe she had anything of value to offer. Her ex-husband had also destroyed her self-esteem by always putting her down." Staff felt Mrs. Dawson would benefit from the formal structure and training experiences offered by the program, i.e., that her energies and skills could be clearly focused as she performed advocate duties.

Services. Mrs. Dawson was invited to join the program at the middle Apprentice level because she already had several years of experience as a classroom volunteer, a participant at parent meetings, and a member of the Head Start Policy Council. To date, she has been in the program for one year and is continuing her involvement since her child has been re-enrolled in Head Start. In addition to her formal training and supervision, Mrs. Dawson received what the Supervisor characterized as "heavy emotional support, even more than the other cases." The Supervisor herself was very important in providing this service to her. When the program was getting

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started in this county, the supervisor went there twice a week and spent much of her time in one-to-one sessions with Mrs. Dawson. She says, "I helped her see that constructive criticism is not bad. It helps you grow. I helped her sort out her strengths and weaknesses, to look inside and not always turn to outsiders for direction."

Outcomes. Mrs. Dawson has successfully served as an Apprentice for one year and will be promoted to a paid Associate postion in her second year of the program. She has not only worked directly with parents at her center, but has been able to supervisor other advocates and handle much of the administrative paperwork. In short, Mrs. Dawson was able to use her interpersonal and organizational skills to understand and contribute to the program's overall operation; she grew along with the program itself. Her Supervisor notes that Mrs. Dawson "has begun to speak less of `what Head Start used to be` and relate more to what is happening currently. She no longer continues to hassle over events that have been settled; when she lapses into old habits she pulls out of it with a reminder." The Consultant says: "she has learned from a positive, legitimate role as Apprentice to see what a new approach can do for everyone!" As we have seen with other cases requiring major emotional shift, change does not come overnight and continue unchallenged. Mrs. Dawson still needs "support and reminders that constructive criticism is for redirection and improvement and does not mean that she isn't doing her job or that her efforts are not appreciated." But as she herself puts it, involvement with the Family Advocate Program can "offer you a better look on life as a person, give you more knowledge about yourself".

According to the Supervisor, Mrs. Dawson is also beginning to plan a future for herself after Head Start. "The mother is working on increasing her skills and is planning to use her involvement as a job reference. Next year's involvement as as Associate will increase her responsibilities and provide greater opportunity for learning." In Mrs. Dawson's own words, "Because of the leadership that I have acquired and the respect of others that depend on me, I can succeed in what I want to be. I want to learn more and make plans for what I want to do." The Supervisor reports that Mrs. Dawson used her leadership skills to form a "tenant council" of all the residents in her apartment complex. She succeeded in getting a major renovation effort approved which will result in new hot water heaters, insulation, aluminum siding, increased security and interior remodeling for all their homes.

The Supervisor sums up Mrs. Dawson's progress with the statement: "She had been a volunteer for many years but did not really grow until joining the Advocate Program." She is thus one of several volunteer parents who experienced this growth phenomenon only after joining the Family Advocate Program itself. Mrs. Dawson says the program was valuable because "it let me know that I am very much needed." The Supervisor explains the growth of Mrs. Dawson and others this way: "The Family Advocate Program gave them a title and a meaningful role with prestige. They increased their self-confidence and this became a self fulfilling prophecy. They suddenly saw themselves as competent and contributing members of the Head Start community and thus they acted more competently. They were willing to take on roles and responsibilities which before they would not have thought themselves capable of fulfilling. The institutional acknowledgement was an outside force which stimulated an internal growth."

In Mrs. Dawson's case, "the mother is committed to serving Head Start and families in general, and was proud to have meaningful responsibilities."

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Family #5: The Eisley's (Clark Co.)

Background. The Eisley household consists of four people: Mrs. Eisley
(age 29), her husband (age 47), their 4-year-old daughter (attending Head
Start), and the husband's 13-year-old son by a previous marriage. The
family depends upon public assistance, living in an overcrowded, urban two-
bedroom house. Mrs. Eisley is a high school graduate; prior to FAP she had
considered returning to school but had never done so.

Serious emotional difficulties earned the Eisley's a "high risk" label
from the supervisor. There were many marital conflicts, primarily "due to
the mother's non-acceptance of the father's son by a previous marriage.
The mother needed support in regard to having her husband's son living with
them." As a result, the daughter has special emotional needs. "[Mrs.
Eisley] was overprotective of her daughter; she babied her and did not let
her develop and grow up. For example, the daughter did not have to learn
how to speak because the mother got her everything just by pointing...[In
sum], the mother kept the daughter too dependent on her, argued constantly
with the son, and would leave home often for marital separations."

Mrs. Eisley heard about the Family Advocate Program at a Head Start
parent orientation meeting. When another Advocate at her center became
employed, Mrs. Eisely was offered a position to be involved in the
classroom. She accepted the offer and went through the Advocate training.
The supervisor saw "marital stability" as the primary goal for the family:
"The mother was actually seeking some stabilizing force and FAP involvement
provided it."

Services. Mrs. Eisley spent one year in the program. During that time
she received a great deal of "marital counseling" from the staff. The
supervisor says: "[Mrs. Eisley] blamed all their problems on the husband.
She needed to see her own responsibility in their marital difficulties; she
needed to have someone she trusted be honest with her instead of just
agreeing with her." Mrs. Eisley was helped by a variety of staff members,
as well as the group of Advocates. "She talked with the supervisor and the
Social Worker first. Then she was gradually able to open up with the other
Advocates too. She became able to seek out who she needed at a particular
time or to solve a particular problem: the Social Worker if she needed a
`sermon`; the supervisor if she needed `skill-building`; and the other
Advocates if she needed `sympathetic listeners.`

Outcomes. Mrs. Eisley's development in FAP has been very positive:
"Structured involvement and training allowed the mother to begin
prioritizing her life. She was finally trusted enough to take enrollment
applications." As her role in FAP increased, Mrs. Eisley's family life
seemed to stabilize. She reported fewer conflicts and no longer left the
home for separations.

The major outcome was that Mrs. Eisley enrolled in the community
college and is earning an Associates Degree in early childhood education.
"Before FAP she had always talked about going back to school but had never
determined in what or taken the steps to do it. FAP focused her on her
goal; because of working in the classroom, she realized she was very
interested in early childhood education. FAP helped her take the concrete
steps to accomplish a goal she had only talked about before." The

connection between her Advocate experiences and her enrollment in an early childhood degree program becomes clear from reading Mrs. Eisley's own words: "I love working with children, I help them learn and they teach me things also. I am·interested in the development and education of children and I'm learning a lot just from volunteering about how Head Start implements this. If there are any openings in the teaching department [next year], I'd like to work for Head Start because I think the intentions of this program are marvelous." Although Mrs. Eisley subsequently dropped out of the Advocate program when she enrolled in school full time, she sent her sister to the training and she became an Advocate the following year.

Looking at the Eisley's future, the supervisor says: "The family may continue to grow as a unit." Much of their new-found stability can be attributed to the communication skills Mrs. Eisley gained as an Advocate and her increased ability to respect others' needs as well as expressing her own. To finish with more of Mrs. Eisley's own words about what she gained from her FAP training and work experience: "I appreciate being able to interact with the children, having a good comunication level with the teachers, and getting to meet with some of the parents. The [program] brings unity, but Advocates must respect and respond to tne concerns of others as well as express their own wants and desires. You learn to meet other people and you also learn that people are cooperative as well as disagreeable. In the same sense you learn to adjust to the ups and downs of your role as an Advocate."

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Family #6:   The Frank's (Madison Co.)

Background.   Miss Frank is a single, never-married mother (aged 28) with a 5-year old daughter in Head Start. The Frank's live in a rural, but not isolated, two-bedroom apartment in a housing complex; living conditions are adequate.   They depend upon public assistance.   Miss Frank never completed high school.   She is described by the Supervisor as "extremely obese" but otherwise apparently healthy.

The Franks are categorized as "low risk—she did nothing to hurt the child but withdrew within herself, and felt she had nothing to give other people.   In personal conversations she would look at the floor.   It was hard to get her to talk in front of a group and when she did, she would turn toward the wall."   This behavior had it roots in Miss Frank's childhood.   According to the Supervisor, "Friction between [Miss Frank], her parents and her sister caused this mother's insecurity.   She felt she was treated less fairly than her sister and she had to overcome this resentment. Her size also entered into her problems. Having her child out of wedlock embarrassed her family." The Consultant adds, "The small towns, separated by large farm areas, made hiding from personal problems impossible.   She obviously was battling these issues basically alone, and saw the Head Start opportunity as a means of 'belonging' to some group."

During the previous year, Miss Frank had been visited by a Home Visitor in the program; the primary purpose of these visits was to share child development information.   However, Miss Frank's personal needs were not being met by this limited type of involvement.   Her Home Visitor referred Miss Frank to the program, feeling she could benefit from the Program Advocate training and experience.   Miss Frank herself expressed a need to be involved and staff saw her already beginning to make "some real strides in developing self-confidence" during the training. Miss Frank was accepted to serve as a Program Advocate in the home-based program.

A very specific goal for her during the program was to encourage her to enroll in the GED classes and complete her high school education.   More broadly, Miss Frank was seen by the Supervisor as needing "to gain self-esteem, so that she could interact with other people and be able to express her opinions while making eye contact." The Consultant felt involvement would "provide her with the opportunity to be a part of the larger community, find some self-worth through participation as a Program Advocate in a directed, purposeful manner."

Services.   Miss Frank participated in the program for one year, her daughter's last year in Head Start.   The Supervisor says the program primarily provided this mother with "emotional support", both through the confidence-building training exercises and through the establishment of a new peer group.   "Being in the training helped but it was especially the informal support she received from the home visitors and other advocates in the program" that really encouraged Miss Frank. She teamed up with another Program Advocate and "they gave comfort to each other."   The Supervisor reinforced the support that Miss Frank was receiving from the advocates. She told her about the opportunity to complete her GED with Head Start financing.   The Supervisor also encouraged Miss Frank to "talk openly with her parents and her sister about her resent nt, but more importantly, to

live in the present and meet her own standards instead of judging herself by her family's old standards."

Outcomes. Miss Frank made major gains, both educationally and emotionally. "Her FAP participation allowed her to belong to a group with worthwhile goals which enabled her to feel needed. Assisting staff in the Head Start program allowed her to feel useful. All of her involvement motivated her to prioritize her life and to see the need for completing her high school education." Miss Frank has enrolled in a GED class and is "so enthusiastic that she refused [to miss class] to attend a 4-day state retreat with Head Start paying all expenses."

The Supervisor continues, "She has reviewed her life and has been able to assess where she felt the problems were, e.g, trying to live for her family instead of for herself. Now that she measures her success by her standards instead of by her family's, she has an opportunity to succeed. Her self-esteem increased enough for her to begin discussions, express opinions different from others, and to make eye contact." This change in Miss Frank is well-illustrated by the following comment by another Advocate: "She heard that [the Supervisor] was making a presentation at the Regional Head Start Conference and begged to be allowed to speak to the group. During the presentation she told of her change in attitude, e.g., she told the audience that before the FAP workshop she didn't like speaking to groups and if she did, she would face the wall and would refuse to stand. By the end of the week's sessions, she was able to answer questions and make eye contact with the group and said, 'This training has made a major difference in my life already--I now have a positive outlook because of my involvement.' The audience was so thrilled at her progress that everyone clapped and had words of praise for her." In the words of the Consultant: "One has to believe that this growth will be very valuable to both this mom and her child when the child reaches public school."

<u>Family Support Program</u> (<u>Ypsilanti, Michigan</u>) The Family Support Program serves families at risk of child abuse and neglect in Washt naw County, Michigan. Referrals to the program come from a variety of health and social services agencies in the community. Although the program has recently narrowed the age range of children served in the program (i.e., to focus on infants), families seen in the period from which case studies are drawn had target children ranging from birth to age 6. Following are the stories of four of these families.

Family #7: The Greens

<u>Background</u>. Miss Green is a 24 year old single parent with a 4-month-old daughter. She depends upon several forms of public assistance, including Aid to Families with Dependent Children (AFDC), Food Stamps, and the Women, Infants and Children (WIC) food supplement program. The Green's live in an urban, two-room boarding house (or "tourist home") in highly crowded conditions. The other tenants are very transient. Furnishings are sparse, but Miss Green attempts to keep her part "relatively clean." The mother is a high school graduate, although she was enrolled in the Special Education program (i.e., for "slow learners") throughout school. Both Miss Green and her infant are reported to be in good health.

The Greens were referred to the Family Support Program by a hospital social worker. Based on the mother's background, she was seen as being at high risk for abusing and/or neglecting her infant. Miss Green was herself the product of an abusive childhood, had few parenting skills, was classified as low intelligence in school, and had inadequate housing and limited financial resources. Despite these risk factors, the mother was "quite willing and eager to participate" in the program and, in fact, the Supervisor felt that the family's cooperation should more appropriately earn them a "low risk" label.

It was nevertheless clear that Miss Green and her baby needed several forms of immediate and concrete assistance. The Supervisor lists the family's problems as follows: (1) basic lack of child development information; (2) concerns that there might be some risks to the child's health and safety; (3) social isolation, i.e., the mother needs contact with healthy families to compare her own child's development; and (4) financial constraints leading to very poor housing conditions and an unfit environment for the child. As a result, the volunteer home visitor established the following goals for working with Miss Green and her infant daughter: (1) support the mother in finding adequate housing; (2) increase the mother's awareness of her child's developmental stages and needs; (3) educate the mother about possible hazards in her home and encourage her to use preventive safety measures; (4) find resources such as noncommercial toys which the mother could use in providing a stimulating environment for her child; and (5) provide the mother with opportunities to see other families so that she can observe role models and get a basis of comparison for her daughter's development.

<u>Services</u>. At the time of data collection, the Greens had been in the Family Support Program for seven months. The volunteer made regular weekly home visits, and the mother occasionally attended parent meetings.

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Consistent with the five goals listed above, the volunteer provided the following specific services to the family: (1) she supported and helped the mother make plans to find other housing. The volunteer brought a newspaper so she and the mother could look through the ads together; they made calls from the volunteer's phone. When plans fell through for an apartment, the home visitor was very supportive to the mother. In sum, the volunteer "assisted" Miss Green but was very careful to "not do it for her"; (2) the volunteer brought child development information to the mother, sharing developmental charts and one-page readings which she felt 小s Green could understand. She also answered questions about ﹍ ﹍opmental milestones; (3) the volunteer helped Miss Green identify h﹍, ﹍ch and safety hazards in the home, and make appropriate changes. For ﹍ample, there was a hot plate on the floor; the mother removed it and now ﹍ses other cooking facilities; (4) The mother and home visitor focused on finding materials around the home to construct toys appropriate to the infant's developmental level, e.g., wall hangings, crib mobiles; and (5) the volunteer took Miss Green on various outings —to shopping malls, to lunch, to social events sponsored by the program—so she could nave contact with other families and see parents interacting with their children.

Outcomes. Given the high risk and multiple needs of the Greens, it is encouraging that the Family Support Program can identify several areas of growth and change for this mother and her infant. Major improvements have been noted in the parent-child relationship. The mother has developed a more intimate, one-to-one physical interactive style. She initiates games such as making faces and imitating gestures. The mother now talks more to her baby. These changes in behavior are indicative of Miss Green's increased knowledge of child development and her more realistic expectations for her daughter's growth. She is no longer worried that her baby is "delayed", and she has "more insight in preparing for future stages." The mother has also picked up on many prevention ideas about health and safety.

There are still areas in which the volunteer and supervisor see need for further improvement. The mother has not picked up too readily on arranging social activities on her own, although she does participate readily with the volunteer. Perhaps most troublesome is that the Greens' housing situation is still inadequate. This remaining problem is largely due to changes in the regulations of the Department of Social Services (DSS). (DSS no longer helps by providing the security deposit.) The mother had found a new place to live but was unable to come up with the necessary security deposit. However, the Supervisor noted in relation to the housing problem: "I am convinced that this will change and she will eventually find something."

In addition to changes in Miss Green's interactions with her infant, the Supervisor sees the mother's relationship with the volunteer as another positive outcome of the program. She writes: "[Miss Green] has learned to develop a better one-to-one relationship with someone her own age; she is much more open, sharing, and trusting than in the beginning." Although the volunteer initially "expressed some concern about the family becoming somewhat dependent, this was not much of a problem later on." The Supervisor attributes the program's success with the Greens to the emerging volunteer-mother relationship. She writes: "The one-to-one relationship which was quickly established was a real plus—that the volunteer could go

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into her home, that they both wanted to focus on the baby. The quality of the home visitor and her sensitivity was also a big factor."

Looking to the future, the home visitor is realistic in her expectations for Miss Green and her daughter. She predicts that as the child grows more independent and requires different coping skills on the part of the mother, discipline might become a problem area. The mother is also likely to need continued social support when she does eventually move. Miss Green will probably remain on public assistance for a long time. She "manages her budget well and has no real work aspirations at this point."

A final event in this family's life serves to remind us that we must not lose sight of "realistic expectations" when we are dealing with high risk cases—and that we should not be too hasty in reclassifying families as "low risk" when we weigh one year or less of program involvement against a lifetime history. At the end of Miss Green's case write-up, the volunteer noted: "May not become pregnant again. She says 'one is enough' and doesn't seem to miss or need 'a man'." Yet, 3 months later, (on the eve of this writing) the Supervisor learned that Miss Green had just given birth to a 4-pound baby while visiting at her friend's house. She was 8 months pregnant and did not know it; what she mistook as severe abdominal cramps turned out to be labor! Obviously, the book is not closed on the Green family. A second infant, of low birth weight, and coming as a complete "surprise" when the older child is just 14 months old, places this family at renewed and increased risk of abuse and neglect.

Nevertheless, when the new baby girl was one month old, the volunteer remained optimistic about the Greens' prognosis. She wrote the following on the Family Termination Form: "When [the mother] gave birth, totally unexpectedly, to her second child, I questioned what progress--at least in that area--we'd made. Not that all we had done had been lost, but we could have been so much more prepared for parenting a new baby! I still feel [Miss Green] exhibits terrific self-control, internal assuredness (in the face of much disenchantment), love, care, and concern for both her children, the very best parenting skills she is capable of, and unfailing doggedness in obtaining needed resources. With these basic skills, I feel optimistic that this family will 'make it' without terrific problems."

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Family #8: The Howards

Background.   The Howard family consists of Mrs. Howard (age 33), Mr.
Howard (age 38) and their three children: two boys aged 9 & 6, and a girl
aged 2.   The two younger children are the "targets" in the Family Support
Program.   Three months into the program, Mrs. Howard became pregnant; they
expected their fourth child at the end of the year.   Both parents have
completed high school.   The father works on an hourly basis in an auto
garage; his employment varies between half- and full-time. Mrs. Howard is
not employed.   They recieve WIC food supplements but no other public
assistance. Finances are quite strained, the Howards have trouble meeting
mortgage and food payments.   The family lives in a seven-room, suburban
house,   described by the Supervisor as "small but adequate; basically clean
and well-furnished." Health is not a problem in the family, although Mrs.
Howard is somewhat overweight and has high blood pressure.

Interestingly,   the Howards are self-referred to the program.   Mrs.
Howard attended a workshop on discipline at a local school, presented by a
former agency employee.   Afterwards, she went up to the presenter and
expressed some concerns about losing her temper with her children and her
potential for abusing them.   The presenter in turn referred Mrs. Howard to
us and she took the initiative and called the program Supervisor.   "This
family seemed a very likely candidate for our program.   She had some
specific concerns, was working with no other agency, and was `ripe for
change`".

The Howards were assessed as being at "low to moderate" risk, i.e.,
"low in terms of physical abuse; moderate in terms of psychological abuse."
Several specific problems were identified in the area of parent-child
interaction.   There was a complete lack of positive reinforcement in
disciplining the children.   Both parents had difficulty setting limits.
Mrs. Howard said she felt at the mercy of the children and reacted to
everything they did by either "ignoring them or screaming at them."   She
felt that her efforts at discipline were furt.ier hampered by the fact that
Mr. Howard never backed her up. Program staff also sensed that the mother
was unable to separate from the children; at the same time she complained
about their demands she also needed them to be dependent upon her.
Finally,   persistent financial worries added another source of stresss to
all the family interactions and particularly strained the husband-wife
relationship.

The   overall goal for the Howards was defined as "trying to help the
mother understand that what she does in terms of `prevention techniques`
can affect the kids` behaviors." This included sharing with the mother new
ways of teaching behavior to her children, particularly the use of positive
reinforcement. She also needed specific help in dealing with the two-year-
old`s temper tantrums and setting limits for her.   In addition to focusing
on the children, the home visitor also tried to encourage the mother and
father to spend some time alone together to deal with other personal
issues.   A further goal for Mrs. Howard was locating other resources to
help her through the family`s financial problems, "to help her prioritize
and better negotiate the system." A final goal was "to provide support to
the mother for developing her own interests outside of the family and to
help her improve her self-image."

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Services. To date, the Howards have been in the program for seven months. During this time they have received weekly home visits and Mrs. Howard has occasionally attended parent meetings. The volunteer has assisted the family in all problem areas, i.e., parent-child interactions, the maritial relationship, financial difficulties, and the mother's own personal development.

Concentrating on prevention techniques, the home visitor modeled positive reinforcement for the mother. She shared ideas on how Mrs. Howard could learn to expresss her positive feelings, and suggested alternatives to the use of physical punishment and screaming. As one exercise, for example, the volunteer asked Mrs. Howard to keep a notebook in which she jotted down "three positive things she said to [the six year old] that day." To help the mother deal with the two year old, the home visitor concentrated on getting her to understand what the child was experiencing by rephrasing needs in the child's words. She suggested that Mrs. Howard could avert some problems by offering a limited member of choices instead of leaving the options wide open. They talked about setting up a regular bedtime routine that was "calming and pleasant", and established a more consistent response pattern when the youngest child kept getting up at night and coming into the parents' room.

To address other problems in the home, the volunteer offered suggestions on how the Howards could "gain some perspective on the marital relationship." She encouraged the parents to get out together and find inexpensive places to go without the children. To help alleviate some financial pressures, the home visitor referred the family to churches and a local crisis center for emergency food. One source of money problems stemmed from a prior bankruptcy and the process whereby the State garnisheed the husband's wages; the volunteer helped the family develop a more reasonable payment schedule. She also suggested places where they could obtain help with meeting their mortgage payments. Finally, to assist Mrs. Howard in her own growth, the home visitor discussed things the mother could do while the children were at school, e.g., taking classes in ceramics and crochet. They also discussed exercise and relaxation techniques, and strategies for Mrs. Howard to use in weight control.

Outcomes. Several positive changes have occured in the Howard household during the program, particularly in the mother's relationship with her older children and her self-esteem. Other goals have been met with very limited success. "Positive reinforcement" has made a big difference in the way Mrs. Howard deals with her children. The volunteer reports that she has "moderated her voice and doesn't speak so loud or scream at the kids quite so much"; she seems to have learned some lessons about alternative child management techniques. Despite continued financial crises, the mother and father appear to be getting along better and try to get out more by themselves. The Howards found several concrete resources through the program, and were able to get three months of their mortgage paid by the Veterans Administration when the bank was threatening foreclosure.

Mrs Howard's own self-esteem was improving, at least up until the latest pregnancy. She was getting involved in activities outside the home, e.g., taking craft classes. The home visitor believes the mother feels better about herself for having been in the program, "She now sees herself

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as someone who wants to make positive changes with her kids as opposed to her former self-image as a potential abuser." Also, the volunteer's offer to the mother that she could call her at home if she ever really felt she was "losing it" was very important to Mrs. Howard. Although she has never taken the volunteer up on this offer, she feels less isolated and has said how much it means to her to have that as an option. Having someone — another mother — come into her home was also a big plus for Mrs. Howard. As a nonprofessional the volunteer was in no way "threatening" and hence the mother was able to accept support and suggestions from her. Observed the home visitor: "Exposing her to different ideas about discipline, which she literally had never heard before, has been a real eye-opener."

Despite these improvements, little progress has been made in helping Mrs. Howard to lose weight and relax. Lack of money to join a commercial weight reduction program is cited as one reason for this failure. Deeper than that, however, the home visitor hypothesizes that "fat serves to keep her dependent." Mrs. Howard gets into a "vicious cycle [where] smoking and excessive eating leads to anger and tension. Financial problems aggravate all of this!" Perhaps because of these dependency needs, suggestions to the mother about setting consistent limits with the youngest child have not worked well either. Again speculating, the volunteer observes: "The behavior with [the two-year-old] satisfies a deep need for dependency, so at some level she is getting something out of it. This may also be why she became pregnant again; [child] is growing up!"

Finally, attempts to get Mr. Howard more involved with the children have not been particularly successful. Although Mrs. Howard has increased pressure on him to be more supportive of her needs and take over more with the children, he remains "quite withdrawn and gives little support to any of them. He need lots of encouragement and support himself. His lack of steady employment has caused a great deal of financial difficulties, which can only be exacerbated by the upcoming addition to the family."

The home visitor's assessment of the Howard's future is that "predictions depend in part on how long the family can continue in the program." On the positive side, Mrs. Howard "is really trying to make some changes and has had some successes she is proud of." Her use of positive reinforcement techniques will continue, and the children will attempt to please their mother. Mrs. Howard's self-confidence may continue to build as she sees more positive results of changes in her own behavior. She has learned ways of seeking resources in the community and the successful outcomes of these attempts are also reinforcing.

On the negative side, some problems lie ahead in her relationships with her children. While the home visitor does not see a big risk of serious physical abuse, the potential for psychological problems remains. Mrs. Howard will probably have trouble with the 6-year-old as he gets older. Although his school work poses no problem (he is doing very well), "under the surface he probably has a whole lot of hostility that will no doubt surface." Similarly, some changes can be anticipated in Mrs. Howard's relationship with her two-year-old: "There will be less need to keep [child] dependent with the new baby. Typically, the shift will be very abrupt and arbitrary; probably will be very traumatic for child. New baby will take [child's] place in dependency."

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In summing up the Howard case, the Supervisor writes the following opinion: "The mother should be encouraged to seek long-term counseling to get at the root of some very deep-seated problems. At the very least, it is my hope that the very excellent home visitor which this family has will consent to stay on with them beyond the year's commitment, as the changes this family (and in particular, the mother) have made will need time to take root and to 'stick'."

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Family #9: The Isaacs

Background. There are four people in the Isaac's household. Mr. Isaacs (age 26), Mrs. Isaacs (age 23), and two boys (age 6 and 2). The elder son is the target child in the Family Support Program. The Isaacs live in a large, suburban apartment complex with primarily lower to lower-middle income residents. The supervisor notes: "They seem to have adequate space, although it is only two bedrooms. It is clean, sanitary and well kept."

Neither parent finished high school. The mother was in the process of finishing her GED. Although not in school at program entry, she planned to go back within a few months. Mr. and Mrs. Isaacs were both unemployed. The father had been fired from his job and was unable to find other work. He was currently receiving unemployment benefits and food stamps. The family had applied for Supplemental Security Income (SSI: Social Security benefits because of the six-year-old's medical status) but had not yet been accepted. They were however, receiving some assistance with medical costs (doctors, prescriptions, etc.) through the Crippled Children's Society.

Health was an issue in this family as the older boy had "tonic seizure disorder". He took a substantial daily dose of Dilantin which helped to keep his seizures under control. The medication caused some side effects (e.g., growth of facial hair) and he also had a partial hearing loss and impaired vision. The boy had been seen at the University's Developmental Clinic, and although he was not diagnosed as having any particular syndrome, he had been labelled "FLK" ("funny looking kid"). It was reported that the mother had seizures as a child but had outgrown the disorder. She, as well as her husband and younger son were in good health during the course of the program.

It was because of the six-year-old's medical problems, however, that the Isaacs found themselves in the Family Support Program. The family was seeing a public health nurse after being self--referred to the Health Department because of their son's seizure disorder. Their visiting nurse in turn referred them to FSP. "[She] claimed both parents were having a very difficult time disciplining the older child. Also, possible sexual abuse of the child by a sitter in the past may have been a contributing problem. The parents, while not retarded, seemed quite 'slow' according to the referral source."

The supervisor notes that deciding whether to accept the Isaacs family into FSP "was a rather difficult decision initially. We were very short of families at the time, and it was clear that although the 'target child' was over the age limit that we normally consider, we felt the impact of the program would be felt by the two-year-old as well. Also, we had a volunteer who was working with kindergarten-age children as an aide in the school system and we felt that she would be very well matched for this family."

The FSP supervisor labelled the Isaacs as "moderate" risk: the father was unemployed, the mother had developed few parenting skills and was quite impulsive in her discipline techniques and relationships in general; and the older child had severe behavior problems as well as medical difficulties. Specific problem areas in the Isaac family were categorized

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as follows: (1) Medical: The mother had problems following up on getting benefits for her son and in trying to get him evaluated for services. Money was a big worry, because she had not been able to afford the medication needed to prevent the seizures, and she was also worried about being able to pay the doctor's bills; (2) School-Family Relationship: The mother was very much on the defensive with her son's kindergarten teacher. Mrs. Isaacs was concerned about reports she was getting about his behavior at school, but didn't quite know how to approach the teacher. She was further hampered in dealing with the school because she could not obtain her son's records from the previous school district where he had received special education services; and (3) Parent-Child Interaction: The son was extremely aggressive, both at home and in school He did a great deal of "acting out" and was considered "out of control". Mrs. Isaacs seemed unable or unwilling to set limits or be consistent. The parents did not have good communication with each other either around this issue. Further, the volunteer quickly and consistently noted a lack of physical warmth, or indeed any type of physical interaction, between the parents and children or even between the parents themselves.

Given these multiple problems, specific program goals were set for the parents, the mother in particular and the six-year-old child. Goals listed for the parents were to: (1) help them understand the importance of consistency and demonstrate how following through with a focused goal of child management could change the child's behavior and in turn make life more pleasant for the entire family; (2) improve the verbal interaction and the physical interaction between the parents and the children; and (3) help the parents communicate better around issues of child rearing. Two specific goals for the mother were to: (1) help her get better organized so that she could keep track of medical appointments, etc.; and (2) help the mother deal with the school system more realistically and effectively. Finally, goals for the six-year-old child were to: (1) get his academic abilities evaluated and arrange for services if necessary; and (2) reinforce his academic skills to help him improve his performance and subsequently his self-esteem.

Services. At this write-up, the Isaacs had been in FSP for six months. They received weekly home visits and occasionally attended parent potluck dinners or workshops. The content of the services was well-planned to address the goals listed above for the parents, mother and child.

Behavior management, interaction, and parental communication were the three areas the volunteer worked on with the parents. (1) Behavior management: The volunteer talked with the parents and helped them prioritize their concerns about their son's disruptive behavior. Some of the problems they cited were: climbing on kitchen cabinets to reach food which was "off limits"; learning to ask permission for food and not just grab it; going to bed when told; asking permission to go outside and telling his parents where he would be. Together, the volunteer and parents then set up a behavior chart which was checked daily by both parents. For rewards, the parents used stars to show the child concretely when he achieved his goals, they were also encouraged to use verbal praise and occasional outings to no-cost places like the park. After an exceptionally good week, the volunteer would treat the child with a trip to the hamburger stand. She was sensitive to the family's financial problems, however, and therefore encouraged no-cost or low-cost rewards. (2) Parent-child

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interactions: The volunteer role modeled appropriate verbal and physical
interactions with both children.   She often discussed the importance of
verbal praise and physical affection with the parents, and directed them to
provide this type of reinforcement in conjunction with the behavior chart
described above.   The volunteer, in turn, praised the parents when they
used appropriate mechanisms of reinforcement with their son. (3) Parental
communication: Whenever possible, the volunteer scheduled her visits when
both parents were present in the home so that she could work with them
together on improving communication around childrearing issues.   They
would discuss problems and arrive at a mutually acceptable solution, i.e.,
one that they both felt comfortable with and could therefore agree to
follow through on together.

     Organization and the school relationship were the two goal areas in
working with the mother.   (1) Organization: The volunteer brought a
calendar for the mother to record her appointments.   They discussed how
things would run smoother if she used the calendar to keep track of things
and follow through on appointments.   (2) Parent-school relationship: The
volunteer helped the mother to understand the potential negative
consequences (academic and social) of her son's aggressive and impulsive
behavior in school and the mother's own uncooperative attitudes and
sporadic "confrontations" with the teacher.   Instead, the mother was
encouraged to use more productive strategies in dealing with the school,
such as calling the teacher for an appointment when she had concerns and
then discussing them together in a cooperative manner.

     Services for the child centered around assessment and school
performance. (1) Assessment: The volunteer helped the mother arrange for
an IEPC (Individual Educational Planning Committee) evaluation for her son,
and also saw to it that she followed up on his vision and hearing screening
at the university clinic. The public health nurse who referred the Isaacs,
and the volunteer, "worked very cooperatively" in obtaining these
evaluation services for the child. (2) School performance: The volunteer
worked with the child in several areas of academic achievement,
particularly reading readiness.   She encouraged the mother to ask the
child's teacher about specific problem areas and how she could work with
her son to improve his skills.   In addition, the volunteer often left
"homework" behind which the mother and son could work on together.

     Outcomes. Positive outcomes were reported for most of the goals listed
for the Isaacs.   For the parents: (1) Behavior management strategies
brought about a significant change in the home.   "There was a dramatic
shift in the child's behavior as the parents improved their consistency and
worked together." The parents reported their satisfaction with the change
to the volunteer and the supervisor.   Further, when the parents saw how
successful their new approach was proving to be, they began applying the
same strategies to the younger brother.   (2) Parent-child interaction
improved in the verbal domain with both children; parents began to use
praise to reinforce good behaviors.   However, there is still a lack of
physical affection between the parents and children.   The superivosr
explains this by speculating: "The lack of success with getting them to
use physical affection probably stems from deep-seated family interactions
in the parents' families' style.   The volunteer reports very few
interactions between grandparents and grandchildren, although the paternal
grandparents live in the area." This observation points up the problem

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noted in all the programs that a short-term intervention must accept its limitations in solving long-term problems. However, it is also important to note in this instance that not using physical affection is a family's (or a culture's) personal choice that must be respected by program staff. In one other respect the supervisor noted only limited program success thus far, i.e., lack of "quality time" between parents and children: "They are just coming into awareness of what is good for the kids and the relationship. For example, when the volunteer left books for the parents to read, the mother reported that '[child] made me read every one of the books you left!'." (3) Parental communication increased. The supervisor notes that the parents are definitely communicating better and finding their 'united front' is paying off in terms of consistent discipline having a positive effect on both children." Contrary to the fear of some programs that intervention might contribute to friction in the home, the supervisor says that in the Isaacs' case it was "just the reverse – parental communication improved; they got medical assistance for their child which helped their family income as a whole; and in general they are all getting along a whole lot better!"

Mrs. Isaacs achieved both goals set for her. (1) The mother's organization improved. Seh started using the calendar to keep track of appointments and make other medical notes such as when prescriptions needed to be refilled. Says the supervisor: "She is definitely more 'in control' in many more areas of her life now, and feeling much better and more self-confident as a result." (2) Her relationship with the school not only became better, but benefitted the mother as well as the child. "The mother learned effective, productive ways of dealing with the school system and this was an especially productive lesson because the volunteer reports that other neighbors are now coming to the mother as the 'peer leader' in their own difficulties in negotiating various service systems. The volunteer reports a big change in the mother's self-esteem, as a result, with obvious positive benefits for the children."

Finally, changes were visible in the six-year-old. (1) The results of the assessment were encouraging. Based on the evaluation, the teacher's original recommendation to have the child retained in grade was not followed, although special education services in speech and language therapy were recommended. These outcomes were viewed positively by the mother, "who was especially relieved to hear the child's intelligence tested out as near normal." (2) The son's school performance improved, both academically and socially. In fact, his behavior changed radically after the family had been in the program for just four months. The IEPC report specifies that "[the teacher] has noted improvement in [child's] attention span. He has been less aggressive and better able to delay gratification."

Explaining the program's success with the Isaacs, the supervisor says: "I feel, first and foremost, we made a really good match between the volunteer and family. (Interestingly enough, the volunteer is black middle class and the family is white lower class.) The volunteer had a great many skills in working with this age child; she knew the school system where a good many of their concerns and problems lay. The volunteer was extremely sensitive to the family's needs, but she also was not afraid to be assertive and directive when appropriate. She was skilled enough to offer something very concr..e (behavior chart; helping them get through the

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school system) which had positive and rather astonishing immedicate 'payoffs'. Another big plus was that the family was ready to make some changes (note the fact they were originally a self-referral to the health department). They were cooperati and even though somewhat slow, they tried very hard to follow through   he volunter's suggestions."

Predictions for the Isaacs' future are essentially positive. Mrs. Isaacs is expected to finish her GED. The volunteer feels the mother will continue to reach out for community resources now whenever it is appropriate, and will work cooperatively with the school system whenever there is a problem. It is uncertain how or when Mr. Isaac will find employment, he seems to be discouraged at the moment. However, "they are basically a well-adjusted couple and seem supportive of one another." The outlook for the younger child is also quite good, based on the Isaacs' benefits from FSP. "The volunteer predicts that the [younger son's] school and behavioral performance will be more successful than the [older son's] as a result of improved styles of child management and the parents' feelings of being more in control."

The supervisor sums up the success with this family in the following upbeat words: "The father said to me at a recent parent potluck, 'we needed someone to show us what we could do with [child]- we're so lucky to have had [volunteer] to show us!' In other words, they have learned an awareness of the role of the parent and appreciation of parenting skills for which they have gotten so much positive reinforcement. The volunteer thinks it is unlikely they would revert back to their previous style. Yeah!"

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Family #10: The Johnsons

Background. The Johnson family consists of four members, three currently living in the household. Mrs. Johnson (age 31) lives with her 3-year-old daughter and two-month-old infant son. The father, Mr. Johnson, is stationed in Japan with the Navy. He has been gone for 1 1/2 years. The parents do write, but despite his promises to send for the family Mr. Johnson has not made any serious attempts to do so. The three Johnson's live in a condominium which they own, part of an urban subdivision. There are 5 rooms, including 2 bedrooms; the infant sleeps in the mother's room. Their home is described as "clean, neat, and well-furnished."

Mr. and Mrs. Johnson are both fairly well educated. The mother attended a two-year college and obtained her Associates Degree (AA) in art; the father also earned an AA in culinary arts and is a cook with the Navy. The family receives a monthly check from the Navy which does not adequately cover household expenses. Mrs. Johnson also receives food stamps and is in the W.I.C. (Women, Infants and Children) food supplement program. In addition, she gets SSI (Supplemental Security Income) disability benefits because the infant son is handicapped.

The infant was born with a congenital heart condition. He has had four operations at the University hospital to correct this condition and will need surgery at least one more time when he reaches age 4. It was the combination of a handicapped newborn, plus the lack of a support system with the father being overseas, that led a social worker at the hospital to refer the mother to the program.

The supervisor rated the Johnson's as being at "moderate" risk: "Despite the child's severe handicap, and the problems of coping as a 'single parent', the mother has kept it together pretty well overall." Nevertheless, four specific problem areas were identified: (1) Isolation: The mother felt "trapped". She was unable to get out of the house or find respite care because sitters were afraid to watch the infant given his heart condition and recent operations; (2) Dealing with the medical system: The mother was unable to deal with the system effectively and got very emotional to the point of being openly hostile and aggressive. The supervisor notes "she is probably seen as a 'trouble-maker' and 'not a good parent' by the medical establishment. Consequently, she has felt helpless and ineffectual and hasn't much trust in her doctors"; (3) Parent-child interaction: The home visitor observed that the mother "lets the kids do anything they want." She was not effective in setting limits. As an example, she had problems with the baby not sleeping (especially since he shared her bedroom) and complained that she was always tired and that "the kids got on her nerves" more easily; (4) Infant development: The son's development seemed delayed. When he reached one year of age (during the program) he had rolled over just once; he was not yet crawling or sitting. His language development, however seemed "on track" and the mother was very good about talking to him and encouraging him to babble. After a professional assessment at 10 months of age, he was labeled "educable mentally impaired." The supervisor noted that the mother attributed his delays to medical reasons, and did not treat him as "helpless or different" because of his handicap.

Services. The Johnson's had participated in the Family Support Program

for ten months at this writing and were "beginning to wind down. The volunteer felt the family was doing well but intended to keep in touch informally." The Johnson's were seen by the home visitor an average of twice a month; this was less frequent than most of the other FSP families but was attributed to "illness, surgery, and the birth of the volunteer's baby." Mrs. Johnson also occassionally attended "social" parent meetings.

During the home visits, the volunteer worked with Mrs. Johnson on the four problem areas listed above. (1) Isolation: The volunteer tried to find support groups for the mother. She also tried to find ways to help Mrs. Johnson get out of the house, primarily by suggesting respite care and encouraging the mother to investigate it. The home visitor discussed the possibility of the family moving to Japan, and helped the mother see all the potential difficulties associated with this move. This included dissuading Mrs. Johnson from selling their condominium which would have been financially unwise. (2) Dealing with the medical system: The home visitor discussed the mother's problems in dealing with the medical system. Using various role play techniques to enact the mother's concerns and questions with doctors, the volunteer helped Mrs. Johnson see how her manner produced negative reactions in the professionals and caused them to get defensive. The role play situations were used to help the mother pinpoint her feelings; then she and the volunteer could discuss "appropriate assertive (as opposed to aggressive) behaviors" to use with doctors; (3) Parent-child interaction: The home visitor brought in several creative activities for the mother to do with both children, especially the 3-year-old in the beginning. The supervisor describes the volunteer as being "very involved and showing a lot of imagination with this part of her role." To help alleviate the specific sleeping problems, the volunteer suggested several solutions or options which the mother could try in setting limits and getting more rest; (4) Infant development: The volunteer discussed the mother's concerns about the child's developmental delays and "pointed out that each child is different—especially when there has been major surgery. She has basically supported the mother's belief that this may be 'normal development' for one with so many handicaps, and that he will 'catch up'". The mother and volunteer also worked hard to get the infant to use his right arm and hand, focusing on specific exercises to help this development.

Outcomes. The program's effectiveness with the Johnson family can best be described as a mixed success; progress was made in the problem areas of isolation and dealing with the medical system, but only limited change was accomplished in parenting behaviors or infant development (1) Isolation: Although the volunteer was not successful in locating support groups for the mother, she was successful in hooking her up with the respite care program. Mrs. Johnson now has six hours a week of respite care—"a real life saver". The home visitor also helped the mother to see that "picking up and moving to Japan was not necessarily a productive solution, and would cause a lot of financial problems and probably medical risks for her son should she choose to go." She did help Mrs. Johnson join the WIC food supplement program which alleviated some of her current financial worries. The supervisor acknowledged that the lengthened separation of husband and wife could actually be viewed as a "negative" outcome. However, given the circumstances "that the husband was not really excited about having his wife come over [to Japan], things would definitely be worse if she went over and it didn't work out. (2) Dealing with the medical system: Mrs.

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Johnson was able to express her concerns and ask questions in a less hostile manner. The volunteer felt the mother and her doctors would be able to deal less defensively with one another; (3) Parent-child interaction: The sleeping problems were not resolved. According to the volunteer, Mrs. Johnson was basically unresponsive to the suggested solutions, seemed unwilling to try any of the strategies, and "didn't seem to want to solve the problem." In the supervisor's opinion, "this may be due to not wanting to separate from the infant after all the difficult medical history"; (4) Infant development: The home visitor was somewhat pessimistic about whether the hand and arm exercises had any effect; however a surgeon told the mother that tendons in his arm may have been severed when the IV's were removed after surgery. Although no changes were noted in the infant's develomental status, Mrs. Johnson seemed reassured by the home visitor's concurrence that the delays were more likely attributable to physical/medical causes than to mental ones.

Looking at the Johnson's future, the FSP supervisor concludes: "I am very concerned by [agency] labelling the son E.M.I. The mother has a great deal of difficulty in dealing with physical/medical problems. This would be greatly compounded if there were cognitive impairment. However, the mother is quite strong and very determined and seems very attached to both children. There does not seem to be any risk of abuse or neglect; as long as the mother doesn't act on impulse and move to Japan in an effort to have her absentee husband 'take over', I think they'll do fine!"

Parent-Infant Enrichment Program (Lorain, Ohio).   The Parent-Infant
Enrichment Program (PIEP) serves low income, teenage parents living in an
ethnically-mixed, urban industrial area.   The program operater out of the
Lorain County Center for Children and Youth Services, part of the county
mental heatlh system.   A paid Coordinator (i.e., Supervisor), recruits
parent volunteers from the geographical area to deliver the home-based
prevention program.   Following are the stories of four of the teenage
parent families served by the program.

Family #11: The Kennerly's

Background.   The Kennerly family consists of an unmarried 19 year-old
mother and her 8-month old daughter.   The mother is white; the baby's
father is black. Miss Kennerly earns some money from part-time babysitting
but depends primarily on AFDC.   Just before being referred to the program,
Miss Kennerly was living in a group home during her pregnancy.   At program
entry, she and her baby had moved in with her parents, it was the first
time Miss Kennerly had lived at home since she was 12 years old.   During
the program, she moved into her own apartment in another nearby city.   The
Coordinator described the apartment as "fair to good", noting that the
mother was gradually acquiring furniture.

Miss Kennerly had not completed high school when her daughter was
born.   She enrolled in GED classes before becoming involved in PIEP, but
received a great deal of support and encouragement to finish her degree
while in the program.   Health is a big concern of Miss Kennerly's.   The
Coordinator describes her as being overweight but basically healthy.   Miss
Kennerly was worried however about diabetes since there is a history of it
in her family.   She did take the initiative to visit a doctor when she
wasn't feeling well.   Although diabetes was not found, he did discover Miss
Kennerly was anemic.   He prescribed more pills and also suggested a diet
but, according to the Coordinator, the mother is still ot good about her
nutrition. The baby has continuing ear infections but is otherwise in good
health.

Miss Kennerly also has a long history of drug and alcohol abuse; after
beginning the program she "shared her great fear that [the baby] would not
be normal because of substance abuse when [the mother] was pregnant." Her
drug problem, in combination with many interaction problems in Miss
Kennerly's family of origin, were responsible for her living in a group
home rather than with her parents.   The Coordinator dscribes the family
difficulties this way: "There are very poor relationships in the mother's
family of origin. The maternal grandfather owns [Miss Kennerly's] parents'
home - is very prejudiced against [the mother], her problems, the fact that
[the baby's] father is black.   [Miss Kennerly] has had very low self-
esteem."

The combination of family and drug problems led to a "high risk"
assessment for Miss Kennerly and her infant daughter.   The mother had
originally planned to give up the baby for adoption, but "decided she
couldn't when she held her in the hospital.   Yet she could not really bond
to her baby until she broke with her family.   [The mother] would not look
eye-to-eye with [the baby] for months.   A staff worker at the group home

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where Miss Kennerly had been living heard about the program for teenage mothers and called the mental health agency." The program in turn contacted the mother and asked if she wanted to join. She said she'd call back a few weeks later. When she didn't, the program coordinator contacted her again. She reluctantly agreed that she'd join.

"Given the history of the family and lack of evidence of clear bonding of parent and child," a primary goal of involving the Kennerly's in the program was to develop "a real relationship between mother and child—initiative, response, and conversation. The physical care is there, but there is a lack of joy in interaction." A second goal was to help Miss Kennerly achieve "independecne from her family of origin and increased self-esteem for the mother. She was encouraged to complete her GED and set other goals which would lead to her independence (apply for low income housing; look for even part-time work which would bring in a bit of supplemental income). She was also encouraged to look at parenting as a very important job for this stage of her life—that it was okay to receive public assistance when parenting and working on educational goals." Finally, the program aimed to "increase family knowledge and use of community resources."

Services. The Kennerly's received weekly home vistis from a volunteer and attended monthly parent meetings. During the fourth month, Miss Kennerly almost dropped the program. "It turned out [Miss Kennerly's] mother had been telling her we were there to 'snoop' and would be looking for reasons to take the baby away from her. It took 6 1/2 months to develop trust." The Coordinator adds: "In this case the family was not terminated from the program for 'no shows' because somehow the cancelled visits did seem to have something else behind them. When [the mother] left a message that she was 'too busy for the program' in April, the Coordinator persevered until she talked with [the mother] directly to tell her she wished her well and if she later wished, she could join again. [The mother] then :oured out her family problems and said she wanted to continue."

A great deal of credit for the eventual trust that was built up is also given to the volunteer. "The home visitor remained very low-keyed, knowing something serious was bothering [the mother]. She waited for more to pour out, was a good listener. The home visitor was very positive in her approach with [mother and baby]. She accepted the mom for who she is—a very bright and caring person despite the many problems in her earlier year. The program accepted the family as they are, never prying, never br...ng trust in confidentiality. The mother gradually could see that the hor : visitor really cared and that the program really meant to help with p⦁ ⦁nⁿng."

"uring the seven months that the Kennerly's have been in the program tc d..e, the home visitor has concentrated on helping the mother with her pa.enting skills. Although Miss Kennerly "had a pretty good understanding r" c ild development, there was something lacking in her ability to .....ct with her child; both appropriately initiating and responding in a conversational, interactive way. The home visitor noticed [the mother] did not look eye-to-eye with the baby. She brought in activities to encourage parent-child interaction." After Miss Kennerly voiced her fear that the baby would not be normal, the home visitor also "commented on the stage of

development the baby was exhibing and how on target and well developed she was."

The volunteer further "concentrated on supporting the mom and her feelings of self-esteem." She was encouraged to complete her GED and congratulated when she did so. Miss Kennerly was also supported in her desire to set up an independent living situation, and was helped with emergency shelter while the necessary paperwork was being processed to qualify her for low income housing. In sum, "the program supported the teen mom in working through the mass of social service agencies who might help."

Outcomes. The Coordinator describes the Kennerly's as "a success story at this point; goals are being met." Major changes have been observed in the parent-child relationship: "[The mother] is interacting very positively and fully with [the baby]. She is sensitive to allowing [the baby] some independence (crawling away from her, feeding herself) and yet is there when [the baby] checks back. Miss Kennerly has also become "more realistic in parenting expectations. She had been afraid of 'spoiling the baby'. The home visitor said that wouldn't happen with a young child—had told the mother that babies responded to quickly cry less, etc. [The mother] told the home visitor later that she held the fussy child all day after shots made her out of sorts—a real contrast to her earlier activity and point of view."

Miss Kennerly has also taken some important steps on the road to her own independence. As noted earlier, she completed her high school GED, go some part time babysitting jobs, and moved into her own apartment during the program. The separation from her own parents is something Miss Kennerly is continuing to work on with the support of the program. "She is taking her baby back to her mother's house—trying to work through the year-long problems—able to see some things from her mother's point of view." The Coordinator acknowledges that "the program did contribute to the break between [Miss Kennerly] and her family as she was enabled to take steps toward independence. But the break with her parents is now leading to a healthier interaction and understanding which is beginning to develop."

There is also "further work" to be done for Miss Kennerly and her daughter. "Finances are still a major problem" and the mother must be "encouraged to take further steps in terms of career goals." Yet, the Coordinator and home visitor are very optimistic in their long-term prediction: "[The baby] will complete high school and live with her mother through those years with a much healthier relationship than [Miss Kennerly] had with hers. We predict that [Miss Kennerly] will get off the welfare roles after some more struggling years." They attribute success to the fact that the "program built trust in a young parent whose life had been filled with mistrust." As this teenage mother herself said: "You people are the greatest!"

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Family #12: The Lawrences

Background: There are three people in the Lawrence household: a 17-year-old unmarried mother and her two young daughters, aged 21 months and 10 months. The Lawrence's depend upon public assistance, receiving AFDC and food stamps. They live in a 2-bedroom urban apartment. Living conditions are adequate, but the apartment is in a high crime area; Miss Lawrence has had money stolen. The mother completed only ninth grade before dropping out of high school. Her health status is "basically okay although the teen mother is not getting adequate nutrition." At one point during the program Miss Lawrence was briefly hospitalized with an infection when she rejected her I.U.D. The older daughter was born prematurely, weighing only 1 1/2 pounds. There do not appear to be any current health problems as a result for the child; however there is psychological and physical stress for the mother from having had two babies less than one year apart.

The Lawrences were referred to PIEP by Children's Services, a protective agency which had been working with the family and felt the teenage mother needed parenting support. Miss Lawrence "came from a family with a history of problems including neglect, substance abuse and sexually deviant behavior. The C.S. caseworker called the Program Coordinator and shared her assessment of the situation. The Coordinator told the C.S. worker that referral sounded very appropriate and that she would go to the home to talk with the teen mom. The teen was willing to join the program, though suspicious."

Miss Lawrence and her daughters were rated by the Coordinator as being at "moderate to high risk." On the strength side, she notes: "[Mother], though not completing her high school educatin, has had an ability to get done what needs to be done to survive. She has had a Children's Service worker who cares, who helped her learn the system. She has a basic ability to resist bad influences and respond to people who help her in a way which brings more help." However, summarizing Miss Lawrence's problems, the Coordinator observes: "she underestimates her abilities, frequently giving up on personal goals as life and its responsibilities seem too much. The parent does not have realistic expectations of children; is very alone and feels trapped; has financial problems; has little family support thus she frequently resents having the responsibility of raising the two children on her own, does little to stimulate their development, frequently yells and demands what they are unable to do." Emphasizing that the two babies are less than one year apart in age, the coordinator questions: "can a 17-year-old mom live with this much stress?"

In light of Miss Lawrences' parenting difficulties, PIEP established the following goals for this teenage mother: "increase her understanding of child development in order that her expectations would be more realisitic; increase positive parent-child interaction so that mother would get more fun out of parenting; increase mother's self-esteem and enable her to take positive steps for herself and her children; decrease negative means of controlling kids- yelling, slapping, grabbing things away from them; be there as another source (in addition to Children's Services) of referrals and information on additional community resources for the family."

Services. At this writing, the Lawrences had been in PIEP 8 months and were continuing to participate. The home visitor made appro> mately hour-long weekly visits, and Miss Lawrence attended group meetings about once a month. During the visits, the volunteer brought toys and "stressed household junk" which Miss Lawrence could use in playing with her babies. The home visitor was "an active listener acknowledging the trials of parenting" and bringing information on alternative parenting strategies, especially positive reinforcement. In addition, the volunteer provided a great deal of information and referral to help Miss Lawrence obtain goods and services for the family: food, clothing, baby equipment, and utilities. The program was particularly helpful when Miss Lawrence was evicted from her apartment during the fourth month of participation. Miss Lawrence called the coordinator to discuss a move and possible resources; the volunteer helped the family move to a nearby town and obtain the security deposit necessary for the new apartment. Miss Lawrence herself was active in making sure that PIEP services were not completely disrupted during this transition. For three weeks, the teen mother showed up at the house of a friend (one Miss Lawrence had also referred to PIEP) in order to see the friend's home visitor too!

Outcomes. The coordinator reports several positive outcomes primarily in the area of parent-child interaction: "Tne parent has played with other babies at Center gatherings in ways the home visitor showed her (object permanance games are a clear example). The parent taught the second child things the home visitor taught the first child (patty-cake). The parent now asks for help in specific areas (potty training) and her parent-child interaction has become less controlling." In the following incident, the coordinator stresses Miss Lawrence's growth in her own confidence as a parent: "[Miss Lawrence] came to home visitor training with her children when the coordinator requested the need for kids her kids ages. This was a big step for [mother]--to come in front of the 'adults', to come to the college. She ended up thanking me when I thanked her, stating that it must have been scary. She said she 'felt proud of being able to do it' and I said she should."

Other changes noted in Miss Lawrence were: "the parent is organizing herself better in preparation for outings. The parent began to question 'using' the food bank when it is not esential, when she saw her friend doing it; she realizes now that resources are not unlimited. The parent is able to ask for other information--she hadn't understood birth control instructions and was able to ask after some hesitation. The parent was moved by program volunteers when she received her eviction notice so trust was built in social service programs."

On the negative side, the coordinator acknowledges that "interaction goals have not been met as fully as we would like." Further, no changes were recorded in Miss Lawrence's own growth toward independence: "we have not been able to have [mother] plan ahead five years for some goals for herself--GED, beautician school. We hope this will come in the future."

Looking toward the future, the coordinator predicts that "the family will continue to have a real financial struggle. We hope the parent can set some goals for herself for self-sufficiency. It is difficult at this time to predict the outcome; welfare is clearly accepted as a way of life.

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The babies are developing well. The mother sees a value in school and not getting pregnant as a teen. Will she be able to pass this on to her daughters? We hope so."

Family #13: The Marshall's

Background. The Marshall family consists of a married father (aged 25) and mother (age 20) and their infant daughter, aged 3 months at program entry.   This is the father's second marriage; two children from his first marriage were given up for adoption.   They depend upon public assistance, receiving AFDC and food stamps.   The family lives in a two-bedroom apartment, described as being in adequate condition.   However, the air is very poor as both parents smoke and there is little, if any, ventilation. Ahtough living in an urban setting the Marshall's are socially isolated. They have little contact with people other than Mrs. Marshall's mother and brother.

The Marshall's have multiple mental and physical health problems. Both parents are mentally retarded; the father reached only ninth grade and the mother eleventh grade, but both have stated that they do not plan to complete their high school education.   Mrs. Marshall suffers from chronic depression, frequently requiring hospitalization. Her husband's health is poor; he has arthritis and ulcers. Their baby was also born with physical problems.   She was low birth weight (4 lbs, 11 oz.) and almost died from strangulation at birth.   Due to the parents' lack of knowledge about basic care (i.e., too much formula was being forced into her without a-y chance o burp, the baby was regularly vomiting and not gaining weight.   During he program, it became evident that the baby might also be developmentally- delayed (e.g, she was not grasping objects) and she began to manifest some autistic tendencies,   (i.e., rocking and staring at the wall.)   An assessment by an eye doctor further indicated that there is a problem with the infant's vision, although she is too young for an accurate diagnosis and is scheduled for a follow-up examination early next year.

Given all of these family problems ("physical, mental, psychological, social, and financial"), the coordinator labelled them as "very high risk." The Marshall's were referred to the program by a local hospital; "hospital staff spoke to them many times before [the mother] took the initiative to call." The Coordinator describes Mrs. Marshall as being "20 years old but very young and immature; even physical care of the baby is at question." As a consequence, specific program goals were set for the Marshall's: "to enable the parents to physically adequately care for the child; to get the parents to be actively involved with their child, interacting with the baby in developmentally appropriate ways; and to get [the baby] off to as good a start as possible, reaching developmental milestones when age-appropriate and being socially and emotionally healthy."

Services.   At this point the Marshall's have been in the program for eight months.   They have received home visits once a week by a trained volunteer and participated in parents meetings about once a month.   Visits were interrupted for a six-week period when the mother had to be hospitalized on the psychiatric ward due to a bout of depression. However, the father was always conscientious in notifying program staff when there was a problem during this time, and the Coordinator and home visitors maintained regular telephone contact with the family throughout the mother's hospitalization.

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The Coordinator says: "At first the content of services focused mostly on basic care of the baby: how to feed the baby; how to bathe the baby; how to hold the baby—with much modeling and encouragement of postive interaction. As the family became more comfortable with basic care, more time and energy could be focused on interaction with and stimulation of the baby." The home visitor worked out a charting of activities for the parents to do each day with the baby. As the Marshall's "became somewhat more involved in doing develomentally appropriate activities with [the baby], they began to ask questions like `when will she be able to hold her own bottle?' The home visitor interpreted what steps [the baby] would have to learn first and how they could help her. Such discussions got the family to consider that indeed there might be ways [the baby] could be helped more and a referral to the Rehabilitation Center for assessment and to [the eye doctor] was obtained. The family began to understand that there was nothing to lose and all to gain from early assessment." Program staff are now in contact with these other community resources and the home visitor is coordinating her plans with their follow up assessments and recommendations. The Rehabilitation Center noted the baby's delay in sitting and grasping but "did not think she would need any long-term therapy." As noted above, accurate assessment of the eye problem must wait until the baby is older.

Outcomes. The Coordinator calls the program's progress with the Marshall's "a partial success." She notes that "the parents have learned many basics of care — how to feed, burp, bathe, and clip fingernails." Also, the parents—especially the father—have become more involved in doing activities with the baby. "The home visitor became more assertive about the necessity of doing activities daily." Although the chart she suggested they keep never became a habit, "it did aid in their seeing the importance of doing activities every day and not just when the home visitor was there." The home visitor adds: "The parents understood that holding the baby, having eye contact, and talking to the baby have rewards. She started cooing back. It was quite obvious that she was responding. The parents were very pleased. They are understanding the benefits of talking wtih the baby.

Gains with the Marshall's have been limited however, due to the family's difficult circumstances. Mr. Marshall is described as a "television addict" and it is hard to get him to break away from there to be with the baby. Mrs. Marshall's chronic depression reamins a major problem. The Coordinator states "The program has not gotten the mother out of her cycles of depression." To have expected this, however would have been an unrealistic goal. She also notes that "the program has not enabled [the baby] to develop as well as we would have liked." However, she adds that "we have just seen a great growth spurt. We wonder how much lack of development at 4 1/2 - 8 months was related to the mother's mental health." And when the eye doctors's preliminary assessment of the baby indicated that indeed "something is not right", the Coordinator acknowledges "we were on target to send her!" Within the Marshall's physical and mental limitations, then, the program has brought about some important changes and connected the famiy with several outside resources necessary for helping them with their continuing problems.

Long range projections for the Marshall's must be similarly balanced.

The Coordinator concludes: "It is difficult to predict this family's
future.   We fear that the marriage will collapse, [the baby] will be given
up for adoption at a late age, that she will be in a special school for the
mentally slow or psychologically maladjusted.   This is all _very_ possible.
We _hope_ that the family can remain intact, take increasing resonsibility
for [the baby's] development, that she can attend a regular school, though
most   likely needing special education help." For the time-being at least,
"it is clear that the program is making a difference in her life."

Family #14: The Nelson's

Background: There are four Nelson's. Mr. Nelson is 29 years old and Mrs. Nelson is currently 18 years old. The mother was single and 17 at program entry but when she turned 18 in the fifth month of PIEP participaton, she and Mr. Nelson married. There are two children in the family. The three-year-old boy was born when the mother was in ninth grade; Mrs. Nelson is not the boy's father but he did begin dating his wife when she was pregnant with another man's child. The Nelson's also have a newborn daughter; she was born with respitory problems and is on a monitor, considered to be at risk for SIDS.

The mother dropped out of school after ninth grade, when she was pregnant with the older child. Mr. Nelson graduated from high school, but is unemployed and "has no motivation - said words to indicte that he was trained and would get a job but never made any real steps to provide." At project entr,, the (then) unmarried parents lived with Mrs. Nelson's mother. Alt ough their relationship was poor, the grandmother would not sign the pap rs permitting her 17-year-old daughter to marry because she wanted to keep her and the older child on her AFDC card. The grandmother "kicked them out just before [the mother's] 18th birthday." A month later the Nelson's got married, and live in a 3-bedroom apartment ir a low income housing project.   They depend upon public assistance, rece.ving AFDC and food stamps.

Mrs. Nelson was referred to PIEP by a woman at the YWCA.   This woman knew that the family had a history of mental and emotional problems, and had been on public assistance for quite some time.   The PIEP Coordinator accompanied the YWCA worker on a trip to deliver a food basket to the family.   As a te. nage mother, Mrs. Nelson was eligible to be in the program.   The young mother agreed that she would like a home visitor and was accepted into PIEP.

The coordinator rated the Nelson's as being at "moderate to high risk." There were some medical problems in the family. In addition to the infant being at risk for SIDS, there had been a lack of early prenatal care and there were no consisten's health checkups for the children.   Hygiene in the home was poor.   The major problems in the Nelson family however, were emotional: the mother's relationship with the grandmother and her husband, and both parents relationship with the children.   "[Mrs.Nelson] is from a family with a history of psychological problems in the parent-child relationship.   As an example, after [Mrs. Nelson] got her own place, her mother got angry with her and stated that she was moving to West Virginia. After several weeks, the mother found out from a family friend' that [the grandmother] had only moved across town."

Prior to joining PIEP, Mrs. Nelson had been seen by a counselor at the center sponsoring the program. The coordinator wrote: "The counselor felt she made very little progress, that [the mother] was not able to take positive steps to any significant degree and so the sessions were terminated.   Lack of motivation, personal hygiene, low-self-concept, few friends, latching on to an olaer guy for attention...who loved her when she was pregnant with another man's baby and was feeling very vulnerable—were cited [as reasons for needing PIEP].   There was concern about her

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relationship with [Mr. Nelson] and its long-term implications."

Several program goals were established for Mrs. Nelson and her family. Given the lack of toys and stimulation in the home, PIEP aimed to create a more appropriate environment for the older child to explore and for both children to develop. Better health care was needed for all family members. And "independence" was the major goal for Mrs. Nelson, "that she'd take steps to improve her life and learn how to get along in the system; helping her see that she should be assertive for herself and her children but not aggressive—or one minute aggressive and another minute passive, the pattern we were seeing." In particular, Mrs. Nelson needed encouragement to go back to school and complete her GED, despite her husband's objections.

Services. To date, the Nelson's have been in the program for nine months. The volunteer schedules weekly home visits, and monthly parent meetings at the center, but it has been very difficult to maintain regular contacts due to the Nelson's life style. "The family stays up all hours of the night partying—does not function well in daylight hours. This is straining all interaction with the usual world—home visits, doctor appointments, public nurse coming to the family for [infant's] problems." Nevertheless, the volunteer has been persistent and has visited the home, bringing toys and activities for the parent and child to share. She has also provided transportation for Mrs. Nelson to health appointments and to apply for services such as housing and welfare. Finally, the volunteer has supported the monther's efforts to obtain her GED.

Outcomes. The coordinator notes that Mrs. Nelson "has made great progress in a number of ways....The GED work is a real success. The husband did not want her to go to classes. She was assertive enough about her needs to presently be attending. He had threatened to kick her out if she went. The home visitor got an emergency call at this point in time. But it did not happen and she is attending classes."

Mrs. Nelson has also shown growth "as a parent...We have seen increased patience with the kids, increased knowledge of what is usual for kids (temper tantrum is 'normal' at this age—suggestions were accepted and implemented on how to deal with them positively), awareness of importance of stimulating environment—she has learned to comment on positive things kids are doing; both parents are involved more, on the floor playing with kids."

The coordinator observes that "family friction between [grandmother] and [mother] has not gone away but isn't much different either, I guess. The program was not effective in helping but perhaps this cannot be [fairly] called a negative outcome." Mrs. Nelson has managed to achieve some important independence from her mother. "[She] has gotten out from her mother—has her own ADC card, low cost housing. She has learned how to handle some of these arrangements." Dependence in one form or another, however, does continue to be a problem for this teenage mother. The coordinator notes that Mrs. Nelson is constantly "wanting special favors [from PIEP staff] when she needs help—rides to appointments, moving, etc." She does not yet take responsibility for keeping up her end of arrangements. As an example, the coordinator sites the continuing problem with medical care: "We have not been able to get her to regularly follow

through with health check-ups. The kids are behind on shots. After several times driving and nagging her, we made it clear she'd need to take more responsibility. She could get to appointments by giving a neighbor several dollars for gas. She seems to be waiting to see if we'll do it all."

As for the future, the coordinator admits it is "difficult to predict. It will be great if [mother] does get her GED, but it will take <u>much</u> determination. We are doubtful the family will get off public assistance. We are doubtful about the marriage, but have seen some positive change. We predict a better level of parent-child interaction and mental health for the kids. We also realize the kids may be used a pawns in the struggle between [Mr. and Mrs. Nelson]. But we have seen this [improvement] in the short term and feel it will affect the long term."

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Parent-to-Parent Program (St. Johnsbury, Vermont). Vermont's Parent-to-Parent Program operates out of a community mental health center in the state's rural Northeast Kingdom. The program serves low income teenage parents who are physically and socially isolated by the mountainous terrain and long, harsh winters. Parents receive weekly home visits from trained volunteers and attend monthly parent meetings with their babies. Special efforts are made to include fathers in the home visits and also to schedule separate activites for a Fathers Group. A research component of the program has involved many of the young parents in interviews about their own identities and personal development. Following are the stories of two of these young parent families.

Family #15: The Olson's

Background. The Olson family consists of a 16-year-old mother, a 22 year old father, and their 5 month-old son. Like all families in the Vermont Parent-to-Parent program, the Olson's are in a rural area. They live in a public housing project which the Supervisor describes as "comfortable living conditions." The father completed high school but the mother dropped out of school as a freshman at age 14. Mr. Olson is a seasonal construction worker. The family was dependent upon public assistance for most of their 3-year involvement in the program. Shortly before termination Mr. Olson got a full time job at the local Correctional Center. The father has several severe health problems including epilepsy and high blood pressure; he has had a mild heart attack and undergone operations on his knee and shoulder.

The Olsons were referred to the program by a nurse-practitioner in their OB/GYN office, who saw Mrs. Olson as a "teen mother with no nearby caring support system." The Olsons were categorized as high risk; there was a high potential for both spouse abuse and child abuse stemming largely from the mother's very low self-esteem. She is described by the Supervisor as being "very shy, with no friends of her own, very limited abilities, low self-esteem, regards self as 'dumb', unable to learn in school." The potential for spouse abuse was due to the "imbalance of power in the marital relationship." Based on interviews conducted in the research project accompanying the program, Mrs. Olson was seen as being "unaware of her capacity to create knowledge or create directions for her own life." As a pair, Mr. & Mrs. Olson were unable to communicate or listen to one another.

The Supervisor explains the "high risk" label for child abuse this way: "Because the mother could not see herself as creating knowledge and using the power of her own reasoning, she did not see her child as a

thinking rational being who can learn from its own experiences and reason. Such a view often times encourages parents to instill knowledge and force compliance through the use of power-oriented discipline techniques. Therefore, the potential for child abuse (psychological/physical) was high. Incidently, interviews were subsequently held with the father who held the same views."

Based on these interpersonal dynamics, as well as the family's dependence on welfare, lack of job skills, and isolation, the Olsons were seen as having multiple problems: marital, financial and social. A series of goals was set for the family: (1) personal goals included becoming aware of feelings, improving communication techniques, creating a better balance of power in the marriage, encouraging the mother to continue her education, and helping her get a drivers permit; (2) the primary financial goal was securing employment for Mr. Olson; (3) a social/interpersonal goal was helping the family become less socially isolated; (4) the focus of parent-child interaction goals was to share appropriate child development information and suggest alternative discipline strategies; and (5) community awareness meant increasing their knowledge of services and opportunities for development in their geographical area.

Services. The Olsons participated in the Parent-to-Parent program for nearly three years. A first home visitor worked with the family for approximately one year. She and the Supervisor decided an additional year of services should be offered to the Olsons. A second home visitors was assigned "who could act as a surrogate grandmother"; she remained with the family until they were "terminated, as major goals have been successfully completed."

The Olsons received weekly home visits. Mrs. Olson also attended several home visitor/parent meetings where she had the opporutnity to meet with other teenage mothers in the program. She became part of the Parent-to-Parent quilt-making project. Both parents participated in the interviwews of the reserach project, discussing their feelings about their lives and personal development. Mrs. Olson was encouraged to enroll in the GED program and to begin counseling at the mental health center (i.e., the sponsoring agency); she was assisted in completing procedures to obtain her trainers permit for driving. Transportation was provided to doctor appointments, used clothing exchanges, and parent meetings. To support the infant's development, the home visitors brought toys, books and other learning materials to the house. They also shared information about discipine, child safety, health and nutrition, as well as household concerns such as budgeting. Mr. Olson was given the opportunity to discuss his parenting role, and to explore employment opportunities and arrange job interviews. At a concrete level, the family was assisted in obtaining medical insurance and becoming enrolled in the WIC program.

In describing the services to the Olsons, the Supervisor stresses the sensitivity of the home visitors in responding to the needs of the whole family, and their particular efforts to involve the father: "The home visitor was able to gain the family's trust through consistent weekly visits or contact with the family in a non-threatening way, by supporting the family's strengths rather than its deficits. Both home visitors were warm, caring, supportive individuals with excellent 'timing' skills. They were mentors in a sense who were able to challenge/support when necessary.

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Both home visitors assigned also possessed the skills which enabled them to plan activities for the whole family. During the first six months of involvement with this family the father was very resistant. The home visitor was able to continue presenting the program in a non-threatenting manner and eventually gained his trust by making him an important participant in the visits. Without this trust established, we are sure he would not have allowed the family to be visited or his wife to attend counseling sessions at NKMHS."

Outcomes. As noted above, major goals for this family were accomplished. Mrs. Olson enrolled in the GED program to complete her high school education; she obtained her learners permit and began driving instruction; and she received counseling at the center where she "became more aware of her own feelings." Mr. Olson got a full-time job at the Correctional Center, and the "family is aware of the various services avalable to families in the area which can meet their financial health and social needs." It was clear in formulating the goals for the Olsons that their long-term problems would only be solved by bringing some basic changes in the mother's self-esteem and her ability to interact with others. To a large extent this has been accomplisehd: "The mother appears to now be more comfortable with others and sees herself as able to function independently when necessary. She also interacts with her children more frequently and recognizes her important role in the children's development." Mrs. Olson has become more direct in communicating her needs to her husband and shifting the "balance of power". Further, "since the mother's transition to become more verbally assertive has been very gradual, this has not been threatening to the husband."

However, the Supervisor is aware that some of these hard-earned gains may be fragile. Looking ahead, she writes: "the mother in this family may continue to have difficulties maintaining a balance of power in her relationship with her husband. She may not seek means (i.e., drivers license) to become more independent; therefore may once again become isolated from others, especially if they move from their present location. The child's social development would also be hampered."

On balance, though, the prognosis for the Olsons is positive. They will continue to receive the program newsletter and be in" .d to any group activities to maintain contact. The Supervisor will refer the child to the Child/Family Develoment Center where he can benefit from exposure to peers. And the home visitors and Supervisor feel the mother is ready to get involved in an ongoing self-help group of parents to continue receiving support and child development/parenting information. The Supervisor concludes: "We are quite sure that there should be no reports of child abuse or neglect in the future. The mother has become very responsible in meeting the needs of her child physically and emotionally. She appears much more relaxed and in control of her day-to-day responsibilities as a parent."

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Family #16: The Prentices

Background. There are four members in the Prentic household. Mr. Prentice (aged 23), Mrs. Prentice (aged 19), and two daughters, aged 2 years and 2 months, respectively, at program entry. They live in a new, small ranch house in a rural town. Mrs. Prentice dropped out of school after the 8th grade. Mr Prentice graduated from high school and is employed full time as a machinist.

The Prentices were referred to the program by a local public health nurse. They were accepted into PTP as they met the eligibility requirements, i.e., the mother was a teenage parent in the rural area being served. Mrs. Prentice was interested in joining the program for several reasons. She wanted more child development information and wished to meet other young parents. In particular, she felt isolated and "wanted someone to talk with"; she needed transportation in order to become more involved in the community. The supervisor describes Mrs. Prentice's emotional status as follows: "This young mother indicated she had experienced long periods of depression/isolation which had troubled her during the adjustment to motherhood. She was unable to communicate with her own parents since early adolescence, having run away from home and leaving school after the 8th grade. She also feared being institutionalized, as her mother had been, when unable to cope with the responsibilities involved in marriage and raising a family."

The PTP supervisor rated the Prentices as being at low to moderate risk. She emphasized the strengths which Mr. Prentice brought to this family: "The husband is an exceptional young man. He is able to be self-reflective and share himself with his family and community. He has progressed from an essentially self-centered orientation to a more other-centered stance." Based on the Prentices' interviews during the research component of the program, the supervisor concluded that "[the wife] on the other hand had not evolved to the position of her husband at the onset of program involvement. She was aware of her desire for support and an opportunity to discuss the transition she was experiencing as a wife/mother/woman." Of Mrs. Prentice's own strength, however, the supervisor adds: "most importantly she was receptive to new ideas in order to evolve."

To meet Mrs. Prentice's needs, a variety of personal and interpersonal goals were set for her in the program. The supervisor listed these objectives as follows: (1) Personal - improve self-image, maintain physical evnironment, continue education, secure employment; (2) Parent-child- strengthen existing interaction, develop alternative discipline strategies, develop sense of children's expanding needs; (3) Interpersonal - become aware of alternative communication techniques, share parenting strengths with other mothers; and (4) Community - become aware of various serves offered in the community for parents and their children, use these services.

Services. The Prentices participated in the program for 8 months, at which point Mrs. Prentice "elected to share her skills with other young mothers." During these months "the home visitor and program supervisor were able to assist the mother recognize and focus upon her strengths regarding motherhood and marriage." The Prentices also participated in the

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research interviews which in turn "helped the program gain awareness of Women's Education and Development." Mrs. Prentice received weekly home visits, attended Parents Meetings, and became involved in the Parent-to-Parent Advisory Committee. Consistent with Mrs. Prentice's desire to meet other young parents, the supervisor noted that "this mother was eager to participate in any group activity as well as weekly home visits. She also frequently visited with other mothers in the program on the phone."

The content of services was designed to meet the specific goals for Mrs. Prentice and her family. Information was provided to the mother on the following topics: continuing education, family planning, employment, and drivers education; the availability of commmunity services and resources; starting a babysitting services in her own home; and planning and constructing a learning environment in the home to meet the needs of other children as well as her own.

Outcomes. Work with the Prentices has been successful and rewarding, not just for the family but also because the family was able to contribute to the program itself. Referring to the original goals, the supervisor reports the following personal changes for Mrs. Prentice: the mother became employed full time by starting a day care business in her home, she better organized time and priorities in order to improve her personal appearance, housekeeping and child care responsibilities; and the mother improved her self-image by becoming aware that she possessed excellent mothering skills which she could share with others. The only negative outcome is that Mrs. Prentice has not yet completed her education, choosing to develop her full time day care business instead at the present time.

From the mother's personal gains, interpersonal growth emerged. Mrs. Prentice took training and became a home visitor. She was also active in the program in many other ways: she became a member of the Parent-to-Parent Advisory Committee; took part in nearly all Home Visitor/Parent Meetings, many of which she helped to organize and lead; invited program participants to her home; and "freely participated in PTP visitor days when guests sought 'first hand' information from home visitors regarding the program." Mrs. Prentice reached out beyond the program as well, increasing her involvement in the community. The supervisor reports that the mother "used community resources appropriately, i.e., story hour at the library for children, participated in various social networking in the area, WIC program, and GED program."

Parent-child relationships improved in the Prentice family. Mrs. Prentice "expressed more confidence in doing the 'right' things with the children, therefore [having] less anxiety as she knew what to expect and when. She became very interested in creating learning activities for the children and developed new, age-appropriate discipline strategies." Mr. Prentice also benefitted from the child development component of PTP. Both parents expressed great pleasure in the oldest child's success 'performing' the developmental preschool screening this spring. They attributed it to knowledge acquired while in the program re the role of the parent in supporting their child's learning." Like Mrs. Prentice, her husband was also anxious to share his experiences with others. He joined a member of the research staff to speak at the local high school and to Lamaze classes about "fathering." Further, he served on the program's Fathers' Resource Committee, was recruited to visit other fathers, and stated that he wished

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to participate in training sessions if enough interest is expressed in their geographical area.

Looking toward the future, the Supervisor does sound one note of caution: "[There is] uncertainty regarding the mother's long periods of depression and passivity, and ability to maintain household and child care responsibilities." She acknowledges however that Mrs. Prentice's deep-rooted emotional problems are "beyond the control and role of the program." However, contacts with the Prentice's indicate that so far the family is maintaining its progress. "The Program Supervisor occasionally calls to make arrangements for lunch together with the mother. The father also stops by the office with the children after [his] work shift to visit with the superivsor, while waiting to pick up his wife at her [home visiting] job. The children are doing very well, 'interacting with others and continuing to have very curious minds'."

<u>Parent-to-Parent Program (Oneida, Wisconsin)</u> The Oneida Parent-to-Parent Program is based on an American Indian Reservation and serves an all-Indian population. Volunteer home visitors and the program Supervisor are also Indian. The home-based service is a component of the Head Start program, and its offices are housed in the tribal school building. All the families served are low income. Following are the stories of two of the Indian families in the Oneida program.

Family #17: The Quinns

   <u>Background.</u> The Quinn family consists of an unmarried mother (aged 34) and her 10-month-old daughter. The baby's father (aged 29) is in and out of the home, "leaving off and on when he feels like it" to visit his family of Sioux Indians in the western part of the country. Miss Quinn is an Oneida Indian and tribal differences in childrearing philosophy have been a source of tension in the family. The Quinns live on the rural Indian reservation, in the upper part of a house converted into a 4-room apartment. Both parents have completed high school and gone to college; Miss Quinn graduated from college with a degree in business management and her boyfriend has 2 years of college courses but no degree. The mother is employed as an Administrator at a local community health center and does not receive any public assistance. There are no health problems in the family.

   Miss Quinn was referred to the program when her mother heard about it from the mother of one of the home visitors. As the older of two children, Miss Quinn was seldom interested in infants prior to her own pregnancy and the grandmother was concerned about this. The home visitor spoke directly to Miss Quinn, who agreed to be in the program, the grandmother was pleased about her daughter's participation.

   The family was seen as "low risk." Miss Quinn "takes in a lot and utilizes what is heard. Her use of materials is good because the mother does care and wants to learn." However, the mother did seem to require a great deal of information and support. The Supervisor writes: "Psychologically the mother feels inadequate with the child, she doesn't feel confident when using her own knowledge about the developmental needs of a child - as in language, as in when the child should be taken off the bottle, toilet trained, or given finger foods, etc." The High/Scope Consultant adds: "She knows very little about care of or development of infants/children. The father of the child runs between Oneida and his Sioux tribe out west [so it is] not a stable environment. Mother tries to do things in spite of influence by boyfriend, which in itself could be seen as a `risk` as he changes his mind about what he wants her to do and she listens to that too!"

   The overall goal of the program was to provide Miss Quinn with outside support for herself and her child. The home visitor aimed to make the mother more knowledgeable, and more confident in her knowledge, about child development. Having the mother better support her infant daughter's language development was a particular concern. Miss Quinn used baby talk, for example, and it was important to get her to begin labeling things for

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the child in adult terms.

Services. Miss Quinn and her baby participated in the program for six months until the father returned home and insisted that they drop out of the program. Termination is pending because of his objections. While they were involved, the family received approximately monthly home visits. These were usually held at a relative's house, again because of the father's refusal to let the program into his home. Other activities (e.g., parent meetings, outings with the home visitors) were also forbidden and the mother acquiesced to his demands. During the visits, the volutneer brought toys and games which she used to encourage the mother to work with the child. They did not always do activities, however. Sometimes the home visitor just sat with the mother and listened to her talk about her concerns.

The home visitor was dissatisfied with the amount of services she was able to provide to the Quinns, blaming this on herself and her reaction to the baby's father. "There were not enough visits on my part. The mother works and because of my own family life I felt I did not put forth all I could. The father made me feel uncomfortable." The home visitor continued to occasionally see Miss Quinn, but no longer as an "official" visitor since the father has insisted on termination. She states: "The mother would see me again if the father left." For the time being, however, he is remaining in the home.

Outcomes. Because of their limited partic'pation, Miss Quinn and her daughter were not able to fulfill many goals. However, even those few home visits "opened the mother's eyes to other possibilities for child development. The mother works more with [the baby] and she shows new development in talking with the child as a human, not just a baby." The Consultant observed that the program "increased her sense of what children are like, need, and how to help children grow and develop. The mother was just beginning to understand her own child's behaviors and needs. She really needs to stay in the program!" Unfortunately, because Miss Quinn will not continue to participate, her future is not seen positively by the Superivsor: "The mother will fall back into the father's opinions that his is the only way to bring up a child. He is very dominant of the mother." Unless circumstances change, the baby's father, rather than the program, will be the major influence in this family's future.

Family #18: The Robbins

Background. Miss Robbins is a single 23-year old mother with a 3-year-old child. She lives with her parents (i.e., the child's grandparents). The child's father, Miss Robbins boyfriend, visits but does not live with the family. He and the mother are planning to get married within the next two months, at which point they and their daughter will move into a place of their own. Three years ago Miss Robbins and her boyfriend moved to Colorado where they lived together and had the child. The boyfriend has family in Colorado, including three sons; these half-brothers of the child also lived with them while they were in Colorado. They are not in the father's custody, however and remain in Colorado. Miss Robbins, her boyfriend, and their daughter recently returned to Wisconsin. The mother and child moved in with the grandparents at this point. Although the father sees his daughter often and exerts a great deal of control over the mother, the family situation has been disrupted by the move.

The mother and her family live in a public housing site in a rural area. It is a small development that the consultant describes as having "neat ranch-style houses, yards with flowers and trees, etc." The Robbins' house is in good condition; there is no overcrowding. Miss Robbins receives some public assistance as a single parent. However, it is not enough to support herself which is why she returned to her parents' home. The grandfather is employed.

Miss Robbins became involved in the program through a combination of people talking to each other which included the home visitor, grandparents, and the single mom. The mother told the home visitor she was interested in participating; the home visitor in turn told the program supervisor who "okayed the family as appearing to need support in parenting." The child's father also agreed from the beginning to have the mother and daughter in the program. His approval was seen as an important factor because "even though he doesn't live with the family, he controls what the mom does anyway; she appears shy and easily led."

The Robbins appear to be a family at moderate risk. Their current living situation is in transition and unstable. The primary difficulty which made Miss Robbins a candidate for the program was her relationship with her 3-year-old daughter. According to the Consultant: "The parent seemed 'controlled' by the child's demands and dependency. It looked like a vicious cycle of behavior on both sides." The home visitor described the overall program goal as helping the mother to become more confident of herself and the child to become more independent. The Consultant elaborated: "The child is too dependent on the mother; has strong control over her. [The program is] hoping to help the mother see she needs to not foster this dependency/controlling behavior. It is trying to influence the mother to enroll the child in Head Start...Head Start would help the child greatly since she no longer is around her half-brothers; the home visitor thinks these major changes were rough on the child. The home visitor feels a major goal will be met if the mom 'lets go' of the child and lets her attend Head Start."

Services. At this writing, the Robbins family had been in the program for seven months and were continuing their participation. They were seen by a home visitor on a weekly basis during the school year, bi-weekly

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during the summer months. The home visitor also noted that "I talk with the parent at least once a week on the phone or in person besides the usual visit." She tried to get Miss Robbins to come to group sessions with other parents, but the mother was "somewhat shy and wouldn't attend. It is uncertain whether the father was influential in part of this staying home business."

During visits, the volunteer shared information about child development, focusing especially on social behavior. She brought Miss Robbins and her daughter to the Parent-to-Parent "library" at the center, and "helped them choose toys and books appropriate for the child's age and readiness." The home visitor repeatedly encouraged the mother to let the child enroll in the Head Start classes beginning the following school year; she offered to continue making home visits during that time if it would help the transition for the mother and child.

Outcomes. The program appears to be making some progress with the Robbins family, although it is too soon to tell if the major goal — enrolling the child in Head Start — wil be met. Still, several changes have already been noted in the mother and child. The volunteer says: "I believe the program is teaching the mother how important it is for her to work with and be aware of her own child." The Consultant adds: "especially to understand the child's behavior, and what to do to correct inappropriate behavior and encourage better behaviors." The home visitor also reports that "the child doesn't seem to be so shy with the teacher (i.e., volunteer); we are still working for a more positive goal of socializi; with other children."

An encouraging sign for this family's continued involvement with the program is the trust they have established with the home visitor. Significantly, this reflects a positive attitude on the part of the fatehr too. The parents have asked the home visitor to "stand up with them" at their upcoming wedding and the supervisor feels this is a "positive indicator." The consultant adds that "both parents have a continued interest in the home visitor's assistance and presence."

"Hopes" rather than predictions are offered for the family at this point. Concludes the Consultant: "[We must] wait and see what marriage does to the family unit, when the mom will leave her parents, etc. The home visitor hopes marriage stabilizes this family...and the supervisor hopes the home visitor influences the mother to 'let go' of the child to Head Start. Much depends on what the mother decides and this is subject to change, depending on how much the father will be able, or sees fit, to influence the mother."

Conclusions

The foregoing cases dramatically portray the uniqueness of each of the families served in our Parent-to-Parent programs. In their own words, the families and staff convey what is special about their circumstances—the problems they faced, the support they sought from their peers, the growth they experienced from the exchange of help and, sometimes, the frustration they felt when the help seemed insufficient or the growth fell short of expectations.

From their uniqueness, however, it is our job to distill some collective "truths". From this grouping of 18 single cases, it is our charge to learn something about the viability of the Parent-to-Parent Model as a whole. Getting down to the bottom line, does this program model work for families: Who can Parent-to-Parent help; who cannot be helped? How can Parent-to-Paretn work; when does it not work? What can Parent-to-Parent accomplish; what are its limitations?

To state the final conclusion first: The Parent-to-Parent Model can be effective in helping parents achieve their goals for themselves and their young children. More instructively, an analysis across the 18 families detailed here, provides us with valuable insights into the who (background), how (services) and what (outcomes) of Parent-to-Parent's effectiveness. Below we discuss these insights, drawing examples from the individual cases to illustrate our observations. Not all our insights, however, are answers to the matters of Parent-to-Parent's working; sometimes the cases raised additional questions in our minds. Either way, we always put together the information from these stories with that from the systematic program analyses (Volume I, Part A) to achieve our fullest understanding of Parent-to-Parent in action with families.

To assist our, and the reader's, integration of family findings, Table 1 summarizes the salient information of the 18 cases reported above. As in the foregoing narratives, and the forthcoming discussion, the table presents each family's background at program entry (i.e., family composition, risk level assigned by the case recorder, and problem areas), the services delivered through the program i.e., duration and type), and the outcomes achieved by the family in a variety of goal areas (i.e., parental relationships, parents' personal development regarding status and self-confidence, parent-child interactions, and family use of community services). Each of these topics is discussed below, followed by a concluding statement about Parent-to-Parent as a model for addressing the problems faced by families with young children.

Background: Who Can Parent-to-Parent Serve?

(1) Parent-to-Parent can serve families with a wide variety of problems and at a range of risk levels. The case studies demonstrate the enormous variation in the kinds of families who participate in Parent-to-Parent programs. Heretofore, we have stressed the model's variations across programs, e.g., in the types of populations served or the nature of sponsoring agencies. What the cases emphasize, however, is the range of family characteristics even within the same program.

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Families enter Parent-to-Parent with anywhere from a couple of significant problems (e.g., the Howards in Ypsilanti with money troubles and psychological stress) to a multiple of difficulties (e.g., the Olson's in Vermont who combined financial and mental problems with lack of education, bad health, and social isolation). Tallying the problems enumerated in Table 1, we find that across the 18 families, the following number were faced with difficulties in each of these areas: financial (16), psychological (17), educational (11, medical (8), and social isolation (9). Thus economic and mental stress were present in nearly all the cases; additional worries and limitations in coping skills were also found approximately half the time. And if we tabluate risk levels as a shorthand way of describing the number and/or severity of these various problems, we are again struck by the range of families served in Parent-to-Parent programs. Totals are as follows: high (7), moderate to high (2), moderate (3), low to moderate (2), and low (4). Thus most families fall within the upper half of the continuum, but program staff also felt that several lower risk cases should be reported to round out the complete picture of their participants. (Note: See the first part of Volume 1 for an exact distribution of risk levels in each program.)

Two sites, Dayton and Lorain, can be used to illustrate our observation about the variety of families served within each program. In Dayton, the Alexanders and the Brooks provide an interesting contrast. Mr. and Mrs. Alexander, labelled high risk, came to the Family Advocate Program with a long history of marital problems and alcohol abuse, as well as serious health dangers attributed to the mother's yearly pregnancies. In addition, the family had some very basic and concrete needs, such as better housing, which they hoped to address with FAP's help. Mrs. Brooks, in the same program, was able to provide her children with a stable family life but came to the Advocate training with no self-confidence. Rated low risk, this mother just had to hear an important message from her peers: "You are on the right track but you need to know you are on the right track. You are doing a good job of raising your children."

In Lorain's teenage parent program, families may be similarly labelled "high" risk, yet have very different backgrounds which earn them this label. Thus, Miss Kennerly had a history of substance abuse and difficult relationships in her family of origin; they were very prejudiced and angry about the fact that the father of Miss Kennerly's baby was black. The young mother, while able to care adequately for her daughter's physical needs, had a great deal of trouble showing any affection or emotional attachments. She was afraid of brain damage to the infant because of her own drug abuse during pregnancy, and never established eye-to-eye contact with her baby even while meeting her basic needs. The Marshalls, also high risk, presented very different problems to the Lorain staff. Here, both parents were mentally slow and could not even manage such basic physical care as feeding and burping the baby, i.e., too much formula was being forced into her without any chance to burp, and the baby was regularly vomiting and not gaining weight. Further, Mrs. Marshall suffered from recurrent depression and was peridically hospitalized, stressing the family and the continuity of the parent-infant emotional relationship.

The range of family characteristics and problems dealt with in Parent-to-Parent programs is clearly an asset of the model. Yet, this very

flexibility may be problematical for staff faced with decisions about who - and who cannot - be served in their program. The model does not offer clear guidelines, delineating a type of population for whom Parent-to-Parent is successful. What can we learn from the case studies about the model's appropriateness for different family types; is there an association between level of risk and degree of successful outcome? Is it true, for example, as some critics claim, that programs such as Parent-to-Parent are most appropriate for "moderate" risk families, i.e., that low risk families do not have sufficient room for improvement, while high risk families are beyond the skills offered by paraprofessional staff?

To address this issue, we summed the degree of success (i.e., yes, mixed, or no ratings for all applicable cases) across the outcomes listed in Table 1, for each of the risk levels. The results are presented in Table 2. Success, either full or partial achievement of goals, is evident at all levels. (Remember that cases were selected by supervisors according to outcome, and only subsequently classified by the evaluator according to risk level, so there is no predetermined bias in the risk-outcome association.) If anything, the high and low risk families show the highest percentage of "yes" ratings, while the moderate risk families are the most likely to be rated "mixed" or "no" success relative to accomplishing program objectives. To repeat a word of caution: the case studies cannot "prove" a rule correlating family type and success rate. However, their very variablity (i.e., exceptions to any rule) presents a strong challenge to assumptions limiting families who can be well-served by the Parent-to-Parent Model. Administrative decisions cannot be based solely on the degree and type of family problems; all may be amenable to help provide the appropriate resources are available in the program, or through linkages outside the program. (The nature of these resources, particularly the "human" ones, are discussed further under "Services"; program effectiveness and its relationship to family characteristics is also explored again under "Outcomes".)

(2) Caution must be used in the definition and application of the "risk" label. We have already cautioned the reader to be conservative in interpreting our statements regarding "risk" because it has not been systematically defined or assessed in these case studies. "Risk" labels are used however because they do provide us with at least a relative indication of the severity of family problems. Yet the case studies caused us to ask ourselves a basic question, applicable even in studies or programs where the degree of risk is measured more systematically, i.e., what do we mean by risk and when/how do we assign the label?

The Green family in Ypsilanti is a good example of the ambiguity which made us ask this question. The supervisor deemed a "high risk" label appropriate based on the mother's history: she was a single parent of low intelligence, poor and socially isolated, and was herself the product of an abusive childhood. During the course of the program, the supervisor felt that perhaps her initial assessment had been too extreme. Miss Green's cooperativeness and eagerness to learn with the volunteer's help were more indicative of a low risk family. Yet the ultimate experience, i.e., the birth of a second baby at eight months gestation when the mother was totally unaware of her pregnancy, reinforces the wisdom of the early high risk label. Even though the volunteer was confident that the previous program experience would permit Miss Green to cope with her increased

Table 1

PROGRAM SITE	FAMILY BACKGROUND					PROBLEM AREAS					SERVICES	SERVICES RECEIVED			OUTCOMES[1]					
	FAMILY COMPOSITION										Time in Program (Continued or Terminated)				PARENT'S PERSONAL DEVELOPMENT			Improved Parent-Child Interaction	Improved Mother Father Relationship	Improved Use of Services
	Mother (age)	Father (age)	Children (ages)	Other	Risk Level							Home Visits	Parent Meetings	Training	Continued Education	Gained Employment	Increased Self Confidence			
Dayton	Mrs. Alexander (28 yrs)	Mr. Alexander (32 yrs)	son (3 yrs) daugh. (2 yrs) daugh. (1 yr)	--	High	yus	yes	yes	yes	no	2 yrs (T)	n/a[2]	yes	yes	yes	yes	yes	yes	mixed	yes
Dayton	Mrs. Brooks (27 yrs)	—	daugh. (11 yrs) son (4 yrs) daugh. (2 yrs)	---	Low	yus	no	yus	no	yes	1 yr (C)	n/a	yes	yes	yus	yus	yes	yes	n/a	yes
Dayton	Miss Crane (25 yrs)	Married during program	daugh. (6 yrs) daugh. (4 yrs) daugh. (3 yrs)	grand-father; boyfriend (not in household)	High	yes	yes	yes	no	no	1 yr (C)	n/a	yes	yes	yes	n/a	yes	yes	yes	yes
Dayton	Mrs. Dawson (43 yrs)	---	daugh. (21 yrs) daugh. (10 yrs) son (6 yrs) daugh. (3 yrs)	---	Low	yes	yes	no	yes	no	1 yr (C)	n/a	yes	yes	n/a	yes	yes	n/a	n/a	yes
Dayton	Mrs. Eisley (29 yrs)	Mr. Eisley (47 yrs)	stepson (13 yrs) daugh. (4 yrs)	---	High	yes	yes	no	no	no	1 yr (T)	n/a	yes	yes	yes	n/a	yes	yes	yes	yes
Dayton	Miss Frank (28 yrs)	---	daugh. (5 yrs)	---	Low	yes	yes	yes	no	yes	1 yr (T)	yes	yes	yes	yes	n/a	yes	yes	n/a	yes

1 Outcomes: Yes = goals achieved; no = goals not achieved; mixed = goals partially achieved

2 N/A = Not applicable to family and/or program

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| PROGRAM SITE | FAMILY COMPOSITION | | | | Risk Level | PROBLEM AREAS | | | | | Time in Program (Continuing or Terminated) | SERVICES RECEIVED | | | PARENT'S PERSONAL DEVELOPMENT | | | Improved Parent-Child Interaction | Improved Mother Father Relationship | Improved Use of Services |
	Mother (age)	Father (age)	Children (ages)	Other								Home Visits	Parent Meeting	Training	Continued Education	Gained Employment	Increased Self Confidence			
Ypsilanti	Miss Green (24 yrs)	---	daugh. (4 mos) (second daugh. born unexpectedly 10 mos. later)	---	High	yes	yes	no	no	yes	7 mos (C)	yes	yes	n/a	n/a	n/a	yes	yes	n/a	mixed
Ypsilanti	Mrs. Howard (33 yrs)	Mr. Howard (38 yrs)	son (9 yrs) son (6 yrs) daugh. (2 yrs) (mother preg)	---	Low to Mod.	yes	yes	no	no	no	7 mos (C)	yes	yes	n/a	n/a	n/a	mixed	mixed	mixed	yes
Ypsilanti	Mrs. Isaacs (23 yrs)	Mr. Isaacs (26 yrs)	son (6 yrs) son (2 yrs)	---	Moderate	yes	yes	yes	yes	no	6 mos (C)	yes	yes	n/a	no	no	yes	mixed	yes	yes
Ypsilanti	Mrs. Johnson (31 yrs)	Mr. Johnson (stationed with Navy in Japan)	daugh. (3 yrs) son (2 mos)	---	Moderate	yes	yes	no	yes	yes	10 mos (C)	yes	yes	n/a	n/a	n/a	yes	no	mixed	yes
Lorain	Miss Kennerly (19 yrs)	---	daugh. (8 mos)	grand-parents (mother moved into own apt. during prog)	High	yes	yes	yes	yes	no	7 mos (C)	yes	yes	n/a	yes	mixed	yes	yes	n/a	yes

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PROGRAM SITE	FAMILY BACKGROUND — FAMILY COMPOSITION				Risk Level	PROBLEM AREAS					Time in Program (Continued or Terminated)	SERVICES RECEIVED			PARENT'S PERSONAL DEVELOPMENT			Improved Parent-Child Interaction	Improved Mother Father Relationship	Improved Use of Services
	Mother (age)	Father (age)	Children (ages)	Other								Home Visits	Parent Meetings	Training	Continued Education	Gained Employment	Increased Self Confidence			
Lorain	Miss Lawrence (17 yrs)	---	daugh.(21 mos) daugh.(10 mos)	---	Mod. to High	yes	yes	yes	no	yes	8 mos (C)	yes	yes	n/a	no	no	yes	mixed	n/a	yes
Lorain	Mrs. Marshall (20 yrs)	Mr. Marshall (25 yrs)	daugh. (3 mos)	---	High	yes	yes	yes	yes	yes	8 mos (C)	yes	yes	n/a	n/a	n/a	no	yes	mixed	yes
Lorain	Mrs. Nelson (17 yrs)	Mr. Nelson (29 yrs) (married during program)	son (3 yrs) daugh.(1 mo)	grand-mother (parents married & moved out during program)	Mod. to High	yes	yes	yes	yes	no	9 mos (C)	yes	yes	n/a	yes	n/a	mixed	yes	mixed	mixed
Vermont	Mrs. Olson (16 yrs)	Mr. Olson (22 yrs)	son (5 mos)	---	High	yes	yes	yes	yes	yes	3 yrs (T)	yes	yes	n/a	yes	yes	mixed	yes	yes	yes
Vermont	Mrs. Prentice (19 yrs)	Mr. Prentice (23 yrs)	daugh. (2 yrs) daugh. (2 mos)	---	Low to Mod.	no	yes	yes	no	yes	8 mos (T)	yes	yes	yes	no	yes	yes	yes	yes	yes
Oneida	Miss Quinn (34 yrs)	in and out of home (29 yrs)	daugh. (10 mos)	---	Low	no	yes	no	no	yes	6 mos (T)	yes	no	n/a	n/a	n/a	mixed	yes	no	n/a
Oneida	Miss Robbins (23 yrs)	visits often; scheduled to be married	daugh. (3 yrs)	grand-parents; will move into own place after marriage	Mod.	yes	yes	no	no	no	7 mos (C)	yes	no	n/a	n/a	n/a	mixed	yes	yes	mixed

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Table 2

Risk and Degree of Success in Case Study Families [1]

Risk Level	N	Percentage Achieving Goals			Total number of goals
		Yes	Mixed	No	
High	7	82.4	14.7	2.9	34
Moderate-High	2	40.0	40.0	20.0	10
Moderate	3	50.0	28.6	21.4	14
Low-Moderate	2	60.0	30.0	10.0	10
Low	4	86.7	6.7	6.7	15

(1) Based on all applicable cases, i.e., those for whom each outcome
was identified as a relevant goal.

parental demands, there can be no question that the unusual circumstances place this family at great risk for child abuse and neglect.

To resolve the dilemma of what, and when, risk labels apply, we must remember that risk, by definition, means "chance" and not "actual". Risk is used to predict what could happen to a family, particularly in the absence of a preventive intervention program. The risk label is thus appropriately assigned as an initial screening device, and should be based on the data available to program staff as they enter the situation. Thus the Greens, for example, should be categorized as high risk because the chance for abuse and neglect, in the absence of intervention, is high. However, in their subsequent work with the family, staff can then base services on their actual experiences--what they see and hear--in that home. A high risk label does not automatically mean a volunteer will need to engage in some form of crises intervention. In Miss Green's case, for example, the content of the services (home visits, parent meetings and social outings) paralleled that seen in many families at lower risk. Similarly, in a low risk family, the volunteer must be prepared for events which might increase the chances for serious trouble. Thus the advent of a fourth pregnancy in the Howard family will strain already tight finances and patience, and call on the home visitor to revise her strategies for helping Mrs. Howard bolster her low self-esteem.

In using the term "risk" we would do well to apply the same principles we use in the child development component of our training and our work with families. We encourage parents to observe their young children and individualize their responses, rather than basing their behavior upon "expectations" of what someone labelled a seven-month old should do. Similarly, we must observe the families we work with, and design our support according to what actually happens and not build it upon what someone labelled low or high risk should do. The label does serve as a handy starting point or baseline reference; beyond that sensitivity to the individual circumstances must take precedence in planning a course of action.

(3) The way in which a family is referred to the program does not determine their ultimate degree of cooperation or success. A frequently asked question in programs is: what effect do different referral mechanisms have on the nature of services to families and eventual outcomes? This is a question, for example, which a supervisor might ask in deciding which agencies to publicize her program to, or weighing which of several eligible referrals is a better candidate for a program without the resources to serve all of them. We can begin to examine this question with the case studies because, as a group, they illustrate the many ways in which families get linked with Parent-to-Parent programs. There seem to be three basic referral mechanisms: (a) self-referral where a family has read or heard about the program in the community (e.g., several Family Advocates in Dayton, the Howards in Ypsilanti, Miss Robbins in Oneida); (b) agency referral where the family is eager to cooperate (e.g., Miss Green in Ypsilanti, the Prentices in Vermont); and (c) agency referral where the family is reluctant to participate (e.g., Miss Kennerly and Miss Lawrence in Lorain).

First, does the method of referral determine whether a family will cooperate with the program, permitting staff to extend their support? It

would seem a safe assumption that self-referrals would be most cooperative while outside referrals who are reluctant might never develop a willingness to let Parent-to-Parent into their lives. Yet the cases illustrate the danger of this assumption, beyond the initial few contacts with a family. For example, word-of-mouth brought the Robbins to the Oneida program; the mother and even the boyfriend felt the program would be a positive experience. Yet, over time, the home visitor encountered reluctance to the family's getting fully involved in the program (e.g., attending parent meetings, having the daughter play more with other children at the center). By contrast, Miss Lawrence was a teenage mother referred to Parent-to-Parent by her case worker who agreed to join but was very "suspicious" at first. Yet, when she moved into another apartment, she was so motivated to not have Parent-to-Parent services interrupted that she took the initiative to show up at a friend's house when the latter's home visitor was there. What these cases suggest is that it is the <u>attitude</u> rather than the referral mechanism <u>per se</u> that determines a family's openness to receiving services. And, to be more exact, this attitude determines how important it will be for the volunteer to <u>build</u> <u>trust</u> in the delivery of services. To state the obvious, but important, conclusion: a volunteer must work extra hard to gain the trust of a reluctant or a passive participant. (Building trust is discussed further under "Services").

Second, does the mechanism of referral indicate "willingness to change" and hence predict the degree of success we can anticipate with families? The case studies provide no clear indication that referral mechanisms are systematically related to outcomes. Though self-referrals might seem ripe for change, and reluctant enrollees resistant, two exceptions will serve to challenge this assumption. The Howards in Ypsilanti were self-referred to the Family Support Program. Mrs. Howard heard the program described at a meeting and because she was worried about her potential for abusing her children she took the initiative in calling the FSP supervisor. Yet after 7 months of service, the Howards' progress towards most of their goals is best described as "mixed", e.g., while Mrs. Howard is using more positive disciplinary techniques with the children, she is still inconsistent in setting limits and continues to foster dependency needs; her new-found self-esteem is precarious now that she is expecting a fourth child; and the potential for psychological, though not physical abuse remains. By contrast, Miss Kennerly in Lorain was extremely reluctant about joining the Parent-Infant Enrichment Program. She did not call the PIEP supervisor despite her social worker's repeated urging, she frequently cancelled home visits, and she almost dropped out of the program at one point. Yet after 7 months in the program (the same amount of time as the Howards) and a great deal of persistence and trust-building by the volunteer, Miss Kennerly was described by the PIEP Coordinator as "a success story at this point; goals are being met." This young woman is well on the road to independence having completed her GED, found part-time work, and moved into her own apartment away from her disapproving family. Worrying her case worker because she had never established eye-to-eye contact with her infant daughter, Miss Kennerly now has a warm and affectionate emotional bond with her child. From her initial and obvious reluctance, this young mother has changed her attitude toward the program and says: "You people are the greatest."

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Services: How Does Parent-to-Parent Serve Families?

(1)   "Personalization" is a key element in the delivery of Parent-to-
Parent services.   Services are personalized in the sense that families'
individualized needs are met.   Again we can draw parallels between what we
see across and within programs.   Looking at the Parent-to-Parent Model
across programs earlier in this volume, we noted how each site adapted the
basic model to fit its particular community or population.   Similarly,
several cases within the same program demonstrate how a variety of needs
can be accomodated by the right combination of services.

Dayton's Family Advocate Program is a good example of both the
diversity across programs and ther personalization within a program.   As
detailed in Volume I.A, Dayton adapted Parent-to-Parent from what had thus
far been primarily a "home visiting" program and used the basic model to
build a center-based parent volunteer training system and career ladder.
In the six Dayton case studies, we see how numerous approaches were used to
deliver services within this adaptation itself: approach matched need.
The Alexanders, for example, needed a wide range of services from concrete
assistance (e.g., finding a larger apartment) to strong and continuous
encouragement (e.g., to seek counseling).   Several more (Mrs. Brooks, Miss
Crane, Mrs. Eisley and Miss Frank) were helped by receiving encouragement
to continue their education, backed up by the concrete financial resources
to do so.   As Mrs. Brooks said: "I probably wouldn't have my GED if it
wasn't for the agency providing all the costs for the class I took and for
the cost of taking the test itself."

Other Advocates needed a broader, more amorphous type of help through
FAP, i.e., having their self-confidence boosted.   For some, like Mrs.
Brooks, this process began with the Advocate training and was reinforced by
staff and teachers at her own center.   Others, like Mrs. Dawson, were
highly dependent upon the program supervisor to provide early emotional
support and begin to build the confidence that freed them to grow on their
own.   Many turned to their fellow Advocates: Miss Frank found that their
support in a rural, closed-minded community gave her the courage to make
major decisions about returning to school and redirecting her life; and for
Miss Crane "seeing the progress of others gave her a sense of what she
herself could do and accomplish." Perhaps the concept of personalization
is best exemplified by Mrs. Eisley, who used a combination of the FAP
services and service providers to help her deal with long-standing
psychological problems (e.g., resenting her stepson and "babying" her
daughter) and to simultaniously gain training and education (e.g.,
enrolling in the early childhood program at the community college).   The
supervisor said of Mrs. Eisley: "She became able to seek out who she
needed at a particular time or to solve a particular problem: the Social
Worker if she needed a sermon; the Supervisor if she needed skill-building;
and the other Advocates if she needed sympathetic listeners.

(2)   Cooperation across agencies, within agencies, and within
families--is an important factor in the delivery of Parent-to-Parent
services.   Cooperation at all these levels seems essential to the
successful delivery of Parent-to-Parent services to families.   Looking at
this factor as it operates across agencies, the case studies illustrate
that cooperation cannot stop with referral if a family continues to be seen
by the outside agency as well as Parent-to-Parent.   The Isaacs in Ypsilanti

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were a good example of this. Because of their son's seizure disorder, the Isaacs were referred to the Family Support Program by their public health nurse. One of the problems this family faced was obtaining educational and physical evaluations of their child. The mother's worries about her son being "retarded" and/or physiologically impaired were making it difficult for her to provide him with the proper intellectual encouragement. According to the Supervisor, the public health nurse and the volunteer "worked very cooperatively" in obtaining the evaluation services for the child and Mrs. Isaacs was so relieved upon hearing the results of the assessment (i.e., her son's intelligence tested out as near normal) that she was open to the volunteer's suggestions about stimulating his learning at home. The mother was then also able to relate to her child's teacher less defensively, and his behavior in school—academic and social—improved enormously.

Cooperation within agencies becomes important in Parent-to-Parent programs particularly since we have found that the most successful programs are often those incorporated into agencies with a range of existing social services (see the "Institutionalization" discussion in Volume I.A). When professional services are called for—i.e., requiring skills that a trained volunteer does not have—it is necessary for Parent-to-Parent staff to have a good working relationship with other program and service providers in the agency. Together, they can coordinate and maximize the type of assistance delivered to families. This phenomenon is perhaps most apparent in agencies offering some form of psychological counseling, e.g., the host agencies of Parent-to-Parent programs in Vermont and Lorain. Mrs. Olson, a 16-year-old mother in rural Vermont, is a good example. The depth of her psychological problems—"being very shy, with no friends of her own, very limited abilities, low self-esteem, regards self as 'dumb', unable to learn in school"—placed her at high risk for both being abused as a spouse and inflicting abuse as a parent. After working hard to gain the trust of not only Mrs. Olson but also her husband, the volunteer was able to get this young mother into counseling sessions at the agency. As a result of counseling, Mrs. Olson "became more aware of her own feelings" and the home visitor was then able to capitalize upon these insights in helping the mother better understand and handle the feelings of her children.

Finally, cooperation within the family is essential for the continued delivery of services. The support of the children's father (husband or boyfriend), and/or the grandparents in the case of young mothers, can determine the level of program involvement or even whether the program continues with a family at all. The case studies demonstrate that enlisting this support—or working around its lack—must often enter into the home visitor's planning about how she will deliver services to a family.

Both of the Vermont cases provide us with positive examples of how the father's support can maximize the effectiveness of the program. In the Olsons, just cited above, the home visitors worked hard to enlist the father's support by regularly including him in the activities planned for the family. "The home visitor...eventually gained his trust by making him an important participant in the visits. Without this trust established, we are sure he would not have allowed the family to be visited or his wife to attend counseling session at NKMHS." For the other Vermont family, the Prentices, the father's enthusiasm for the program was there along. His

very active involvement in Parent-to-Parent (e.g., he was present at home visits, began to visit other fathers, served on their Fathers' Resource Committee and joined a research staff member in speaking to local Lamaze groups about "fathering") was seen as a central factor in the growth of his wife and children in the program.

Several negative examples emphasize to us the power which a lack of cooperation exerts. Miss Kennerly, a teenage motehr in Lorain, almost dropped out of PIEP because of her own mother's influence. The grandmother "had been telling her we were there to 'snoop and would be looking for reasons to take the baby away from her." It war only because of the volunteer's persistence, being available without bt.ing pushy, that Miss Kennerly eventually opened up and said she herself really did want to be in the program. Both Oneida cases demonstrate how the father's disapproval can limit--or end--program services. Miss Robbins' boyfriend, after much reaching out by the home visitor, finally trusted the program enough to allow visits. However, he would not permit miss Robbins to attend Parent Meetings and thus she could not receive a part of the available services which would greatly help her in achieving more independece from her child. In the most extreme case, Miss Quinn's boyfriend was so afraid that Parent-to-Parent and the Oneida home visitor would contradict his Sioux traditions of childrearing, that he forced the mother to terminate her formal program involvement. In the face of such strong opposition, the volunteer admits that neither she nor Miss Quinn found the strength to continue: "I felt I did not put forth all I could. The father made me feel uncomfortable...He is very domninant of the mother." In some cases, even if the home visitor has tried everything she can think of, it may become necessary to accept that the cooperation necessary for full or effective service delivery is lacking.

(3) By emphasizing family strengths, Parent-to-Parent programs engender trust, self-confidence, and optimism. The case studies bring to life the parent-to-Parent principle that we must emphasize "strengths" as a way of acknowledging what the family brings to their half of the peer-to-peer equation. This attitude is a guideline in training volunteers and planning visits with families. The Vermont supervisor put it directly and succinctly in explaining how the volunteer could effectively serve even a long-term, high risk case like the Olson's: "The home visitor was able to gain the family's trust...by supporting the family's strengths rather than its deficits." Her encouraging, nonjudgmental attitude allowed the Olson's to perceive her in a nonthreatening light, and hence made them open to growing with her.

In addition to being a mechanism for building trust, emphasizing strengths results in two other PTP benefits: self-confidence and optimism. Focusing on a parent's abilities is a primary step in the building of self-esteem. It means the parent can say to him/herself, "I already can do some things well." Closely related to this emerging confidence is the way Parent-to-Parent fuels optimism, an emotion rarely, if ever, mentioned in program manuals. Reading the collected case studies, one is struck by the sense of despair these families could justifiably feel given their life circumstances. Take Miss Crane in Dayton: a 25-year-old high school drop out, abused by her boyfriend to the point of hospitalization, living on publc assistance with her alcoholic father and three young children who were so "unruly" she could not get anyone to babysit for them. What could

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someone in this situation look forward to? To even begin the process of change – to make the investment, to get the motivation – one must have hope. And it is by emphasizing their strengths that we give families this hope. We help them to see that things are not all bleak, that because they already have some good things going for them there is reason to be optimistic that they can make more good things happen for themselves. As Mrs. Brooks, another Dayton Advocate said: "The program opens your mind up to what you would want to be." If Parent-to-Parent's work with families can instill a foward looking attitude—you are _here_ now, and you have shown that you have the potential to get _there_—then that is how we enable progress to occur.

(4) Building _trust_ _is_ _the_ _foundation_ _upon_ _which_ _all_ _Parent-to-Parent_ _service_ _delivery_ _depends._ Throughout this section on services, the term "building trust" recurs as the primary mechanism underlying our ability to reach families. Throughout the case studies themselves, the supervisors cannot say enough about how much effort volunteers expended to establish this trust, and how this was at the heart of accomplishing any progress with a family. Examples occur at every program site. In Dayton, Mrs. Brooks and Mrs. Dawson received regular "pep talks" from agency staff until they came to believe their words and eventually trust in themselves. In Ypsilanti, trust for Mrs. Howard just meant knowing the home visitors was always there at any hour "if" the mother needed to call. For Miss Kennerly in Lorain, building trust required "listening and waiting for things to pour out"; the volunteer's patience was rewarded when this teenage mother "confessed" that the grandmother had been scaring her away from the program. In Vermont, both home visitors working with the Olson's bent over backwards to allay the father's fears and suspicions and get him to place his trust in the program. Similarly, trust or its lack determined the pattern of service delivery for the Quinn and Robbins families in Oneida. The fact that Miss Robbins and her boyfriend have asked the home visitor to stand up for them at their wedding is seen as the most encouraging sign that they will remain in the program and welcome the volunteer's "continued assistance and presence".

What goes into building trust? It seems to be a function of qualities we seek and train _within_ the volunteer, and it is also dependent upon making the right _match_ between the volunteer and family. A most obvious inner quality is the _sensitivity_ of the home visitor or advocate; she must be able to respond to the family's needs in a way that is nonthreatening and lets them set the pace. The Vermont supervisor describes these qualities in the Olsons' volunteers this way: "Both home visitors were warm, caring, supportive individuals with excellent 'timing' skills. During the first six months of involvement with this family the father was very resistant. The home visitor was able to continue presenting the program in a non-threatening manner and eventually gained his trust."

Commitment and _consistency_ are two other qualities which must distinguish a volunteer who aims to establish trust with a family. It was the home visitor's "being there", even when the parent wasn't, that eventually won over Miss Kennerly in Lorain. Despite all the cancelled visits and resistance, "the home visitor remained very low-keyed, knowing something serious was bothering [the mother]. She waited for more to pour out, was a good listener...She accepted the mom for who she is, never prying, never breaking trust in confidentiality. The mother gradually

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could see that the home visitor really cared and that the program really meant to help with parenting." In another Lorain case, the Nelsons, the home visitor perservered even though the family life style of partying all night "strained all interaction with the usual world." Her persistence was rewarded. She eventually got into the home to share activities with the parents and children, and Mrs. Nelson trusted her enough to call on her support when her husband threatened to kick her out if she enrolled in GED classes.

Finally, we noted the importance of making the right "match" between the volunteer and family. Sometimes this match depends upon particular knowledge or interests. For example, the volunteer who helped the Isaacs and their 6-year-old son with the seizure disorder was very familiar with the school system in which they were experiencing problems. Her knowledge enabled her to expedite the process of scheduling a comprehensive assessment and obtaining speech and language therapy for the boy. Most often, however, "match" refers to the kind of personal chemistry between a volunteer and parent—a meshing of styles that enables the volunteer to provide the type of support a parent can accept. As we saw with Miss Kennerly, the kind of home visitor that worked was one who was low-keyed and possessed good listening skills. With a teenage mother in Vermont (Mrs. Olson) a different style was appropriate; there the home visitor acted as a "surrogate grandmother". And with Miss Green, the home visitor served the role of a "peer" in the sense of being an age-mate and a friend. The Ypsilanti Supervisor describes this volunteer-mother match as the reason for the program's success with this family: "The one-to-one relationship which was quickly established was a real plus—that the volunteer could go into her home, that they both wanted to focus on the baby. The quality of the home visitor and her sensitivity was also a big factor."

(5) The length of time a family receives services depends upon multiple factors: risk level, program resources, and progress towards their goals. The maximum length of time to continue delivering services to a family is an issue all programs struggle with. Particularly in the case of high risk or multiple needs families, staff must decide whether extending participation beyond one year is appropriate. Will the investment of continued involvement indeed "pay off" in terms of the family reaching its goal? We wish the case studies could point to some easy guidelines for making such decisions; unfortunately here their true variability and uniqueness makes this impossible. We have no cases reported (although they may have occurred) where continued participation failed to produce additional gains. In fact, in one case--the Olson's--an extended, three-year involvement resulted in all major goals being accomplished: the mother returned to school and was learning to drive, the father found full-time employment, and there were improved marital and parent-child relationships. In other words, the Olsons became a self-sustaining family within their community. And in cases where families were terminated, we of course have no way of knowing what growth they would have achieved had they continued receiving Parent-to-Parent services.

At a very obvious level, outside constraints may "make" the decision for the program, i.e, the availability of fiscal and human resources sets limits on the number of families and the length of their involvement. Continuing one family may mean denying entry to another. And in the

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decision to extend participation, staff run several risks. There is no guarantee of further progress. In fact, parents may become dependent upon the program to keep them in a "holding pattern", while volunteers may grow dependent upon certain families to make them feel "needed". Program staff maintain that as long as it is clear that some "formal termination" date will arrive, open-ended dependency is discouraged.

If any guiding principle can emerge from the relevant cases, it would seem that the likeliest candidates for extended participation are those who have demonstrated substantial growth already, but still have major goals to accomplish. This was true of the Olsons in Vermont; it is also characteristic of several Advocates in Dayton who used (or planned to use) their second year to further enhance their skills and begin contributing more to the running of the program itself. In making a decision, then, staff should evaluate where families are placed along the path towards their goals. Families who have made little progress after one year may not be worth taking a chance on the second year; families who have essentially reached their goals should be ready for independence. Those en route might get farther with an additional boost than they would if they were left entirely on their own.

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(1) Parent-to-Parent programs can achieve positive effects in a variety of personal and interpersonal areas of growth. Table 3 summarizes (from the entries in Table 1) the percentage of case study families achieving positive, mixed or negative results in each of the major outcome areas. Once again, readers are reminded that the cases are not a representative sample; the percentages in Table 3 do not reflect findings for the entire population of Parent-to-Parent project families. However, these results do indicate the range and level of outcomes that one can achieve in the program given the types of families and mode of service described above. Remember too that case reporters deliberately selected "failures" as well as successes, and that while they obviously wanted to tout their successes, such positive cases were by no means anomalies. In short, PTP was seen as being responsible for parent's personal growth (i.e., in the areas of increasing self-confidence, continuing education, and gaining employment), for improving patterns of interaction in the family (i.e., between parents and children and between parents themselves), and for helping parents become more effective users of resources in their community. The importance of these outcomes, and the circumstances under which they are (not) achieved, are discussed below.

(2) For goals to be met, they must be realistically set. While this conclusion might sound trite, it is nevertheless a principle which bears repeating to program staff. A goal must be "achieveable" before it can be achieved. But realistic does not mean trivial; the kinds of outcomes analyzed here (e.g., enrolling in a GED program, or establishing eye contact with one's infant) do have a significant impact upon people's lives. To establish realistic goals for a family, two factors must be taken into consideration: risk and time.

We have already seen (Table 2) that risk alone does not determine the extent to which goals are met. All outcomes are evident at all risk levels. We noted that, contrary to popular assumptions, the greatest percentage of successes occurred in the high and low risk cases. One might speculate that these cases had, respectively, the greatest energy or need to change. By contrast, moderate risk families evidenced more partial success or lack of change--perhaps because they could get by maintaining a holding pattern. The number of cases is too small to draw significant associations, but as stated above we can see that risk per se does not systematically predict the degree of goal attainment.

Similarly risk does not determine the type of goals which can be met. Table 4 presents the degree of success in each of the outcome areas according to families' levels of risk. Although the numbers (N's) are small in this fine-grained classification, we can see that once again popular assumptions about the kinds of changes PTP can bring about are again challenged. Parent-child interaction, for example, was a problem area in all seven high risk families, yet goals were described as having been fully met in all these cases. Across risk levels, all relevant cases (i.e., 17 families) demonstrated at least some growth in their parenting skills as well as impr ment in their use of community services.

However, level of risk should determine what specific goals are set within these problem areas. This is particularly true in high risk cases,

Table 3

Percentage of Case Study Families Achieving Outcomes [1]

Outcome / Degree of attainment	Parent's Personal Development			Improved Parent-Child Interaction	Improved Mother-Father Relationship	Improved Use of Services
	Continued Education	Gained Employment	Increased Self-Confidence			
Yes	72.7	62.5	66.7	76.5	50.0	82.4
Mixed	0.0	12.5	27.8	17.6	41.7	17.6
No	27.3	25.0	5.6	5.9	8.3	0.0
Total number of applicable cases	11	8	18	17	12	17

(1) Based on all applicable cases, i.e, those for whom each outcome was
identified as a relevant goal.

where smaller concrete changes are necessary to enable them to improve their everyday functioning. Thus, for example, encouraging Mrs. Isaacs to use a calendar to better organize her life had wider reaching implications for her family and herself. This mother could now keep track of her handicapped son's medical appointments and prescription refills, resulting in improved health care for him. The small behavior change also affected Mrs. Isaascs' own self-image. As the Supervisor said: "She is definitely more 'in control' in many more areas of her life now, and feeling much better and more self-confident as a result." Sometimes family goals are very basic indeed, as with the Marshalls who could not even feed their infant daughter. It wasn't until the home visitor explained the necessity of burping the baby that these parents began to feed their daughter properly; the infant ceased vomiting and started to gain weight normally.

Once these small, concrete goals are achieved, broader aims can be realized. The Marshalls, for example, could next grasp the importance of providing their infant with more than just the necessary basic caregiving: "The parents understood that holding the baby, having eye contact, and talking to the baby have rewards. She started cooing back. It was quite obvious that she was responding. The parents were very pleased. They are understanding the benefits of talking with the baby." And, as we have repeated, even high risk cases can move on to achieve what we think of as the more "dramatic" types of program outcomes. Mrs. Eisley, a high risk Head Start parent is now enrolled in a community college earning an Associates Degree in early childhood education. Once the Famly Advocate Program helped her establish greater stability at home, this mother could set her sights beyond the limited poverty and discord of her previous existence.

Time is the second factor in determining realistic goals for families. Those compiling the case study data sometimes felt the need to "defend" the outcomes and/or "comfort" themselves by stating that there was a limit to what one could realistically expect a one-year program to accomplish. But this statement should in fact be taken for wisdom, not defensiveness. It is true that a one-year program (which, allowing for volunteer recruitment and training, means less than one year of direct service) cannot expect to solve a deep-seated, life-long problem. However, it is reasonable to set as a goal that the parents recognize the problem, identify strategies for coping with it, and begin to put these strategies into action.

The best examples of acknowledging the time constraints on change come in cases of long-term personal and marital problems. Mr. and Mrs Alexander came to Dayton's Family Advocate Program with a history of psychological difficulties: the father was a small, quiet man who would frequently "lose himself" on alcoholic binges; the mother was a loud and obese woman who often criticized her husband and others; and their contrasting styles spilled over into conflicts over how to raise the children. During the course of the program, the Alexanders began to attend a counseling service. The supervisor acknowledges that "the parents still have communication problems, the father is still withdrawn at times." Yet, as the consultant evaluates FAP's success with this family she says: "The program could help the parents identify their major problems and motivate them to seek professional help. To that degree, I believe the goals were met."

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Two other examples also exmphasize the time constraints in getting changes to take hold. The Olson's, another high risk family, were defined by Vermont's program and research staff as potential child abusers due to the mother's lifelong history of low self-esteem and feelings of powerlessness relative to her husband. Through Vermonts Parent-to-Parent program, Mrs. Olson entered therapy at the sponsoring mental health agency. After three years of program participation, most major goals for the Olsons had been fully met. Yet the roots of the mother's problems were so deep that objectives for her increased self-confidence could only be partially achieved. As the supervisor noted, the hard-earned gains were still fragile. Similarly, the Howards in Ypsilanti could not fully consolidate their gains in just one year. Self-referred, the mother was concerned about her potential for abusing her children and her husband's lack of cooperation in raising them. Initially assessed as low to moderate risk, the parents made progress in overcoming several of their personal and interpersonal problems; yet room for greater and deeper changes remained. As we noted above (see Services, conclusions #5) it is in families like the Howards that extended participation, where feasible, may secure the preliminary investment. The supervisor of the Howards' program believed this to be the case when she concluded: "...it is my hope that the very excellent home visitor which this family has had will consent to stay on with them beyond the year's commitment, as the changes this family (and in particular, the mother) have made will need time to take root and to 'stick'".

(3) Increasing parents' self-confidence is an important outcome which may also be instrumental in achieving other outcomes. A recurrent theme in the family case studies is how the program increased the self-confidence, or sense of worth and esteem, of the parents. In fact, increasing self-confidence was the only goal seen as relevant to all Parent-to-Parent case families (see Table 3). And in all but one case, positive changes in parents' self-perception were either fully (66.7%) or partially (27.8%) achieved. This change, in turn, appears related to other types of growth evidenced by parents (e.g., in securing further education or employment, in negotiating the "system" of services). We have no way from the cases of statistically establishing the existence and/or direction of this relationship. But the families' stories do suggest that as parents' confidence is boosted, they find more courage to take on challenges within and outside their homes. Meeting these challenges—handling one's children's more effectively, or acquiring concrete changes in educational or job status—in turn feeds parents' emerging sense of their own abilities. Several examples will serve to underscore the central role of increased self-confidence as an outcome.

Dayton's Family Advocate Program provided repeated instances of how the training and opportunities for service to Head Start bolstered parents' sense of worth. The supervisor observed that many of these parents had already been classroom volunteers but that significant changes in their attitudes and behavior emerged only after they joined the Advocate program. She explained the phenomenon this way: "The Family Advocate Program gave them a title and a meaningful role with prestige. They increased their self-confidence and this became self-fulfilling prophecy. They suddenly saw themselves as competent and contributing members of the Head Start community and thus they acted more competently. They were willing to take on roles and responsibilities which before they would not

have thought themselves capable of fulfilling. The institutional acknowledgment was an outside force which stimulated an internal growth."

From their side, the Advocates related their new self-confidence to a sense of being "needed." Mrs. Brooks, for example, got her GED while in the program, took a public speaking course at the community college, and went on to become the first parent hired into the program structure as a salaried employee. In her own words, this mother characterizes her gains in FAP: "I'm an all around better person with more self-confidence. I'm getting many skills. I'm learning how to deal with families as well as my own. I'm feeling like I am important because I have meaningful responsibilities. I feel helpful as a person, needed."

With a new image of themselves, parents like Mrs. Brooks discovered the foundation for making further advances inside and beyond the Head Start system. They took on more positive roles within their own families, such as Miss Crane who dropped an abusive boyfriend, married a more supportive man, and gained the confidence to set limits on her children. And they now also had the courage to take on other institutions within the broader community, such as the education system (e.g., GED classes or college courses) and the employment world (e.g., filling out job applications and citing FAP as a reference). One Advocate, Mrs. Dawson, even developed the courage to take on the political system. She used the leadeship skills acquired in FAP to organize a "tenant council" of all the residents in her apartment complex. She succeeded in getting a major renovation effort approved which will result in new hot water heaters, insulation, aluminum siding, increased security and interior remodeling for all their homes. Mrs. Dawson sums up the role of FAP in enabling her to undertake this courageous action: "[the program] let me know that I am very much needed. Because of the leadership that I have acquired and the respect of others that depend on me, I can succeed in what I want to be."

Outcomes for parents in home-based programs also stressed gains in self-confidence. The cases illustrate the parallel dynamics occuring in Dayton's center-based adaptation of the Parent-to-Parent Model and the home-based versions. In Dayton, Advocates saw themselves as competent staff members in their child's center; in home visiting programs, the parents' self-worth often derived first from seeing themselves as competent childrearers. A good example is Mrs. Prentice in Vermont. The Supervisor noted that this mother improved her self-image by becoming aware that she possessed excellent mothering skills which she could share with others. As a result, Mrs. Prentice became very active in the Parent-to-Parent program, eventually taking training and becoming a home visitor herself. In addition, when she realized her skills in working with children, this mother opened a full day care facility in her own home. This work becaume a further source of personal satisfaction for Mrs. Prentice and also helped ease the family's financial stress.

Another illustrative case is Miss Green in Ypsilanti. This 24-year-old mother, herself classified as a "slow learner" through school, was worried that her infant daughter was also developmentally delayed. Miss Green's home visitor had to begin with basic health and safety in childrearing (e.g., not leaving an electrical hot plate on the floor when the infant began crawling), but could later progress to the importance of developing a one-to-one interactive style. The young mother began to talk

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to her baby, and to initiate games such as making faces and imitating gestures. As Miss Green formed more realistic expectations for her daughter's development, she no longer worried that she was delayed. Gradually, her confidence as a mother allowed Miss Green to open up to her home visitor as an age-mate and friend. She began to participate eagerly in social activities. Despite financial setbacks, she persevered in seeking better housing arrangements. Although this young mother now faces the difficulty of raising a second, totally unexpected child, the home visitor believes her newfound confidence will see her through: "I still feel [Miss Green] exhibits terrific self-control, internal assuredness (in the face of much disenchantment), love, care, and concern for both her children, the very best parenting skills she is capable of, and unfailing doggedness in obtaining needed resources. With these basic skills, I feel optimistic that this family will 'make it' without terrific problems."

(4) <u>Parent-to-Parent enables participants to become better consumers of community services and resources</u>. As Table 4 shows, Parent-to-Parent was overwhelmingly successful in improving parents' use of services. This outcome, relevant for 17 of the 18 families, was rated a substantial success in 14 cases and a partial success in 3 cases; no one failed to improve in this area. The significance of this finding is further enhanced by its benefits beyond the family itself, i.e., to the service community. Case studies illustrate two benefits in particular. First, parents can use services more effectively when they <u>are</u> necessary. Second, parents can recognize and manage independently when services <u>are</u> <u>not</u> necessary.

The first instance, appropriate use of necessary services, is exemplified by the Johnsons. Her husband stationed in Japan with the Navy, Mrs. Johnson was left alone to cope with a 3—year-old daughter and a 2-month-old handicapped son. The infant was born with a congenital heart condition and had undergone several operations with more to follow. Pressured by loneliness and financial stress, Mrs. Johnson was unable to deal with the medical system effectively. The supervisor reports that the mother got very emotional to the point of being openly hostile and aggressive. "She is probably seen as a 'trouble-maker' and 'not a good parent' by the medical establishment. Consequently, she has felt helpless and ineffectual and hasn't much trust in her doctors." Mrs. Johnson's home visitor discussed these difficulties with her and uses various role play techniques to enact the mother's concerns and questions with doctors. Mrs. Johnson was able to see how her hostile manner produced negative, defensive reactions in the professionals. Together, the mother and home visitor devised "appropriate <u>assertive</u> (as opposed to <u>aggressive</u>) behaviors" to use in dealing more effectively with doctors.

A legitimate counter concern of intervention programs is that they will inappropriately <u>increase</u> families' dependence upon services. In the Lorain program, for instance, Mrs. Nelson's home visitor had to constantly discourage this teenage mother from requesting "special favors" of program staff, and instead encourage her to "take responsiblity for keeping up her end of arrangements." Another Lorain case however—Miss Lawrence—shows that Parent-to-Parent can be successful changing participants' attitudes about dependency upon services. As the Lorain Supervisor notes, an explicit goal of the program is to end the cycle of poverty and/or abuse which family experiences perpetuate; many of their teens accept welfare as a way of life. Yet this program provides us with the case of Miss

Table 4

Risk and Degree of Success in Case Study Families by Outcome Area [1]

Outcome Risk Level	Parent's Personal Development									Improved Parent-Child Interaction			Improved Mother-Father Relationship			Improved Use of Services		
	Continued Education			Gained Employment			Increased Self-Confidence											
	Yes	Mixed	No	Yes	Mixed	No	Yes	Mixed	No	Yes	Mixed	No	Yes	Mixed	No	Yes	Mixed	No
High	5	0	0	2	1	0	5	1	1	7	0	0	3	2	0	6	1	0
Mod-High	1	0	1	0	0	1	1	1	0	1	1	0	0	1	0	1	1	0
Moderate	0	0	1	0	0	1	2	1	0	1	1	0	2	1	0	2	1	0
Low-Mod.	0	0	1	1	0	0	1	1	0	1	1	0	1	1	0	2	0	0
Low	2	0	0	2	0	0	3	1	0	3	0	0	0	0	1	3	0	0

(1) Based on all applicable cases, i.e., those for whom each outcome was
identified as a relevant goal.

Lawrence: "The parent began to question 'using' the food bank when it is not essential, when she saw her friend doing it; she realizes now that resources are not unlimited." PIEP intends that such young mothers provide models to their own children of the importance of education, deferred pregnancy, and economic self-sufficiency.

Most of our cases actually demonstrate how both mechanisms—appropriate use and nonuse of services—are intertwined in the ideal outcome for families. As a general principle, Parent-to-Parent recognizes that services must often be used more in the short term to guarantee their decreased need and use in the long term. Vermont, for example, made a 3-year investment in the Olsons. At the end of that time, however, the family was financially self-supporting, and the mother was using resources such as the public library and day care facilities to supplement her own childrearing skills at no additional costs to the community. Similarly, Mrs. Prentice in Vermont began her own day care business while both she and her husband contributed back to the program by becoming home visitors and community spokespeople for Parent-to-Parent. Thus Vermont, like Lorain, has effectvely interrupted the cycle of poverty and/or abuse for teenage parents; the benefit to the community is their decreased dependence upon publicly-financed services.

Dayton too exemplifies how services used in the short run actually reduce dependency and break the welfare cycle. Advocates used the training to enhance their employability skills, and took advantage of the program's offer to finance their continued education. Half of the six cases reported here found employment with the agency, while five of them completed high school and/or enrolled in college courses. Clearly, for these Head Start parents, FAP became the mechanism for ending a life-long pattern of lack of skills and low status. In the words of one Advocate, Mrs. Brooks, "the program opens your mind up to what you would want to be, what employment you would like to seek." Parent-to-Parent participants can thus use the program so that they will no longer need its services.

(5) Parent-to-Parent teaches us that endings are beginnings. Reading the case studies, we become aware that for families in the program, the "outcomes" are actually the new circumstances with which they face their futures. Recalling the cliche that "today is the first day of the rest of your life", we are impressed that Parent-to-Parent has most often made their today much better than their yesterday. Tangible skills, and that less tangible sense of hope, have been transmitted to at least some degree in all the families we have become familiar with here. Seeing endings as beginnings is perhaps most obvious in cases where parents have returned to school to increase future employment prospects, or have actually embarked upon new jobs. But even small steps—like looking into a baby's eyes, or disciplining a child with praise instead of criticism—begin to change patterns of family interaction. For parents who have sougnt the help of professional counselors, it may be the beginning of a long—perhaps painful—road toward new insights and self-understanding. The momentum for all these beginning steps was generated through parents' involvement in Parent-to-Parent programs. And untimately, since parents create the environment in the home, their gains mean a healthier beginning for their infants and young children.

In conclusion, the case studies show--by example and exception--that Parent-to-Parent programs can work effectively with families. A range of risk levels, and a variety of problems (financial, medical, educational, psychological and social) can be accomodated through a flexible model of service delivery. Key elements in this delivery are personalizing services, setting realistic yet meaningful goals, and building trust between family members and program staff. Without this trust, program efforts are at best limited and at worst sabotaged. When we say Parent-to-Parent "works", we mean that in the vast majority of cases growth occurs in areas of personal and interpersonal functioning: parental self-confidence is boosted; parents initiate changes in their educational and/or employment status; parents begin to interact more fully and appropriately with their infants and young children; mothers and fathers begin to communicate more openly with each other and, where necessary, seek outside professional help to assist them in this process; and families can more appropriately use services, particularly with the understanding that realistic independence is the ultimate goal.

It is easy for the reader to be most impressed by the "dramatic" outcomes--by the welfare mother, empowered by the program, who is now in the front lines fighting for social change. But the greater number of Parent-to-Parent stories are not that dramatic. We hope that through their familiarity with these more "ordinary" cases readers are impressed with the understanding that commonplace changes are no less real and important. To expect, and single out, the newsworthy families does a disservice to all the other volunteers and parents who have worked hard to achieve their everyday gains. Yet, as the cases demonstrate, it is these smaller gains that make the difference in parents' feelings about themselves, their ability to raise their children, and their integration into the economic and social fabric of their surroundings. Parent-to-Parent can enable families to function in ways that the rest of us take for granted. This must be Parent-to-Parent's major achievement with families then--enabling them to live with competence and optimism as members of their own communities.

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Evaluation Instruments Used at Parent-to-Parent Sites

Forms for Record-keeping, program management:

1. Volunteer Application Form (Home Visitor Profile)

2. Home Visit Plan

3. Cancelled Visit Form

4. Parent Questionnaire-demographic information/needs assessment

5. Home Visitor Implementation Scale (aka Staff Quarterly Evaluation)

6. Program Status Report (aka Telephone Interview)- quarterly program implementation
   summary

7. Agency Reimbursement Form

8. Consent Form

9. Teen Parent Final Report- summary of program worth by parent visited

10. Supervisor Implementation Scale-quarterly evaluation

11. Time Use Questionnaire-time spent per week on various program options

Forms for Evaluation:

1. Home Visit Plan

2. Teen Parent Outcome Checklist-documentation of parent's achievement of program goals

3. Teen Parent Final Report

4. Parent Questionnaire

5. Parent-Child Interaction Scale-observation rating scale

6. High/Scope Knowledge Scale (aka Child Development Game)- card sort of child's
   developmental milestones

7. Home Visitor Application Form and Addendum-selected HVIS items used as pre/post
   measure

8. Caldwell's Home Observation for Measurement of the Environment

9. Helfer's Michigan Screening Parenting Profile

ATTACHMENT B

SAMPLE EVALUATION FORMS

ATTACHMENT C

SAMPLE PROGRAM BUDGETS

Lorain Budget

- o Salaries
      Coordinator $15,500
      Secretary, Fiscal office   3,500

- o Benefits   2,071

- o Staff mileage   1,000

- o Volunteer stipends   7,000

- o Occupancy   1,277

- o Administrative
      Supplies   1,420
      Phone

      Seminars   150

- o Professional fees   650
                                                  _____
                                                    $34,012

High/Scope Training and Technical Assistance $6,270

Total Program Cost $40,782
_____

  Number of Families Served   27

Cost per Family Served $1,510

Cost per Family-Month Served $302
  =Program cost divided by no. months
    each family served (135)

  Number of Home Visitors   13

Cost per Home Visitor $3,137

Vermont Budget

FY 82-83: (7/1/82-6/30/83)

1. Core Program Costs to NKMHS

o Coordinator @ 80% time	$11,451
o Staff mileage	1,224
o Volunteer stipends	
12 vols. @ $5/visit	1,720
Babysitters	1,430
Volunteer mileage	2,076
o Building	846
o Administration (overhead) @ 20% total	3,749
Total	$22,496

FY 81-82 (7/1/81-6/30/82)

1. Core Program Costs to NKMHS

o Coordinator @ 50%	$9,217
o 4 Area Coordinators @ $1200	4,800
o Staff mileage	1,225
o Volunteer stipends	
12 vols. @ $5/visit	3,000
Babysitters	2,500
Volunteer mileage	3,600
o Building	0
o Travel expenses (Training at High/Scope)	349
o Administration (overhead) @ 20% total	5,802
Total	$34,493

FY 80-81: (7/1/80-6/30/81)

    1. Core Program Costs to NKMHS

o Supervisor	$17,227
o Staff mileage	1,225
o Volunteer stipends	
12 vols. @ $5/visit	3,000
Babysitters	2,500
Volunteer mileage	3,600
o Travel expenses	349
o Administration @ 20% above total	5,561
o Building	800
Total	$34,162
o H/S Training and Technical Assistance	$6,613

FY 79-80: (7/1/79-6/30/80)

1. Core Program Costs to NKMHS

o Supervisor	$16,000
o Staff mileage	1,225
o Volunteer stipends	
12 vols. @ $5/visit	3,000
Babysitters	2,500
Volunteer mileage	3,600
o Travel expenses (Training at High/Scope)	958
o Administration @ 20% above total	5,457
o Building	700
Total	$33,440
o H/S Training and Technical Assistance	$10,712

Ypsilanti Family Support Program Budget

Fy 82-83:

o Salaries
    Coordinator (75% time)
    Secretary   (25% time)
	$13,500
	3,175

o Overhead & Benefits	8,330
o Staff mileage	500
o Volunteer stipends	2,400
o Occupancy	1,000
Total Cost	$28,905

Number of Families Served = 33

Cost per Family Served $876

Number of Family Months Served

Cost per Family-Month

Number of Home Visitors = 20

Cost per Home Visitor $1,445

MVCDC Family Advocate Budget

Montgomery-Clark-Madison Counties

FY 82-83:

o Salaries
Coordinator	100%	$10,819
Par. Inv. Coordinator	25%	4,292
Agency Director	10%	2,877
Executive Secretary	10%	1,768
Specialist	100%	7,604
Sec./Research Asst.	100%	6,150

$33,510

o Fringe Health Benefits 9,518

o Supplies
Office supplies	300
Training materials	1,125
Refreshment	500
Gasoline	230

Total supplies 2,155

o Staff travel 832

o Volunteer stipends 28,980

o Other
Phone	200
Babysitting	960
Xeroxing	300
Training stipends	5,680

$82,135

High/Scope Training and Technical Assistance 7,992

Sinclair College 1,400

Total Cost $91,527

Number of Families Served
        Montgomery Co. = 473
      — Clark Co.   = 305
        Madison Co.   = 46

          Total   . = 824

Cost per Family Served $111

    No. of Family/Program Advocates   23

Cost per Advocate $3,979

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ROOTS AND WINGS

VOLUME II

PARENT-TO-PARENT DISSEMINATION

PHASE II

MARCH 1984

High/Scope Educational
Research Foundation

ROOTS AND WINGS

VOLUME II

PARENT-TO-PARENT DISSEMINATION

PHASE II

SUBMITTED TO:

BERNARD VAN LEER FOUNDATION

MARCH 1384

SUBMITTED BY:

FAMILY PROGRAMS DEPARTMENT
HIGH/SCOPE EDUCATIONAL RESEARCH FOUNDATION

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VOLUME II

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INTRODUCTION

The High/Scope Educational Research Foundation has been a pioneer in the field of early childhood education and parent education, both nationally and internationally, for twenty years. In projects implemented in settings ranging from the inner cities of the U.S.A. to barrios in Latin America, High/Scope has developed educational programs which help families overcome the debilitating effects of socio-economic disadvantage. Agencies, organizations, and school systems serving families from varied cultural and ethnic backgrounds have successfully adopted High/Scope's programs. The Parent-to-Parent Model, a High/Scope program specifically designed to respond to the needs of parents with young children (birth to age six), is an example of one such program. With its roots in a home visiting component of High/Scope's first preschool program in 1962, the Parent-to-Parent Model has evolved over time, moving from a research/demonstration effort to a fully developed model that has been disseminated to a variety of communities.

In Volume I of this report we described the Dissemination Project, funded by the Bernard van Leer Foundation from 1978-1981. In that project High/Scope staff provided training and technical assistance to sites interested in implementing the Parent-to-Parent Model. When that project was complete we entered a new dissemination phase--that of establishing Regional Training and Dissemination Centers (RTDCs) to further disseminate the model and to create regional networks of Parent-to-Parent programs. This latter dissemination effort, funded by the Bernard van Leer Foundation from 1981-1983, is described in this volume.

An Overview

In disseminating the Parent-to-Parent Model to a variety of communities between 1978 and 1981 we felt that we had learned many things about the process of taking a proven model and adapting it to meet the needs of local communities. Through our successes, but more so through our "failures", we identified the preconditions within the host agency necessary for the program to take root, and the strategies that need to be employed over time in order for an agency to take the Parent-to-Parent Model, make it their own, and incorporate it into their ongoing service delivery system. We were tremendously encouraged by what had been accomplished during the dissemination phase, and satisfied with what we had learned from the process.

As a result of our experience we began to entertain the possibility of decentralizing the dissemination of the Parent-to-Parent Model. Hypothetically we knew it should be possible to create a network of regional training and dissemination centers that could take primary responsibility for dissemination efforts within their specialisms (target populations) and regions. Several factors became evident during the first dissemination phase which provided us with a rationale for engaging in a project that would move us from the theoretical to the actual.

First, during the dissemination phase we had developed a training and technical assistance process for full implementation of the Parent-to-

Parent Model that could be provided to an agency over a year's period of time. The process of model transfer had been systemically documented and thus we felt it was useable by others. In our original proposal to the Bernard van Leer Foundation (in 1977) we had assumed that it would take a sequence of training activities over a three year period of time, before a site could fully implement the model program. However, with each training we did, we were able to refine the process. We were able to determine the training techniques, content and sequence which were most appropriate and which would provide the site with the skills, competencies, materials and support they would need to fully implement the model within one program year. (Not incidentally this decreased the cost of High/Scope training for a given community, from $25,000 over three years to $12,000 over a 14 month period.)

Second, sites had developed unique adaptations of the model. It seemed to us that those who had the most experience with the particular adaption--i.e. those who had been involved with the development of the adaptation--had the best experiential base for helping others implement the model adaptation. We were also confident that with training and support those who were involved in the original implementation of the model would have the capability to train others in the use of that adaptation of the Model.

Third, we realized that there were limits on the number of communities High/Scope could train in a given year. It was felt that by developing regional training and dissemination centers more communities could be reached in a more timely way.

Fourth, the costs of travel make it prohibitive for some communities to receive training from High/Scope. With the development of regional centers it would be possible for communities to receive training in their own part of the country, thus greatly reducing travel costs.

All of these factors became part of our thinking about possible next steps, and we began talking with several agencies to see if they were interested in getting involved in a dissemination phase that would empower them to become regional training and dissemination centers. There was great enthusiasm for the idea from all sites that had successfully adapted the Parent-to-Parent Model (Toledo, Ohio; Mankato, Minnesota; Vermont, and Dayton, Ohio). However, very quickly it became clear that several of the agencies could not become regional training centers because their mandate was to provide direct service to a specific population. They were not in the position to provide training and technical assistance to other agencies or organizations, except through very specific and limited networks. This was true for the two programs operating within public school systems (Toledo, Ohio and Mankato, Minnesota). The agencies that could undertake a training and dissemination function were the Northeast Kingdom Mental Health Services, Inc. in Vermont, and the Miami Valley Child Development Centers, Inc., in Dayton, Ohio. In addition, such a training and technical assistance function was clearly within the mandate of High/Scope Foundation. In fact, in the instance of High/Scope, direct service is done only for the purposes of model development, evaluation and dissemination. Thus, we could not continue the program in our community if it was not being operated for the purpose of developing training and support materials that would lead to model dissemination.

The outcome of the discussions within High/Scope, with administrative and program staff within agencies implementing the model, and with staff of the Bernard van Leer Foundation, was a proposal to develop three Regional Training and Dissemination Centers. An initial 18 months was funded by the van Leer Foundation (Sept. 1981-Feb. 1983) and at the completion of that time, resources were provided to support the work for another year (from March 1983-March 1984). During the project Regional Training and Dissemination Centers were created in Vermont, within the Northeast Kingdom Mental Health Services, Inc. (NKMHS); in Ohio through the Miami Valley Child Development Centers, Inc. (MVCDC); and in Michigan, through the Family Programs Department at High/Scope Foundation. The definition of the scope and mandate of each RTDC has evolved over the life of the project as RTDC staff have responded to requests for training and technical assistance. Each of the three sites serves a specific population through its core programming, (the agency adaptation of the Parent-to-Parent Model that was implemented in Phase I), and has defined the audience of agencies/service providers that it feels it can appropriately reach through training and dissemination activities.

Very briefly, the RTDC in Vermont has developed the capability to provide training and technical assistance to rural, community-based organizations interested in serving low income families with children from infants to kindergarten age. Within the Vermont core program they are providing services to adolescent and first-time parents. However, within the RTDC they have expanded the population of families they feel their adaptation of the model can serve. Thus they provide training to agencies serving low-income families living in rural areas. Primarily these are mental health or social service agencies.

The Ohio RTDC serves low-income Head Start eligible families with preschool age children. They provide training and technical assistance to Head Start agencies; their work is focused on strengthening the Parent Involvement component of Head Start, and is known as the Family Advocate Program. The Michigan RTDC focuses on working with agencies which serve families where the young children have been defined as "at risk" of abuse and/or neglect for health or psycho-social reasons. The Family Support Program, as the local adaptation has been named, is a prevention effort; few families involved have been identified as abusive, but there are indications that abuse and neglect could occur with many of the others.

As of December, 1983, each of the RTDCs had been successful in providing training and technical assistance to second generation sites (those sites trained exclusively through the RTDC system), and in providing a range of workshops and short-term technical assistance to a variety of agencies. But, at the moment, none of the RTDCs is fiscally viable or assured of continuation beyond Fall of 1984. Thus, within this report we will describe activities which have taken place over the 30 month period of the grant and provide a formative evaluation of the process and accomplishments to date. Only time will allow us to provide a summative perspective on the undertaking and a final statement on the effectiveness and worth of the project.

In Chapter I we provide a description of our vision of what RTDCs could be, and how we saw them developing. We describe the process as it

actually began in Chapter II. We then provide case studies of two RTDCs: The New England Regional Training and Dissemination Center in Vermont (Chapter III), and the Miami Valley Regional Training and Dissemination Center in Ohio (Chapter IV). While we originally defined High/Scope as one of the RTDCs, High/Scope's role has been that of external facilitator and model developer rather than creator of an independent RTDC. Over time we came to view ourselves in a training and technical assistance role, and have not clearly differentiated our role as RTDC from that of overall project manager. Thus, in the remainder of this volume we will discuss High/Scope's role in terms of its capacity as model developer and technical assistance provided, rather than as a RTDC. Within Chapter V we present a discussion of ourselves in the role of facilitator of RTDC development within the New England RTDC and the Miami Valley RTDC. And, in the concluding chapter (Chapter VI), we present an evaluation of the overall effort.

A CONCEPT IS PROPOSED

Within this chapter we provide a brief history of the development of the Parent-to-Parent Model and the first dissemination phase funded by the Bernard van Leer Foundation (See Volume I.A of this report for more detail). We then present a summary of our vision for dissemination of the Model through the development of Regional Training and Dissemination Centers (RTDCs), and end the chapter with a description of the challenge that was before us.

Origins of the Parent-to-Parent Model

The role parents play in the growth and development of their children has been the primary interest of the Family Programs Department at High/Scope since 1968. In a series of research and field demonstration programs High/Scope has looked at the impact of the parent-child relationship upon later learning, and has sought ways to support parents as they interact with their children. As a result of a series of projects carried out in Ypsilanti, Michigan, High/Scope staff developed the Parent-to-Parent Model within which community members are trained to work with parents and their children in a series of weekly home visits or in conjunction with a center-based program. The peer supp_.·t system which is established provides a secure climate in which parents can clarify their child-rearing goals and discover effective ways of meeting them by using their own resources and those in the community. The trained volunteers and parents work together as partners, exchanging ideas and child development information, and finding ways to be responsive to the needs of the child and family.

As a result of program development and evaluation over time, the Parent-to-Parent Model became known in the early childhood community in the United States. Individuals and agencies approached High/Scope asking for more information about the Model and how it could be implemented in their community. At that point we asked ourselves, can a model program which has been successfully implemented in Ypsilanti, Michigan be transferred to another community and meet with the same level of success? To answer the question in a systematic way, we sought the support of the Bernard vanLeer Foundation to disseminate the model in a variety of communities in the U.S.A. Funding was provided, and the project was underway by September, 1978.

Dissemination of the Parent-to-Parent Model

Site selection for the dissemination project was a mutual process—sites selected our Model to meet a local need, and we selected sites that satisfied certain broad criteria that we as third party providers hypothesized would be important to the success of the project. These criteria included:

o local recognition of a need for a family support program to enhance child development;

o presence of an institutional structure to support the program;

o willingness to seek external funding and to commit local resources to the project;

o philosophical match between the Parent-to-Parent Model and the aims of the sponsoring agency;

o local willingness to work on a long-term basis with a third party; and

o key local figures with credibility taking ownership of the project early on.

Our intent as a third party facilitator was to gradually withdrawn to a minimal level of support and involvement with each site by the end of the third year, allowing the site to take increased ownership of the model over the life of the project. The process of High/Scope and local site staff coming to know one another, and negotiating the basic rules of a relationship, generally took about one year. During that year the major activities at the sites included: securing a funding base, establishing a "home" in the sponsoring agency, defining the problem to be addressed, negotiating a contract with High/Scope, and selecting a supervisor. High/Scope worked closely with the sites on each of these tasks. During the first year the programs were operational High/Scope was heavily involved in training and technical assistance related to program implementation. This included imparting the mechanics, logistics, and inner workings of the program, as well as serving as a resource and emotional support to the program. This year provided the supervisor with a solid foundation in the Model. During the second program year we decreased the time and resources invested in each site, while working with them to develop their own financial and agency support. In this way we helped assure that the community agency would remain committed to and continue the program once we were no longer present.

In essence, the Parent-to-Parent Model is designed to work at a number of levels—familial, institutional and community. Our goal is to ensure that changes effected by the Parent-to-Parent Program in the family environment would be reinforced by similar changes in the community—that families and institutions are interacting toward the same ends. Our approach in a community is to provide continuous, but decreasing, long term technical assistance in implementing the Parent-to-Parent Model, while at the same time working to enhance local capability to find long term support for the program. This has included helping the local sponsoring agency secure financial and human resource support from community and regional agencies. We have also provided assistance to local agencies as they began networking with other community groups to more effectively meet the needs of families within the community.

Lessons Learned from the Dissemination Project

An evaluation of the project which ran from 1978-1981 indicated that the Parent-to-Parent Model is a successful and transferable model for supporting today's families. The model is successful because it capitalizes upon parents' desires to support their young children's development to the fullest capacity; it is built on a peer support system

which emphasizes family strengths; it establishes a cooperative network of resources within the community; and it develops within the community a group of competent and dedicated people who believe that what they are doing is a timely way to meet the needs of families under stress. It is possible to transfer the model because it is built on a clearly articulated conceptual framework which provides principles for guiding actions with children, parents, agency staff and communities, while simultaneously possessing the flexibility to adapt to local community needs and values. This is evidenced by the fact that during the process of implementing the Parent-to-Parent program, agencies made significant adaptations of the model in order to meet the unique needs of a variety of parent populations—adolescent parents, parents of handicapped children, families at risk of child abuse and neglect, families from minority populations, and families isolated from social support systems.

As the adaptations became more clearly defined we began to see that agencies operating the adapted Parent-to-Parent Model could potentially provide training and technical assistance to like agencies serving similar populations. These agencies were receiving requests for information on their program adaptation, and it was clear that they were developing an expertise in operation of the adaptation that should be built upon in further disseminating the model. Our perception of their readiness, and the initiative of two sites successfully implementing the Parent-to-Parent Model, and our own desire to develop a specialization, led to the development of a proposal to create regional training and dissemination centers for the Parent-to-Parent Model.

A Proposal is Made

Good ideas don't sell themselves. Thus, the development of innovative programs must deliberately and consciously include a phase that embodies planning for and acting to assure institutionalization, regional dissemination and working to influence policy. Such a sequence of actions is suggested in Figure I-i. The project funded by the Bernard vanLeer Foundation from 1978-1981 allowed us to develop a model for the first Dissemination Phase, where 3-5 sites provide a field test for model dissemination. Model development for regional dissemination—the strategies, steps, whom to work with, how to work at different levels—requires as much testing, refining, and validating, as in the other program development areas. The investment in an innovative program does not pay off if the program does not outlive the implementation and validation phases, and if policies in the area of human concern remain unaffected. Thus a deliberately planned regional dissemination effort is a crucial part of the program development process.

During the first three years of the Bernard van Leer Parent-to-Parent project, we learned how to effectively disseminate a working model into widely varying community environments. The model was proven flexible enough to work in extremely different kinds of settings, and structured enough to effectively meet the needs of a wide range of families with young children who generally do not receive adequate services.

The communities in which the model was being disseminated felt, as we did, that new strategies had to be developed—to assure continuation and

Figure I-1

RECOMMENDED STAGES IN THE DEVELOPMENT OF AN INTERVENTION PROGRAM
High/Scope Educational Research Foundation

Research Phase	Training Development Phase	Demonstration Phase	Dissemination Phase	Regional Dissemination and Implementation Phase
Local	Local	Local	3-5 Sites	National
Research: Small True Experiment	Development of Training Materials and Procedures	Single Project Demonstration: Test of Working Model	Field Test	Establishment of Regional Demonstration Centers

Training of Staff — Development of Materials — Variable Costs

Continuing Longitudinal Follow Up — Variable Costs

| 2 Years | 2 Years | 3 Years | 3-4 Years | Indefinite |

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further dissemination of a model that effectively supports child development in the family environment. The program had been well established at the grassroots level; the concepts and assumptions behind the model were well implanted. We had already started to work toward institutionalization and regional dissemination of the program, and we had already learned much about the factors impeding and enhancing these processes. Thus we had built a foundation for the next phase in the program development process. For that phase we proposed to create Regional Training and Dissemination centers which would:

o   demonstrate an effective approach to providing direct service to families under varying kinds of stress, a service that enhances family self-reliance and ability to meet the developmental needs of young children particularly as demonstrated by the Phase I experience. Thus, each regional center would continue to implement the Parent-to-Parent Model locally.

o   serve as regional training centers for communities wanting to implement the Parent-to-Parent program, developed in Phase I, providing them with training in strategies for effectively institutionalizing innovative programs, and useful evaluation techniques. This would mean that local people who have been involved in Phase I activities would be trained to train people from other communities in implementing and adapting the Parent-to-Parent Model.

o   serve a networking and mobilizing function (a) within communities, to promote more rational use of resources devoted to meeting the needs of families with young children, and to bring families with common needs together to support each other; (b) among communities in a region, to share experiences and effective ideas, and to make plans to assure adequate services to families with special needs; and (c) nationally, to encourage and promote coordinated planning for policies and programs supporting families' needs.

o   serve as a motivator for policy formulation supporting early childhood education and family support programs by (a) working with key local, regional and national leaders in their efforts to secure resources and organize these resources to meet the needs of families with young children; (b) disseminating to these leaders the evidence concerning the value of well-planned and implemented early childhood education programs; and (c) working with these leaders to see that this evidence is used in policy formulation.

A Process was Defined

We proposed to work with two existing program sites to develop Regional Training and Dissemination centers for their distinct adaptations of the Parent-to-Parent Model and to develop our own area of specialization. The specializations which were to serve as the focus of the individual centers were as follows:

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o <u>Adolescent parenthood</u> <u>and</u> <u>rural isolation</u> were the two foci of the Center in the Northeast Kingdom of Vermont. The increasing number of teenage parents is a relatively recent phenomenon. The economic and social consequences of this phenomenon for the parent(s) and child are only now coming to be understood by society. The stresses of rural isolation have long been with us, but it is only recently that those with the resources to help have become aware of the problems. The Parent-to-Parent Model builds upon community strengths in combatting the difficulties faced by families living in these circumstances.

o <u>Parents</u> <u>of</u> <u>Head Start eligible children</u> were the focus of The Miami Valley Child Development Center in Dayton, Ohio. In an attempt to reach out to inner-city minority parents living in poverty, the Head Start program in Dayton, Ohio was using an adaptation of the Parent-to-Parent Model (the Family Advocate Program) as a way of effectively involving these parents in the education of their preschool aged child, and meeting a range of family needs.

o <u>Child abuse</u> <u>and</u> <u>neglect</u> was the focus of the core program in Ypsilanti, Michigan. Multiple stresses place families at risk for abusing and neglecting their children. Social isolation is one of the stress factors that was to be dealt with directly through supportive family programming at High/Scope.

Each of the Regional Training and Dissemination Centers was to serve a <u>dual dissemination function</u>.

1. The <u>regional</u> function of each Center was to provide training and technical assistance in the Parent-to-Parent Model to new sites within its geographical area. Training emphasizes the "how to's" of:

o <u>Implementing the Parent-to-Parent Model</u> in a community, i.e., training staff and recruiting families, monitoring program delivery, designing and conducting evaluation, and obtaining institutional and financial support which will allow program continuation.

o <u>Shaping policy</u> by beginning at the local level and marshalling resources to address state and national issues, i.e., educating people about the legislative process, identifying policymakers and providing them with relevant data and testimony, organizing policy conferences where policymakers, administrators, educators, and program developers can communicate, publishing articles on the Centers' work to reach a wide audience, and creating coalitions to advocate for community-based family programming.

2. The <u>substantive specialization</u> function of each Center extended its boundaries by making it part of a training network. The major purpose of any network is to link people in need with others who <u>already</u> know how to provide the help. In the current instance, the network is the mechanism whereby each Center's expertise becomes available to all the communities being trained in the other geographical regions. There

are two basic elements in the networking procedure.

o **Demonstration programs** would continue to be developed at the Center's local site. These programs demonstrate how the Parent-to-Parent Model was implemented and how it can be adapted to meet the special needs at that Center by continuing to provide direct service to families in the Community. The capability to be shared through networking was thus to be further developed.

o **Training referrals** were to be made from one Center to another. After a Regional Center had completed a basic needs assessment with a site, it could then link that site with another Center whose specialty is compatible with the needs of that particular community. Alternatively, for interested sites with no Regional Center nearby (e.g., communities on the West Coast), all training could be done by the Center whose area of expertise best matches their needs. Initially this referral process would be coordinated through High/Scope. Later, the network linkages would operate independently.

Staffing of the RTDC: The Ideal

Each Regional Training and Dissemination Center, when fully implemented, was to consist of five staff members: a coordinator, two trainers, an evaluator and a secretary. Their roles and responsibilities would be as follows:

Coordinator. The coordinator would be responsible for working with High/Scope staff and local staff to facilitate the development and implementation of the RTDCs. This individual is the driving force within the community to assure the operation of the RTDC. It was anticipated that someone in the agency where the Parent-to-Parent Model was operating could step into the Coordinator position, perhaps the individual who was initially responsible for the development of the project during Phase I. They would be appropriate for the following reasons:

o They would be intimately acquainted with the Parent-to-Parent Model and how it had been adapted within their community.

o They were knowledgeable about the implementation process. They knew what it took to get the model started in their own community and they could share this knowledge with others in their region.

o They had an established relationship with High/Scope staff and a working relationship had been developed, based on trust and mutual respect.

o They knew their own community and its resources in a way which would facilitate agency coordination and the linkage of families with agencies.

Trainers (2). The role of the trainers would be to work with communities in the region as they begin to implement the Parent-to-Parent Model. They would provide direct training of local supervisors and work with the supervisor to train the home visitors and provide on-going support to local communities through the program year. It was anticipated that one of the trainer positions would be filled by the Phase I project Supervisor. This individual had now had two years of developing the program within her community, she had trained home visitors and was aware of their needs for continuing in-service training, and she had dealt with public relations issues to assure the continuation of the program. She would be in an excellent position to work with others interested in being trained as supervisors within their own community. The other training position could be filled by an individual who had experience in the program.

Evaluator. This individual would be expected to work closely with High/Scope research staff in the development of an evaluation design to meet the needs of a national evaluation as well as meeting the needs of the region being served. Throughout the evaluation process, emphasis was to be placed on training local staff to develop and implement their own evaluation, in addition to participating in the national evaluation.

Secretary. The secretary's role would be to help document the development and operation of the RTDC and to facilitate the work of other staff. This position could be filled by a previous home visitor or a parent visited during Phase I of the program.

The Projected Workplan

A six-month planning phase was to occur. During this time staff from High/Scope would work with the RTDCs to make the transition from being only a local demonstration of the Parent-to-Parent program to a center that could provide training to others in model implementation. Specifically, one of the first tasks was to work with agency staff to define roles and responsibilities of staff within the RTDC, and to define their relationship to High/Scope staff. Work with RTDCs was to be facilitated through workshops, on-site visits by High/Scope staff, and visits of RTDC staff to High/Scope and other RTDCs.

At the end of the six-month planning phase each RTDC was to be officially operational and fully prepared to offer their services to regional agencies. It was during the first year that they were to refine their training materials and processes, so that by the second year they could operate at full capacity, remaining linked to High/Scope only for the networking function. It was anticipated that by the third year local staff would have developed their own training and support materials and an evaluation design that would provide them with the data they needed to continue to develop their own RTDC and respond to the changing needs in their region and within their specialization. Continued support for the operation of the RTDC was to come from regional foundations and/or state and national agencies.

Documentation and Evaluation

Using the Regional Training and Dissemination Centers as the specific case foci, the evaluation component was directed toward answering the following questions:

o What strategies and activities are necessary for ensuring that effective demonstration programs become institutionalized locally and replicated regionally after external funding and technical assistance are withdrawn?

o What are critical functions in the role of the external initiator or model developer (High/Scope in this case) (a) to insure that the local adaptation of a model continues to function after the first few years of support, and (b) to prepare the community to support that program over the long-term?

We believed that the proposed Regional Training and Dissemination Centers embodied the operational solutions to the above questions. While we were confiden that the plans outlined in the previous sections would prove to be effective, we were aware that we were testing a solution, and treading on territory where few program developers have ventured. The critical process was documentation concerning the setting up of the RTDCs, implementing the various lines of activity and strategies planned, and examining the effects of these lines of activity.

The Proposal is Funded

In order to maximize its investment in the first dissemination project (Phase I), and because it believed in the Regional Training and Dissemination Center concept as proposed, the Bernard van Leer Foundation provided support funding for the new dissemination effort (Phase II). In a series of two grants, from September, 1981-February, 1984, High/Scope staff were provided with funds to:

1. develop sites as Regional Training and Dissemination Centers (RTDCs), with the support of High/Scope Headquarters;

2. enable these centers to provide technical training and resource services to community groups seeking to implement their adaptation of the Parent-to-Parent Model;

3. support the further integration of the Parent-to-Parent Model within the areas and community institutions concerned; and

4. conduct a detailed formative and summative evaluation of the center's training and dissemination processes for the Parent-to-Parent Model.

The process for creating Regional Training and Dissemination Centers was begun informally in late 1980. In September of 1981 it was officially underway. In the next chapter we describe the initial activities that laid the foundation for work over the subsequent two-and-a-half years.

CHAPTER II

THE PROCESS BEGINS

As we undertook the Phase I Dissemination Project in 1978 we were asking ourselves if we could successfully transfer the Parent-to-Parent Model to an agency in another community. By the fall of 1980 it was clear to us that we could. Using a format've evaluation procedure designed to provide feedback on the training and technical assistance process utilized, we were able to specify what an agency needed to provide as a base for the model, and what needed to occur during the first program year in order for the program to be firmly rooted in the agency. In addition, several sites had successfully adapted the model to meet local family, agency and community needs. As we received requests for information on the Parent-to-Parent Model—how it might be used with teenage parents, and parents of handicapped children, as an outreach component of a center-based program, and as a prevention program with families at risk of child abuse and neglect—we found ourselves referring agencies and organizations to our sites working with those specific populations. The agencies which had adapted the model could talk about their experiences of implementing the Parent-to-Parent program, but they did not have the expertise to train others in the use of that adaptation. We began wondering if High/Scope staff could train agency staff to train others in their model adaptation. Further, we began exploring the idea of creating regional training centers that would serve a specific geographic area and/or offer training in a specialization of the model.

From conversations with staff in agencies where the model had been fully implemented, the idea was soon more fully developed. The agencies were excited about and committed to their own programs. They began to fantasize with us about how they might be involved in disseminating their model adaptation. This led to the development of the concept of Regional Training and Dissemination Centers (RTDCs). The concept took shape, and the idea was put forward to the Bernard van Leer Foundation, who, in September, 1981, funded this new dissemination effort, initially for an 18 month period.

At the time the RTDCs began there were several agencies that were interested in developing a training and dissemination capability: The Northeast Kingdom Mental Health System in Vermont; Miami Valley Child Development Centers, Inc., in Dayton, Ohio; and the Mankato Public Schools in Mankato, Minnesota. In addition, we proposed to develop a specialization within High/Scope that would serve as a model prevention program. Given the funding available we could not support the development of RTDCs at four sites, so a choice had to be made about which sites would be included. Fortunately, we were helped in making the choice by the fact that the Mankato program was part of a public school system. The mandate for public schools is to provide direct service to families in the community; they do not generally provide training and technical assistance to other agencies. Thus, even as we began exploring the possibility of creating an RTDC in Mankato, everyone concerned—within Mankato and at High/Scope—had questions about the viability of Mankato becoming an RTDC. Ultimately it was decided that the Mankato program would remain a part of the Parent-to-Parent network—that staff would attend workshops at

High/Scope and that we would maintain telephone contact over time, but that would be the limit of our technical assistance. If Mankato were able to go beyond the public school mandate and get support to develop as an RTDC, we would do what we could to provide them with referrals and network them with the other RTDCs.

Thus, as the project got underway in the Fall of 1981, there was general agreement about the roles and functions of a Regional Training and Dissemination Center, and a beginning definition of the types of technical assistance that High/Scope could and would provide to make them operational. However, no one could fully comprehend what it would mean for the collaborating agencies and High/Scope to create regional centers. We began to get a better understanding of the task when all those who were to be involved came together for a four-day workshop at High/Scope in November, 1981. In this chapter we describe what occurred during the November Workshop since it set the stage for the remainder of the project.

Those in attendance at the workshop included administrative staff from the host agencies (NKMHS in Vermont; MVCDC in Ohio; and Mankato Public Schools in Minnesota), the current Supervisors of the core programs, individuals who might eventually be involved in the RTDC, and selected agency support staff. High/Scope staff included the Project Director, Consultants, and evaluation staff. The specific purpose of the workshop was for those who were to be involved in the development of the RTDCs to come together to define the goals of and expectations for RTDCs, and to define the working relationships that were to exist between High/Scope and RTDC staff (See Attachment A for Workshop Agendas).

The Starting Place

While each of the sites present at the workshop began working with High/Scope sometime during Phase I Dissemination funded by the Bernard van Leer Foundation (1978-1981), the actual length of involvement for individual sites varied from nine months to three years. Thus the sites were at very different places in terms of their level of implementation of the core program and their readiness to become a Regional Training and Dissemination Center. Because of these differences we felt it was important for conference participants to share with others how their program had evolved. This allowed everyone to have a better sense of how each site had adapted the Parent-to-Parent Model to meet community needs, where it was in its own development process, and how it saw an RTDC evolving within the agency. To begin the discussion, each site shared why they had chosen to use the Parent-to-Parent Model and what had happened to date within their community to get the program institutionalized within the host agency.

As the discussion developed it was evident that in each community the program was implemented to meet needs which occurred at three levels: within the community, within the host agency, and for the families actually to be served by the program. At the community level, to a greater or lesser degree, all participants indicated that the Parent-to-Parent Model was seen as a way to:

o fill a gap in existing services;

o provide a mechanism that would lead to the coordination of existing community services, potentially alleviating the case load for some traditional service providers and eliminating turf guarding whenever possible;

o create a mechanism for community support for families—based on the spin-off effect of the program over time;

o increase community awareness of family issues.

At the agency level the program was a way to:

o expand on current programming: i.e., to provide a delivery system which would expand the audience served by the agency and provide another way of getting information to families;

o demonstrate a successful prevention program;

o bcost agency morale by introducing an innovative service with a positive mission i.e., give the agency a "shot in the arm";

o give the agency some good publicity—the program is a demonstration of the agency's concern for and interest in developing support mechanisms for families in the community.

At the family level it was clear that a variety of families were served by the various programs. Each site had determined that a particular population within their community could be best served by the Parent-to-Parent peer support approach. By meshing the mandate of the host agency with a need that presented itself within the community, each host agency had defined the population to be served by their particular program. Within the sites represented at the conference the following types of families were being served:

o adolescent parents who lived in rural isolation (Vermont);

o low-income parents in an urban setting whose children were eligible for Head Start (Ohio);

o families identified by service providers in the community as "at risk" of child abuse and neglect (Michigan);

o families under economic stress who were also socially isolated (Minnesota).

Once the need for the program was defined by the agency, they engaged in a series of steps which eventually led to their adaptation and implementation of the High/Scope Parent-to-Parent program:

1. They began a search for a cost-effective model which was consistent with their own philosophy— that peer support can be an effective way of providing service to families.

2. They developed a base of support within their own agency, and

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within the community, which would allow the program to begin and be maintained.

3. They secured funding for the program, putting together funds from within the agency and seeking funding from private foundations.

4. They put together a management system for the program which included clearly defining new and shifting roles and responsibilities within the agency.

5. They developed a technical assistance agreement with High/Scope—that required a meshing of goals, clarification of expectations, the development of a contract, and the development of a communication system—that would support the implementation of their adaptation of the model program.

In essence, each site had to match what the agency wanted with what the Parent-to-Parent program could provide—whether it be better public relations for the agency, a way to get parents more involved in current programming, an innovative program to demonstrate the agency's leadership in the field, and/or a cost-effective use of limited resources.

From the discussion, participants came to understand what brought each of them to the Parent-to-Parent peer support model, and the commonality of needs and philosophy across sites. They also came to understand how the differences between the communities and populations served led to quite different adaptations of the model. This realization made it possible for participants to respect the adaptations that had been made in one context without worrying about whether or not they should be making the same adaptations. At the same time, seeing what others had done opened participants to thinking about some possible additional adaptations they could make to their own program.

Determining New Directions

Another result of the discussion was that people learned what each community had to do in order for the program to become operational. Subsequently, there was a discussion of High/Scope's role in the process. As the group proceeded to list all the activities undertaken to institutionalize the program, it quickly became apparent that the activities undertaken to get the core program operating were parallel across sites. Further they began to hypothesize that the same tasks might need to be undertaken to operationalize the RTDC, although at another level. From the listing and further discussions, the group identified the following tasks as the focus of their work for the subsequent six months. They determined they would need to:

1. Define their Regional Training and Dissemination Center and who it would serve.

The title of the centers clearly indicates they are to be involved in dissemination and training activities. It was agreed that the training and technical assistance activities of the RTDC were to be related to the peer support system adapted from the High/Scope Parent-to-Parent Model. One question which could not be clearly answered at the workshop was, who

is the audience for the various RTDCs? It was clear that each RTDC, in collaboration with High/Scope staff, would have to assume the responsibility for determining its area of expertise and the regional and agency focus of its services. For example, since a community mental health system in Vermont was operating a program for adolescent parents, some possible audiences for their service might well be states in New England, mental health systems, programs addressing the needs of adolescent parents, and/or agencies serving rural populations.

2. Define the relationship between the core program and the RTDC within the host agency.

At each of the RTDCs the core program (the program implemented between 1978 and 1981) was to be continued. As people were looking to the development of the RTDC, the question quickly became: What happens to the core program? How does it operate? What resources are allocated to the core program and what to the RTDC? All RTDCs fully intended to continue the core program for a variety of reasons. For example: it was meeting a need in their community; it was now an integral part of the host agency; it served as a demonstration of the program in operation; and staff could be trained in the core program and then move to roles within the RTDC.

3. Recognize that the shift from operating a core program to serving as a RTDC may well represent a shift in focus for the host agency.

In the majority of instances (Vermont, Ohio, and Minnesota) the primary mission of the host agency was to provide direct service to families in the community. The agency's mission was not to provide training and technical assistance to other communities. By taking on the activities associated with a RTDC, the agency would be required to be responsive to needs beyond their own community. For some agencies this expansion appeared to be a logical next step in the growth of the organization; for others it was anticipated that the transition might be much more difficult. It was acknowledged that the extent to which the host agency was willing and/or able to take on this new role would be important in determining the ultimate success of the RTDC.

4. Define staff roles.

Within all the RTDCs, staff who were intimately involved in the implementation of the core peer support program were being asked to shift their roles within the RTDC structure. Within the proposal it was anticipated that the administrative staff person who was initially responsible for implementation of the Parent-to-Parent Model would assume the role of RTDC Coordinator. The Supervisor of the core program would assume a Trainer position within the RTDC. And people who had served as home visitors could move into supervisory positions within the core program. At the time the RTDCs began, however, agencies did not have the resources to fund the RTDC in this way. Agency administrative staff could not devote all their energies to the RTDC. So, rather than moving administrative staff to the position of RTDC Coordinator, Supervisors of the core program were to be phased into the role. What this meant was that the RTDC Coordinator was also the Trainer, and for the time being, Supervisor of the core program. This collapsing of roles into one person was clearly of concern to everyone! It was projected that women who served

as Assistant Supervisors and/or home visitors would move to the role of Supervisor of the local program as soon as possible, and key administrative staff were to assume the responsibility of securing funds to maintain the core program and raising funds for the RTDC. Thus, what each RTDC was asked to cope with was the fact that ALL staff were shifting positions at the same time; each person was learning a new role and seeking support in the definition of that role for themselves and in relation to other staff members. It was feared that when everyone was floating, it would sometimes be hard to identify the anchor.

An additional concern was the fact that two of the four RTDCs (Vermont and Minnesota) had to deal with the loss of staff who were significant actors during implementation of the core program. This meant that new administrative people, in key roles within the host agency, were being introduced to both the core program and the RTDC. It was recognized that their commitment to and support for the program would be extremely important in moving the RTDC forward, and the level of their support was an unknown as the RTDC process got underway.

5. **Develop procedures/materials for providing training and technical assistance.**

As staff for the RTD's began to think about their new role and their new audience, it became clear they needed to clearly define what they were able to offer. Once the RTDC staff defined their parameters--who they would serve--they could then "package" what they could offer. This packaging included developing public relations and support materials that describe and provide a foundation for their services. In addition, they had to define the training options to be offered (from one day workshops to a complete training program for second generation sites), and develop budgets for each that realistically covered costs. They also had to work out a procedure for negotiating contracts with agencies interested in their services. In essence, they had to develop the capacity to define themselves as the providers of training and technical assistance.

6. **Develop evaluation skills appropriate to the RTDC and for work with sites.**

During the process of implementing the Parent-to-Parent Model sites developed the capability to look at their own goals and purposes and to create appropriate evaluation instruments and techniques to monitor their program. This ability had to be taken to another level; they had to develop the capability to assist other sites in the evaluation process. In addition, they had to decide what to maintain i. terms of evaluation of the core program; what data did they need to continue to collect to document the impact of the core program?

7. **Establish and maintain a networking system among and between the RTDCs and High/Scope.**

As workshop participants learned more about each other's programs-- the issues raised, problems encountered, creative solutions and adaptations--they began to realize they had a lot to learn from each other. It was decided it would be important to create a network of RTDCs to allow for information exchanges, not only between High/Scope and the RTDCs, but

also between the individual RTDCs. (For example, if requests for training in relation to child abuse and neglect prevention programs were made to the Miami Valley Child Development Center, it would be appropriate to refer the group to the Ypsilanti Program, who focus on that population.) In essence the RTDCs began a discussion of when it was appropriate to refer a community to another RTDC, when it should be referred to High/Scope, from whom they were likely to get referrals, etc. There was recognition of the need for networking, but an underlying fear it would not happen.

Develop a realistic timeline for the operation of their RTDC.

Since the sites were at such different stages in their own development, it was clear that each of them had to establish their own timeline for beginning RTDC activities. Vermont was planning to provide an institute in January, 1982 for program developers, focused on administrative issues related to implementing a Parent-to-Parent program. Dayton, Ohio; Ypsilanti, Michigan; and Mankato, Minnesota were concentrating on full implementation of the core program during the 1981-82 school year; Fall 1982 was set as a target for being heavily involved in RTDC activities.

9. Secure funding for the RTDC

Within the proposal we had presented our vision of an RTDC and how it should be staffed: a Coordinator, 2 trainers, an evaluation person and a secretary. The reality of the situation was that there was some funding available in the Vermont program to support one person for a year. Within Ohio monies could be brought together to support the transition of the Supervisor to RTDC Coordinator. Minnesota had funds only to operate the core program, and within High/Scope, funds from the Bernard van Leer Foundation were to be used to support the Supervisor of the local demonstration effort, with the expectation that it would be expanded into a RTDC and be supported by other funds over time. Thus, funding was seen as a major task to be accomplished by all the RTDCs.

Once the tasks had been identified, participants at the workshop met together by site to decide which of the tasks it was most important for them to address during the remainder of the workshop. The priority tasks for each site were as follows:

Vermont - Definition of identity as RTDC, financing/funding for RTDC, and procedures/process for working with new sites (including generating contracts, developing timelines).

Michigan - Definition of relationship between core program, the RTDC, and High/Scope's role as Coordinator of RTDC activities.

Ohio- Staff roles, creating a solid evaluation system for the core program, planning for the RTDC.

Minnesota - Definition of RTDC (identification within Mankato Public Schools), evaluation system, funding and contracts.

During the next day and a half, High/Scope staff worked individually

with sites in relation to their specific tasks.

Establishing a Base for Collaboration

The session on the last morning of the workshop allowed us to share
the progress made by each RTDC and to set some directions as a group. Two
needs were identified during the discussion: a need for a systematic
networking process and a need for formal letters of agreement between
High/Scope and the RTDCs. To facilitate networking the following
activities were suggested:

- that there could be shared staffing among RTDCs for training, when
  it seemed appropriate;

- that as each site develops new materials they be shared with the
  other sites to serve as models of what can be developed;

- that High/Scope develop and disseminate a quarterly newsletter
  regarding new developments in the sites—problem areas, contracts
  obtained, model variations, funding options, etc.;

- that the staff from RTDCs make joint presentations at national
  conferences. Additionally, when people know of "calls for papers"
  this should be in the newsletter;

- that a brochure on the framework of the Parent-to-Parent model and
  its adaptation be created by High/Scope that can be used by all the
  RTDCs;

- that instruments developed for evaluation purposes be shared across
  sites.

In terms of a letter of agreement, people felt they would like to
formally acknowledge their commitment to working together, even though they
did not have a contractual relationship with one another. In response to
this request it was decided that High/Scope would draft a letter of
agreement that would be sent for comments to each RTDC. The letter of
agreement reads as follows:

> The High/Scope Educational R search Foundation and
> _____ agree to work together to
> create and establish a Regional Training and
> Dissemination Center (RTDC) in _____ that
> will serve as a Training and Dissemination Center for
> _____'s adaptation of the High/Scope Parent-
> to-Parent Model. The RTDC to be developed during the
> period of agreement will have the following components:
>
> - a statement of purpose which includes a
>   definition of the target population
>   (geographically and/or programmatically) they can
>   appropriately serve.

- an administrative structure which reflects the needs and resources of the RTDC, incorporating the dimensions defined as important during the technical assistance process.

- a dissemination system--including activities and materials--which promotes the ongoing functioning of the RTDC.

- a training system which:

  - provides a variety of training options--from one day consultation/workshops to full-scale implementation of the model--with an appropriate fee schedule;

  - includes an assessment/screening system to determine the needs of second generation sites and a process for determining when it is appropriate to refer that site to another RTDC

- an evaluation system that allows for systematic and periodic formative and summative feedback on RTDC development and a process for determining the effectiveness of the RTDC in the provision of training and technical assistance to second generation sites.

The components of the RTDC will be developed through the provision of training and technical assistance by High/Scope Foundation administrative, programmatic and research staff to designated staff within the RTDC. Training and technical assistance will be provided through a minimum of 40 days of direct provision (through on-site training and workshops at the High/Scope Foundation). There will be a maximum of 10 trips to Vermont (this would read "20 trips to Dayton, Ohio") due to travel costs.

Workshops which will involve High/Scope and RTDC staff will be developed as the need arises. The first workshop held November 9-11, 1981 provided an arena for defining the role and function of the RTDCs and the responsibilities of those involved in their development. A second workshop will be held May 17-18, 1982 for the purpose of assessing progress to date and planning for the remainder of the term of agreement. This workshop will lead into the High/Scope Annual conference, where RTDC representatives will make presentations of their work to those in attendance. The date and focus of the third workshop will be jointly determined.

Technical assistance will also be provided through monthly telephone interviews at both the programmatic

and administrative levels. Additional telephone technical assistance will be provided by research staff as needed. The content of on-site and workshop technical assistance will be jointly decided upon by High/Scope and RTDC staff as need suggests.

The training and technical assistance provided by the High/Scope Foundation staff will be based upon their experience in dissemination of the Parent-to-Parent Model and will cover the following areas:

- administration

  * guidelines for staffing the RTDC--roles, responsibilities, criteria for hiring, support in generating funding for the RTDC

  * seeking out potential sources of funding

  * jointly writing proposals to appropriate foundations, agencies

  * provision of back-up support to RTDC staff writing proposals

  * guidelines for developing contracts with second generation sites

  * management techniques for supporting staff

  * long-range planning for the continuation of the RTDC

- Dissemination

  * assistance in the development of materials representing the work of the RTDC

  * the provision of appropriate High/Scope materials to be used in dissemination

  * presentations by High/Scope and RTDC staff at national and regional conferences to promote the RTDC and the program approach

- Training

  * assistance in the development of training options (defined by time, format, content)

  * designs for training appropriate to each training option

  * joint training by High/Scope and RTDC staff, until RTDC staff are determined as competent to

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provide training on their own

* the definition of a process for the
  certification of second generation site
  Supervisors and the programs they develop.

● Evaluation

  * the joint development of an evaluation system
    to provide formative and summative feedback on
    RTDC development and impact by:

    * assistance in clarification of appropriate
      goals for the RTDC

    * joint development of instruments to measure
      the RTDC's effectiveness in reaching those
      goals

    * assistance in analyzing the data generated
      and using it for further RTDC development

    * support as the RTDC develops the capabilty to
      assume these functions for itself.

During the period of this agreement,
_____ agrees to acknowledge its relationship
with High/Scope by stating that the _____
model represents an adaptation of High/Scope's Parent-
to-Parent Model, and that the RTDC is an affiliate of
the High/Scope Foundation.

Agreed upon, this _____ day of _____, 1982, by

_____   _____
title: title:
representative of: representative of:

_____   _____

All participants felt this letter of agreement would provide their program with national recognition and be important in the fund raising process. It is interesting to note that while this letter of agreement was circulated to the sites and they responded positively to its content, the letter of agreement was never signed by any of the RTDC's, nor by High/Scope. Perhaps having our commitment in written form was enough; perhaps it wasn't!

When the workshop was over all participants felt that a great deal had been accomplished in the four days. Each RTDC had come to know more about the other communities. High/Scope's role in providing training and technical assistance in the development of RTDCs was clarified, to the extent it could be at that point in time. RTDC staff had a sense of what needed to happen next for their RTDC and where they needed to be in 18 months. A process had been created whereby there would be a networking among the RTDCs, and dates were set for High/Scope's next communication with the sites. It was also decided that the next workshop for the total group would occur as a pre-conference session of High/Scope's Spring Conference in May 1982. At that point we would review where each RTDC was in relation to the tasks defined above.

Staff from each RTDC returned to their sites with a clearer sense of goals for the RTDC and the tasks to be undertaken. High/Scope then began its training and technical assistance activities with each site. The specifics of this process will be discussed more completely in the case studies of the Vermont and Ohio RTDCs in Chapter III and IV, respectively.

One thing it is important to note at this point, however, is that while High/Scope staff had a clear sense of what RTDC staff needed to be able to do to make the RTDC operational, we did not have a clear sense of RTDC staff's ability to perform the tasks, nor exactly how we needed to work with RTDC staff to develop their capabilities. This is in contrast to the training and technical assistance process delivered in Phase I dissemination (1978-1981). In that dissemination phase we had a training and technical assistance package that had been developed prior to 1978. While Phase I dissemination allowed us to make modifications in the process, the basic structure existed. This was not true in our work with RTDCs. We knew what RTDCs needed to know, but we had no experience in trying to deliver the knowledge, skill and competencies required. To make things more difficult we did not have a clear understanding of skill level and areas of strengths and weakness of RTDC staff before we began working with them. These two factors—the lack of a clear structure for delivering training and technical assistance, and the skills and capabilities of RTDC staff—played an important role in the outcomes of the project. They will be discussed in the case studies which follow and in the concluding chapters.

CHAPTER III

THE NEW ENGLAND REGIONAL TRAINING AND DISSEMINATION CENTER
NORTHEAST KINGDOM MENTAL HEALTH SERVICES, INC.

Within this chapter we will provide a description of the Northeast Kingdom of Vermont, its needs and resources, and how the Parent-to-Parent Model was adapted to meet the needs of adolescent parents in rural Vermont. After providing a brief description of the evolution of the Parent-to-Parent Model we will then describe how the RTDC began and how it has evolved over time, describing specific issues and how they have been addressed. The chapter concludes with a description of the status of the RTDC as of December 1983, with speculation on its future.

The Northeast Kingdom of Vermont

The northeastern corner of Vermont, known as the Northeast Kingdom, is a physically beautiful area, largely rural, and economically disadvantaged in the sense that sources of income are limited and wages are extremely low for available work. The population density is also very low—on the average about 22 people per square mile. Winters are harsh and very long. The population is largely Yankee or Quebec-French, and has been supplemented in recent years by New York/Boston based alternative life-style seekers.

The word most commonly used to describe life in the Northeast Kingdom is "isolated", but this description does not do justice to a region where historically community and clan have formed strong support systems for families. The isolation of many of the people in the Kingdom is not self-perceived, although the consequences of that isolation are perceived. For many young people that brings on a sense of claustrophobia, "I've got to get out on my own". Also, while traditional support systems and patterns of social relations have broken down in recent years—due to increased availability of institutional support and services, and the ever pervasive influence of television—nothing has as yet filled the gap created by that breakdown.

Historically, the Northeast Kingdom was an active farming area, with many small dairy and sheep farms; for various reasons farming has declined steadily as an activity, but has not been replaced by much; there is lumbering, maple syruping, and small industries dotting the Kingdom (e.g., ski apparel factories). But life is economically perilous. As one Vermonter noted, most people in the Kingdom are satisfied if at the end of their "career" they are earning $4.50 an hour. Salaries are very low throughout the Kingdom, yet the cost of living is not appreciably lower than in other parts of the country (except for housing). The high cost of oil has hit the Kingdom hard, due to the dependency on driving and the need to heat homes for 8 months a year; most people now burn wood for heat. As one individual indicated, "attitudes toward the welfare system have changed, mainly due to inflation...people just couldn't chop enough wood and earn enough nickels to pay for even the most basic necessities".

Economic hardships and the social isolation that has become more

prevalent has accentuated a pattern of stresses on family life that have always existed in the Kingdom. Alcoholism, spouse abuse and child abuse are increasingly prevalent. Reliance on social welfare and human services systems has increased significantly, at some psychological costs to sense of self-reliance and competence. And, most relevant for our purposes, adolescent pregnancy and related adolescent problems have apparently become more common. Long winters certainly are a significant contributing factor to family stress, combining with economic insecurity and dependency; and the influence of the mass media is leading to new problems between generations.

Adolescent Pregnancy in the Northeast Kingdom. The rate of adolescent pregnancy in the Kingdom had increased steadily in recent years. The causes for and effects of an increased prevalence are not entirely clear. Within a lower socio-economic (and thus higher risk) population, it appears that 3 out of every 10 pregnancies is an adolescent pregnancy. (It should be noted that this statistic occurs within the population that has some contact with the social welfare system.)

Reasons offered for the increase in adolescent pregnancy were: (1) the desire to get away from, become autonomous from, parents; (2) carelessness; (3) a need to have control over someone else, in the same way they themselves feel controlled; (4) a need to have someone/something that loves them, gives them love; (5) the desire for attention, for "strokes"; (6) acting out various conflicts in inappropriate ways. The situations pregnant adolescents find themselves in vary widely. One young woman became pregnant at 14 without ever having a period. Another is 18 and already has 2 children, is separated from her husband, and lives in a trailer in the middle of nowhere. More typically, the young women are unmarried, 16+ years of age, and live at home with their parents during pregnancy and when the baby is born. Parent's attitudes reportedly vary quite a bit. Almost all are supportive; a few are openly hostile. Some of the girls have a good knowledge of services and resources they can call on,

Almost all the girls make contact with a physician during the first trimester of pregnancy. Prenatal medical care and attention is apparently not an issue. But during the first two trimesters they are apparently more concerned with themselves than with their baby; fears, anxiety, concerns, and questions, shift to the baby during the last weeks. The majority of the girls drop out of school, for various reasons. Many pregnant adolescents don't grasp what they are getting themselves into, and could use more psychological and informational support on a regular basis during their pregnancy.

Social Services. Within the constraints imposed by the geographical isolation of many families, the Northeast Kingdom has a very well developed human service system in the areas of health, social welfare, and education. There appears to be a lot of inter-agency contact and support, and relatively little turf-guarding. The maternal and child health system, prenatal as well as post-natal, is excellent. The main lack in the area is probably in the number of obstetricians and pediatricians.

The Northeast Kingdom Mental Health Services, Inc. (NKMHS) with offices in the northern and southern ends of the Kingdom, is unique in the

service it offers. NKMHS is 13 years old; it is one of the oldest community mental health services in the nation. It is the only such agency in the Kingdom. Nonetheless, its existence has been threatened during the last few years by a series of funding crises.

The dynamics of the NKMHS are shaped by a number of factors. The broadest is the constant tension between provision of preventive services and provision of remedial or "direct" services. Philosophically, according to the Executive Director, the agency is committed to do as much prevention activity as possible. An indication of this is the fact that the Parent-to-Parent core program is now funded by the agency; it has been fully integrated into the range of servies offered by NKMHS.

The dynamics of the NKMHS are also shaped by the fact that most of the executive staff are located up-north in Newport, while the "front line" staff are located almost 2 hours away in St. Johnsbury. Thus, there is some "psychological" and physical distance between staffs. Layoffs and morale problems in the St. Johnsbury office, where the Parent-to-Parent program and the RTDC is headquartered, have become magnified by the fact that executive staff are not there on a day-in, day-out basis.

The Parent-to-Parent Program: History and Early Implementation

Organizationally, the Parent-to-Parent program is located within the Consultation and Education division of NKMHS (See Figure III-1). This is natural because that division is primarily responsible for prevention activities, and Parent-to-Parent is viewed as a prevention program. Laird Covey, who was head of that division, was also the prime mover behind the Parent-to-Parent program, and was involved with the program from its inception until 1981. In general, it is important to note that the administrators at NKMHS, and Laird in particular, sought High/Scope out; that they put together a grant proposal that secured more funds from the Turrell Foundation than is customary; and that the original proposal demonstrated evidence of tremendous community support for the idea and goals of the program.

One of the reasons the program was so successful its first year, in spite of the stresses caused by the untimely death of the original supervisor, Meredith Teare, was its focus on attacking a widely recognized problem and service gap. Yet, in a related fashion, there were a number of services surrounding this gap; there was no vacuum in service to adolescent parents, only a vacuum in this kind of service. Thus the Parent-to-Parent program interlocked well from the beginning with other services.

Early Attitudes Toward the Program. Those interviewed during an evaluation site visit a year and a half into the program expressed tremendous support and enthusiasm regarding the Parent-to-Parent program. the Director of the Home Health Nursing Agency expressed a view common to a number of respondents:

> "I think we've run the gamut, reached the limit, in
> terms of the model we've traditionally used in
> maternal and child health. This is the
> professional showing mothers, telling them, how to

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Figure III-1

ORGANIZATIONAL CHART

304
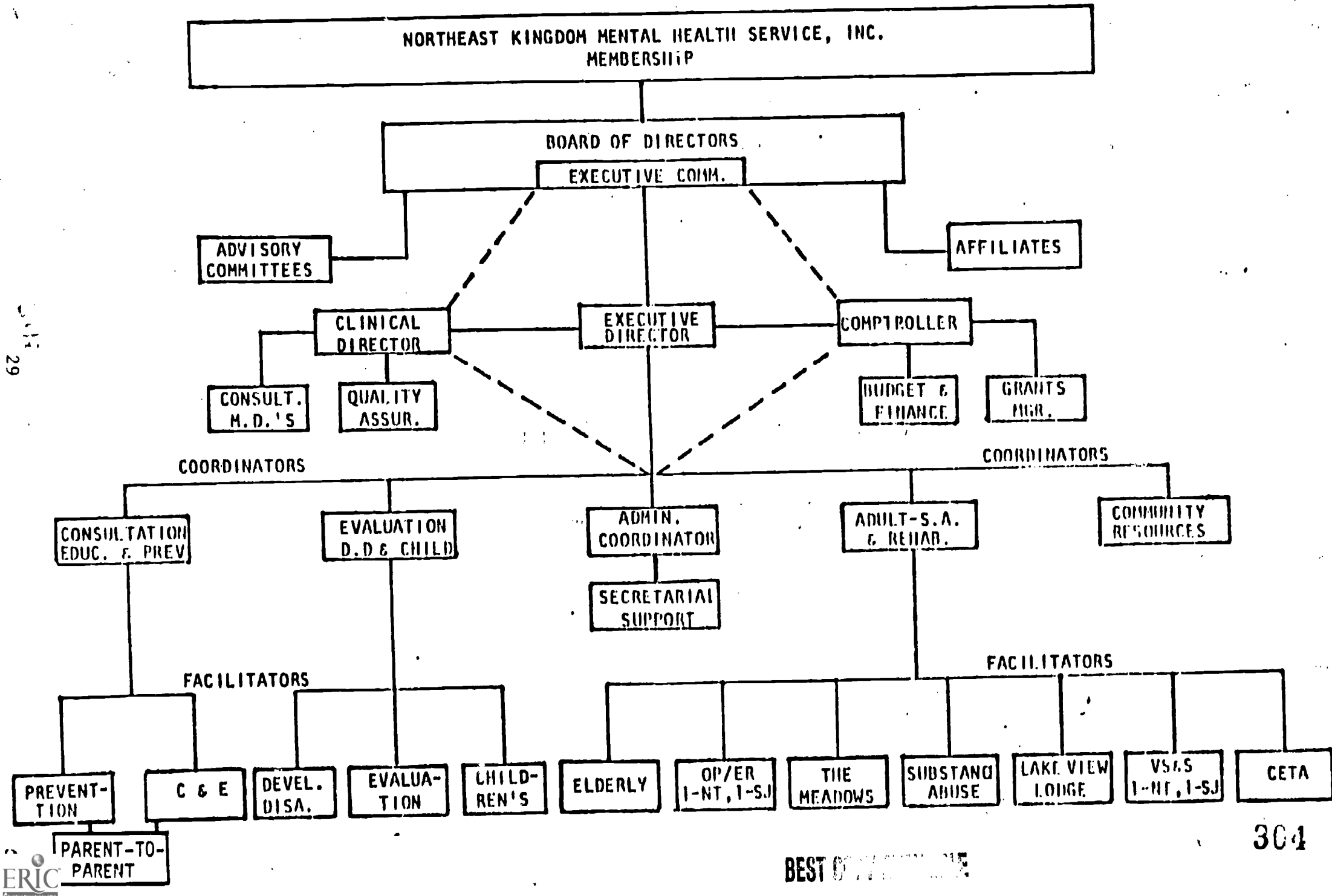
care for their children. We're beginning to learn
that people learn best from each other, and we (the
agencies) must figure out how to support that
....Parent-to-Parent is a model of that, I think it
will have tangible results..."

The most important thing a program can do, she said, is to raise
mothers' self-image, help them feel more confident in their mothering, and
thus more willing to seek assistance in that mothering.

Another important reason for widespread support of the Parent-to-
Parent program is that philosophically the program is very much in tune
with most professionals and agencies serving the adolescent parent
population and adolescents in general. In fact, the program appears to be
offering the kind of support all adolescents in the Kingdom could use.

Aspects of Program Implementation as the RTDC became a possibility.
By 1981 implementation was well underway. The death of the original
supervisor staggered everyone, but especially among home visitors, there
was a sense of determination that kept the process going. All of the staff
connected to the program were remarkably committed people. Laird Covey, a
Vermonter by birth, played a key role in establishing the Parent-to-Parent
program and assuring the successful incorporation of Marian Herried as the
new supervisor for the program. Marian was responsible to Laird. Laird,
at that point in time, spoke for the Parent-to-Parent program and for the
RTDC concept within executive circles in the Newport office of the agency.
Marian spoke for the program at the St. Johnsbury office where the Parent-
to-Parent program was headquartered.

The Beginnings of the New England Regional Training and Dissemination Center

It is possible to look at the evolution of the New England Regional
Training and Dissemination Center in two ways—chronologically and in terms
of themes that have been important over the life of the project. In Table
III-1 is a chronological description of major events which occurred from
May 1981 when Vermont made the commitment to become an RTDC and December
1983. The events listed include changes in RTDC staffing, face-to-face
training and technical assistance that was provided by High/Scope and
delivery of training to second generation sites by RTDC staff. While the
chronology provides a sense of the progression of these events over two and
a half years, it does not portray the dynamics. For that reason we have
chosen to focus the case study on the themes that underlie the process.
During the November 1981 workshop eight areas or themes were identified as
needing to be addressed as the RTDCs got underway. It is these eight
themes that are used in organizing the case study. They are: definition
of the scope of the RTDC, the relationship of the core program to RTDC
activities; the relationship of the agency mandate to RTDC activities; the
definition of staff roles and staff changes; the development of materials
and procedures for delivering training and technical assistance; the
development of an evaluation capability; networking; and establishing
realistic timelines. Two other themes will also be addressed: funding for
the RTDC, and the RTDCs current viability and prognosis for the future.

1. The Scope of the Regional Training and Dissemination Center

Table III-1

The New England Regional Training and Dissemination Center

A Chronology of Events

May 1981 - The Northeast Kingdom Mental Health Services, Inc. (NEKMHS)
staff (George Coulter, Executive Director, Laird Covey, Admini-
strator, and Marian Herried, Supervisor of the Parent-to-Parent
Program) make a commitment to become a RTDC for the Parent-to-
Parent Model.

Summer 1981 - Timeline developed for the first year of RTDC activities

September 1981 - The core program is cut back from four cluster programs
in Northeast Vermont to a small program in St. Johnsbury.
Marian Herried begins to move from the role of Supervisor of
the core program to RTDC Coordinator. Winsome Hamilton, a
former home visitor, and a cluster leader becomes Supervisor
of the Parent-to-Parent Program.

October 1981 - Laird Covey leaves the NEKMHS for another position in the
state. Jim Irwin, already a staff person within the NEKMHS
takes on administrative responsibility for both the core progran
and the RTDC.

November 1981 - A Workshop for RTDC staff is held at High/Scope Foundation.
Marian Herried, Jim Irwin, Laird Covey, Winsome Hamilton and
Diane Brandon attend from Vermont.

December 1981 - A site visit is made to Vermont by Fran Parker-Crawford
to facilitate Winsome's assumption of the supervisory role,
help formulate plans for long-term development of the RTDC
and plan an institute to be hosted by the New England RTDC
in January.

January 1982 - The New England RTDC offers an institute for administrative
personnel in five agencies interested in knowing more about the
Parent-to-Parent Model. Fran participates in the institute.

February 1982 - Marian moves full-time into the position of RTDC
Coordinator.

March 1982 - Robert Halpern, Research Associate, meeting with Jim Irwin,
Marian & Winsome on RTDC issues: Conference presentation with
Vermont program staff.

March 1982 - The New England RTDC completes a draft of their training
and technical assistance options.

April 1982 - Winsome provides home visitor training to new volunteers
in St. Johnsbury. This is the first training she conducts alone.

May 1982 – The second RTDC Workshop is held at High/Scope. It is
         attended by Jim Irwin, Marian Herried and Winsome Hamilton.

May 1982 – Marian and Winsome make presentations of Vermont's program
         at High/Scope's Annual May Conference.

Fall 1982 – Marian provides training to two second generation sites:
         Washington County Youth Services in Montpelier, Vermont and
         the Lyndonville Public Schools in Lyndonville, Vermont.

September 1982 – A site visit is made by Beth Jones of the Bernard van
         Leer Foundation.

November 1982 – Judith Evans makes a site visit to the NEKMHS and to
         the two second generation sites.

January 1983 – Marian Herried retires. Ann Dunn assumes the role of
         RTDC Coordinator. (She has apprenticed with Marian part-time,
         since Fall, 1982.)

February 1983 – The third RTDC Workshop is held at High/Scope. The
         focus of the workshop is on Documentation/Evaluation.

March 1983 – Fran makes a site visit to Vermont to train Ann Dunn as
         RTDC Coordinator.

March 1983 – Ann begins training six sites funded by the Department of
         Social and Rehabilitative Services (SRS) in Vermont.

April 1983 – Sally Wacker makes a site visit and provides technical
         assistance to Winsome on core program evaluation and models
         process for Ann Dunn.

May 1983 – Ann Dunn attends High/Scope Annual May Conference.

June 1983 – The New England RTDC and High/Scope Policy Center present
         at the Vermont Conference on Primary Prevention of Psychopathology.

July 1983 – Sally Wacker returns to Vermont to continue technical
         assistance efforts related to evaluation.

October 1983 – Winsome trains a new group of home visitors in order
         to expand the core program.

December 1983 – A site visit is made to Vermont, Ohio and Michigan by a
         team from the Bernard van Leer Foundation.

The New England RTDC became a part of the RTDC network that was being created because of the Northeast Kingdom Mental Health Services' (NKMHS) experience and expertise in operating a Parent-to-Parent Model program that had been adapted to meet the needs of adolescent parents in rural Vermont. In defining the specialisms that would be the cornerstone of their individual RTDC, the New England group chose to focus on providing training and technical assistance to agencies that were in the process of developing support programs for adolescent parents in primarily rural areas.

As the RTDC got underway in January 1982 three things happened. First, the core program being operated within the NKMHS began expanding their definition of whom they would serve; they decided to include first-time parents that were not adolescents. Second, they telescoped the four clusters being served in the Northeast Kingdom into a single program in St. Johnsbury. This meant that they were now serving young parents within a five mile radius of one small city setting, rather than serving the rural areas within northern Vermont. Third, requests for information about the program were coming from agencies that were serving a variety of populations in addition to adolescent parents. As a result, the RTDC staff began to define their areas of expertise more broadly.

When the RTDC offered an administrative institute on the basics of the model in January 1982, people from mental health agencies serving first time parents, hospital staff providing support to all parents, personnel from the Association for Retarded Children serving families with high-risk infants, and public school personnel interested in developing a kindergarten readiness program were all in attendance. Because of the diversity of needs and interests those involved in providing the training found themselves pulled in many directions, and were generally dissatisfied with the outcome. Even so, the RTDC staff decided that they, indeed, could deliver quality training to all these groups—just not at the same time. The High/Scope consultant who was a part of th« workshop was distressed by the fact that the NKMHS staff seemed to feel they could do everything, and in a letter following-up on the workshop she stated:

> "The Vermont RTDC can design and offer small .2-3
> day institutes (in addition to full training
> packages) with expertise in such areas as:
>
> 1. Working with the adolescent parent
>
> 2. Working with infants (normal) and parents in
>   rural isolation
>
> 3. Networking agency cooperation in a rural
>   setting
>
> 4. Techniques for recruiting, training and
>   supervising community volunteers
>
> 5. The basics of planning a home-based
>   program.
>
> Then the Vermont RTDC should concentrate on seeking

long-term contracts with programs that you are
qualified to handle—back to the original idea that
each van Leer site is developing skills in specific
areas...You will need to take a very candid look at
your capabilities and <u>not</u> over extend
yourselves...You have a very small staff and your
expertise is soundly in the area of adolescent
parents. In our assistance to you we must not
short circuit your first year by assuming you can
handle every program that comes down the pike."

Following the January Institute there were a series of discussions
about the capability of NKMHS RTDC staff to work with parents of
handicapped infants. It appeared that the Association for Retarded
Children (ARC) in Oneida, New York, would have monies for training. The
new administrator for Parent-to-Parent and the RTDC within NKMHS, Jim
Irwin, firmly believed the New England RTDC could deliver appropriate
training to the group. High/Scope staff clearly felt they could not. In
discussions between High/Scope and NKMHS staff it was decided that the
decision as to who would provide training was in the hands of those
seeking the training. The ARC administrator felt strongly that High/Scope
should provide the training, given our previous experience working with
parents of handicapped children within both the infant and preschool
programs we had developed.

While our stand was appropriate, it did have implications for the on-
going relationship betwen High/Scope and the NKMHS, and it impacted the
RTDCs staff's continuing dialogue about whom they could serve. RTDC staff
began to talk more and more about the fact that the Parent-to-Parent Model
was a <u>process</u>, not a <u>content</u> model, and that they could certainly provide
training in the process model. The content could be added by others—in
the agency receiving the training, by other staff from the NKMHS, by
outside consultr...s, etc.

During a site visit made by the High/Scope Project Director during
December of 1982, RTDC staff made the following statements about the focus
of their work.

o That the Parent-to-Parent Model is <u>generic</u> in
  terms of the peer-to-peer support philosophy;

o That the core work of their RTDC is to
  disseminate a <u>process</u> and not to be limited by a
  particular <u>content</u>;

o That the <u>process</u> can be implemented in a variety
  of agencies, but that <u>evaluation</u> <u>questions</u> need
  to be asked to know what it means to implement
  the model in different contexts;

o That part of the uniqueness of the Vermont RTDC
  is its ability to work in <u>rural</u> contexts, and at
  the <u>grassroots</u> <u>level</u>.

Later, at a workshop in May 1983, the New England RTDC Coordinator made the following statement about their work:

> We came up with the term Generic Approach to
> the Parent-to-Parent Model..Something that can be
> used in any setting. The Parent-to-Parent
> philosophy remaining the same always, but the
> content of any particular agency or community could
> be plugged into that. Being that the model is
> adaptable and flexible, we could mold it to serve
> their purposes.

In December 1983 the New England RTDC officially declared itself as being able to provide the "generic" Parent-to-Parent Model to any community or agency requesting training.

2. The Relationship between the Core Program and the RTDC

As noted, one of the reasons that the focus of the RTDC changed was due to the fact that the core program began to work with first-time parents, even though they were not adolescents, and shifted their focus from supporting parents in rural areas to working with parents in one of Vermont's cities, St. Johnsbury. As the RTDC idea became a reality, the NKMHS staff made a very conscious decision to drastically pull back on the network of rural clusters that had been developed, and to concentrate their efforts in a small geographic area. This allowed them to take resources which previously had been invested in the core program and allocate some of them to RTDC development.

At the Workshop in November 1981, Marian Herried, the woman who was moving into the role of RTDC Coordinator from her position as program Supervisor, presented Figure III-2. It represents the NKMHS staff's projected timeline for cutting back on the core program and increasing RTDC activities between September 1981 and September 1982.

Winsome Hamilton, the current Supervisor of the core program, described what happened as follows:

> Back (in 1981) when we asked to become a RTDC,
> we recognized that we needed to make some changes
> in the direction we were going with the core
> program because of finances and how we were going
> to be spread out in the Northeast Kingdom.
> Previously we had four sites...so we were serving
> many families. We had 18 home visitors spread out
> in the 45 miles between Newport and St. Johnsbury.
> In the transition we decided to pull back, serve a
> five mile radius and keep it right in the St.
> Johnsbury area.

The cutback was too drastic. It left a core program that was tremendously weakened. During the transition there were other issues that played into the weakening--a change in staffing, agency energies being directed toward the RTDC effort rather than the core program, and a

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Figure III-2

TIMELINE FOR DECREASING CORE PROGRAM AND INCREASING RTDC ACTIVITIES

Sept. 1981	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept. 1982

R T D C   E X P A N D I N G

First
Training

Use present A/C @ $10/hr to help.
with training needs
H/S will help fill this in!

THE RTDC IN

Fund Raising (on-going)

FULL

Cultivating contracts (on-going)

OPERATION

Advertising positions
Hiring new person
Hiring secretary
Set up record keeping

Hiring evaluator
Decide on Tools & System
Coordinate with model

Hardwick   attrition
transfer of teens (and 5 H/V?)
to Lamoille Family Center
CFDP, and others

Newport   attrition
transfer teens (and 5 H/V?)
to North Country Hospital, CFDP, Public Health, other?

Burke (3 H/V)
attrition   Transfer to St. J. area

St. J. continued with following criteria:
Towns of St. J. & Lyndon only
Teenager
Physically or functionally
isolated
Set up evaluation system
8 H/V

M O D E L   N A R R O W I N G

The Jewell

12 Home Visitors

calling on

24 Teens

ACTIVITIES

Training Session in Fall for H/V
who will ivis in St. J. & Lyndon areas only

decrease in the Supervisor's time on the program (from 100% to 50%).

By 1983, however, the agency was realizing that the core program needed to be strengthened. George Coulter, Director of NKMHS, and other administrative staff clearly placed a very high value on the program as indicated by the fact that as of July 1983, the core program became supported by agency funds. That meant that the program was not responsible for generating the funds for its continuation. The agency made a commitment to making the program an integral part of their service delivery; the agency staff now see the core program as one of the ways the agency has an impact on the Northeast Kingdom and the State. Jim Irwin at NKMHS summarizes the program as follows:

> Our program in a quantitative sense probably doesn't have much of an impact. What it does have is preventive potential. The agency is opportunistic enough to see the advantages of the Parent-to-Parent Program to meet its own needs. One of its ends is to demonstrate leadership in the community and to support those programs that are doing the developing. The Parent-to-Parent program was a viable one when we picked it up and we wanted it to be ours. It has a vitality that reflects on the agency, and gives the agency credibility...The agency has been very committed for a very long time to cooperation and coordinated community services and have stressed that in the Parent-to-Parent program.

Thus, the core Parent-to-Parent program is solidly an integral part of the services offered by the NKMHS. Winsome's time as Supervisor of the core program was increased to 100% in early 1983; Ann Dunn's time as RTDC Coordinator was only at 50% time. Over time, a balance has been evolving between the core program and RTDC development efforts. Winsome felt strongly that Ann needed more time for RTDC work, so the two of them took their combined salaries and split them so that they would each have close to 80% time. Ann and Winsome work closely together and are mutually supportive of one another's efforts. The core program is solidly grounded in the agency; this is not yet true for the RTDC. But, as the core program meets many long-term goals for the agency, so does the RTDC. So perhaps the RTDC will find its own permanent place in the NKMHS.

3. The Relationship between RTDC activities and the mandate of the Northeast Kingdom Mental Health Services, Inc.

As indicated in the description of the NKMHS presented in the earlier part of this chapter, the agency has a history of and reputation for being involved in the development of innovative programs. They were one of the first mental heatlh agencies nation-wide to invest in the development of prevention programs. They saw the Parent-to-Parent Model as a viable approach to prevention of mental health problems. It became a model program for them. It is in their best interest to let others know about the program. Thus, the activities associated with the RTDC are clearly a part of the agency's current priorities.

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One of the reasons that the RTDC has taken on a broader focus than the delivery of training and technical assistance to agencies serving adolescent parents, is that the NKMHS sees the outreach function of the RTDC as a way of promoting a wide variety of their concerns to a much broader audience. Thus, both Jim and Ann are being asked to work in a variety of ways at the state level to promote prevention, not simply to promote the Parent-to-Parent Model. Jim has been heavily involved in a Department of Mental Health, Department of Education and Department of Social and Rehabilitative Services inter-agency task force that is looking at ways to coordinate programs. As Jim states:

> They are looking at the ways at the state
> level to sort of share funds, but they're not
> successful at doing that until they come down to
> the local level. They want us to do that, us to
> demonstrate, come up with a model showing peer
> efforts of cooperating together...in prevention
> mental health.

Ann has become involved in a Vermont State Department of Education early education initiative involving children age three through third grade. Ann summarizes the project as follows:

> One of the key issues will be finding ways to
> involve parents...It's pretty comprehensive. We've
> had some correspondence with the people at the
> Department and they have indicated a real desire to
> have us participate in their planning. They want
> to have a legislative conference in the Spring
> (1983) and I was told they would like us to help
> plan that.

Ann also served as a facilitator of a conference sponsored by the Rural Network for Handicapped Children, which brought together legislators, commissioners, program directors and parents from Maine, New Hampshire, Massachusetts and Vermont, for the purpose of developing inter-agency networking to serve families with handicapped children.

Thus, the range of activities being undertaken by Jim and Ann represent a variety of agency interests; they are not limited to nor necessarily focused on training and technical assistance as related to the original focus of the RTDC. These activities obviously serve the needs, interests and goals of the host agency. Clearly the RTDC needs to be defined as more than a regional training and dissemination center for Vermont's adaptation of the Parent-to-Parent Model. Clearly RTDC staff are working to impact public policy for young children and their families— a goal which is very much consistent with High/Scope's own work. However the current focus of the RTDC does cause us to pause and consider the nature of the linkages between the New England RTDC and High/Scope.

4. Define Staff Roles

One thing that has been characteristic of the NKMHS program, since we began working with them in 1978, is high staff turnover. In every year of the program one of the major characters has been replaced by someone else.

This has meant a number of things to the program. In one instance the loss of a staff member caused the program people to pull together and renew their commitment to the program. In another instance a change in position for a staff person moved her from a position where she had been very effective to a position where her weaknesses were more evident than her strengths. In several instances it has provided a way for those initially involved in the program as home visitors to take on increasing responsibility for the operation and development of both the core program and the RTDC. Each change has been difficult. But with each change those involved in the program have had to assess their competencies, given the new demands placed on them, and to develop new skills. With each change it has also been necessary for High/Scope staff to reassess the technical assistance that was needed, and who might most appropriately be involved with the NKMHS staff at any given point in time. The chronological involvement of the major characters within the NKMHS core program and RTDC are presented in Figure III-3.

While the figure provides a sense of movement within the organization, it does not tell the whole story. A brief description of some of the events, impact of the changes, and the characteristics of those involved provides a more complete picture of what has occurred in Vermont.

The program was begun under the energetic, enthusiastic and totally committed leadership of two native-born Vermonters—Laird Covey who had an administrative position within NKMHS, and Meredith Levitt-Teare who had been actively involved in human services through Vermont before taking the position of Program Supervisor as Parent-to-Parent got underway. The tragic death of Meredith in early 1980 shocked everyone, and it was unclear to us whether or not the program would survive. But the home visitors saw the program as a way to pay tribute to Meredith's work, and because Laird had participated in the two-week home visitor training sessions and knew and was known to the volunteers, he was able to step in and provide the necessary leadership until another Supervisor could be found.

Marian Herried, an older woman who was tremendously nurturing, became the Supervisor in April 1980 and played the role of a rescuing mother. She did not replace Meredith; she brought new dimensions to the program, particularly a healing quality which was important to all involved at that point in time. The program continued to flourish under her guidance. By the Fall of 1980 the program had expanded into a satellite system whereby four home visitors trained in the first year were assigned to work with newly trained home visitors in Newport, Hardwick, East Burke and Peacham; Marian was responsible for overseeing the four and operating the St. Johnsbury program.

The decision for NKMHS to become a Regional Training and Dissemination Center was made in the spring of 1981. It was very soon after that decision was made that Laird Covey resigned from NKMHS to take another position. But before resigning he secured funding from Turrell, who had originally funded the implementation of the Parent-to-Parent Model, to underwrite the initial RTDC development. Within the administrative hierarchy of NKMHS Jim Irwin took over responsibility for the Parent-to-Parent Program and RTDC development. Jim, who has lived in Vermont for approximately 15 years, is quite different in style and personality from Laird. Jim is a "good heart". He listens attentively, is a thoughtful

Figure III-3

STAFF WITHIN NKMHS CORE PROGRAM AND RTDC

| | | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 |

ADMINISTRATION George Coulter
Laird Covey
Jim Irwin

PROGRAM Meredith Levitt-Teare
Marian Herried
*Winsome Hamilton

RTDC *Ann Dunn
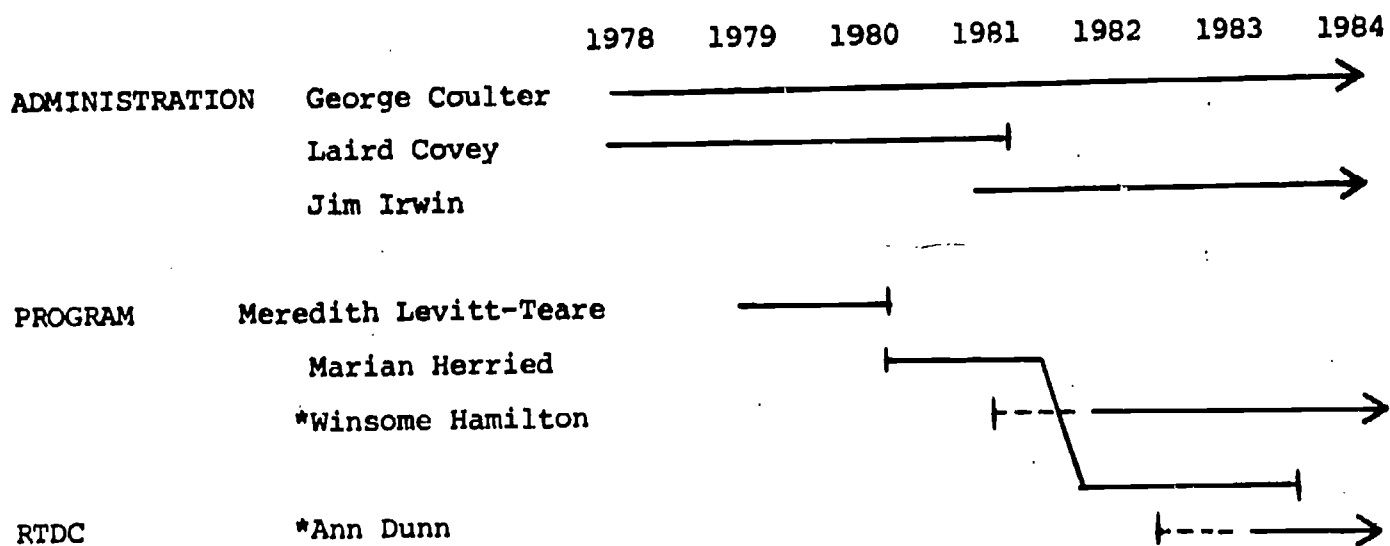
- - - indicates apprenticeship (voluntary)
_____ indicates paid employment
* former home visitor

man, and one feels comfortable in his presence. He is not the mover and leader that Laird was. Very quickly the style difference had an impact on the core program and on the RTDC.

Soon after Jim came onto the scene a signficiant decision was being made about the operation of the core program. It was decided that since Marian would be turning her efforts to RTDC development during the 1981-82 year, the core program should be reduced, and someone else should be brought in to supervise the core program. As indicated earlier, the decision was made to operate only in the St. Johnsbury area and to eliminate the cluster structure.

High/Scope staff were very uneasy about the sharp cut and made their concerns known during the summer of 1981 as final decisions were being made. However, since no one at High/Scope nor at NKMHS had previously been involved in such an effort, our intuition was not as yet backed by experience, and the NKMHS staff moved ahead. It was decided that Winsome Hamilton, who had been responsible for the Newport cluster, would take over responsibilit' for the St. Johnsbury program. (Over time this has proved to be very difficult since she lives in Newport and must commute 45 miles each way, every day. She is not a part of the St. Johnsbury community, and this has affected the networking of human services in relation to the program.)

During a site visit made in December 1981, the High/Scope Consultant (Fran Parker-Crawford) worked with Jim, Marian and Winsome to further define roles and to facilitate planning for the process of RTDC development. Even though dialogue was begun in December 1981, there were many unanswered questions about appropriate roles and activities; 1982 was a very rocky year.

Marian, who had been quite comfortable and capable in the role of program supervisor, was being asked to move into a role where there was little structure and a minimal amount of on-site support. Marian did not possess good organizational skills, which posed a number of problems during technical assistance meetings since she did not systematically document contacts and was unclear on whether or how she had followed through with sites. There were also some transition issues for her and Winsome surrounding the operation of the core program in St. Johnsbury. (Technically Marian was full-time on RTDC activities by February 1982.) Winsome, because of her own insecurity, found it difficult to "replace" Marian. She failed to forge ahead with her own ideas, although she had them, or make decisions on her own, based on what she saw as program needs. She was also going through a difficult time personally. At the same time, Marian found it difficult to sever her emotional ties to the home visitors and families, thus contributing to the feelings Winsome had of not "owning" the program.

Fran worked with both Marian and Winsome to help them understand the separation that was necessary—physically, administratively and emotionally. Marian needed to spend much more time on establishing the RTDC than she appeared ready to do, especially in terms of organizing the paper work related to site negotiations. She clearly needed more than nurturing skills to operate as RTDC Coordinator. Winsome needed to use

Marian as a resource person only, not a final decision-maker for every facet of the core program.

Some of these issues were evident in a series of telephone calls between Fran and Marian. Fran notes:

> Marian again shared concerns about Winsome's sense of herself as the Supervisor; her ambivalence between wanting to be full time but wanting to be home (up at Newport) with her younger son during the summer; her change of mind concerning a move to the St. Johnsbury area to be close to the core program; her lack of aggressiveness in recruiting, fund raising and working with teens and finally, for whatever reason, her quiet refusal to include Ann Dunn and/or Linda Kane in the training sessions.

Fran pointed out ways in which Marian was "holding on" to the core program. In order to help Marian let go of the core program and put her energies into the RTDC, Fran writes:

> I suggested to Marian that this is her real training/learning experience as an RTDC Coordinator-trainer. She is experiencing with Winsome the same issues she will be experiencing as she works with other sites and their Supervisors! That indeed, she is experiencing the same issues we, High/Scope, have experienced working with all of our sites—including Vermont.

Throughout the year Marian was actively involved in promoting the RTDC, she presented at conferences, offered visitor's days to acquaint people with the program, and generally spent considerable time networking among social services throughout New England. About mid-year she began to talk of retiring at the end of the year. She was aware that her salary was relatively high compared to other salaries within the NKMHS, and she was feeling that the program could not really afford to support her. She may have also been feeling that she was not able to accomplish all that she wanted to. She was not very articulate on that point. At any rate, as she began to talk about leaving the question was raised, who would take her position?

While Winsome was a "logical" replacement—a move from program supervisor to RTDC Coordinator would be a possible next step—it was felt that she did not have the aptitude to take on the difficult role. Winsome was beginning to exert her influence on the core program and things were developing well for her. It did not seem appropriate for her to shift.

Meanwhile, Ann Dunn, a woman who had been involved with the program since its inception, had been busy creating positions for herself in relation to the program. She began working with the Hardwick schools; she participated as a trainer in the January 1982 Institute; she attended conferences and was involved in public relations activities to promote the

Parent-to-Parent program   All of these activities were undertaken on a voluntary basis. When it was evident that Marian was going to leave, Ann seemed like an excellent person to take her place.' Thus, during the fall of 1982, a minimal amount of funds were made available so that Ann could apprentice with Marian before she left. In January 1983 Ann took over.

Before discussing how Ann has impacted the RTDC, it is important to examine the impact of staff changes at the administrative level that occurred as Marian was beginning her role in the RTDC. The shift from Laird Covey to Jim Irwin was made as Marian shifted from core program to RTDC activities. Soon after hearing that Laird was leaving, Marian wrote to Fran. Her reactions to Laird's announcement indicate some of her concerns about the move and what she anticipated that would mean for the RTDC. She writes:

> We've met twice with Laird in the last two
> weeks. My morale has been jolted with the word of
> Lairds' leaving. Details have not yet been worked
> out - but I feel sure a reasonable transition will
> be worked out and that Laird will be available to
> us when we need him. However, my personal concern
> is who will be my supervisor and will this person
> have the time, talent and committment to get out
> there and procure the funds.

Her concerns were well founded. Shortly after the shift was made from Laird to Jim, it was quite clear that Jim was not going to provide the same type of energy to the program that Laird demonstrated. Further, Jim was not very available to Maria.—physically or emotionally. This made Marian's year all the more difficult. Marian's comment on the Coordinator Implementation Evaluation Form completed in February 1982 illustrate the difficulties:

> Insufficient time with Jim to have his input and
> approval on important decisions. The week's
> experience is too typical: appointment for Wed.
> afternoon changed to Thursday at 11:00; arrived at
> 11:30 and by 2:30 others from Newport office were
> wondering how soon he's going to be ready to leave.

Fran, as High/Scope's Program Consultant, also became increasingly uneasy about Jim's noticeable absence and "angry with his inability to respond to difficult issues." She writes of the December 1981 meeting within which the NKMHS staff worked on defining roles:

> The biggest frustration in accomplishing (our)
> goals was not having Jim Irwin available for more
> than one of the five days I spent there... While we
> were able to provide Jim with detailed written
> information, it would have been of extreme value
> for he and the staff involved, for him to have been
> a part of the "working through process."...It is my
> hope that he can go to the January Institute since
> it is directed toward program adminsitrators.

The January Institute occurred. Jim, who was there for only 1/2 hour on Monday and for the Wednesday wrap-up, had dinner with Fran on Wednesday night. The staff were struggling with how to make the Institute successful, and Fran and the others really needed his guidance, intervention and support. She writes of her conversation with him:

> I met with Jim Irwin over dinner and brought him up to date on what had occurred up to that point...I shared with Jim my frustration over the increase in the number of programs present and how that was pulling me and Marian apart. Our needs were essentially going unmet. At the end of Wednesday evening I felt we were "surviving" and that's about all.

Jim did not attend any of the other sessions that week. Later in a conversation with Judith Evans recorded on a "Telephone Interview" form conducted in February, Jim stated that he would have rated the Institute "C—at best". Fran was both hurt and angry that Jim would make this evaluation without having been more a part of the process. In April she wrote to Jim:

> There is much I'd like to just sit and talk over...I'm eternally grateful that Marian and I have had the long term working relationship we have. We both are willing to learn from each other, our experiences (good and bad) and from others. We both have been able to be honest with each other and I appreciate not having to work around assumptions or game playing. I want to strive toward developing that kind of working relationship with you also. I did not deal with my personal feelings of frustration and disappointment over you not being able to spend the week (or at least a full day) with us at the Institute...I have now learned that I should have been able to express my concerns and needs as early as Tuesday morning...You would have been an active part of decision making concerning the rest of the week's efforts.

There was a general sense throughout 1982 that Jim was unavailable. In May 1982 Fran writes:

> A warm spring hello! Even though I never hear from you I know you are out there!

It in unclear to us how Jim was originally chosen to take over the program, and his level of enthusiasm for it. Our sense is that he was willing to take it on, but didn't really understand the program when he first got involved.

By December 1982, when Judith Evans made a site visit to Vermont there was some indication that he was beginning to own the program. During the site visit Jim talked at some length about the value of prevention

programming. He indicated an interest in learning more about normal development and talked about the possibility of working full time within the agency to develop prevention programs. It was as if Jim had come to understand prevention programming during the 1982 year. He was now willing to embrace the concept and the Parent-to-Parent program which was the agency's best example of such programming. Thus, his greater commitment to the program was evolving as Marian was getting ready to retire. She left the program in January 1983. Jim Irwin and Ann Dunn then assumed the major responsibility for developing the RTDC for New England.

Ann, as stated earlier, had been one of the original home visitors who then became an area leader during the Parent-to-Parent program expansion phase in October 1981. Ann possessed a keen sense of the program philosophy and possibilities, a sharp mind and capacity for mobilizing others, and definite organizational/administrative skills. On her own time and energy she began discussions with the Hardwick School administration and kept close contact with Jim Irwin and Marian Herried. To her credit, she volunteered her assistance whenever and wherever needed.

Ann, Jim Irwin and Winsome attended the RTDC workshop at High/Scope in February 1983. At that point, they felt that much needed to be done to get themselves in a better position to work adequately with current sites they were funded to serve, plus, continue successful negotiations with other prospective sites. It was difficult for everyone concerned to deal with some of the issues that were definitely a result of Marian's lack of organizational/administrative skill. There were strong feelings of loyalty to Marian who had nurtured and maintained the Parent-to-Parent program for over two years, and rightly so. NKMHS and High/Scope staff felt guilty for being angry and frustrated with Marian over the administrative issues left undone or in a state of flux. Together, they admitted their mixed feelings, and made plans for the High/Scope consultant to return for a training and technical assistance site visit in March.

The goals for the site visit were: 1. To provide Ann with an understanding of the process needed for working with potential sites—from outreach to moving the site to a signed contract. To meet this goal Fran had developed a "mini-manual" that could be used by RTDC Coordinators to facilitate their work with potential sites. 2. To assist Ann in planning the staff training contracted by the Department of Social and Rehabilitative Services (SRS) for six of their agencies. 3. To observe Ann as she worked with one of the SRS site Supervisors in the planning stage and to provide feedback on the observation. 4. To provide technical assistance to Winsome Hamilton in the operation of the core program, as requested by Winsome. The week was well spent as Ann updated and organized RTDC records, began assimilating and using the information from the mini-manual, and designed training for the SRS agencies.

Fran first met Ann Dunn when she was a home visitor in the first program year, and had been impressed with her abilities even then. As Ann began defining the role of RTDC Coordinator for herself, Fran's respect for Ann's skills and competencies grew. On the Coordinator Implementation Evaluation Form Fran completed on Ann in July 1983, Fran writes:

> Ann has a tremendous capacity to somehow be
> "everywhere present." The RTDC operations are very

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honestly reflecting Ann's skills and ability to
efficiently prioritize and complete tasks, follow
through and utilize time to its maxi...Ann's
ability to clarify quickly what needs to be done
and what it will take to do it is a plus for her in
the public relations efforts...Ann has exhibited a
rare quality of being "compassionately aggressive"
which of course, in turn, allows her to be a very
productive "enabler" when she is working with
individuals attempting to plan and implement the
program.

Clearly Ann has put her mark on the RTDC. She has been in the role of
RTDC Coordinator for less than a year, but has accomplished many things.
Her contacts and networking are beginning to pay off. She is well-known in
the state, and High/Scope staff feel comfortable in recommending that she
take on tasks and training requests originally directed to High/Scope.
(For example, she was asked to take Judith's place at an invitational
conference sponsored by the Family Resource Coalition at Yale University in
Spring 1983; and she was asked by High/Scope, who had the original
contract, to provide training and technical assistance to the Ounce of
Prevention Programs in Illinois.)

But, in spite of Ann's energy and efforts, the ultimate viability of
the New England RTDC will be determined to some extent by Jim Irwin's role
in the process. Even though he embraced the notion of prevention
programming, and is very supportive of the core program (he was
instrumental in getting the core program funded by agency funds), he has
not put the same kind of energy into the development of the RTDC. As
High/Scope staff have identified possible funding sources, and offered to
assist in proposal writing, the information and offer have not been used.
Similarly, Ann and Winsome frequently express their frustration at not
getting the support from Jim that they need.

Fortunately it has been recognized within NKMHS that Jim needs to give
more time and energy to the RTDC and the core program. This is evidenced
by the fact that George Coulter, agency director, has requested that Ann
and Winsome come to the Newport office one day a week to w with Jim.
Until now Jim has been scheduled to go to the St. Johnsb y office on
Wednesday to meet with them. Because other staff in St. Johnsbury also need
to meet with Jim on these days, Ann and Winsome's time with him is
frequently short-circuited. Jim may or may not be more available when Ann
and Winsome go to him in Newport, but the mandate from George indicates his
concern for and committment to the development of the RTDC, and his
recognition that Jim needs to be more involved.

In sum, the personnel changes within the NKMHS core program and the
New England RTDC have strongly impacted the efforts all along the way.
With each change there has been a need to work out new roles and
relationships, both within NKMHS and between NKMHS and High/Scope staff.
The different personalities and styles at both the administrative and
program levels have made their mark and illustrate how important individual
characteristics are in the process of establishing an RTDC. When there are
so many changes in personnel one begins to ask, what is constant?
Hopefully what remains constant is the program being offered through the

RTDC; that program has been defined and redefined as training options have been formulated.

5. Develop procedures and materials for providing training and technical assistance.

As Vermont began adapting the Parent-to-Parent Model to meet local needs they created training and support materials to complement those provided by High/Scope. It was determined that these materials would be important in Vermont's work with agencies similar to their own. Thus they were encouraged to pull together what they had developed and make these materials available through the RTDC.

At the November 1981 workshop NKMHS staff were encouraged to define the types of training and technical assistance that they could provide—from one-day workshops to the complete Parent-to-Parent training package—and to determine what they should charge for their services. While the guidelines provided at the November Workshop helped NKMHS staff begin to think of training options, it was not until Marian began working full time for the RTDC that she felt the need for training packages. In March of 1982 she writes:

> I have been hampered by not having our training
> options clearly defined, printed and ready to mail
> or hand out. It means a constant 'reinventing' for
> each contact—very time consuming.

By May 1982 a brochure had been developed and printed that listed the training options available. The Training and Technical Assistance offerings was listed in Table III-2.

Thus, the New England RTDC had developed a full range of training and technical assistance options by Spring 1982. They seemed to have a clear sense of what they could offer, and this is what Marian promoted in her work with potential sites. What was more difficult for the staff to resolve was what to charge for the different services they provided.

It was apparent at the November 1981 workshop that the NKMHS staff had no experience in trying to cost-out various options. High/Scope provided some guidelines for the development of workshop fees and contract development which could serve as the base for Vermont's own fee structure. It was difficult to convince the NKMHS staff of the real costs of offering workshops and training. Even by May, when training and technical assistance options had been developed, it was clear that the cost issue was not resolved. Marian writes,

> No on-site presentations have been charged for so
> far (with the exception of the January Insititute).
> I would, however, classify them as Visitor's Days
> for which we would not expect to charge a fee (good
> P.R.)...We are still working out what 'firm, fair

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Table III-2

TRAINING and TECHNICAL ASSISTANCE OPTIONS

Training for those communities which desire full implementation of the Parent-To-Parent Model includes a Visitor Day, Supervisor Training, Home Visitor Training, and thirty days of consultation over a 2 or 3 year period, to assure the technical assistance needed for planning, implementation, and evaluation measures necessary for a successful ongoing program.

VISITOR DAY

A day regularly scheduled to:

- explain the program
- meet with Coordinator of the Regional Training & Dissemination Center
- meet with the supervisor of the Parent-To-Parent Program
- meet with a home visitor calling on a teen parent
- provide descriptive handouts

SUPERVISOR TRAINING

One full week of training at the Regional Training & Dissemination Center for the supervisor and a support person from the community.
The training includes:

- overview of the Parent-To-Parent Model
- needs assessment process
- goal identification
- program design
- designing program evaluation measures
- recruiting support (community and financial)

HOME VISITOR TRAINING

Two full weeks of on-site training. A Regional Training & Dissemination Center staff person will work with the local staff to design and implement sessions to train persons who will be doing the home visiting in the community in:

- the role of the home visitor
- techniques for building relationships
- coping strategies
- infant/child development
- opportunities for learning
- community resources
- planning and record keeping

Those not presently in a position to do the total package described on the left, or who have other needs, may find the following options of interest:

VISITOR DAY

Open to anyone interested in knowing something about the Parent-To-Parent Model and the Regional Training & Dissemination Center.

ORIENTATION SEMINAR

A three day seminar in which a curriculum consultant will provide more information about specific aspects of the model such as:

- history and philosophy of the model
- system of delivery
- parent/child interaction
- home visiting
- infant or child development

If the seminar takes place at the Regional Training & Dissemination Center additional people could be involved:

- program director
- home visitors
- parents who are being visited
- community resource people

If the seminar takes place on-site all those whose programs would be affected and who are crucial to the success of your program could be involved in order to:

- increase understanding of the model by all
- work jointly on how best to incorporate the model into the existing organizational structure

Seminars are appropriate for those who need more information about the model or for those communities which are beginning to define a parenting program and need to know what it involves.

SUPERVISOR TRAINING INSTITUTE

One full week of training with staff person(s) at the Regional Training & Dissemination Center in such areas as:

- supervisory skills
- supporting parents
- philosophy of home visiting

This institute is appropriate for supervisors and others involved in running a home visitor/parenting program or for individuals who need to develop or extend supervisory skills, especially those relating to home visiting/parenting programs.

HOME VISITOR TRAINING

Two full weeks of on-site training of persons to do home visiting in programs which offer, or wish to offer, a homevisiting component and for those implementing the complete Parent-To-Parent Model. A Regional Training & Dissemination Center consultant will coordinate with the supervisor and support person to train home visitors.

CONSULTATION

One Regional Training & Dissemination Center curriculum consultant will spend one or more days working with you either at the Regional Training & Dissemination Center or on-site on mutually defined issues. These might include:

- presentation of the Parent-To-Parent Model
- reviewing your material
- helping you with a specific aspect of your program
- ongoing technical assistance
- helping you to define a parenting program for your community

Such consultations are appropriate for persons with ongoing programs needing technical assistance or for those interested in exploring the possibilities of such a program.

WORKSHOP

A curriculum consultant will conduct a workshop (1 day or more) for your people, on-site or at the Regional Training & Dissemination Center. The design of the workshop will be determined by the needs of the community. Depending upon the specific content desired, the workshop could include:

- multimedia presentations
- home visiting/parenting model
- role of the home visitor
- parental support of early learning
- child development/learning
- adolescent development/learning
- adult development/learning
- evaluation system to provide informative and summative data

and equitable' decisions for fees will be based on.
Jim is presently working with NKMHS Coordinator as
to what our fees need to be.

By Fall 1982 the New England RTDC had training contracts for full
implementation of the Parent-to-Parent Model in two sites in Vermont
(Montpelier and Lyndonville). Yet it is clear from their pattern of
training and technical assistance that they were not drawing a hard line in
terms of costs, even at that point in time. This is evident in a report
that Judith Evans wrote after a site visit in December 1982. She writes:

> Both of these second generation sites were
> developed within driving distance of the RTDC.
> Because they are relatively close they have been
> provided with on-going training and technical
> assistance in person by RTDC staff. This has been
> tremendously helpful and important in the
> development of both programs. Without it, I
> seriously doubt if the programs could survive.
> However, RTDC staff will not be able, nor can they
> afford, to provide such extensive technical
> assistance to sites at a distance...In other sites
> that are being developed the 'distance management'
> issue will become evident and will need to be
> addressed.

At this point in time it is not clear whether or not the distance
management and the related costs issues have been solved. The New England
RTDC has not had a full training contract with sites outside driving
distance, although some are clearly on the drawing board.

It can be said that over time the NKMHS staff have come to recognize
the economic necessity of including planning and follow-up time in training
costs. They also have come to recognize they cannot give training days
away up-front in the hopes that a full contract will develop; RTDC staff
have experienced the fact that once an agency receives free or low-cost
services, they are unwilling to pay "real" costs later on.

In sum, as of December 1983, the New England RTDC staff had developed
a number of contracts for discrete functions and appear to have a much more
realistic sense of what the various services cost the agency, and therefore
what needs to be charged. In addition, Ann Dunn has clearly developed the
capability to deliver the training and technical assistance which has been
contracted—including program evaluation, an area which has been of concern
in RTDC development, and one to which we now turn the discussion.

6. Develop evaluation skills.

One of the reasons that the Parent-to-Parent Model was so appealing to
Laird Covey as he was searching for an appropriate model to adapt in 1979,
was the fact that it had an extensive evaluation system included in the
"package". Both Laird and Meredith understood the value of evaluation,
were comfortable with developing instruments to assess program process and

outcomes, and were willing to undertake the necessary data collection procedures to produce the information they felt they needed. They were willing to engage with High/Scope staff in the implementation of the elaborate evaluation process as proposed when the Parent-to-Parent dissemination began.

Marian, however, did not have the same understanding of nor belief in evaluation. While academically she understood the value of evaluation, because of her personal style she did not provide the systematic documentation necessary for a solid evaluation of either the process or the outcomes of the program. With Marian's lack of commitment to evaluation, and with the increasingly obvious problems with the original evaluation design, the evaluation of the core program was very limited until Winsome became involved in 1981.

During the early program years, however, there were a number of interesting research projects associated with the Parent-to-Parent Program. One research project associated with the program was directed toward determining the attitudes and values of adolescent fathers. Extensive interviews were conducted with four adolescent fathers. From the interviews, program staff hoped to identify the needs of these young fathers and develop a program that supported them in their parenting role. The project was begun because some of the fathers in the program indicated a desire to be involved; they wanted to see what was being offered and to know more about what their girlfriends were learning. Winsome Hamilton describes the research and resulting program development as follows:

> From that project we have formed a small library with books for fathers and the books are being used. We formed a speakers bureau; we have perhaps 10 men from the community who are willing to speak to different service clubs in the schools and lead some discussion workshops for fathers in the community. They will also visit young fathers, again with the self-referral system, for a one-to-one conversation.

NKMHS staff feel that these services are a good start. They would like to put more time and energy into further developing a father's program.

A second line of research which has been important to the program was conducted on women's development. Extensive interviews were conducted by Mary Belenky that focused on women's development of a "voice". Interviews were conducted with women involved in the Parent-to-Parent Model and other support groups. Data collected in the interviews have been important in helping to clarify some of the program outcomes. The research also strongly influenced Winsome as she took over supervision of the core program. By fall 1982, Winsome had developed a number of instruments to monitor changes in women's self-concept over time.

At the May 1983 RTDC Workshop at High/Scope Winsome described the amount of evaluation associated with the core program. Even as she was describing the instruments she began to realize that evaluation was taking over the program. She also realized that the program was no longer

focusing on parent-child interaction; the focus was almost exclusively on women's development. Winsome stated that she would very much like to review her evaluation design and instruments and to assess if the program was "on track". This request was followed up in three site visits. Fran visited in March 1983 and was quite concerned over the fact that within home visit plans 90% of the effort was directed toward the parents personal growth and development. Fran asked Winsome to consider revising the home visit plan to reflect goals for the child and to make a concentrated effort to emphasize child development during home visitor training. Sally Wacker, High/Scope Research Associate, made site visits in April and July of 1983. The focus of these visits was on systematically examining and completely overhauling core program evaluation.

During the site visits Sally modelled with Winsome the technical assistance process that Ann Dunn needed to be able to adapt to provide evaluation assistance with sites she trained. The demand on Ann to provide others with technical assistance in evaluation caused her to scrutinize the evaluation of the core program and to be more concerned about how that evaluation was being conducted. In addition, Ann had experienced the difficulties associated with defining program goals, developing evaluation instruments and of coping with the aftermath of negative attitudes toward evaluation activities, and she was well aware of her own lack of eavaluation skills. Thus she was ready to learn from the process undertaken to examine the evaluation of the core program.

Ann worked with Sally and Winsome to clarify goals and expected program outcomes. She was a part of helping to prioritize the types of information most needed, and examining whether or not current instruments were yielding the information being sought. The site visits were tremendously valuable learning experiences for Ann as well as helpful in refocusing the core program and consolidating the accompanying evaluation system.

Since July 1983, Ann has had more than one opportunity to demonstrate her growing ability to provide technical assistance on evaluation. In her report on her work between August and October 1983 she writes:

> During this quarter I have continued to work with the White River Valley Parent-Aide Program in the development of the evaluation tool called the Outcomes Checklist. As we tried to refine it, I became concerned that the tool was attempting to demonstrate outcomes without being able to establish baseline data. As a result we have reworded it so that the indicators no longer imply change but are simply descriptive statements. Don can report any changes and can then draw his conclusions based on the changes...I tried to underscore the limitations of this too...However Don feels the design will be adequate for their purposes. The next step is developing a process for reducing the data collected.

7. Establish and maintain a networking system among and between the RTDCs.

One of the primary goals of the RTDC as proposed was to create a network of agencies that could offer training and technical assistance in the Parent-to-Parent Model. High/Scope proposed to play a coordinating role among the RTDCs, keeping people informed of developments at all the sites, being the funnel for referrals that might more appropriately be handled by one of the RTDC's developing a newsletter that would be useful to all programs, and generally providing the linkage between programs. It was easy to define this networking system; it was much more difficult to make it functional.

At the first RTDC Workshop we began a discussion of networking—what it meant and how we envisioned that it would happen. We gave hypothetical examples of how we would facilitate the process. For example, in instances where requests for information on the Parent-to-Parent Model were from agencies working with adolescent parents and/or representing rural mental health systems, we would refer the group to the New England RTDC; where the request was from a Head Start system, the information would be passed on to the Miami Valley RTDC in Ohio; and where school systems were interested in implementing the Model, Mankato, Minnesota would receive the referral. We reviewed several letters that had come to High/Scope in the previous six months and discussed who might best respond to them. In each instance there was agreement about who should respond. By the end of the workshop it appeared that the referral process was understood and that it would work.

The first "fly in the ointment" occurred during the January Institute held in Vermont, where staff people from five different agencies were receiving an orientation to the Parent-to-Parent Model. One of the agencies represented focused on working with handicapped children and their families. Staff from the agency met the NKMHS staff, and they met a High/Scope Consultant. They immediately realized that High/Scope had considerable experience working with parents of handicapped children, and that New England RTDC staff did not have equivalent experience. They then requested full training in the Parent-to-Parent Model from High/Scope, not the RTDC. Jim Irwin and Marian Herried, who were the primary decision-makers within the New England RTDC at that point in time, were very upset by the agency's decision. They were anxious to get contracts for training and technical assistance and really did not see that they did not have the experience nor expertise to deliver quality training to the agency in question.

The outcome was that NKMHS staff decided that High/Scope staff should not be involved in any further work with potential second generation sites; they felt we might steal them away. The entire exchange was very unfortunate, and although staff at NKMHS and within High/Scope appeared to clear the air with one another, this event has haunted us throughout the RTDC process. In essence the New Englad RTDC staff do not trust High/Scope staff to make appropriate referrals to Vermont.

One reason that this attitude has persisted is the fact that there were, in actuality, few referrals to make. Our sense is that the New England RTDC staff assumes that High/Scope is constantly receiving requests for information and/or training, and that we simply are not passing the information along. Apparently, they are also operating on the assumption that most requests for information lead to some type of training contract.

In neither instance are their assumptions correct. For two months Judith sent Jim a copy of every letter she received requesting information of any sort related to the Parent-to-Parent Model to give him a better idea of what was being requested and who was requesting information. She also informed him of all the instances where a second exchange of correspondence occurred. Even so, this did not seem to alleviate the mistrust that continued, and apparently continues, to exist.

Within the past six months the issue has become exacerbated by the fact that the New England RTDC perceives themselves as being able to provide training and technical assistance to any agency interested in developing some type of peer support system—a mandate broader in scope than our own. What that means is that they are in direct competition with High/Scope outside of the New England region. This is a most unfortunate development; what it means for the future relationship between the New England RTDC and High/Scope is unclear at this point in time. But it is an issue we are facing squarely.

8. Establish a realistic timeline for RTDC development.

When the RTDC concept was first discussed it was the staff within NKMHS—primarily Laird Covey and Marian Herried—who were the most enthusiastic and who expressed a strong interest in being involved. Even before the project was formally underway, Laird was seeking funding for the RTDC, and there were discussions within NKMHS as to how the RTDC should be developed. As illustrated in the discussion of staff changes, initial investment in the RTDC required NKMHS to make sharp cuts in the coverage provided by the core program. As noted, the cuts were too severe, and a year later energies had to go into re-establishing the core program and making it solid within the agency.

It was hoped that the RTDC would be economically self-sufficient by fall 1983, but this has not been possible for a number of reasons: staff changes have meant a re-direction of the effort; fewer full contracts have been signed than anticipated, and at a lower level of funding; negotiations with sites are lengthy no matter who is doing the negotiation; and the severe economic crisis within the nation, and within the Northeast in particular, have severely limited the funds available for social service programs. With so many factors coming into play, there is a constant frustration with the process and no clear sense of when, or even if, the RTDC will be able to stand on its own financially.

Excerpts from Ann Dunn's report on current work with sites helps illustrate the events that impact the development of training and technical assistance contracts—events one cannot anticipate and ones which certainly cannot be controlled.

Potential Contracts as of November 1983

Children's Health Clinic,
Great Barrington, Mass.

History

In 1981, Director Linda Small learned about PTP

through Mary Belenky who was working with us at
that time on the women's development project.
Later (1982) Linda met Marian Herried at the Rural
Network Conference and they began sharing
information on a regular basis with each other. In
the fall of 1982, Linda invited Marian and Ann Dunn
to Great Barrington to begin planning some program
development strategies. We were there a day and a
half. Linda's next planned step was to seek
funding.

Current Status

Linda has been pledged $3000 in matching funds
by the League of Women Voters. The League has
given her until May to secure the additional monies
to begin their PTP program. At my request, Linda
has provided a letter of intent to our agency
regarding their plans for program implementation
and their commitment to development of the PTP
Model. She is currently seeking additional funds.

Interagency Task Force
Burlington, Vt.

History

The Commissioner of Human Services of the State of
Vermont has made seed money available to
interagency task forces representing key
communities in Vermont for the purpose of
developing innovative pilot projects addressing the
needs of young families who are at risk. Two of
the key task force members in Burlington knew of
and were favorably impressed by our PTP project.
These were people whom we had had an opportunity to
work with in indirect ways during the past year.
At their request, I was invited to make a
presentation to the task force about the model and
the training and technical assistance
possibilities. Their ideas include using an
existing program called the Young Parents Program
as the host program for this pilot project. The
staff of the Young Parents Program were there and
seemed delighted at the possibility of working with
us on such a project. Two weeks after my
presentation, two task force representatives asked
to come to St. Johnsbury to talk with us further
about the program. This was arranged and the
meeting took place on Dec. 11.

Current Status

The two task force members who came to St.

Johnsbury seemed pleased and reassured with what
they saw and heard. They indicated that there had
been some talk about doing something with day care
with the proposed project money and also that there
might be some political issues that might need to
be worked through with one or two members regarding
the PTP model. Their overall message to us,
however, was one of optimism and commitment on
their part to advocate for using a home visiting
PTP approach in developing their plans. They were
to make another presentation to the group the
following day using our PTP video as a focus. They
will let me know their decision as soon as
possible. If they do indeed go ahead with the
model, I will assist them in writing their grant
proposal.

Mass. Society for the Prevention of Cruelty to
Children (MSPCC)
Boston, Mass.

History

Through one of my Boston contacts, Alexa Bressnan
of the MSPCC learned about the PTP program in
Vermont. The MSPCC hired Alexa this fall to
develop a primary prevention home visiting program.
Until she talked with me, all the program people
that she was in touch with for ideas were working
more in intervention situations using parent aides.
She called me and seemed delighted with our
philosophy and the description of the process. We
made a date for a Vermont visit. She had a budget
with which to work including training and
technical assistance monies. A week before the
planned visit, she called to say that there had
been some major executive changes within their
agency and consequently all budgets had been frozen
until things are sorted out.

Current Status

I have sent Alexa as much in the way of materials
as I could. Alexa is preparing a list of questions
for me based on these materials in the context of
her own projected needs and goals. Alexa will call
me during the first week of January and we will
review her questions at that time. Possibly by
then she may have more flexibility in coming to
Vermont or in having me come to Boston to discuss
PTP further with her staff. I feel that this
contract has great potential.

Many sites have potential--they have the potential to come through with enough funds to support a training and technical assistance package, and they have the potential to fizzle away and frustrate all involved.

Ann Dunn has done a terrific job of networking within the region and working in a variety of ways to get the program known. She is now very aware of the groundwork that must be laid and the work necessary to move a site from initial request to training contract. Given time, and adequate support from the NKMHS as a whole, the RTDC can be successful. A part of the NKMHS support that may well need to be continued through 1984 is financial, the topic of the next section.

9. Secure funding for the RTDC

When the RTDC began, Laird Covey approached the Turrell Fund, a group that supported the initial implementation of the Parent-to-Parent Model in 1979. They were willing to put $10,000 toward the start-up costs of the RTDC. In addition, Public Welfare was willing to provide up to $10,000 in matching funds. This was tremendously helpful in allowing Marian to move from the supervisory position to the role of RTDC Coordinator. But because there were some funds available to get the RTDC started, it took NKMHS staff some time to take seriously the fact that they needed to create a realistic budget to sustain the effort. In December 1981, as Fran was working with the New England RTDC staff, she tried to impress on them the importance of doing realistic budgeting. She also spent time encouraging Jim to continue to seek funds, respond to RFP's, etc. In the report on her site visit she states:

> We spent considerable time having Jim clarify the Parent-to-Parent November-January budget sheet. I realized I was sounding somewhat militant in consistently insisting they deal with exactly what they had in unencumbered monies, and to disregard "possible" money if grants came in and if they got matching funds to receive the additional $10,000 from the Public Welfare Funds. I felt Marian needed to get a feel for her role in working with sites when it would be necessary for her to help them set realistic goals and to work within the constraints of a very real budget amount.

During the 1982 program year neither Marian nor Winsome were clear on the budget associated with their efforts. The agency was trying to support both programs and put its resources where it was felt they were needed. But this did not help Marian realistically plan her activities within the constraints of a real budget.

It was hoped that within a year, by 1983, training contracts would cover the basic costs of the RTDC. This evolution has not occurred nor, in retrospect, was it a realistic expectation, given the lengthy development process to secure contracts and given the current economic constraints within social services. The few full training contracts that have come in have covered only a small percentage of the actual costs of the RTDC.

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It is truly significant that when the RTDC began, NKMHS was willing to financially underwrite the effort. This continues to be true. But since the RTDC began, the agency itself has suffered severe cutbacks in the federal and state monies they have been receiving for the range of services they provide. Yet, as Jim Irwin noted at the RTDC Workshop in February 1983:

> Our agency is so committed to this program that they are supporting the RTDC through their unrestricted revenue, money which comes in through donations, town appropriations, etc. Almost 3/4 of that whole budget is backing up the RTDC this year in order for it to get underway. We are not going to be able to do that next year because all the other programs that we fund have suffered.

Clearly the RTDC may not be self-supporting by fall 1984. At that point in time the Board and Director of NKMHS will have to decide whether or not to continue to use unrestricted funds to underwrite RTDC activities. Their choice in this matter will clearly impact the future of the RTDC. But financial support from NKMHS will not be the only factor in the future of the RTDC. A summary of current developments suggest several things which will be influential.

10. The future of the New England RTDC.

As had been noted time and time again, the Northeast Kingdom Mental Health Services have been intimately involved in both the implementation of the Parent-to-Parent Model, beginning in 1979, and in the development of the New England RTDC, beginning in 1981. As both projects got underway there was strong leadership within the NKMHS, with George Coulter and Laird Covey playing key roles in the process. As roles have changed within the agency, each actor has made his or her mark on the core program and the RTDC. The current actors—Winsome Hamilton as Supervisor of the core program, Ann Dunn as Coordinator of the RTDC, Jim Irwin as the agency administrator responsible for both the core program and the RTDC, and George Coulter as Executive Director of the NKMHS—all appear to be committed to seeing both programs survive. As Jim noted in early 1983:

> In our community mental health center, the Board and Executive Director, George Coulter have been very strong on supporting this program. I think they will make every effort they can to support that until it can become self-sufficient. The program has been influential in establishing our credibility within the state.

The fact that both the core program—which is the only peer prevention program that the Department of Mental Health is funding—and the RTDC have given the NKMHS increased visibility and credibility within the state of Vermont is not insignificant. As Jim comments:

George is behind the RTDC because he understands
the long range goals of our agency and the
philosophy of mental health. George has teen
talking of prevention within the Department of
Mental Health...He had been instrumental in seeing
that we get the kinds of funds that we need to go
ahead. I think we have the support all the way
down the line.

Indeed, the New England RTDC probably does have the support all the
way down the line, because down the line is the Mental Health Board of
Vermont, and sitting on that Board is Laird Covey, who is responsible for
the development of and support for prevention programs throughout the State
of Vermont. So, as we complete the case study on Vermont it may well be
that one of the primary movers in Vermont in 1978 that worked to get the
Parent-to-Parent program in place may indeed by a key figure in the
continuation and expansion of the program.

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CHAPTER IV

MIAMI VALLEY REGIONAL TRAINING & DISSEMINATION CENTER
MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC.
DAYTON, OHIO

> To a greater extent than any other
> institution in American society, Head
> Start has acquired the knowledge and
> trust of the nation's families in need.
> It has also earned the respect and
> confidence of the nation as a whole and
> its leaders. Thus, in the period of
> unavoidable economic retrenchment which
> lies ahead, Head Start is in a unique
> position to identify and to act as the
> nation's advocate for the families who
> suffer most from the assaults of
> poverty.   Zigler, 1980

Head Start has been presented with a challenge for the eighties: use limited resources to maximize the investments of the last two decades in early childhood and family support programs. Within the Miami Valley Child Development Center, (MVCDC) in Dayton, Ohio, the challenge has been met through the development of the Family Advocate Program, an adaptation of High/Scope's Parent-to-Parent Model. After successfully implementing the program during the 1981-82 school year, MVCDC sought and obtained funds from the Department of Health and Human Services at the federal level to: expand the Family Advocate Program to increase the options for parent training and participation in the program; replicate the program within the counties served by MVCDC; and disseminate the program to other Head Start sites interested in establishing their own low-cost parent support model through the Miami Valley Regional Training and Dissemination Center (RTDC).

Within this chapter we will describe how these goals have been met by MVCDC staff, with technical assistance from the High/Scope Educational Research Foundation. Specifically, we will discuss the development of the Miami Valley RTDC; how the RTDC relates to the Head Start mandate and the mandate of MVCDC; the relationship between the core program and RTDC activities; how roles have been defined within MVCDC as the program has developed; the timeline and funding for RTDC development; the support materials that have been developed and the training options within the RTDC; the status of evaluation within the Family Advocate Program; and the future of the Miami Valley RTDC. But before discussing RTDC activities, we will provide a brief introduction to Miami Valley Child Development Center, Inc. and how they developed the Family Advocate Program.

Background

Located in the city of Dayton, Ohio, an industrial urban area of southern Ohio, the Miami Valley Child Development Center has offered services to Head Start eligible children in the area for fifteen years.

During that time MVCDC expanded to the point that it now serves children in four counties. Statistics from the four Ohio counties served by MVCDC mirror the national scene. The counties are geographically and programmaticly diverse. Urban Montgomery County, where the program began, includes inner-city Dayton and comprises 8 Head Start centers. Nearby, suburban Clark County operates 3 centers, while the families in rural Madison County are served by a home-based program. Butler County, which operates 8 Head Start centers and a home-based program, comprises both an urban and a rural population. All four counties are suffering extreme economic depression and high unemployment rates. The abolishment of job training programs, and general cuts in human services, continues to add families to the ranks of the unemployed.

Families in the urban areas live in housing complexes that are stark, unwelcoming blocks of concrete. Generally in disrepair, these buildings do not provide a supportive environment for families and young children. The families living in the rural areas are isolated from one another and are generally out-of-touch with supportive people and services. For these families Head Start provides a much needed service. The program provides not only pre-school education for the children—in either the home or a center—but also social and health services, and programs for parent involvement and education. MVCDC also trains parents of Head Start children to help them qualify for positions within the agency and the community.

MVCDC is delivering services to 1222 children and their families in the four county area. Over 96% of the families served have an income below the government-defined poverty level. Two-thirds of the children are from minority populations; the majority of these are black, and the remainder Oriental and Hispanic. And two-thirds of the children come from single parent homes. Unemployment is a fact of life in nearly 75% of the families, and the undereducation of nearly all the parents limits their prospects for competing in today's already depressed job market.

MVCDC has a total of 97 employees, representative of the predominantly minority population that they serve. Two-thirds of the child development center teachers and administrative staff are black, many of whom have risen through the Head Start career development ladder within the agency. Over 50% of the governing groups are black—the Board of Trustees, the Policy Council and Policy Committee. These groups are comprised of community professionals and parents of Head Start children.

An additional strength of MVCDC is that their centers are located in the neighborhood they serve. They contribute to revitalizing the neighborhoods. As a result MVCDC is perceived as an organization of human beings, not a distant, nameless, faceless conglomerate. This is in sharp contrast to many agencies that attempt to run a credible and effective program addressing the needs of the poor while "orchestrating from the back row". Although MVCDC has quite consciously established centers that are easily accessible to the population they serve, they do not assume that families will take the first step and approach the agency. Agency social workers regularly canvas low-income neighborhoods door-to-door to explain Head Start and conduct needs assessments. Bulk mailings and the media are also used for outreach. But perhaps most signficant in encouraging others to enroll their children in the program is the word-of-mouth endorsement

from parents whose children are or were in the program.

MVCDC's experience in implementing comprehensive child development services through educational, medical, nutritional, dental, mental health and social services for children and families in Head Start has given them both information on and insight into the needs of the local poor. In recent years there has been a obvious press to increase the accessibility and more effective use of community resources by multiple needs families. There has been an equally urgent desire to meet Head Start's goals of enhancing the parents' personal growth and the development of their young children. The staff of MVCDC have been challenged to meet these needs and have sought cost-effective ways to better serve Head Start eligible families. They have responded to the challenge by developing the Family Advocate Program (FAP), an adaptation of the Parent-to-Parent Family Support Program.

The Family Advocate Program

The overall purpose of the Family Advocate Program is to demonstrate, document and disseminate a cost-effective model for recruiting volunteer parents of children served by Head Start centers, and training them to help meet Head Start's goals for effective family functioning and enhanced child development. The program is designed to meet two objectives:

(1) Increase parent involvement in Head Start. The Family Advocate Program improves the efficiency with which parents avail themselves of the services and educational opportunities offered by Head Start, and increases rates of parent participation in classroom and center activities.

(2) Develop a career ladder for Head Start parents. The marketable skills of volunteer parents are increased by training in a variety of areas: child development, parent support, self-awareness, and record-keeping and management. In the 1981-82 pilot program, two levels of parent participation were developed: Volunteer and Advocates. Within the RTDC structure, training procedures have been developed for three additional roles, each representing levels of increased responsibility in the program: Apprentices, Associates, and one Assistant.

The Family Advocate Program operates on the basic concept that Head Start programs must be cost-effective while being responsive to changing community and families' needs. The Family Advocate Program is cost-effective in two major ways:

(1) Parents, not professionals, are trained to be the primary contacts with families and centers. Parents are trained as classroom Volunteers and Family Advocates; new roles as Apprentices, Associates and Assistants have been carved out. At the lowest levels on the career ladder, few service costs are involved. Intermediate levels are still primarily volunteer positions, although small stipends are paid. Only the upper rungs on the ladder are salaried staff, and even here Head Start parents who receive training and advance to these postions are capable of delivering excellent services at costs lower than most professionals.

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(2) **Linkages are established between existing community services and Head Start families.** Head Start programs have often created their own direct services. This has resulted in unnecessary duplication where such services are already available through other community agencies. A more efficient role for Head Start sites is that of "catalyst" in coordinating the referral and delivery mechanisms of existing assistance programs. Training in the Family Advocate Program is specifically designed to increase awareness of community resources, and to develop the skills for successfully acting as liaisons between families and the agencies offering these services. Advocates further support families in enhancing their self-help skills by encouraging parents to increasingly acquire their own information and secure assistance independently.

In sum, the philosophy and structure of the Family Advocate Program meet goals central to Head Start. The peer-to-peer philsophy which is a basic tenet of the model is consistent with Head Start's goal of fostering self-help; the career ladder within the program is an opportunity to meet Head Start's objectives for parents' personal growth; the emphasis on parent involvement uses one of Head Start's primary components as a means of engaging parents in their young children's development; and the awareness of the need for replication through the RTDC echoes Head Start's concern with transferring successful technologies to other contexts.

From Core Program to RTDC

In its first year the Family Advocate Program demonstrated its potential success as a family suport model that can be widely adopted within the Head Start community. The program Supervisor had this to say about the group of sixteen Head Start parents trained that first year:

> All of the Advocates are feeling very positive about their contributions to the program goals. They have a sense of being 'credible and legitimate' due to their training and their title. These parents now have a greater sense of purpose and worth. They are willing 'learners' and are certainly being responsible by being there--in their centers.

Evaluation showed that the presence of the Advocates in the centers, in turn, had the anticipated direct payoff in the local Head Start parent involvement component. The number of parent volunteers in the 8 center classrooms increased three-fold. Attendance at Parent Meetings showed a four-fold increase, including a dramatic rise in the number of fathers who attended. Children's enrollment at the centers was up as Advocates helped parents through the necessary administrative procedures, such as meeting medical prerequisites. And families requiring specific services—financial, housing, health, etc.—were assisted in obtaining them through the activities and support of the trained Advocates at their respective centers.

In June 1981, MVCDC staff were invited to become a part of the network of High/Scope Regional Training and Dissemination Centers to disseminate their adapatation of the Parent-to-Parent Model. The events which have occurred since that decision was made until the end of December

1983 are presented in chronological order in Table IV-1. But the chronology does not tell the tale. To know what has transpired we provide a description of the issues that have been addressed in the development of the Miami Valley RTDC—some of which have been resolved, others which are continually being addressed. We will begin with a definition of the Miami Valley RTDC and how the activities associated with the RTDC relate to Head Start's goals and fit within MVCDC as an agency.

Mandate for RTDC Activities

From Head Start

It has become a truism that a major dilemma of the 1980's is shrinking resources for social service programs, accompanied by an increasing need for such programs as families suffer the consequences of economic stress. Nationally, Head Start is charged with serving low-income families. Yet, limited resources have dictated that Head Start programs are today serving only an estimated 20% of all eligible parents and young children. Clearly when a low-cost model for meeting family needs has been demonstrated as effective it should be available for replication in a variety of Head Start communities serving diverse geographical, linguistic and cultural populations. The Family Advocate Program meets these criteria. The objectives of MVCDC's Family Advocate Program stem directly from the perceived needs of the national and local Head Start community, and the model has been successfully adapted within an agency that serves both rural and urban populations and a variety of ethnic groups.

Thus there is a clear match between Head Start's goals, and the goals of the Family Advocate Program. It seems evident that the Miami Valley RTDC, whose primary function is to disseminate the Family Advocate Program, has been established in line with national Head Start objectives. What this means is that the Miami Valley RTDC has an immediate audience for the dissemination of their program; they are able to reach out to Head Start Programs nationwide and provide them with training and technical assistance in the implementation of the Family Advocate Program.

And from within MVCDC

Even though the RTDC as designed is sanctioned by Head Start, it is important to assess whether or not RTDC activities are a logical extension of MVCDC's mandate. The answer to this question is much less clear. MVCDC has certainly been involved in replication, but the replication have always occurred within the programs under MVCDC jurisdiction.

MVCDC had not previously been involved in providing training and technical assistance, under contract, to other Head Start or social service agencies. Thus, many of the activities associated with the RTDC— developing public relations materials to "sell" the program, developing training options and accompanying support materials, and contracting to provide services, are relatively new functions for MVCDC. On the other hand, some of the other key activities of an RTDC are long-standing practices within MVCDC—writing proposals to obtain funds for the implementation of innovative programs; program planning; pre- and in-service staff training for professionals and parents; staff supervision

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TABLE IV-1

The Miami Valley Regional Training and Dissemination Center
A Chronology of Events

March 1981 - Sharon Knauls, a Head Start parent, is hired as Supervisor of
            the Parent-to-Parent Program

May 1981   - Miami Valley Child Development Centers, Inc. makes a
            commitment to become a Regional Training and Dissemination
            Center

August 1981 - High/Scope (Judith Evans and Fran Crawford) meet with MVCDC
            staff (Sharon Knauls, Jeanette Taylor, Marilyn Thomas and Jeff
            Scott) to redesign the model to better meet family and agency
            needs, and to define roles and relationships within the RTDC
            development effort. The program becomes known as the Family
            Advocate Program (FAP)

September 1981 - The first training in the Family Advocate Program takes
            place in Montgomery County

November 1981 - A Workshop for RTDC staff is held at High/Scope Foundation.
            Sharon Knauls, Marilyn Thomas and Sheila Thornton attend from
            MVCDC

December 1981 - Fran Crawford and Ann Epstein make a site visit to Dayton
            to work on evaluation issues—for both the core program and
            the RTDC

January 1982 - A concept paper is submitted to the Department of Health and
            Human Services (HHS) which would provide funding for RTDC
            development

February 1982 - Jeff Scott resigns. Barbara Haxton is brought in as
            Administrative Assistant to Marilyn

March 1982 - Fran makes a site visit to Clark and Madison Counties and
            works with Sharon to plan training in those two
            counties in Fall 1982

April 1982 - Sharon presents the Family Advocate Program at the National
            Head Start Conference in Detroit

May 1982 - The second RTDC Workshop is held at High/Scope Foundation. It
            is attended by Marilyn Thomas, Sharon Knauls and Kim Jones

May 1982 - Sharon and Kim make a presentation on Miami Valley's program
            at High/Scope's Annual May Conference

June 1982 - Fran makes a site visit to Dayton to work on the plans to
            adapt the Family Advocate Program to work within the home-
            based program in Madison County. The trained Head Start
            parent becomes known as the Program Advocate

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July 1982 -   Sharon Knauls comes to High/Scope where she meets with staff
               from the Kent County CAP agency in Grand Rapids, Michigan.
               They become Miami Valley's first second generation site

August 1982 - A full proposal is submitted for the HHS grant.   A 2 year
               grant is received, beginning October 1982

September 1982 - A site visit is made by Beth Jones of the Bernard van Leer
               Foundation

October 1982 - Judith Evans makes a site visit to the Dickinson-Iron
               Mountain Head Start Program on behalf of the Miaim Valley
               RTDC. They become Miami Valley's 2nd second generation siteee

November 1982 - Marilyn Thomas and Sharon Knauls come to High/Scope to
               finalize plans for implementation of the HHS grant

November 1982 - Sharon provides Supervisor and Family Advocate training in
               Grand Rapids

January 1983 - Fran Crawford and Sally Wacker make a site visit to Dayton.
               Sally takes on major responsibility for working with Miami
               Valley to strengthen their evaluation process

January 1983 - Sharon provides Family Advocate Training for the Dickinson-
               Iron Mountain Head Start

February 1983 - Fran makes a site visit to the three counties served by
               MVCDC to review progress and plan for the coming year

February 1983 - The 3rd RTDC Workshop is held at High/Scope.   It is
               attended by Marilyn Thomas, Sharon Knauls, Jeanette Taylor,
               and Beverly Foster (Research Assistant)

April 1983 - Sally makes a site visit to Dayton to visit programs, meet
               Advocates and address evaluation issues

May 1983 -   Fran and Sally make a site visit to Dayton to further develop
               the evaluation program

May 1983 -   Sharon Knauls and Pat Wooster present the Family Advocate
               Program at High/Scope's Annual May Conference

June 1983 -   Sally makes a site visit to Dayton, focussing on data
               collection procedures

August 1983 - Sally makes a site visit to Dayton to review progress on the
               evaluation package

December 1983 - A site visit is made to Ohio, Vermont and Michigan by a
               team from the Bernard van Leer Foundation

March 1984 - A site visit to Dayton is planned to address personnel issues
               as staff turnover is emminer.

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and support; distance management; and to some extent documentation and evaluation.

In thinking about how to begin the RTDC while meeting their own agency goals, MVCDC staff decided to replicate the Family Advocate Program within their own four county system as well as provide training and technical assistance to other Head Start agencies. When the Family Advocate program began, it operated only within 1 center in Montgomery County. The second round of training provided Family Advocates for other centers in the same county. It was not until the second program year that Family Advocates were trained in Clark and Madison Counties. Since Butler County just recently came under the jurisdiction of MVCDC (in September 1983), training in the Family Advocate Program did not begin there until January 1984.

By replicating the Family Advocate Program within their own agency, staff of MVCDC are learning many things about how to provide training; the type of supervision that is required from a distance; what materials are most supportive; how families' needs are being met by the program; what changes have to be made to better meet the needs of parents in each county; appropriate career ladders that can be established; what needs to be done in terms of documentation and evaluation and the realistic costs associated with the different variations on the model.

This is not to say that MVCDC has not been involved with the training of second generation sites (those Head Start agencies which have contracted with MVCDC for training and technical assistance in the Family Advocate Program). MVCDC staff have trained two other Head Start agencies—one in Iron Mountain, Michigan, and the other in Grand Rapids, Michigan. Thus, it would appear that the mandate of MVCDC would accomodate to RTDC activities, and in fact the RTDC is one more example of MVCDC's ability to provide leadership among Head Start programs. The RTDC effort will perpetuate MVCDC's image as a resourceful, active, dynamic agency committed to meeting the needs of low-income families and their children.

In sum, the mandate of Head Start and MVCDC, and the activities associated with the RTDC appear to be congruent. What may be more at issue is the relationship between the core Family Advocate Program (FAP) and RTDC activities. Since many of the initial RTDC activities were, in fact, associated with replication of the FAP within the agency itself, it is hard to determine the boundaries of the core program and the beginnings of the RTDC. This issue will be illuminated more fully as we describe how the program has evolved.

The Core Program and RTDC Activities: An Issue of Definition

The Pilot Program.

The Family Advocate Program began in March 1981. Sharon Knauls, a Head Start parent, was hired as the Supervisor of the Parent-to-Parent Model Program, which operates within the Parent Involvement Component. In early March as Sharon was being trained, MVCDC staff were included in

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discussions about the model program and identified ways they could be supportive of it. The program began in one center in Montgomery County. Home visitor training, in the traditional home visit model as developed by High/Scope, was conducted in April and early May with the assistance of Head Start component staff.

An Evaluation of the Effort.

In August, the High/Scope Consultant working with MVCDC (Fran Parker-Crawford) made a site visit to Dayton to evaluate the Parent-to-Parent pilot project efforts and to plan fall recruitment for training of a second group of Head Start parents. From interview with five of the six parents who served as home visitors in the spring of 1981, it was obvious that the program had to expand to reach more parents and get them involved in a range of center activities. In addition, the home visitors felt they needed to more closely coordinate their work with staff of the various components--particularly education and social services.

The Program is Redesigned.

Given the reactions of those who had been implementing the program, and the goals of MVCDC in terms of increased parent involvement, it was necessary to redesign the Parent-to-Parent Program. Those involved in the process were Fran Parker-Crawford and Judith Evans from High/Scope; Sharon Knauls, Parent-to-Parent Supervisor; Jeanette Taylor, Parent Involvement Coordinator; Sheila Thornton, Social Services Coordinator; and Sandra West, Education Coordinator. This group, with support from Marilyn Thomas, Executive Director of MVCDC, designed a new model that would combine center participation and home visiting by Head Start parents. It was decided that their title needed to reflect the dual role. Thus, the trained Head Start parents were called Family Advocates, and the program became The Family Advocate Program (FAP). Parents were recruited from several centers in Montgomery County and the training for Family Advocates took place in September 1981.

The Simultaneity of Events.

At the same time that MVCDC was redesigning their program and getting it underway, they were also making a commitment to work with High/Scope to become a Regional Training and Dissemination Center for their adaptation of the Parent-to-Parent Model. So, even as they were first implementing their adaptation, they were beginning to consider what it would mean to disseminate the model to other Head Start agencies. Because MVCDC had so little experience operating their own program, and because there were many centers within the jurisdiction of MVCDC, it was decided the MVCDC's first replication activities should occur within their own agency. This would allow them to more clearly define the training and technical assistance process that was needed to replicate their adaptation, while at the same time introducing the program into centers served by MVCDC.

Expansion Within MVCDC

In the spring of 1982, High/Scope staff worked collaboratively with

Miami Valley to prepare a concept paper for submission to the Department of Health and Human Services (HHS) to expand the Family Advocate Program, first within MVCDC and then to the wider Head Start community. The concept paper looked promising to HHS staff; they requested a full proposal, which was written and submitted in August. The project was funded! The two year effort began in October 1982 and provided support for expansion of the core program within MVCDC and RTDC activities beyond MVCDC.

During the February and March 1983 site visits High/Scope and MVCDC staff continued to design and redesign the expansion phase. It was obvious to everyone that as the program expanded, additional roles would have to be created to support the program in the different centers and counties. Thus as part of the planning effort, a career ladder was developed for the Family Advocate Program that would allow parents to assume new roles and responsibilities as they gained the necessary skills and competencies. The original career ladder includes seven levels of participation. Below we list the levels, and, where appropriate, define the roles and responsibilities associated with each:

Level I: Families. These include all the families being served in the Head Start community. In 1982, a total of 788 families were being served in MVCDC's three counties. In 1983 this increased to 1222 families as a new county was added.

Level II: Parent Volunteers. Volunteers are center parents who assist in their child's classroom and/or participate in other Head Start activities. No special training is required; all parents are encouraged to attend activities and volunteer their time.

Level III: Family Advocates. Family Advocates are parents trained in the skills necessary to serve as liaisons between families, centers, and community resources. They make home visits when necessary, and work with staff members within the Head Start center they serve. Family Advocates are responsible for recruiting Parent Volunteers and providing them with assistance and guidance in the classroom when needed. The Family Advocates are required to work four half-days a week in centers and/or homes, assisting the teachers and social workers as directed to meet the needs of parents and children. Advocates receive a small weekly stipend.

Level IV: Apprentices. Apprentices are experienced Family Advocates who are responsible for coordinating and supervising the activities of other Advocates at their center. Each center has one Apprentice. Apprentices receive weekly stipends slightly larger than that paid to Advocates.

Level V: Associates. Associates are trained and experienced Apprentices who are responsible for Family Advocate Program activities at four centers. Associates report to the program Supervisor; they are salaried Head Start staff; as such they are no longer required to have children enrolled in Head Start in order to be eligible to participate in the Family Advocate Program.

Level VI: Supervisor. The Supervisor is the person responsible for

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all facets of the Family Advocate Program. She has been trained in the philosophy and structure of the Parent-to-Parent Model, and oversees the recruitment and training of Family Advocates, Apprentices and Associates. The Supervisor administers the program and coordinates activities in response to needs identified by teachers, social workers, and other Head Start personnel. Dissemination activities are added to the list of Supervisor responsibilities as trained Associates begin to take over more of the day-to-day program operations. The Supervisor reports to the Parent Involvement Coordinator at the agency; she is a salaried Head Start employee.

Level VII: Parent Involvement Coordinator. The Parent Involvement Coordinator is one of the four component coordinators within the Head Start agency. She is responsible for all parent involvement activities and initiatives in the counties served by MVCDC. The Coordinator is a salaried Head Start employee.

At the end of the April site visit it was determined that in the early part of June 1983 a site visit would be conducted in order to train three Head Start parents to move up the career ladder; two were trained as Apprentices and one as an Associate. These individuals would work within Montgomery county as the Supervisor began moving the program to Madison and Clark counties.

An Adaptation of the Adaptation

There was a new dimension as the program for Madison County was developed. Madison County, a very rural setting, operated only a home based program. The question immediately became, what is the role of a Family Advocate in a home-based program? It was particularly important to answer this question with care and clarity since the home-based program being implemented in Madison County was the Portage Model, a very behavioristic approach to home teaching developed from a philosophical base quite different from the High/Scope Parent-to-Parent Model.

At first High/Scope staff were reluctant to even attempt to implement the Advocate Program in a home-based effort. But the MVCDC Executive Director was committed to using the model in all programs operated by MVCDC, and she pushed for collaboration among all involved. So, in June, 1982 a joint meeting was held between the Portage Project Home Based Administrator and the Portage Project Consultant, the High/Scope Consultant, the Executive Director from MVCDC, the Parent Involvement Coordinator, and the Family Advocate Program Supervisor. A further adaptation of the model was, in fact, designed by this consortium. The primary issue to be resolved was, how can we avoid confusion and overlapping roles? It was determined that the home-based teacher would focus primarily on the education of the child; the Head Start parents trained as Advocates would facilitate and support other parent activities within the Head Start program. To help differentiate the two roles, the parents were given the title Program Advocates. The new adaptation has been working well; it would appear that the Advocate Program can be replicated in Head Start programs offering center and/or home-based programs.

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RTDC Activities within MVCDC

Over the course of the expansion process Sharon Knauls maintained the role of Family Advocate Program Supervisor and trainer of Advocate staff, at whatever level on the career ladder. By fall 1982 Sharon had experienced the negotiation, planning and implementation of the model through three phases and in three counties. She had an understanding of the politics involved as the program expanded. She had to assess the status of each program within each county and establish a working relationship with the staff in charge of program operations. Montgomery County (Dayton) consists of inner-city programs with families hard pressed by umemployment and poor living conditions. Clark County is a more small town urban-rural mix (Springfield), plagued with unemployment, with few local resources available to families. Madison County is extremely rural; families live in isolated poverty. All major resources are in Clark or Montgomery County, which means that transportation is a major issue. In essence, while all three counties were operating Head Start programs under Miami Valley CDC, Inc., they were operating in different geographical and political climates, and in the case of Madison County, the program was an all home-based program.

Thus, within her own agency, Sharon has been provided with the opportunity to carry out the necessary phases of implementing the model under varying conditions, working with different administrative staff in each instance, but with the clear backing of the agency director. For this reason it can be argued that even though the replication occurred within MVCDC, the training and technical assistance process Sharon has been using with Clark and Madison County staff is similar to what is used with second generation sites served by the RTDC. Madison and Clark Counties can, in effect, be considered RTDC programs rather than a part of the core program offered in Montgomery County.

RTDC Activities beyond MVCDC.

Sharon's RTDC activities have not been limited to expansion efforts within Miami Valley. In July 1982, Fran met with Sharon to prepare her to work with the first out-of-agency RTDC site, Grand Rapids, Michigan. Administrators from that site came to High/Scope and Sharon met with them there, discussing the Family Advocate Program and determining what they needed to do to prepare for her first trip to their program. Fran was involved in the sessions as a resource. When the Grand Rapids staff left, Fran and Sharon evaluated her performance and reviewed the mini-manual that Fran had previously written for RTDC Coordinators to determine if all relevant areas had been covered. Sharon had clearly addressed all important areas; both she and Fran recognized that she was well on her way to providing effective training and technical assistance to second generation sites.

In fall 1982, Sharon provided traning and technical assistance to the Head Start program in Grand Rapids, Michigan, and to the Head Start program in Iron Mountain, Michigan, in addition to supervising the continuation and growth of programs in Montgomery, Clark and Madison counties in Ohio.

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<u>Core program supervision</u> and <u>RTDC Coordinator—one</u> and <u>the same.</u>

One of the reasons that it is difficult to clearly differentiate the core and RTDC activities within the Miami Valley setting is because Sharon is responsible for <u>both</u> sets of activities. This is in contrast to the situation in the New England RTDC where there is an individual responsible for only the core program, while another person has assumed responsibility for the RTDC. Marilyn Thomas, Executive Director of Miami Valley RTDC, is well aware of the pull of the two roles. This was evident from her statements during the February 1983 RTDC workshop at High/Scope:

> I feel a little pressure when I sit here and hear that in Vermont one person is responsible for supervising the home visitors, and there is another person in charge of the RTDC. I am seeing that Sharon is carrying responsibility for both those things. While we are committed to delivering high quality programs and I'm committed to not killing Sharon, I'm really concerned about all the things we're trying to do. Have we really worked out a workable staffing pattern? As I hear some other things people are doing, I'm not sure we have. I am going to want to talk with Fran and Judith about how long this can go on and determine at what point we have to think about doing something different.

If one individual continues to carry responsibility for both functions, there will continue to be a lack of differentiation between core and RTDC activities. While it is not really necessary to separate the two functions, it is important to realize the impact of current activities on the person, and ultimately on the program. In the next section we will address the issue of roles and responsibilities within the agency as a whole and how that affects both the core program and RTDC activities.

<u>Roles</u> and <u>Responsibilities</u> <u>Within</u> MVCDC

One of the real strengths of the Miami Valley Child Development Center as an organization is the fact that there is staff continuity. This is rare within the Head Start community and within other social service settings. Generally the low salary and high burn-out rate in these agencies lead to frequent staff changes. In describing the staff within MVCDC, and how they have attempted to handle the tasks associated with the core program and the RTDC, the advantages and disadvantages of their stability become evident. To begin the discussion it is necessary to understand the administrative structure of the agency. We will then describe how the Family Advocate program was implemented as a part of the Parent Involvement Component and what that has meant for the component. Following that will be a discussion of how the program relates to the

needs and goals of other Head Start components—particularly social services and education. We will conclude this section with a discussion of some of the unresolved issues and their impact on core program and RTDC activities.

Administrative Structure of MVCDC

MVCDC is an extremely large agency, serving over 1,000 families in a four county area. The headquarters is located in Montgomery County, and houses the Executive Director, the Component Coordinators and key administrative staff. For the purposes of our discussion the following actors need to be identified. Marilyn Thomas is the Executive Director of the organization. She is ultimately responsible to her Board for all the programs and activities undertaken by MVCDC. She has an assistant, who at the time the program began was Jeff Scott. The only key player who has left the organization, Jeff resigned in February 1982, and was replaced by Barbara Haxton, a good administrator, and a person that Marilyn relies on to keep the agency operational as she secures continuation and expansion funding. Under Marilyn are four Component Coordinators: Parent Involvement (Jeanette Taylor); Social Services (Sheila Thornton); Education (Sandra West); and, Health and Nutrition (Sue Barber McGatha). Additionally, there is a Financial Director (Patricia Peroutka).

Personnel Involved in the Introduction of the Family Advocate Program

The Family Advocate Program was initiated by Marilyn Thomas. She was seeking a way to increase parent involvement and learned of High/Scope's Parent-to-Parent Model. She approached High/Scope, and a contract was signed for training and technical assistance in implementing the model. Since the goal of the program was to increase parent participation in all aspects of the Head Start program, the logical location of the program was within the Parent Involvement (PI) Component, headed by Jeanette Taylor. The model—its structure and philosophy—were presented to the administrative staff within MVCDC. It was decided that Sharon Knauls, a Head Start parent, who was doing some volunteer work within the Parent Involvement Component, would be an excellent Supervisor. The program was described to her, and she was interested in getting involved. She was hired as Supervisor in March 1981.

It is important to note that at the point of the program's inception Jeff Scott, who was then Assistant Director, made it clear to all involved that Jeanette Taylor had more than enough to do as Parent Involvement Component Coordinator, and that she had been told that she was to limit her involvement in this new effort. She was to "supervise" Sharon every now and then, but she was not to take on any real responsibilities in relation to the program. This decision set the stage for Jeanette's mixed involvement in the Family Advocate Program over time.

An added difficulty was the fact that Sharon was expected to continue many of her current parent involvement activities in addition to implementing the new program. As noted by Fran after a Telephone Interview with Sharon (July 1982):

> Because Sharon is under the PI component, and considered part of Jeanette's staff, she is requested to attend

workshops, etc., directly related to PI efforts. MVCDC
does have a 'rapid transit' calendar of seemingly on-
going workshops, seminars, conferences, policy council
and parent meetings, retreats—ad infinitum. This is, of
course, part of the over-all design of the Head Start
system that is providing such opportunities for adult
personal growth and development.

Sharon was expected to respond to Jeanette's requests to be involved
in a range of parent activities as well as take on this new program.
MVCDC staff did not have a realistic sense of what it would take to get
the program started and operational. It was only as Sharon began the
project that she came to understand what it would require. It was hard
for her to make others realize what she had to do and for her to always
get the administrative support she needed. Within the administrative
structure Marilyn was the only one totally committed to the program.
However, Sharon was reluctant to take her concerns and requests to the
top. Jeff was not altogether convinced that the program would last, and
clearly was not willing to make resources available to Sharon.

High/Scope staff played an important role at that point in time.
Both Fran, who was the High/Scope Consultant responsible for the site, and
Judith in her administrative capacity, could work with Marilyn and Sharon,
helping each understand what the other wanted and needed. In addition,
Fran was able to be direct with Jeff and other MVCDC staff in terms of the
program's needs and what they stood to gain by being more involved.

In sum, the program began because Marilyn was enthusiastic about it.
She conveyed her enthusiasm and committment to Sharon, who then had
primary responsibility for making the program operational. The
administrative staff between Marilyn and Sharon were luke-warm about the
effort, and Sharon's immediate supervisor had been told not to get
involved. The program was seen as a small, but interesting, piece of the
Parent Involvement Component within MVCDC.

From a Piece to Centerpiece

Over time, the program became a huge success story. It serves as the
centerpiece for the Parent Involvement Component as evidenced in the 1982
Annual Report where the PI Component is described:

Families like Amy's will benefit even more from
participation in the already innovative and highly
successful Family Advocate Program...which began two
years ago...This year there are 30 trained Family
Advocates and Program Advocates working in all three
counties...This program has played a crucial role in
linking the child's home and community with her or his
formal learning environment. Parents have been enabled
to participate at various levels, all of which increase
their understanding of the Head Start program.

The description of Parent Involvement activities supported through
the Family Advocate Program continues. The section ends with:

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Parent invol ment is not just parent activities; it is an attitude, a way of working with parents, children and staff. Parent involvement personnel continue to be the Head Start program's catalysts, the indispensible ingredient for action. The emphasis on parent involvement will continue at MVCDC because parents are important people. Parent involvement has taught us that self-determination for parents is the link between education and social progress for the family.

With the success of the Family Advocate Program people within MVCDC have had to adjust their own roles and expectations for involvement in the effort. As Fran noted in a Telephone Interview in November 1981:

Sharon is tasting success but not oblivious to personality problems and administrative staff issues that cause momentary irritations. Because the advocates are doing well, she has the emotional energy to deal with the few problems that have arisen. In short, morale is excellent.

Sharon, in fact, put her energy into her work with the Advocates and attempted to avoid the more thorny administrative issues that were beginning to surround her and the program.

Within the Parent Involvement Component

A key person who could have stepped in at that point was Jeanette. As noted, she was responsible for supervising Sharon, yet told she was not to let her work load suffer as a result of the new program. During the initial meetings betwen High/Scope and MVCDC administrative staff, we were impressed with Jeanette. In April 1981, Fran writes:

Jeanette is a 'natural' for working well with people in varied circumstances—rolls with the punches and comes up smiling. She understands the philosophy of this Parent-to-Parent program and also knows when and where to delegate responsibility and allows those individuals to feel confidence in their ability to carry out those responsibilities.

At the point this comment was made we were unaware of Jeff's mandate to Jeanette that she stay on the periphery. From her participation in the meetings it appeared that she could and would, in fact, be a support for Sharon.

Yet as things got underway, Jeanette was not available. As Ann Epstein noted in a report on a site visit in December 1981:

We spent a most productive day meeting with Sharon, Sheila and Marilyn; Jeanette was invited to attend but got waylaid.

As the program became more successful, and as its success was noted by Marilyn and others in the community, "Jeanette indicated an interest in

becoming involved" but never really created a role for herself. Jeff had left the agency and been replaced by Barbara Haxton. Barbara was open to Jeanette increasing her participation in the Family Advocate Program, but, Jeanette never really moved in. She claimed she wanted to be supportive of Sharon, but essentially she was not available when Sharon really needed her.

As a result, Sharon continued to handle all aspects of program functioning. Unfortunately, the way Jeanette chose to be involved was to become critical of the program and the way that Sharon was handling administrative issues. In reviews of Sharon's work Jeanette rated her low on organizational skills, on follow-through, and in terms of providing the necessary support to Family Advocates. Given her workload it was fairly understandable—Jeanette never gave her credit for her accomplishments—just criticized her weaknesses. Nonetheless the ratings were devastating to Sharon, who increasingly saw Jeanette as non-supportive, and who, as a result, involved herself in activities that would keep her out of Jeanette's path.

The Impact of Demands

It is only fair to say that some of Jeanette's observations and low ratings were justified; some aspects of the work have suffered. But it was because of Jeanette' poor administration that Sharon was pulled between competing interests and needs. As the RTDC effort began she was pulled between developing the RTDC and being expected to participate in other parent involvement activities within MVCDC. As early as July 1982, Fran noted:

> While everything planned and carried out by the PI Coordinator is certainly related/relevant to the Family Advocate Program/RTDC effort, it is not conceivable for the RTDC coordinator to continue to participate in all the events, even if she is in the office on those days. At this point in the MVCDC program expansion and the RTDC development, Sharon needs to be spending time coordinating FAP evaluation information, planning and preparing for training sessions, monitoring all three FAP programs, seeing that their evaluation records are maintained, and getting this information to High/Scope. If this information gets left to a hit and miss style level, it will get lost and be of little value to MVCDC when it comes time to seek funds.

And, indeed, over time, documentation of the program has been very weak. It has been difficult for Sharon to complete the necessary paperwork for the Family Advocate Program when there are constant demands on her time. Moreover, Beverly, Jeanette's choice for Research Assistant has few of the skills necessary for the job, but because she is Jeanette's friend, Sharon's hands are tied.

Competing demands have not decreased over time; they have increased substantially. In July 1982 it was noted that Sharon's workload was three Family Advocate Programs, plus public relations activities for the RTDC. By fall 1982 Sharon was also trying to respond to requests for training from two second generation sites. Looking back on the fall experience

Sharon describes what was happening:

> I came out of five weeks of training and went on the
> road. I had the regional conference coming up. I had
> other agencies to present to for the RTDC effort. I
> already had Montgomery County in place. In Madison
> County I had four individuals, and because of the
> training that was a very stable stituation. Yet I still
> had Clark County that needed a lot of support. People
> knew I was busy so when I would ask how things were
> going, everybody would say fine. They didn't mean fine,
> they would tell me that so that I wouldn't worry and I
> had a need to know that things were fine and I didn't
> keep pushing until I saw that there were holes there.
> Finally all of it hit the fan. Stuff really came flying
> at me and I realized that I had as much responsibility in
> that as everybody else. It got to the point I had to do
> some backtracking.

Clearly Sharon was beginning to feel the pressure of her position.
Yet she did not feel that she could turn to Jeanette for support. So
Sharon struggled on, expressing some of her frustration to Fran. In a
Telephone Interview in early February 1983 she states:

> The question is always before me: How do I meet Family
> Advocate Program needs in three counties, relate to
> two second generation sites effectively, maintain
> documentation, write necessary reports for all those who
> want to receive them and keep everybody happy while
> remaining sane?

It is indeed a good question!

Because there was a RTDC Workshop at High/Scope in February we took
that opportunity to sit down with MVCDC staff (Marilyn, Sharon, Jeanette,
and Beverly Foster—the new Research Assistant) and begin to sort out the
issues and develop new procedures to support FAP and RTDC activities. We
discussed whether or not to make the RTDC an activity separate from the
Parent Involvement Component. We discussed roles and responsibilities and
sought ways to get Jeanette more involved in the FAP and/or the RTDC.
While verbally there appeared to be a clearing of the air, once staff
returned to Dayton old patterns emerged, and Sharon remained without a
real support system.

Sharon, in completing the Coordinator Implementation Form in March
1983 noted that there were continuing issues between herself and Jeanette.
She states:

> The pressures have been consistently heavy. The issue of
> core vs. RTDC efforts shifts haphazardly without planned
> sequence. Because I have resisted confrontation, I seem
> to be constantly playing 'mend the fence' as needed.

Fran's comment to High/Scope staff in response to Sharon's statement
indicates her own frustration with the continuing issues:

Sharon has rightly diagnosed her problem as one of resisting confrontation. However, one must feel secure in their role in order to 'confront'. I am not convinced that 'we' members of the team have empowered, thus enabled, Sharon to confront. If she has chosen the path of least resistance then some of us have not lived up to our resonsibilities to her and we need to look at this realistically.

Fran also shared her concerns with Marilyn Thomas, who heard what Fran was saying. At a MVCDC staff meeting soon after a series of discussions Marilyn laid the groundwork for Jeanette's taking on a new role. Marilyn reviewed the RTDC Workshop for MVCDC staff who had not attended. Minutes of the meeting indicate:

Marilyn felt the need to summarize concerns raised at the High/Scope workshop...It was explained by Marilyn that the High/Scope people have good insights into the FAP and see our problems of growth. Some of High/Scope's concerns are: dividing responsibilities among staff, closer integration between Parent Involvement and FAP, and giving more thought to coordination among county programs. She feels these are real key items and would like to see them resolved...She explained that it might mean Jeanette taking on more of an active role in Clark County.

In fact, it was decided soon thereafter that in fall 1983, Jeanette would have responsibility for supervising the program in Clark County, while Pat Walker Wooster who had moved into the position of Family Advocate Assistant, assumed full responsibility for Montgomery County, under Jeanette's supervision. Thus Jeanette and Pat worked together to train new family advocates and to provide them with on-going support through the program year. By giving Jeanette a "piece of the action" she had clear responsibilities within the program and came to understand the day-to-day demands the program makes on time and energy. Jeanette came to appreciate what Sharon had been doing. In a discussion with Fran, Jeanette's comment in reference to Sharon's work over the past three years was: "I don't know how she did it."

In Relation to Other Components

Jeanette is not the only person who has been an "integral part" of the devlopment of the Family Advocate Program within MVCDC. Sheila Thornton, Coordinator of the Social Service Component, has also been important in the process. At the initial meeting between High/Scope and MVCDC staff as the program was introduced, Sheila was only peripherally involved. Again, there was a decision by Jeff Scott as to who should be involved and the extent of their involvement. His decisions were based on his perception of the program, his sense of people's current commitment, and his sense of their capabilities. Jeff had little respect for Sheila, and excluded her from involvement.

In fact, Sheila, as Coordinator of Social Services has come to play a

key role in the Family Advocate Program. But it took time and effort. Since Sheila was excluded from the original planning and her role downplayed by Jeff, she, quite naturally, became resistant to the program and confronted Fran openly on how the program would relate to her social workers. She questioned the parents' ability to assume an advocate function; she was concerned about confidentiality issues. Sheila was asked by Sharon to be involved in Family Advocate training, and while she complied, she was resistant to real involvement.

As the program got underway there were issues related to roles and responsibilities between advocates and the social workers. In the November 1981 Telephone Interview Fran notes:

> Sharon is working through the on-going problem between the social workers, advocates and herself relevant to 'use of proper channels'. Some of the social workers still resent having to clear assignments to advocates through Sharon. Sharon would like some input from us while here for the November RTDC workshop on the best way to handle the assignment/referral issue. Sheila will also be here which will make for a perfect 'team' solution.

The fact that both Sharon and Sheila were at the RTDC Workshop did allow for a team solution. It also provided the arena within which Sheila could come to feel a part of the overall effort. When she returned to Dayton, she stayed involved. (Jeff was due to leave the agency, and Sheila was freed to determine how she would be involved and to what extent.) Sheila came to see herself as the mediator between her staff of social workers and the Family Advocate Program staff (Sharon and the advocates). She took responsibility for allocating her staff's time to be involved in advocate training sessions, in-service workshops and in direct work with the advocates. She identified areas where advocates could become very valuable assets in her own work—in recruitment of children for the centers, keeping up the Community Resources Information library, and in assisting parents in getting the services they needed. Essentially she came to understand that the advocates, with the proper training, could do many things that consumed professional social workers' time. This would free the social workers so that they could work with families where their professional expertise was required. Sheila has come to see how the program can support her work, and she has become quite a spokesperson for the FAP.

Another Component Coordinator who has come to rely on the program is Sandra West, the person responsible for the Education Component. She was somewhat involved in initial discussions of the program and agreed to present information on the educational program during the initial Family Advocate Training sessions. She chose to do the workshop herself, and did not involve center teachers in the process. This had some unfortunate repercussions when the Family Advocates began working in the classrooms.

While Sandy had prepared the advocates for their work in the classroom, she had not prepared the teachers to work with the advocates. The advocates arrived in the center after their initial training. They were enthusiastic, felt they knew what was expected of them by the

teachers, and had a clear sense of what they wanted to do. In essence, they were ready to go. This same level of enthusiasm and commitment was not present on the teacher's part. It took some time before teachers came to understand the potential of having the advocates in their classroom. In subsequent trainings, teachers have been involved!

One thing that has been clear from the MVCDC Head Start experience is that in an agency where there are so many components, and where the components are integrally related, it is crucial to have everyone who will potentially be affected by the program involved in decisions about how that program is going to develop. Within MVCDC Marilyn provides strong leadership and provides a direction to the agency. She gives staff responsibility for carrying out their tasks, and when she learns of issues, she develops a strategy for dealing with them. At times we at High/Scope have had to say to her, "Marilyn there are some issues that need to be handled administratively. We need your time and support in getting them resolved." When we have been direct, she has responded. Likewise, when she has seen an issue developing she has called us and asked us to consult with them to get it resolved.

Even as we write this report such an issue has been identified. As has been noted elsewhere, MVCDC became the grantee for Butler County Head Start in fall 1983. Thus a great deal of Marilyn's energy during the past six months has gone into retraining staff, and getting the program to an administratively sound position. One of the things that she has done is to create some new positions within Butler County to facilitate her distance management of the program. One such position is Program Coordinator for Butler County. Sharon Knauls applied for the position, and was accepted. This means that she will be moving to the Butler County area and will be taking on new responsibilities. This decision was made in January 1984. We have been in touch with Marilyn, Sharon, and Jeanette over the past month trying to get a picture of what will happen to the Family Advocate Program and the RTDC as Sharon makes the shift. At this point, no one seems to have the answer. Both MVCDC and High/Scope staff are feeling a strong need to meet together to look at some alternatives. We are planning on making a two day site visit to Dayton within the next few weeks. (This report obviously needs a post script.)

We are optimistic about the outcome of such a meeting, because, over time, we have come to appreciate the fact that when they are faced with an issue the staff is able to come together and work toward a resolution. This was noted early on in our relationship with them. In December 1981 Ann Epstein noted:

> In closing, I just want to say (again) what a marvelous
> group the Dayton folks are to work with. They know what
> they are doing--and when they don't, they can sit down to
> think it over and talk it out.

This ability to think it over and talk it out was evident as we began working with MVCDC staff—as they implemented the pilot program, then as they redesigned it to better meet agency and family needs and as they undertook RTDC activities—as they developed a timeline and secured funding, created dissemination, training and support materials, trained second generation sites, and planned for a future. Each of these activities will be described in the sections which follow.

A Timeline and Funding for RTDC Activities

As is evident from the previous sections, the Miami Valley Child Development Center undertook RTDC activities very soon after they began to implement their own core program. Sharon Knauls, the Parent-to-Parent Supervisor, was trained in March 1981, and the pilot program began soon thereafter. As a result of an evaluation meeting in August 1981, the role of the trained Head Start parents was broadened, and the program was redesigned to better meet the needs of the families being served and the agency. It became known as the Family Advocate Program (FAP), and the first training of Family Advocates was conducted in Montgomery County in fall 1981. The September training was the first full scale implementation of the core program, and provided the base for further replicating the model within Montgomery County and later in Clark and Madison Counties.

During the same August meeting which resulted in the redesign of the Family Advocate Program, planning was being done for Miami Valley to become a Regional Training and Dissemination Center for the Family Advocate Program. A key concern to MVCDC administrative staff was, "What does it mean, in terms of expectations put upon Dayton, by High/Scope, to go beyond the Famly Advocate Program and become a Regional Training and Dissemination Center?" It was determined that High/Scope and MVCDC staff would have to come to some agreement about what it would mean. We agreed to the following:

1. MVCDC would continue to work on implementing the Family Advocate Program in-house. That is to say, they would put it in place in all eight centers in Montgomery County.

2. MVCDC would branch out into the other two counties within their jurisdiction: Clark and Madison County, but this would not occur until fall 1982.

3. MVCDC would go state wide (perhaps region wide?) as the RTDC best able to serve Head Start centers.

In addition, MVCDC staff posed the question: "What can Dayton MVCDC expect from High/Scope?" Our response was:

1. consultant assistance toward continued program development,

2. evaluation assistance from research staff, and

3. assistance from High/Scope staff in searching for funding sources and proposal writing.

In January 1982 we did indeed assist them in searching for funding sources and proposal writing. We developed with MVCDC a concept paper that was submitted for federal funding by the Department of Health and Human Services (HHS). The funding being requested would provide MVCDC with the financial support necessary to fully replicate the Family Advocate Program

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within their agency and to begin disseminating the FAP to other Head Start programs. In July, HHS requested that a full proposal be submitted. This was written by High/Scope staff in collaboration with MVCDC staff. The project was funded in September and became operational in October 1982. Thus, within a year after they began planning to become a RTDC, MVCDC staff had monies that would support the operation of the core program and related RTDC activities for a two year period of time.

In writing the proposal it was necessary to develop a timeline of activities. In thinking through what their timeline would be, MVCDC staff took two things into consideration. First, they wanted to expand within their own agency before, or at least at the same time they were providing training and technical assistance to other Head Start programs interested in implementing the FAP. Marilyn Thomas, Executive Director of MVCDC, was committed to making the FAP a part of each Head Start center and Home-based program under her jurisdiction. So, the initial RTDC activities were designed to occur primarily within MVCDC. It was projected that replication of the Family Advocate Program within MVCDC would occur as defined in Table IV-2.

Year	Counties	Programs	Trained Participants
Pilot program (1981-82)	Montgomery	8 centers	16 Family Advocates
Project Yr. 1 (1982-83)	Montgomery	18 centers	41 Family Advocates: all counties
	Clark	3 centers	8 Apprentices: Montgomery Co. only
	Madison	1 home-based	
Project Yr. 2 (1983-84)	Montgomery	8 centers	41 Family Advocates: all counties
	Clark	3 centers	12 Apprentices: 11 in centers
	Madison	1 home-based	1 home-based
			4 Associates: 2 in Montgomery Co.
			1 in Clark Co.
			1 in Madison Co.

The second consideration was the fact that as a Head Start agency, MVCDC is a part of a national network of Head Start Programs, all of whom are concerned with increasing parent involvement. Thus, MVCDC has the potential to develop a number of contracts for training and technical assistance very quickly. The question MVCDC had to deal with was: "How quickly should we expand?" This same question was asked by Vermont RTDC staff a year earlier. Vermont had decided they wanted to expand quickly, and subsequently shifted resources from the core program to RTDC development efforts. This resulted in the core program being severely cut

back. In sharing their experiences with MVCDC staff, the Vermont RTDC staff indicated that this was not a good decision on their part; it seriously threatened the viability of the core program, and they cautioned MVCDC staff against making such a move.

MVCDC staff, meeting together with High/Scope staff, determined where they wanted to be in a year's period of time—both in terms of in-house replication of the FAP and in terms of RTDC dissemination activities—and planned accordingly. High/Scope's role in the process was to help MVCDC staff assess their real resources and to caution them against over-extending staff. It was evident to all concerned that MVCDC could be serving many agencies very quickly; the issue has been how to maintain and assure quality and durability in the process.

Funding for the RTDC and core activities has played a large part in determining RTDC development. Essentially the HHS contract, operating from October 1982 - September 1984, has had two major benefits. First, it has allowed all the costs of the core program in Montgomery County to be covered. The grant also covers the costs associated with replication of the Family Advocate program within both Madison and Clark Counties. To some extent these monies have also supported Sharon's RTDC activities with two second generation sites, and with the replication of the FAP in Butler County beginning in January 1984. Thus, MVCDC has not been pressured to obtain contracts from second generation sites. This will not be true beyond fall 1984. They are currently planning for the 1984-85 school year, when they will, in fact, need additional resources to support both the core program and the RTDC effort.

The second benefit of the HHS grant is that it provided monies for the development of materials to support the core program and dissemination activities. In the following section we will describe the materials and training package that have been developed, and the dissemination process.

Dissemination, Training Options and Support Materials

As the staff of MVCDC began to plan RTDC activities they had to take several steps. First, they had to determine their audience. Then, based on who they saw themselves serving, they had to decide how best to meet the needs of that audience and develop appropriate training options and support materials to meet those needs. In the long term MVCDC hopes to serve two audiences. Foremost is the Head Start community itself. The second audience is the broader early childhood education community. The latter audience comprises early childhood education program directors, practitioners, and the research and evaluation community.

To reach these audiences outreach activities were planned that ranged from giving presentations at national, regional and local conferences, to including information on the program in a variety of newsletters. For example, to reach the Head Start community, presentations on the Family Advocate Program have been made at regional and national Head Start Conferences. These have been effective. Marilyn notes:

> Last spring we put together a slide presentation and
> Sharon presented at the 1982 National Head Start

Conference. She has also been selected to present at
the National Conference in Dallas in 1983 and we are
pleased about that because they are picking up all the
expenses.

In addition to reaching the national Head Start audience, Sharon has
done a number of presentations at the local and regional level. She
describes some of her activities as follows:

I presented at the State Association which meets every
other month, and in December 1982 I presented to about
40 parents in various Ohio Head Start programs, and they
were all excited and were going back to their programs
to see if they couldn't convince their people to
implement the program. I've had some calls, but I'm not
sure about the seriousness of those yet.   I also
presented at the Regional Head Start Conference in
November 1982.

Thus, within the Head Start community there have and will continue to
be a number of opportunities to present the Family Advocate Program to
potential buyers of the program. In fact, over time, Sharon has developed
quite a following. She notes:

I find that people go to all of my presentations, like I
have a following or something. I found that shocking to
find out that people would follow me from place to place
because I see the program as being the same. I see that
the information is still the same. Maybe the message is
given out in a different way each time, but it still
surprises me.

Marilyn's interpretation of the "following" is that people are
interested in hearing as much about the program as they can thorugh the
presentations so they can implement the program themselves without
training. Marilyn's comment:

I think another thing may be that people come to hear
about it so that they can do it on their own.   I know
that the other Head Start program in Dayton had hired a
parent and called that person their Parent Advocate. We
report on the FAP activities at Policy Council meetings
and parents from this other Head Start group are there
so, I'm sure in their view they are doing the Family
Advocate Program.

It is not uncommon for people to assume they can implement the program
by having access to the materials. Because of this Sharon and Marilyn are
cautious about how much they "give away" in their presentations.   For
example, MVCDC designed a set of materials that provide an overview of the
FAP, but do not give enough information for the individual to be able to
implement the program on their own. The FAP Training Manual, which we will
describe more fully later in this section, has been developed for those
people with whom MVCDC has a training contract; it is not available to the
general public. By making specific choices about the type and amount of

information available to people who have made different levels of commitment to the program, MVCDC staff feel they have some control over how the program is used, and by whom.

The materials prepared for use in presentations to the Head Start and early childhood community consist of a slide presentation and a brochure that describes MVCDC and its range of services, but focuses on the training and technical assistance options available through the Miami Valley RTDC (See Attachment D). The slide presentation was put together during the first year of the program. MVCDC hopes to turn it into a filmstrip at some point in time. But at this point they do not have resources available to finalize the filmstrip. Sharon comments on the slide presentation as follows:

> I have most times shown the short slide presentation.
> We rushed and put that together. I figure that it's not
> the best effort, but other people do enjoy it. It does
> given an idea as to what actually happens in the
> program.

Generally in her presentations Sharon talks about the program as she presents the slides. She emphasizes different aspects of the program depending on the audience. As she describes it:

> Usually I do the same thing, with some different title,
> telling what the model is like, what changes we made in
> it and what we are doing in our agency. Each time I
> have somewhat of a different focus. Sometimes I talk
> about what the benefit can be for the agency or what the
> benefit can be for the parent.

Dissemination of information on the program does not occur only through formal conference presentations. There are also informal dissemination activities. For example, the Family Advocate Program becomes known as High/Scope staff exchange correspondence, meet with individuals in a variety of settings, and publish information on the Miami Valley RTDC in ReSource. Staff within MVCDC are also involved in dissemination efforts. The Education Coordinator first heard about the Ohio Head Start Conference and suggested that the FAP be represented. Marilyn, as she travels and speaks throughout the U.S., is always promoting the program. As she noted:

> We talk about the Family Advocate Program any time we
> make presentations about our agency...When I go I always
> take our annual report, brochures, FAP brochures. I
> present the FAP as part of the agency.

Thus there are a variety of ways that people can learn about the FAP. Once they have been introduced to the idea they have to determine the extent to which they are going to be involved in implementing the program. As indicated in the brochure there are levels of involvement. These range from Visitor's Days, where people interested in the FAP visit MVCDC and see the program in operation, to full scale implementation of the model that is contracted for by an agency. It is easy to set up a Visitor's Day; it is much more difficult to secure a training and techincal assistance contract.

The process is slow, and must be supported consistently over time.

One aspect of working with a site is assisting them in securing funds for their program. Soon after the RTDC effort was officially underway (July 1982), Marilyn determined that she was not going to play a major role in helping sites secure funding. She felt that she needed to put all of her effort into writing proposals for grants and contracts to maintain MVCDC; she did not feel she could make that same effort for other agencies. Her position is clearly understandable (and somewhat analogous to High/Scope's position in relation to fund raising for the RTDCs.)

Regardless of whether or not MVCDC gets involved in helping sites raise the necessary monies for training and technical assistance, they do have to deal with the issue of how to contract with sites for the services MVCDC provides. As Marilyn noted at the RTDC Workshop in February 1983:

> It was somewhat of a challenge to work out the details of contracting with the two second generation sites. Simply because we had not done it before. Sharon basically negotiated that. I believe our arrangement is that they pay for travel and lodging and food, and we had to include an amount to cover babysitting for Sharon. That's a reality. They pay flat fees for your services and that comes back to the agency and covers her salary for the day. Then we have some working out to do as to how that really affects the FAP program grant.

From Marilyn's comments it was quite clear that she had little experience trying to develop a realistic budget—one that not only covered Sharon's salary for the day, but overhead costs and preparation and follow-up time. With the HHS grant Marilyn clearly has some ways to cover costs not included in contracts with second generation sites, but over time, she knows that she has to more accurately reflect the real costs of Sharon providing training and technical assistance to other agencies.

The Second Generation Sites

At this point, MVCDC has contracted with two second generation sites: Iron Mountain, Michigan, and Grand Rapids, Michigan. The contact with both of these sites began as a result of Sharon's presentation at the National Head Start Conference in Detroit, 1982. She notes:

> I presented at the Head Start conference in Detroit. That's how we got the second generation sites. Parents from Grand Rapids had gone to that presentation. They contacted High/Scope and they contacted us. We began negotiating. I think the same type of process happened

with Iron Mountain. They heard of the program at a
conference and began making further inquiries.

That is indeed the way the process begins. Once initial contact has
been made then it is necessary to follow a sequence of steps that help the
second generation site clarify its objectives, determine their resources
and decide if and how they will implement the Family Advocate Program. As
negotiations with Grand Rapids got underway, High/Scope was heavily
involved in facilitating the process. The first meeting was held at
High/Scope—midway between Dayton and Grand Rapids. Fran was a part of the
meeting, as a facilitator, not a primary actor. In preparing for that
meeting Fran reviewed with Sharon what she needed to do and think about
early on. In an exchange in early 1982, Fran shared the following process
information:

o We discussed the process, or stages, that follow an inquiry to the
  RTDC for information regarding the Family Advocate Program.

o Stages of program negotiations

   1. Inquiries (telephone, letters)
      o decide who responds to the individual inquiring
      o decide how much detail to give out over phone; ask
        to send   written materials and have   caller
        respond after reviewing   materials.
        At this point, begin to maintain records: a
        telephone log   form and correspondence folder
        should be established for   each inquiry received.

   2. Exchange of information betwen MVCDC and inquirer, verbal and
      written:

        o get as much information from the interested
        individual as you can regarding the program and key
        staff who will be involved.
        o ask for written information regarding their
        program (system) if they have it.
        o provide appropriate information to the inquirers
        concerning your program/agency/key contact people,
        etc.

In late July 1982, Sharon came to High/Scope to meet with three staff
from the Kent County Head Start Program in Grand Rapids, Michigan. Sharon
took the lead in structuring the discussion. Fran provided back-up
support. What this meant was that staff from Grand Rapids directed their
questions to Sharon. During the day Sharon learned more about the
structure and needs of the Kent County agency, and people from the agency
came to understand what they needed to do to make the FAP operational in
their centers. Fran summarized the day as follows:

        I was both pleased and impressed with Sharon's
        competency in negotiations and problem solving with the
        Grand Rapids staff. In discussing the process later in
        the day, she felt that it had been much easier for her
        to do because we had spent so much time going through

the steps the day before. Understanding the "process method" of working with another group interested in implementing a model is a very necessary ingredient in the administrative level peer-to-peer phase of negotiations. While Grand Rapids is, indeed, another Head Start System, they operate in a manner that is different from Dayton's MVCDC. Therefore, Sharon needed to become familiar with the structure of their operations, staffing, roles of staff, geographic boundaries, existing efforts in involving parents, etc. What exists in Dayton MVCDC program in many instances did not exist in Grand Rapids. At these discovery points she had to pull on her skills, acting as a catalyst for challenging the others to identify areas of strength, and committed staff persons, and to begin to conceptualize what they could do with what they had to work with. Sharon did this with very little assistance from us (High/Scope).

By the end of the day the process for working with Grand Rapids was well underway. Training was scheduled for October 1982, and was actually conducted in November of that year. As has been noted in previous sections, one of MVCDC goals was to expand within their own agency before making a major effort to provide training and technical assistance to second generation sites. On their own timeline they were scheduled for expansion into Clark and Madision Counties in Fall 1982. Thus, as Sharon was planning to provide the Supervisor and Family Advocate training in Grand Rapids, she was also prepareing to do comparable training in Clark and Madison counties, as well as maintain the program in Montgomery County. She was tremendously stretched!

Over the summer she and Fran continued to discuss how Sharon's time was going to be used. Fran summarizes the concerns:

How to balance the act is the major concern I'm voicing as I work to provide Sharon with skills and techniques to manage her workload.

o Given she already is booked for Family Advocate training in MVCDC's three counties in September and October, she has to take on a major responsibility for being protective of her time. I cautioned her about 2 areas to be extremely aware of:

1. Provide herself with adequate planning and materials preparation time for consulting trips and training sessions, both before and after. She needs to allow herself time for adequate record keeping.

2. To combine supervisory efforts in Clark/Madison Counties as much as possible, e.g., meet together, or do one in morning and one in afternoon. Don't get booked with a lot of miscellaneous activities that eat up time needed for planning, record keeping and essential supervision of MVCDC's demonstration

models. If they falter and flop the RTDC is irrelevant.

Because Sharon had some back-up within MVCDC,—in terms of Advocates that were able to support the work in Montgomery County and work with Sharon on training in Clark and Madison counties, t' ... training efforts were successful. Unfortunately the Grand Rapids trainin; was the first time that Sharon had to provide training without on-the-ground support. Given the demands on her time she did not do the necessary administrative preparation for the visit that would help assure successful implementation of the program. For example, at the time of the November training Kent County Head Start staff had not determined who would have major responsibility for the program. It was to be shared. When Sharon learned this she was not able to say, "Wait a minute, we need to have someone in charge." Her own limited experience did not provide her with the solid base from whcih to be firm about having a supervisor in place.

In addition, the demands on her time were such that she could not reschedule training, nor did she have time to reflect on what was happening, and could not anticipate the issues that could arise from such a situation. On the Coordinator Implementation Form completed on Sharon in March 1983, in response to the question, "How does this coordinator assist in the RTDC site implementation process?" Fran writes:

> So far Sharon has followed the process we have discussed. The only problem I have found so far was her <u>not</u> insisting that Grand Rapids have a Supervisor <u>in place</u> prior to training of Family Advocates. I discussed this in the response to Sharon's Telephone Interview with Grand Rapids. The RTDC can and should use High/Scope as a back-up if there is real opposition to putting the model in place according to the model requirements.

By February 1983 it was evident that it had, indeed, been an error to conduct the Grand Rapids training without someone designated as supervisor for the program. From the experience, Fran drew some principles for inclusion in the RTDC Coordinator's Manual that she was developing. During the February Workshop at High/Scope Sharon shared her own thoughts on the two second generation sites that she had trained. She stated:

> Since we left here last we now have some second generation sites, both of these are Head Start agencies. The Kent County CAP agency in Grand Rapids, Michigan has already been trained. I did the staff training and the two Family Advocate training weeks. With the Dickinson-Iron Mountain program I have done their staff training and will be doing their Parent training in March. It is interesting in looking at these two sites. Dickinson-Iron Mt. is planning for me to come and give them one training session and then as they have need for additional training they will have their own trainer do it. The director is planning to have all his trainers there, to see what I do and how I do it, to get the most for his money. He will not have me come back except for

some site visits. Kent County CAP is not there yet.
They will need additional assistance in their training
efforts just because of the difference in operation.

Another aspect of working with a second generation site is
documenting the process over time to understand what the site needs and how
that can best be provided and to evaluate the effectiveness of the program.
For this purpose, MVCDC staff, with High/Scope assistance, have developed
three types of forms. First, a form to record all dissemination activities
(e.g., conference presentations, seminars, workshops, etc.). Second,
the RTDC Site Data Collection Checklist which records the history
surrounding a second generation site, from irst contact until a contract
is signed. The third set of records are related to implementation of the
model at second generation sites.

Much of Sharon's documented experience in working with both the Kent
County CAP in Grand Rapids and Dickinson-Iron Mountain Head Start agencies
is reflected in a FAP Supervisor training Manual which has been developed.
Within the HHS grant MVCDC staff proposed to write a training manual for
the Family Advocate Program Supervisors. When Sharon was trained she
relied on the Parent-to-Parent Home Visitor Supervisor Training Manual that
had been developed for High/Scope's home visiting program. As the Family
Advocate Program was developed, however, it was apparent that the
High/Scope manual did not sufficiently prepare a supervisor to work in the
Family Advocate Program.

Thus, MVCDC proposed to take the original manual and re-write it for
their own purposes. They contracted with High/Scope to undertake this
task. The process involved High/Scope staff (Fran, Judith, and Ellen
Ilfeld) and MVCDC staff (Sharon, Pat, Jeanette, and Marilyn) sitting down
together and talking about all the things that should be included in the
manual. The manual was then drafted at High/Scope by Ellen, with input
from Fran and Judith. Once the manual was drafted, Judith and Sally spent
two days at MVCDC reviewing the draft with Sharon, Pat and Jeanette. Given
the input from that meeting the manual was redrafted by Judith, and a final
version was made available to MVCDC staff by September, 1983 for use in
training Family Advocates. The Family Advocate Program Supervisor Training
Manual has now become a part of the package of materials that sites receive
if they contract to fully implement the Family Advocate Program.

The Miami Valley RTDC: What does the Future Hold?

The Family Advocate Program has become a fully integrated part of what
the Miami Valley Child Development Centers, Inc. is all about. The program
has increased the level and type of parent involvement in a way that has
surpassed all previous efforts at increasing parent involvement. Marilyn
Thomas, Executive Director of MVCDC characterizes the impact of the program
as follows:

I think that the impact of the FAP is very significant.
In the program we touch great numbers of people. We do

not touch them with the in-depth relationships that the home visiting program does. But we touch them in a way that is different from anything they have experienced. New relationships have developed that are building self-esteem. I keep thinking, what if we weren't doing this? Where in the world would this same experience happen for these parents? What other source would make their growth possible? To me the impact is just magnificent.

The Family Advocate Program has not only made a difference for the families involved, it has impacted the agency as a whole. Prior to implementation of the FAP the various Component Coordinators devoted their efforts to strengthening their own components. With the introduction of the FAP the various components have had to come together and coordinate their efforts to support and be supported by the Family Advocates. This has created new communication patterns among MVCDC staff — patterns which serve the greater good of the organization. Thus, there is no question about the future of the Family Advocate Program within MVCDC. What is of concern is whether the RTDC concept will be maintained and strengthened.

The issue of the future of the RTDC is intimately tied to the issue of personnel. Even as this report is being written some critical decisions are being made in reference to personnel. Sharon Knauls, who began working at MVCDC as a volunteer Head Start parent, served as supervisor for the Family Advocate Program when it began. She has been a part of its evolution over time. As the RTDC concept was developed, Sharon also took on the role of RTDC Coordinator. What this has meant is that the lines between the RTDC and the core Family Advocate Program have been blurred. They are further blurred by the fact that the first RTDC activities consisted of replicating the Family Advocate Program within MVCDC itself. So, it is difficult to know where the core program ends and the RTDC begins.

As the RTDC has evolved MVCDC staff have been encouraged to clarify the position of the RTDC within MVCDC. As early as July 1982, Fran writes:

> I advised Sharon to sit down with Marilyn and Jeanette
> to discuss this situation. In taking on a new model,
> and a new effort (RTDC), Marilyn has created a different
> Parent Involvement (PI) component, and needs to take a
> look at the roles of each of its staff members.
>
> Sharon wants to keep the program under the PI component,
> which I understand, and accept. What I am asking is for
> the RTDC effort to be seen as a major change requiring a
> different level of work. Sharon clearly understands the
> implications of what lies ahead and is willing to take
> hold of the tasks with determination and the right
> amount of aggressiveness to assure her and the program
> success.

One response to High/Scope's and Sharon's concern was for MVCDC to produce an organizational chart that reflected the differentiation between the core program and RTDC activities (See Table IV3). While the two units are physically separated on the chart, there is a major flaw in the

Table IV-3

MIAMI VALLEY CHILD DEVELOPMENT CENTERS
DAYTON, OHIO

Organizational chart:

- PARENT INVOLVEMENT COMPONENT
  - BUTLER | CLARK | MADISON | MONTGOMERY — COUNTIES (4)
    - FAMILY ADVOCATE PROGRAM CORE SITES
      - FAMILY ADVOCATE PROGRAM SUPERVISOR — SHARON KNAULS
        - RESEARCH ASST. — DEV FOSTER
        - FAMILY ADVOCATE SPECIALIST — PAT WALKER
          - MONTGOMERY COUNTY
            - 8 CENTERS
              - ASSOCIATE
              - CORNIELIA COLOLY — APPRENTICE
              - BETTY HOLT — APPRENTICE
            - ADVOCATES 11 — 11 TRAINED
          - CLARK COUNTY
            - 2 CENTERS
              - BURTON
              - BAMBI
            - PAT CUNNINGHAM — APPRENTICE
              - FAMILY ADVOCATES 7
          - MADISON COUNTY
            - HOME BASED
              - JOYCE COOK — COORDINATOR
                - KIM JONES — PROGRAM SECRETARY
                  - PROGRAM ADVOCATES 4 TRAINED
    - PARENT INVOLVEMENT COORDINATOR — JEANETTE TAYLOR
      - PARENT INVOLVEMENT ASSISTANT
    - RTDC OPERATIONS
      - RTDC CONSULTANT — SHARON KNAULS
        - RTDC SECOND GENERATION SITES
          - KENT-CAP GRAND, RAPIDS MICHIGAN
            - HEAD START 11/82-8/83
          - IRON MOUNTAIN, MICHIGAN
            - HEAD START 1/83-8/83

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conceptualization. That is that Sharon Knauls is listed as both the Family Advocate Program Supervisor and the RTDC Coorindator. Thus, while on paper the issue was solved, in terms of the day-to-day operation of the two efforts, the issue has not been resolved. As Fran so aptly notes:

> Let's remember, there is a real difference between "Program Supervisor at MVCDC" and "RTDC Coordinator-Trainer at Second Generation Sites." We need to examine closely how this effects decision making and authority within MVCDC's operations. The FAP Supervisor may not be seen with the same eye by her fellow co-workers as she is by second generation site program staff. At best, it has to be very trying to switch hats several times a day in order to correct peoples assumptions about your credibility!!

Jeanette, as Parent Involvement Coordinator, supervises Sharon in her role as Supervisor of the FAP. It is less clear what Jeanette's relationship to Sharon is when Sharon puts on the hat of RTDC Coordinator. Sharon, however, is aware of her changing role. She states:

> Its hard, but its a matter of getting used to it. With each step we take I'm getting better and I can see where more organization has helped. Since we received a grant from HHS, we have money to do some different kinds of things. We can pay more stipends, we have actually added some salary staff people to the program. We have a Research Assistant that will be helping to collect data. We have also added the position of Family Advocate Assistant who will be assuming responsibilities for Montgomery County. She will be a local supervisor. She has come through the program. She began as a Family Advocate and has gone through all the career steps. She is really ready to assume greater responsibility. Along with this it is still a training process for her. It's an ongoing training process.

Sharon's comment indicates that she sees the Family Advocate Assistant as the supervisor for the Montgomery County Program. Sharon does not want to continue to play that role, yet she feels responsible for providing ongoing training and supervisory support.

Shortly after Sharon made these observations to Fran the key actors at MVCDC, Marilyn Thomas, Jeanette Taylor and Sharon Knauls, were all involved in the RTDC Workshop held at High/Scope in February 1983. During the workshop there was ample chance for discussion of the relationship between the RTDC, the Parent Involvement component and the FAP. In a letter to Marilyn in March, Fran summarized the Workshop discussions and the Telephone Interview she conducted with Sharon in early March.

> Sharon has not had the firm network of support that I had hoped for within the Parent-Involvement Component that both houses and evaluates the FAP program and supervisor. The system in place needs to be evaluated and, as was addressed at the RTDC conference in

February, a more workable solution to distribution of
work load, support and monitoring and sense of well
being for all involved must be pursued by the
responsible "team" members. A must for the next
High/Scope site vis't.

Marilyn realized that the situation was indeed very serious. At a
MVCDC staff meeting in late March she acked what was being done in terms of
restructuring the relationship between the core program and the RTDC. In
the discussion that followed, it was determined that Jeanette, as Parent
Involvement Coordinator, would assume greater responsibiltiy for the core
program. She would work closely with Advocates, providing them with on-
going supervision and support to the program. In addition, she would take
primary responsibility for the training of Clark County Advocates in fall
1983. This has, in fact occurred, and freed Sharon up to devote more of
her time to outreach activities for the RTDC.

However, in the fall of 1983 another event occurred which has had an
impact on the Miami Valley RTDC. MVCDC received the grant to operate the
Head Start Program in Butler County. Thus the jurisdiction of MVCDC has
expanded from three to four counties. Since then, MVCDC administrative
staff energies have been focused on training and technical assistance to
Butler County staff in all aspects of their program. In creating an
administrative structure for Butler County that would be manageable from
MVCDC headquarters in Montgomery County, several new positions have been
developed. One position is that of program coordinator for Butler County.
Sharon Knauls applied for the position and was hired. What does this mean
for the supervisory position within the Family Advocate Program? Will
Jeanette take on this role? Will the Family Advocate Assistant be hired
full time to replace Sharon? Who will take responsibility for the RTDC?
Will Sharon remain linked to the FAP and RTDC efforts, or will all her
energies be directed elsewhere? None of these questions have been
answered. Three days in midMarch have been set aside for High/Scope and
MVCDC staff to sit down together and talk about the implications of various
staffing options.

One of the tremendous strengths of MVCDC is their energy level and
their commitment to the programs they develop. When they get behind an
idea they believe in, they do everything humanly possible to make the idea
work. But as they expand their range of services and the number of
counties they serve, it pulls staff in many different directions. The Head
Start system itself is tremendously demanding—with parent meetings, staff
meetings, in-service training, conferences, workshops, policy council
meetings, ad infinitum. Then, when you add a new program to the system
there is a new level of demand on staff. It is extremely difficult to get
staff to take the time they need to reflect on what they are accomplishing
and to realistically determine what they should be doing next. MVCDC staff
are very aware of this problem. But it is to their credit that MVCDC staff
have tackled equally difficult issues and come up with creative solutions.
Beacuse of the fact that the Family Advocate Program and the RTDC are so
integrally related to both the Head Start and MVCDC mandate, we feel
assured that both programs will be continued within MVCDC. We are
committed to continuing to provide our support in the process.

CHAPTER V

THE TRAINING AND TECHNICAL ASSISTANCE PROCESS

In the case studies of the New England Regional Training and Dissemination Center (Chapter III), and the Miami Valley Training and Dissemination Center (Chapter IV), we describe how the RTDCs have evolved over time—the promises, the problems, and the current prognosis. Within the case studies there are references to High/Scope's work with RTDC staff which was supportive of the development of their capability to recruit and train other sites and to make the RTDC viable. However, the case studies do not contain a description of the overall training and technical assistance process as conceptualized and implemented by High/Scope staff. Therefore, in this chapter we will attempt to elucidate the process by describing how training and technical assistance was defined as the project got underway, who received the services, what was provided to support RTDC development, and the process for working with RTDCs. This chapter sets the stage for the final chapter which is our evaluation of the effort.

The Starting Place

When we first proposed disseminating the Parent-to-Parent Model in 1978 we did so from an experience base of having replicated the model in a community about 70 miles from High/Scope (Potterville, Michigan). The process of working with community education staff in Potterville allowed us to solidify our "best guess" about what it would take to transfer the program from one community to another. So, by the time we began the Bernard van Leer funded dissemination project we had a pretty good idea of the types and sequence of training and technical assistance we needed to provide to make the model operational and institutionalized in a community agency. The Phase I Dissemination Project allowed us to more clearly define what needed to be in place in the community for the program to take hold, and we were able to streamline the process and determine for ourselves what the "bottom line" was in terms of the model itself.

Unfortunately when we entered the second Dissemination Phase we had no prior experience comparable to the Potterville project from which we could define the Training and Technical Assistance process to be followed in developing regional training and dissemination centers. We were, indeed, breaking new ground in attempting to provide a community-based service agency with the knowledge, skills, and competencies they needed to begin to think of themselves as a training organization.

Fortunately High/Scope had developed some training processes in other projects that would ultimately be useful to the overall effort. For example, within the Early Childhood Department a Training of Trainers Project was emerging that provided clear ways for High/Scope Consultants to work with trainers in a given geographic area who were then responsible for training others in the Cognitively Oriented Curriculum. The Family Programs Consultants had a comparable task in training the Supervisor of the Core Program to train others in the implementation of their adaptation

of the Parent-to-Parent Model. Thus for that aspect of RTDC development we had a solid framework for providing training and technical assistance. In addition, we were able to take our experience in working with potential sites in Phase I and translate that into a process to be used by RTDC staff as they began discussions with community agencies. That process was solidified as Fran worked with both Marian and Sharon, and later Ann Dunn, in helping them understand their role with and responsibility to agencies requesting assistance. It was solidified in the form of what came to be called a "Mini-Manual". The actual title is, <u>The</u> <u>Role</u> <u>of</u> <u>the</u> <u>Consultant</u> <u>in</u> <u>Working</u> <u>with</u> <u>New</u> <u>Sites</u> (see Attachment B). It brought together, in a very practical way, much of what we learned in the Phase I Dissemination Project.

In other areas, however, High/Scope had not experienced nor developed a strategy to respond to some of the demands that emerged. For example, we had not anticipated needing to transfer some of the administrative skills associated with creating an agency framework to support the RTDC, e.g., proposal writing, program planning, budgeting, and dissemination. And, in fact we would not have had to transfer these skills if those who were originally going to be Coordinators within the RTDCs had remained with the project. For example, Laird Covey, who was instrumental in getting Parent-to-Parent implemented in the Northeast Kingdom of Vermont in Phase I was proposed as RTDC Coordinator of the New England Center. He had already evidenced the skills needed to establish the RTDC. However, as the project got underway there were no funds to support him full- (or even part-) time in this position. Further, he resigned from the agency to take a new position within northern Vermont, and a new administrator within NEKMHS assumed primary responsibility for the program in Vermont. Because the new administrator (Jim Irwin) had little experience with the model, it was felt that he could not appropriately step in as Coordinator for the RTDC. Thus, the decision was made that the then current Supervisor of the core program (Marian Herried) would assume the position over time.

So, while in the original concept paper it was proposed that each person involved in the core program would move one step up the career supervisor/ trainer/administrator ladder, Marian was being asked to take two steps, and to straddle the three positions for a while. There was a lot for her to learn. We did not realize how much until we were well into the first year of the RTDC effort. It was then we began to see the impact on the effort of her being pulled in too many directions.

Meanwhile, in the Miami Valley Program, it was clear that the Executive Director of the agency (Marilyn Thomas), could not be freed up from other responsibilities to devote her considerable talents and energies to the RTDC. Again, there were not funds available to bring in another staff person to take on administrative responsibilities, so the decision was made that the program supervisor (Sharon Knauls) would be shifted from the role of Supervisor to RTDC Coordinator over time. Again, the supervisor was being asked to take a giant step forward without an adequate experience base. What further complicated the situation in Dayton was the fact that as Supervisor of the core program (the Family Advocate Program) Sharon was clearly under the supervision of the Parent Involvement (PI) Component Coordinator (Jeanette Taylor). As Coordinator of the RTDC it was unclear what her relationship would be to the PI Coordinator. But it was clear that Sharon needed to develop organizational and public relations

skills as RTDC Coordinator that would make her look more like a component coordinator, or even the Executive Director, a person clearly over the PI Coordinator.

At any rate, decisions about how staff were to shift within each agency had tremendous implications for the types of training and technical assistance that were needed. In retrospect, it is fair to say that we were six months into the process before we could identify what was really needed and differentiate that from what we had been providing. While the type of training and technical assistance did not change significantly from that which was defined originally, the emphasis on various aspects shifted within the project.

As discussions occurred with staff at the agencies undertaking to become RTDCs, we had mutually defined the areas to be included in the Training and Technical Assistance process. As outlined in the letter of agreement drafted at the first RTDC Workshop, the major areas of concern were: administration, dissemination, the development of training options, processes and materials, and evaluation. The specific needs within each category were defined as follows:

o administration

* guidelines for staffing the RTDC—roles, responsibilities, criteria for hiring, support in generating funding for the RTDC

* seeking out potential sources of funding

* jointly writing proposals to appropriate foundations, agencies

* provision of back-up support to RTDC staff writing proposals

* guidelines for developing contracts with second generation sites

* management techniques for supporting staff

* long-range planning for the continuation of the RTDC

o Dissemination

* assistance in the development of public relations materials representing the work of the RTDC

* the provision of appropriate High/Scope materials to be used in dissemination

* presentations by High/Scope and RTDC staff at national and regional conferences to promote the RTDC and the program approach

o Training - Options, Processes, and Materials

* assistance in the development of training options (defined by time, format, content)

* designs for training appropriate to each training option

* joint training by High/Scope and RTDC staff, until RTDC staff are determined to be competent to provide training on their own

* the development of appropriate training materials

* the definition of a process for the certification of second generation site Supervisors and the programs they develop

o Evaluation

* the joint development of an evaluation system to provide formative and summative feedback on RTDC development and impact by:

  - assistance in clarification of appropriate goals for the RTDC

  - joint development of instruments to measure the RTDC's effectiveness in reaching those goals

  - assistance in analyzingand using the data generated for further RTDC development

  - support as the RTDC develops the capability to assume these functions for itself.

After determining what was needed in the way of training and technical assistance, we discussed who should be involved in the process.

The Actors

The cast of characters within High/Scope included Judith Evans, Project Director; Fran Parker-Crawford, Consultant/Trainer; Barbara Reschly, Consultant/Trainer, who left in Summer 1982 and was replaced in Fall 1982 by Leslie de Pietro, Consultant/Trainer; Robert Halpern, Senior Research Associate; Ann Epstein, Senior Research Associate; and Sally Wacker, Research Associate. Everyone changed their level of involvement in the project over time. During the first 18 months of Phase II Judith devoted about 75% of her time to the project. At the end of that time she assumed other responsibilities within High/Scope so that during the last twelve months, 50% of her time was on the project. Robert Halpern, who was heavily involved in the Phase I Dissemination Project gradually decreased his time during Phase II. By December 1982 he was no longer officially involved in the project. At that point he assumed major responsibilities on a Ford Foundation Project, serving as cross-site evaluator and program developer for six community agencies creating outreach services for poor,

migrant families. The services being developed frequently include home visiting. There are some parallels between the Ford Foundation sponsored projects and the Parent-to-Parent effort. So, Robert has maintained informal ties with the Family Programs Department, providing input from the Ford project that has helped us elucidate our own process, and using Parent-to-Parent expertise in facilitating the development of service programs within the Ford project.

Ann Epstein increased her total time at the High/Scope Foundation in 1981, and during the 1982-83 year was giving only minimal time to the project. During the last six months, however, she has devoted 50% of her time to the process of pulling together what has been learned. Sally Wacker, who was heavily involved in Phase I, essentially left the project between 1981 and Fall 1982. She re-entered in January 1983 at which time she assumed primary responsibility for working with RTDCs in terms of evaluation issues.

Barbara Reschly was a Consultant during Phase I and assumed responsibility for the operation of the local program beginning in Fall 1981. She left the High/Scope Foundation in Spring 1982, and Leslie de Pietro was hired as core program Supervisor in Fall 1982. Leslie began working with other sites in Spring 1983. Fran Parker-Crawford has had the most consistent time commitment to the project of anyone. She served as Consultant in the training of site Supervisors in Phase I, and she has had the major responsibility for working with the RTDC staff as they have shifted from the supervisory to coordinator role. Until Fall, 1983 she was 100% on the project; since then she has been 90%.

The actors at the New England RTDC and the Miami Valley RTDC were described in great detail in the case studies on each agency (in Chapters II and IV, respectively). Briefly, within the New England RTDC there was a shift in administrative staff from Laird Covey to Jim Irwin in the Fall of 1981. At the Supervisory level the shifts were from Meredith Levitt-Teare, to Marian Herried in Spring 1980, to Winsome Hamilton in February 1982. Marian was phased into the role of RTDC Coordinator beginning in the Fall of 1981; she took on full responsibilities for that role in February 1982. When Marian retired in January 1983, Ann Dunn, who had been apprenticing with Marian since Fall 1982, took on responsibilities for RTDC coordination.

Within the Miami Valley program, Marilyn Thomas has remained the administrative support for the effort throughout our work with MVCDC. Sharon Knauls began in the program as Supervisor in March 1981, and has assumed increasing responsibilities for RTDC coordination, with Jeanette Taylor, Parent Involvement Component Coordinator, assuming some of the supervisory responsibilities for the core program as Sharon has done more RTDC activities. Within the Miami Valley RTDC there are also Family Advocates who have progressed up the career ladder and who are taking increasing responsibility for supervision of the core program within the three counties that have fully operational Family Advocate Programs.

The process and sequence of "who would work with whom" changed considerably during the RTDC dissemination project. This was in contrast to the training and technical assistance process that occurred in Phase I. As we began the first dissemination project we had a clear idea of what

different High/Scope staff roles would be with sites—administrative staff
would work with administrative staff, and consultants would work with the
supervisor of the program. Roles were clearly defined and the sequence of
exchanges was accurately anticipated. Basically the Director of the
project worked with administrative staff in the host agency to get the
program off the ground — identifying funding sources, writing proposals,
securing funds, establishing the program administratively. Once that had
been accomplished, the High/Scope consultant working with the site took
over and began working with the supervisor. While there was still
administrative contact, the primary person responsible for over-all
coordination at the site was the High/Scope consultant. Evaluation staff
involvement, which remained constant over time, was at both the
administrative and program level.

What we discovered in the Phase II RTDC work was that the level of
involvement of different High/Scope staff fluctuated greatly throughout the
life of the project; we were much more subject to changes in site needs
than had been true in Phase I. This was largely due to the fact that the
game plan for Phase II was much less clear than in Phase I. Thus, we
found ourselves needing to respond to a given situation as it occurred
rather than being able to anticipate what would occur and planning ahead.
In addition, it was hard to anticipate the 'stages' that the agency itself
would go through in terms of evaluating their own development and needs.
Thus, for instance, when the New England RTDC declared themselves
sufficiently trained and ready to be on their own in February 1982 we were
extremely uncomfortable with their decision, but we did not have enough
experience in this type of effort to help them see the implications of
their decision. Our own confusion and frustration with the situation is
well illuminated in an in-house memo that Fran wrote in March 1982:

> Our meeting with Frank Blackwell (High/Scope
> Consultant) set in motion my determination to
> settle (at least in my own mind) some of the
> issues/questions, that continue to circle about us,
> but never quite 'perch' long enough to nest in our
> heads...While I am willing to in part accept the
> premise that we are once again, 'learning as we go'
> in implementing the RTDC, I am also ready to stand
> on what Frank also said. If we learned so much
> over the past 12 years, then why are we not
> starting out with a stronger game plan with the
> RTDCs? We are in a position to authorize, or not
> authorize what they do in the name of
> High/Scope...If a site continues to blast ahead on
> their own, disregarding our cautions, do we
> withdraw our "High/Scope" name and affiliation?

Do we indeed? At that point we did not. We went along with their
decision and withdrew consultation support, while maintaining the
administrative linkages. Over time, the New England RTDC staff began to
see their needs for training and technical assistance. This happened
primarily when Marian retired. Winsome was allowed to assume full
resonsibility for supervision of the core program, and Ann Dunn became RTDC
Coordinator and realized she had not been trained for the role. At that
point Fran once again became heavily involved at the New England RTDC—

working both with Winsome on core program issues and with Ann on RTDC activities.

Thus, the cast of characters, and the changes in the cast over time, significantly influenced who would be involved in the training and technical assistance process within High/Scope and the RTDCs. It also influenced the type of technical assistance that was necessary.

What Was Provided

Over the course of the RTDC Dissemination effort we have found ourselves in the position of working with sites at a variety of levels—from providing moral support when sites are facing difficult issues and the solution has to be theirs, to giving them very specific information on a topic that will move them quickly from one point to another. Specific activities have included designing and providing training for the RTDC Coordinators in how to work with other community agencies; working with administrative staff to secure funding for the RTDC; developing materials for and being involved in outreach/dissemination activities; providing a network and referral function among the RTDCs and High/Scope; assisting in material development efforts; and supporting the development of evaluation systems for the core program and an evaluation process for working with second generation sites. A description of the activities associated with each of these training and technical assistance areas provides an understanding of the type of work that High/Scope staff have done with RTDC related personnel.

The Training of RTDC Coordinators. On conceptualizing the RTDC, it was possible to hypothesize the skills, knowledge and competencies that the RTDC Coordinator should have. As we defined the role we had in mind some highly skilled and experienced individuals who could assume that role. If those people had assumed the role, there would, in fact, have been no need to provide them with substantial training. As it happened, however, people with much less organizational development experience—the Supervisors of the core programs—were to be phased into the RTDC Coordinator role. This forced us to clarify for ourselves what was needed from a RTDC Coordinator and to design a training and technical assistance strategy to prepare people for the role.

The training process was evolving as Fran worked with Marian Herried in Vermont and Sharon Knauls in Ohio during the first year of the Phase II project. Fran worked with Marian in setting up a documentation system that would provide her with the information she needed to have available on sites as they were developing. She also helped design the administrators' workshop that was held in Vermont in January 1982. Both of these experiences were very frustrating to Fran and all involved. It was clear that Marian would need more help. She simply did not have the ability to organize her activities in a way that was going to move the RTDC forward. Marian, on the other hand, did not share Fran's perception; she declared herself ready to move out on her own, and she did.

Meanwhile, Fran had begun working with Sharon in Dayton, helping her to define a process for working with two second generation sites that were interested in implementing the Family Advocate Program. As Sharon began the negotiation phase with a Head Start program in Grand Rapids, Fran was part

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of the process, as facilitator, with Sharon taking the lead. In writing her report on the site visit Fran defined what she had imparted to Sharon, and what more Sharon needed to know. From that experience Fran developed an outline of things that needed to be covered in training RTDC Coordinators. This she circulated among High/Scope staff for feedback.

The next opportunity to flesh out the training and technical assistance process occurred when Marian Herried retired and Ann Dunn assumed the role of RTDC Coordinator in Vermont. Ann had been a home visitor in the early days of the Parent-to-Parent program implementation in Vermont, but she had not been trained as a Supervisor, and clearly had not been trained to take on the Coordinator role. As she began working as the Coordinator it became clear that she had little understanding of the difficulty of moving a potential second generation site from inquiry to signed contract. She assumed that once there was real interest, they would have the funds to begin. Secondly, she did not have a systematic way of working with potential sites to help them understand what they needed to have in place in order to implement the model. When it became clear that she needed to be "trained," Fran spent a week in Vermont working through the drafted Coordinator's manual.

As a result of that technical assistance exchange, Fran produced the final draft of the mini-manual titled, The Role of the Consultant in Working with New Sites. (See Attachment B). This document has been extremely helpful to both RTDC Coordinators, and was, in fact, very helpful to the new High/Scope staff person, Leslie de Pietro, as she began working with new sites.

Thus, for Coordinators a process was defined that helped them clarify what they needed to know about new sites and how they could facilitate movement of the site from an initial interest to a contract for training and technical assistance. But survival of the RTDC is ultimately dependent on administrative support within the host agency for its survival. Part of making that happen is to secure adequate funding for the RTDC.

Securing funding. At the administrative level we have worked with agency staff as they have developed proposals to maintain the core program and create the RTDC. In some instances High/Scope staff have actually written the proposals and concept papers in consultation with RTDC staff; in other instances the proposal writing has been a joint process; at other times we have discussed the major ideas to be included and RTDC staff have done the writing. Frequently we are able to alert the RTDCs to possible funding sources—federal and private. In Tables V-1, V-2, and V-3 are listed the proposals that have been written in support of RTDC activities, monies requested from whom, the outcome, and the role that High/Scope played in the process. One thing that certainly helps in the funding process is making the program known to a wide audience. This has happened through a range of dissemination activities.

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Table V-1

Fund Raising Activities

Parent-to-Parent Program

New England RTDC

Organization/ Agency	Date	Type of Submission	Amount Requested	Outcome	Technical Assistance from High/Scope
Businesses/ Churches	1982	Presentations	Open	$235.00	--
Program Fund-raising	May 1982	Plant Sale	Open	$342.00	--
Fund for the Improvement of Post Secondary Education for Father's Program	Submitted 1/82 for 1982 funding	Proposal	$96,000	Not funded	Collaboration
Office of Human Development Services	Submitted 1/82 for 1982-83 funding	Concept Paper	$145,000	Not funded	Collaboration on Proposal
Alcohol & Drug Abuse Division, State of Vermont for Father's Program	Submitted 1981 for 1982	Proposal	$5,000	Received	--
Vermont Dept. of Mental Health	Submitted 1981 for 1982	Proposal	$3,000	Received	--
Turrel Fund	Submitted 1979 for 3 years	Proposal	$25,000 for final yr.	Received	Initial contact, Collaborated on Proposal
NEKMHS	July 1982	In-agency, decision to maintain core program as on-going service of agency	$20,000	Received	--
Public Welfare Foundation	Submitted 1981 for 1982	Proposal	$20,000	Received	Collaboration on Proposal
Vermont Juvenile De___ _ncy Pre-ve___ Dept.	Submitted July 1983	Proposal	$25,000	Not funded	--

Table V-2

Fund Raising Activities

Family Advocate Program

Miami Valley RTDC

Organization/ Agency	Date	Type of Submission	Amount Requested	Outcome	Technical Assistance from High/Scope
Nat'l Assoc. for the Education of Young Children	Submitted 2/82 for 1982 funding	Proposal	$3,600	Not funded	Written materials adapted by MVCDC
Office of Human Development Services, U.S. Dept. HHS	Submitted 1/82 for 1982-84 funding	Concept Paper; Priority Area: Head Start Technology Transfer	Yr 1-$94,000 Yr 2-$122,000	Invited to submit full proposal (see directly below)	Authorship of Concept Paper
Office of Human Development Services, U.S. Dept. HHS	Submitted 8/82 for 1982-84 funding	Proposal	Yr 1-$145,000 Yr 2-$45,856	Grant approved at full funding	Authorship of Concept Paper
Miami Presbetary	Submitted 3/82 for 1982-83 funding	Proposal	$2,800	Decision Pending	Written materials adapted by MVCDC
Goldman Foundation	Submitted 4/82 for 1982-83 funding	Proposal	$3,600	Not funded	Written materials adapted by MVCDC
Ohio Dept of Public Welfare, Bureau of Children's Services	Submitted 9/82 for 1982-83 funding	Proposal; Program Area: Innovative Child Abuse & Neglect Demonstration Project	$50,000	Decision Pending	Written materials adapted by MVCDC

Table V-3

Fund Raising Activities

Family Support Program

High/Scope

Organization/ Agency	Date	Type of Submission	Amount Requested	Outcome	Technical Assistance from High/Scope
Inter-faith Council of Congregations, Washtenaw County, Michigan	Submitted 3/81 for 1982-83 funding	Proposal	$5,712	$3,000 grant received	Authorship of Proposal
	Submitted 9/82 for 1983-84 funding	Proposal	$3,000	$2,500	Authorship of Proposal
Office of Human Development Services, U.S. Dept. HHS	Submitted 1/82 for 1982-84 funding	Concept Paper; Priority Area: Volunteers	Yr 1-$77,960 Yr 2-$82,501	Funding Program Discontinued	Authorship of Concept Paper
Office of Human Development Services, U.S. Dept. HHS	Submitted 1/82 for 1982-84 funding	Concept Paper; Priority Area: Prevention of Child Abuse and Neglect	Yr 1-$77,960 Yr 2-$82,501	Guidelines for full proposal reissued (see proposal below)	Authorship of Proposal
Office of Human Development Services, U.S. Dept. HHS	Submitted 7/82 for 1982-84 funding	Proposal	Yr 1-$94,923 Yr 2-$71,105	Not funded	Authorship of Proposal
Region V Child Abuse and Neglect Center	Submitted 1/83 for 1983 funding	Proposal		Pending	Authorship of Proposal

Table V-3
(cont'd)

Organization/ Agency	Date	Type of Submission	Amount Requested	Outcome	Technical Assistance from High/Scope
Inter-faith Council of Congregations, Washtenaw County, Michigan	10/83 for FY 84-85	Proposal	$3,000	$2,7(.) grant received	Authorship of Proposal
Children's Trust Fund State of Michigan	10/83 for 1984 funding	Proposal (with Cath. Soc. Serv. & Child. at Risk)	$34,000	Not funded, but encouraged to re-submit	Authorship of Proposal
Office of Human Development Services, U.S. Dept. HHS	12/83 for FY 84-85	Concept Paper	$150,000	Pending	Authorship of Proposal
Office of Human Development Services, U.S. Dept. HHS	12/83 for FY 84-85	Concept Paper	$130,075	Pending	Authorship of Proposal
Office of Human Development Services, U.S. Dept. HHS	12/83 for FY 84-85	Concept Paper	$163,603	Pending	Authorship of Proposal

<u>Dissemination Activities</u>. Within this category of technical
assistance we include such things as conference presentations, meetings
with people who come to High/Scope or an RTDC to get more information on
the program (Visitor's Days), and writing articles on the program for
inclusion in local, regional and national newsletters and journals.   It
also   includes general public relations activities that occur   when
High/Scope and RTDC staff are engaged in outreach activities for their
agency as a whole, and through activities which link the program with other
efforts designed to impact public policy benefitting the preschool child
and family.

     Throughout the Phase II Dissemination project High/Scope and RTDC
staff have been actively involved in making conference presentations on the
generic Parent-to-Parent Model and its adaptations.   Because it has been
adapted to be responsive to the needs of a wide variety of populations, it
appeals to a number of professionals--preschool educators, mental health
professionals, social workers, infant specialists, public health nurses,
and family support program advocates (including home economists, church
related groups and private voluntary organizations).   Given this range of
professional linkages, it is appropriate to make presentations on the model
program at conferences that cater to these audiences.   During Phase II,
information on the Parent-to-Parent Model has been presented at the
conferences and meetings listed in Table V-4, and more presentations are on
the docket.

     In addition to conference presentations, individuals from the RTDCs
have attended professional meetings, sharing information informally on the
Parent-to-Parent Model. They always attend these meetings with armloads of
brochures, handouts and materials related to the model.   Examples of such
meetings from the New England RTDC are: the Rural Network of Handicapped
Children, Parent Aide Coalition, Rural Network of Community Mental Health
Agencies, Vermont Study Group for Preschool Handicapped, Parent Aide
Coalition Meetings, Meeting for Resource Agency Program, Department of
Education, Vermont, and so forth. An equivalent network of professional
meetings have been attended by the Ypsilanti RTDC Coordinator in Michigan;
and the Miami Valley RTDC staff tend to network among Head Start
personnel--locally, regionally and nationally.

     Conference presentations and attendance at professional meetings often
produce the first contact between a potential site and training staff.
People who are interested in knowing more about the model as a result of
these presentations are sent additional materials about the program, and
encouraged, whenever possible, to visit either High/Scope or the RTDC to
see the program in operation and learn more about its potential.   These
visits to a training site are generally referred to as Visitor's Days.   No
fee is charged for these visits.

     Another type of exchange that can occur is for the potential agency to
pay the travel and per diem expenses associated with having a staff person
from High/Scope or the RTDC make a site visit for a one- to two-day period.
This provides an opportunity for the Consultant/Trainer to get an
understanding of the context within which the model would be implemented;
to meet key staff people that would be involved in the process; for the
local agency staff to learn more about the model and what it would take for
them to implement it within their agency; and to do some planning in

Table V-4

PRESENTATIONS ON THE PARENT-TO-PARENT MODEL AND ITS ADAPTATIONS

Conference	Date	Location	Audience	Presentors
National Head Start Conference	April, 1983	Texas	Head Start personnel-- from Administrators to Parents	Miami Valley RTDC
Conference on Primary Prevention of Psycho-pathology	July 1983	Vermont	Vermont Commissioner of Health, Vt Secretary of Human Services, Commiss. of Mental Health, Dept., Regional & Local staff	New England RTDC High/Scope Policy Center
Vermont Department of Education	March, 1983	Vermont	200 Educators and Legislators	New England RTDC
Vermont Department of Education - Early Education Initiative	August, 1983	Vermont	200 Educators and Legislators	New England RTDC
National Family Day Care Conference	April, 1983	Georgia	Family Day Care providers national leaders, local providers (400 in atten-dance; 45 in session)	High/Scope
Rural Community Mental Health	April, 1983	New Hampshire	75 in attendance represen-ting Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut	New England RTDC
Access to Media Conference - Family Resource Coalition	June, 1983	Illinois	Early childhood educators, media people (350 total)	High/Scope
Ohio Association for the Education of Young Children				Miami Valley RTDC
Head Start Regional Conference (Region V)		Ohio	Head Start personnel from Ohio, Michigan, Minnesota, Iowa, Illinois, Indiana	Miami Valley RTDC

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Conference	Date	Location	Audience	Presenters
Family Support Programs-The State of the Art (Sponsored by the Bush Foundation)	May, 1983	New Haven, Conn.	Invitational conference for exemplary Family Support Programs and national decision-makers	High/Scope invited New England RTDC staff attended
Parent Aide Coalition Seminar	April, 1983	St. Johnsbury, Vermont	Parent Aides from New Hampshire & Vermont	New England RTDC
Parent Aide Conference	May, 1983	Worcester, Mass.	20 Parent Aides for northeast states	New England RTDC
Early Intervention Network Conference	June, 1983	New Hampshire	50 professionals working with handicapped 40 parents	New England RTDC
Washtenaw County Assoc. for Education of Young Children	April, 1983	Michigan	Early Childhood educators in the county (300 at conference; 25 in session)	High/Scope
Perinatal Association of Michigan Conference	May, 1983	Michigan	Health care professionals working with infants and families (30 in session)	High/Scope
Voices for Children Policy Center Conference	August, 1983	Michigan	National-level policy makers for early childhood education programs--public and private (65 at conference)	High/Scope
High/Scope Annual Conference	May, 1983	Michigan	National and international leaders in early childhood education	High/Scope New England RTDC Miami Valley RTDC

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Conference	Date	Location	Audience	Presentors
National Conference on Chil, Abuse & Neglect	Sept. 1983	Baltimore, Maryland	Professionals and Volunteers concerned about CAN	High/Scope
NAEYC	Nov. 1983	Atlanta, Georgia	Early childhood educators	High/Scope and Miami Valley RTDC
Michigan AEYC	March 1984	Lansing, Michigan	Child care providers, home providers, public school personnel	High/Scope
Caring for America's Children. Directions for Director. Conference	March 1984	Ames, Iowa	Administrators of Family Support Programs	High/Scope

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OUTREACH AWARENESS ACTIVITIES

March 1983 - February 1984

Agency/Organization	Presentation to	Date	Visit by	Outcome
Teen Parent Program Cincinnati, Ohio	Staff of adolescent parents pre- and post-natal program (2)	April	Fran Parker-Crawford Leslie de Pietro	Proposal written to include P-to-P Program
Webster Training Center Livonia, Michigan	Special Education Teachers Admin., Therapists (30)	March	Fran Parker-Crawford	Information
Navy Family Service Centers Washington, D.C.	Administrative personnel from military installations in greater Washington area (85)	April	David P. Weikart Jenni Klein Judith Evans Fran Parker-Crawford	3 possible contracts with Navy Family Service Center Write-up of program in Navy Life magazine
Cary Christian Health Center Cary, Mississippi	Outreach staff person (1)	August Feb. '84	Fran Parker-Crawford	Funds will be sought for implementation of Parent-to-Parent
Ounce of Prevention Programs State of Illinois	Evaluation staff (2)		Leslie de Pietro Ann Epstein Judith Evans	Came to us to learn how to evaluate early prevention intervention programs
West Alabama Health Services Eutaw, Alabama	Administrative personnel	Nov. 1983	Leslie de Pietro	To help them set in place a home visiting component for their R & D Model

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relation to securing funds and establishing a timeline for model implementation. As noted, the agency hosting the trainer is responsible for travel and per diem costs associated with the site visit. However, no consulting fee is charged. Theroretically the salary and support costs for such an orientation visit are covered by the RTDC.

Another potential audience for the Parent-to-Parent program can be reached through the written word. Thus, we have been involved in writing articles on the model to be included in national journals and newsletters. One that received wide circulation was an article written by Robert Halpern and Laird Covey which appeared in the Journal of Primary Prevention, Spring 1983. It described the Parent-to-Parent Model as it had been adapted to meet the needs of adolescent parents in rural Vermont. Another article was written by Leslie de Pietro on "Volunteers—the Heart of the Family Support Program", and appeared in ReSource in Summer of 1983. In addition, sites have sought recognition for their program through local newspaper articles. These often emphasize the impact of the program on local families and describe the ways in which the model is meeting family needs. (A selection of these articles is included in Attachment C.)

Beyond the audience directly served by the Parent-to-Parent program is the group of people involved in developing public policy that affects families with young children. Thus one dissemination activity of High/Scope and each of the RTDCs is to develop linkages with local, state, regional and national groups working toward the development and support of public policy for the pre-school child and family. Examples of linkages that have been established at the national level include the fact that individual Parent-to-Parent programs are all members of the Family Resource Coalition: a North American Network of Family Support Programs. The Coalition organizes networks of family resource programs to promote the exchange of information and resources; educates the public regarding the effectiveness and importance of preventive, community-based support for families and children; and encourages the development of research that will document and evaluate the impact of family resource programs. (Judith Evans serves as the Michigan State Coordinator for the Coalition.)

Other linkages to support public policy have been developed at the State level. Leslie de Pietro of the Ypsilanti RTDC has been actively involved in Michigan in the Michigan Association for the Education of Young Children, where she serves on the state board as Public Policy Co-chairperson. She is also actively involved in the Michgian Child Care Task Force (a statewide advocacy group). Judith Evans is on the Board of the Michigan Association for Infant Mental Health (she served as President in 1982), and is a Board member of the Michigan Children's Advocacy Network. In Vermont, Jim Irwin and Ann Dunn have been actively involved in meeting with Vermont state department heads of Health, Human Services, Mental Health, and Social & Rehabilitative Services to discuss preventive mental health programs. This work has been carried out in conjunction with the work of the Policy Center at High/Scope.

In sum, High/Scope and RTDC staff have been involved in a range of dissemination activities which help to spread the word about the importance and value of community-based family support programs. Further, the activities provide specific information on implementation of the peer-to-peer approach utilized in the Parent-to-Parent Model and its

adaptations. Some of the contacts made during the early months of Phase II led to contracts which were put into place in Fall 1983. With experience as our guide, it is anticipated that a variety of other contracts will be developed over the next 2-5 years as a result of these dissemination activities; the gestation period is quite unpredictable. But, it can be facilitated by the networking and referral process among RTDCs and High/Scope.

Networking and Referral. Early on in discussions about RTDCs--when we were determining goals and purposes--it was argued that one of the reasons for creating training and dissemination centers was to disseminate the unique adaptations of the Parent-to-Parent Model during Phase I. It was felt that those who had developed the adaptation would be in the best position to provide training and technical assistance to others interested in using a similar model. By defining the specialism of each RTDC it would be possible to take requests for information about the model that came into High/Scope and funnel these to the appropriate RTDCs. They would take up the thread and begin working with the community agency interested in their adaptations.

At the first RTDC Workshop, in November 1981, a great deal of discussion occurred around the issue of networking and referrals. People attending the conference were unclear about whether or not this type of referral system would work, so to illustrate the process we shared a number of letters that had recently come to High/Scope, and, as a group, we discussed which of the RTDCs might best serve the given agency. As the system became more clearly defined, people seemed willing to try and make it operational.

The referral and networking system has worked very well between High/Scope and the Miami Valley RTDC. Since the focus of the Miami Valley RTDC is on increasing parent involvement within Head Start, any requests for information that we receive from Head Start agencies are referred to Miami Valley. One exception to this was the request for information from the Oneida Head Start in Oneida, Wisconsin. While they are a Head Start program, they were interested in implementing the generic Parent-to-Parent home visiting program, not the Family Advocate adaptation of the model. We talked to Miami Valley staff about who should follow up with the Oneida group, and it was mutually agreed that it was more appropriate for High/Scope to work with the site than the Miami Valley RTDC.

In two other instances High/Scope staff have followed up initial inquiries for more information that went directly to the Miami Valley RTDC. At the National Head Start conference in Detroit in early 1982, several Michigan Head Start programs wanted more information on the Parent-to-Parent Model. Because we are located in Michigan, and can thus get to the sites at less cost, High/Scope staff did the follow-up for both the Kent County CAP agency in Grand Rapids, and the Dickinson-Iron Mountain Head Start Program in Iron Mountain, Michigan. Fran worked with the first group, and Judith worked with the latter. In both instances we provided an orientation to the program for agency staff, and defined what the sites would need to make the programs operational. The next step in each instance was for Sharon Knauls, Supervisor of the Miami Valley core program and RTDC Coordinator, to follow through with the sites and set up the training and technical assistance contract which was fulfilled at both

sites during the 1982-83 school year.

Because the referral system has worked so well between High/Scope and Miami Valley—boundaries have been clear, and as questions have arisen we have been able to make decisions which are mutually agreeable—there is a basic trust that allows us to assume that the referral process will continue to go as well as it has. Things have not gone so smoothly between High/Scope and the New England RTDC. Over time several events have occurred that have tested the referral system; and the testing has weakened the trust relationship. As the RTDC got underway in Fall 1981, High/Scope made several referrals to the New England center because the agencies requesting information were physically closer to the Vermont site. One of these was a program in Oneida, New York. They were very interested in implementing the model and to get more information on replicating the program attended a workshop that the New England RTDC staff conducted in January 1982. Fran was a part of that workshop. She had made a visit to Vermont in December to help plan the workshop, and she returned to Vermont in January to help facilitate the week-long orientation. The workshop did not go smoothly. Five very different programs/agencies were represented, each of which was at a very different level in terms of their own thinking about implementation of the model. What this meant was that Marian, the RTDC Coordinator, and Fran were trying to meet a multiplicity of needs. Both of them felt pulled and ended up being extremely frustrated with the week.

One outcome of the week was that the people from the Oneida, New York program did not feel that the New England RTDC could meet their training needs. When the Oneida group ultimately requested training and technical assistance from High/Scope rather than from the New England RTDC, the New England RTDC staff felt that High/Scope had undercut them and taken a contract which they should have had. This incident got us into a discussion of the definition of the New England RTDC—who could they best serve? Were there limits on who they could appropriately work with? Were they strictly a regional RTDC with no specialism? All of these questions were raised early on in the RTDC process, and the questions have remained unanswered.

Another thing that impacted the trust relationship between High/Scope and the New England RTDC is the fact that they assume we are holding back on referrals. Further, there is an underlying assumption that requests for information always lead to contracts for training and technical assistance. In reality, 90% of the time when we send people information on the model, people do not even acknowledge that they have received it, let alone follow it up with requests for more information.

In reality, we attempt to make referrals to the New England RTDC whenever we can. For example, in January 1984 Robert received a request for more information on the Vermont program from a group in Pennslyvania that read the article that he and Laird Covey wrote for the _Journal of Primary Prevention_. The previous month he had a similar request from a group in Virginia. He forwarded both requests to Ann Dunn. She responded:

> Now that I'm back home and beginning to be able to
> see over the tops of the piles of 'stuff' on my
> desk, I wanted to take a moment to let you know how

much we appreciate the referrals that you've made
to our program.

I've established really good, ongoing communication
with the people in Pennsylvania and the people in
Virginia seem to be very interested in maintaining
an ongoing dialogue with us about program
development. There's no way to know if any of it
will pan out in contracts yet, but these people are
definitely interested in pursuing some
possibilities. It's important to us to feel that
High/Scope will support us with referrals. We
certainly appreciate your help in that
area....Again, Robert, thanks for the support.

We feel that it is important to maintain the linkage between
High/Scope and the New England RTDC—for their sake and ours. So, we will
continue to make referrals and have frequent telephone contacts to keep the
lines of communication open.

In sum, the referral and networking system has been created so that
RTDC and High/Scope staff can appropriately follow up on requests for
information. To do that well, however, it was determined that we had to
have information packets to send to people. Thus one of the training and
technical assistance tasks has been to facilitate the preparation of
materials to both advertise the program and provide the base for training
other sites in the implementation of the model adaptations.

Material Development. During the November 1981 Workshop we began
generating a list of training options that could be provided by the RTDCs—
from one-day outreach workshops to the full training package. We also
began to cost out what the RTDCs should charge for each option. As a
result of this brainstorming session both the New England and the Miami
Valley RTDC were able to develop brochures that describe the core program,
the mission of the agency, the RTDC and how it functioned, and what it
would provide. (Copies of these brochures are to be found in Attachment D.)

RTDC staff also felt that it would be helpful for them to have a
generic Parent-to-Parent brochure, produced by High/Scope, providing a
general overview of the Model and a brief description of each of the RTDCs
and what they have to offer. This brochure was developed in 1982 and are
available to the RTDCs. We also developed a large display poster that RTDC
staff can use at conferences to attract people to the model. In addition,
RTDC staff felt a need for a more in-depth description of the Model and
what it takes to make it operational. Thus, we took the findings from
Phase I and developed a descriptive booklet that provides greater detail
about the model than what is provided in a brochure. That publication has
become known as the "glossy" (See Attachment E.). Again, these are
available to the RTDCs in the quantities they desire. We have found that
it is a very useful enclosure in letters requesting detailed information on
the model and how it actually works. It is also designed to complement
Good Beginnings, the curriculum for the Parent-to-Parent Model. Thus, when
people see the one publication they can link it to the wider effort.

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Another production was completed within Phase II: The Family Advocate Program Training Manual. As the Family Advocate adaptation of the Parent-to-Parent Model was refined there w..s an obviously need to produce a Supervisor's Training Manual particular to that adaptation of the Model. Thus, during Phase II we worked with staff of the Miami Valley RTDC to write a training manual for Family Advocate program supervisors. High/Scope had the responsibility of working through a complete draft of the manual. After that was completed and reviewed by key personnel in the Miami Valley RTDC in August, it was rewritten and made available for use on a pilot basis during the 1983 program year.

In addition, we realized the limits of our own current Supervisor's Training Manual. A revision has been drafted to reflect the range of programs currently utilizing the model, and to indicate some of the potential problems that may develop at sites. It is full of anecdotes from recent experience that provide a realistic picture of what it takes to make the program operational and sustainable.

One of the key ingredients in the development of all these materials was the information that we had been able to draw together from the evaluation of Phase I. The evaluation informed us about the process of model implementation and helped us delineate the potential outcomes of such a peer support approach. Because we at High/Scope place a high value on program evaluation, we felt it was important to transfer this conviction, and the skills associated with completing such an effort, on to the RTDC staff.

Evaluation. It is only over time that people come to realize the importance of an evaluation system that will help them document the impact of their program. Evaluation of early intervention programs is extremely difficult. The field at large is wrestling with the issues. High/Scope is among those trying to develop effective research and evaluation systems. It is interesting to note that as the RTDC staff have tried to address evaluation concerns with second generation sites they have become much more aware of the need for a solid evaluation of their core program.

During 1983 the core program within the New England RTDC has placed greater priority on developing their evaluation capacity, and has requested technical assistance in this area. Sally Wacker made two site visits to Vermont in response to their request to strengthen their evaluation capability. Ann Dunn, the RTDC Coordinator participated in all of the technical assistance meetings conducted by Sally with the core program Supervisor. Through this Ann has become aware of the questions to raise with second generation sites, the limits of most programs in terms of their ability to conduct an evaluation, and the types of problems that are likely to arise in designing and conducting evaluations. Since she has experienced the difficulties of defining program goals, developing usable and valid evaluation instruments, and coping with the aftermath of negative attitudes toward evaluation activities, Ann is now aware of the issues that need to be addressed in helping a program set up their own evaluations. It should be noted that the demands on her to provide others with technical assistance in relation to evaluation has made her pointedly and critically scrutinize her own program and its evaluation system. She is also aware of her own lack of expertise in the area and intends to take some courses over the winter to give her more background.

Within the Miami Valley RTDC there has also been a renewed interest in building up their own evaluation capability. They have hired a research assistant to aid them in their documentation of program accomplishments. As soon as she was hired, Sally began to work intensively with her, making frequent site visits to Dayton to support the development of a data gathering system and a process for analyzing the data. However, she has had little or no evaluation experience, and while she seems to be able to enter data into their computer and retrieve simple data requested, she does not have the skills nor capabilities to conceptualize an evaluation or analyze the data that is generated. We are not optimistic that solid outcome or even process data will be available to MVCDC as a result of these efforts.

Within the core program being operated at High/Scope we decided to reconceptualize our own evaluation system for the 1983-84 program year, and to target outcomes in relation to specific program goals. During the summer of 1983 we had a series of weekly seminars with Family Programs Department and key Research Department staff to review the state-of-the-art in evaluation of early intervention programs. From the discussions we developed an evaluation design focusing much more systematically on program outcomes that is being implemented this year. It reflects our interest in utilizing instruments that are widely used and recognized in the field at large (the Caldwell-HOME) to help validate instruments that we have found to be useful in our work thus far.

In sum, one of our goals in working with the RTDCs was to help them develop the capability to do on-going formative and summative evaluation within their own program and to train others to do the same. What we have discovered during Phase II is that RTDC staff have varying commitments to evaluation. Core program evaluation became very important to the New England RTDC when the RTDC Coordinator was being asked to respond to questions about evaluation from second generation sites; she then determined to understand the system in place in her own program. There was also an interest on the part of the core program Spervisor to better understand what was happening in the program and to refocus efforts. These two things came together to support a serious look at evaluation by the Vermont people. This has paid off in the sense that they now have a solid evaluation system in place, and the RTDC Coordinator has learned a lot about providing technical assistance in program documentation and evaluation design. Thus, it would appear that the Vermont RTDC Coordinator, will, in fact, be able to provide evaluation assistance to second generation sites that is adequate for their purposes and resources.

This is not the case in Ohio. Within that program they have not made a commitment to the concept. They are heavily involved in "paperwork" since they are a part of the federal Head Start system, but they have not come to value the evaluation process for themselves. Further, Sharon has not developed the capability of working with other programs in evaluation design and implementation. Thus the forms introduced during training will be used for program feedback, but second generation sites trained by the Miami Valley RTDC will not be able to generate outcome data for their own program—nor will they be aware of the importance of this for their development.

In looking back on the training and technical assistance provided, we

can see that a variety of areas were addressed—some more successfully than others, but addressed none the less. Even more important than the types of technical assistance offered, however, is the process through which it was provided.

The Process. The process of RTDC development has been documented through reports on site visits, through recording telephone exchanges and sharing written reports on events as they have developed. (See Attachment F for RTDC evaluation forms). From the documentation it is possible to see that technical assistance has changed over time. Early in Phase II we were responding to expressed needs. When more help was needed in writing proposals, we assisted; when more information was needed on training techniques, we provided what we could; when further assistance was sought in terms of evaluation designs, we responded. For example, in her site visit report Sally Wacker describes what prompted the visit:

> The visit to the Vermont Core program and RTDC was made in response to a request made by Jim Irwin, Ann Dunn and Winsome Hamilton at the February 1983 RTDC Workshop at High/Scope. At that time they asked for help in shaping an evaluation that would allow them to distill quantitative, impact data from the masses of information that they were collecting. Specifically, they wanted assistance in revising their version of the Home Visit Plan to make it less imposing and exhaustive (not to mention exhausting), and in prioritizing along dimensions of evaluation relevance among the instruments they were already using.

Over time, we were able to anticipate what a site needed next—even though they were not always aware of their need—and we suggested a role we might play. Thus, during the last year we have been able to be more proactive and less reactive. This is partly due to the fact that we are operating an active successful program in Ypsilanti. Thus, we are trying to balance local program needs with our mandate to develop training and technical assistance in relation to our specialism. As a result, our day-to-day experience base is guiding our technical assistance to other sites. Also, as RTDCs are developing we see situations evolving in one RTDC that have already been addressed in another. We can facilitate people learning from one another through networking.

The networking of people involved in similar activities has been a key to making the process work. A critical aspect of networking was the series of RTDC Workshops we conducted at High/Scope. Within a two-three day workshop atmosphere, RTDC and High/Scope staff shared experiences, evaluated their progress over time, discussed problems, and mapped out a plan of action for the coming months. We were able to wrestle with critical ideas in these workshops—i.e., the referral system, the types of technical assistance that could and would be provided, how to define the parameters of the RTDC, evaluation issues—even though we were not always able to solve them.

Another way we have attempted to create a network of Family Support programs is through the Program-to-Program newsletter. (The last one was

published in August 1983 and is to be found in Attachment G.) This allowed people who are operating a program on their own—at first and second generation sites where there was no "peer"—to become aware of their counterparts in other communities, to know that their struggles are shared, to know who to turn to for advice to recognize their own strengths and accomplishments. It also serves to keep people solidly grounded in the philosophical base of the program. When other programs in their agency and/or community are based on a more behavioral approach to learning, the developmental peer-to-peer base of the model can be reaffirmed by sharing experiences with people involved in using the same system for service delivery.

As noted early on in this chapter, we entered the RTDC development phase without a clear understanding of what it would take to transfer our training and technical assistance skills to staff within another agency. We learned about what was needed when we saw what they could not provide. For the first year and a half we were thus more reactive than proactive. By the second half of Phase II we were much better at anticipating what was needed and offering technical assistance before serious errors were made. We are now at the point where we are able to share RTDC experiences and ask the questions and raise the issues that will lead to problem-solving by RTDC staff—cautioning against decisions where our experience suggests that the proposed course of action would not be in the best interest of the RTDC and/or core program, and challenging RTDC staff to expand their vision and understanding of their work—while providing on-going support. (This role is not unlike what we train home visitors to do with parents.) But the question remains, what did we learn in the process? What do we know now that we did not know when we began the Phase II Dissemination Project? We summarize what we have learned in the concluding chapter of this volume.

Chapter VI

SUMMARY AND CONCLUSIONS

When the High/Scope Foundation undertook the Phase II Dissemination process we moved from being involved in replicating a service model in a variety of communities to undertaking an institutional change process. The institution building that took place in Phase I was in terms of a specific service program model. Within Phase II dissemination the issues of institution building were far greater since they involved the whole institution in a much broader way. Had we realized the enormity of the task we might not have been so audacious.

Nonetheless, in 1980 we conceptualized a way to make the Parent-to-Parent Model more accessible to community agencies. This was to be accomplished through creating Regional Training and Dissemination Centers (RTDCs) that could provide training and technical assistance regionally, thus better accommodating regional cultural differences, reaching a wider range of agencies, and saving on expensive travel and support costs. The regional training and dissemination centers were created by building upon the Parent-to-Parent Model programs that had developed unique adaptations of the generic model. High/Scope then assisted staff within these agencies in developing the expertise they needed to become training organizations for their model adaptation. The model programs were housed in healthy, dynamic and innovative service agencies that were interested in expanding the scope of their services; each of them saw the provision of training and technical assistance to others as a logical next step in their own evolution.

In fall 1981 we began the actual process of providing training and technical assistance to two agencies. The process undertaken was done with the goal of institution building within the agencies. When we refer to RTDC develoment as institution building, we are referring to more than staffing and training. Institution building, as the term is used here, refers to developing additional skills and problem-solving capabilities within the institution.

Our role as third party facilitator was to act as a catalyst— providing information, transferring training skills, raising questions, suggesting alternatives, and leading the agency to a solution, but not solving the problem for the agency. Thus, their organizational capability was strengthened as they developed internal resources to identify and solve problems on their own and engaged in a self-reflective process. Thus, in the Phase II Dissemination project we provided local agencies with the knowledge, skills, and competencies they would need to move their agency in the direction they wanted to go We identified the fulcrum point of the agency and directed our efforts to understanding the balance of needs, goals, resources, and potential growth of the organization, and then provided training and technical assistance in areas affecting the fulcrum point.

We prefer to define our intervention as "affecting the fulcrum point" rather than as "applying leverage." In using the fulcrum analogy we are

assuming that the organization is in motion and that changes in one area will necessarily effect another, and because the organization is in motion, it is possible to make changes within it. In thinking of third party intervention as applying leverage, cne has the image of an immobile object which, by use of a lever, someone is trying to dislodge. The object may or may not be in motion, but it is harder to change a stationary object than one in motion.

Another way to understand the difference between thinking of institutional change as working with the fulcrum point vs.exerting leverage is to look at the definition of the two terms. Leverage means: to move with a lever. A lever is defined as "a simple machine consisting of a rigid body pivoted on a fixed fulcrum." Both the 'simple machine'(the rigid body) and the object (a fixed fulcrum) denote stability and inflexibility. On the other hand, fulcrum is: "A position, element or agency through, around, or by means of which vital powers are exercised." How much more dynamic and realistic to think of our institution building as contributing to the 'vital powers' that are being exercised.

Neither the Northeast Kingdc- Mental Health System, Inc. in Vermont, which houses the New England RTDC; nor the Miami Valley Child Development Centers, Inc., home of the Miami Valley RTDC, are immobile agencies. They are both dynamic organizations engaged in developing a range of services and functions that will move them ahead in their field of service.

In this summary chapter on the Phase II Dissemination Project we will describe the dimensions that have had to be balanced in relation to two distinct fulcrums: the fulcrum upon which the relationship between High/Scope and the RTDCs is balanced, and the fulcrum upon which the needs of the host agency and the RTDC are balanced. Each of these will be examined separately.

High/Scope   Host Agency

In looking at the elements that were to effect the balance between High/Scope and the host agency, the following dimensions have been important: centralization vs. decentralization; grassroots service delivery orientation vs. model development/dissemination experience; dependence vs. autonomy; the generic model vs. specialisms; technical skills vs. management skills; and reactive vs. proactive technical assistance.

Centralization vs. decentralization. Here we are referring to the pull between High/Scope maintaining control of the program as it is being disseminated through the Regional Training and Dissemination Centers, and letting go of the process enough so that the local agency can establish its own legitimacy in evolving a model of training and technical assistance to second generation sites that reflects the unique input and characteristics of that agency. Of concern to High/Scope staff in the process has been: the extent to which the model being transferred is intact enough to accomplish the goals it has been created to meet; the extent to which the process of model replication is maintained from RTDC to second generation site; and whether or not the reflective qualities built into the model in terms of the monitoring and evaluation system are perpetuated from one generation to the next. Would we, in fact, recognize the model if we were

to enter an agency and see it in operation? As the initial second generation sites trained by the New England RTDC were coming into being, they were recognizable programs. We have not been able to visit second generation sites trained by the Miami Valley RTDC beyond the counties being served by the host agency, but those within their jurisdiction are certainly indicative of the Miami Valley staff's ability to create and maintain a quality program.

Grassroots service-delivery orientation vs. model development and dissemination. While this dimension is related to the issue of degree of centralization, it speaks more specifically to the character of the host organization and its experience in carrying out a wide range of tasks. Early on in the dissemination process we, implicitly, were making the assumption that by creating Regional Training and Dissemination Centers for the Parent-to-Parent Model we were creating mini-High/Scopes. Very quickly into the process we realized this was not going to be true. We began to look at what made the difference between what High/Scope is and what the RTDCs represent.

A key element in differentiation between the two is High/Scope's long history of model development for the express purpose of dissemination. We are involved in developing and testing innovative approaches to working with young children and their families. Our primary motive is creating new ways of addressing problems, documenting and evaluating the process, and creating training and dissemination systems which will allow others to replicate our programs. Thus our thinking is geared toward transferability and universality.

In contrast, the agencies hosting the RTDCs have evolved from grassroots initiatives. A service was begun in the community to meet community needs. As more local needs were identified, related services were developed. The implementation of the Parent-to-Parent Model was one more illustration of service programs evolving to meet local needs. The agency maintains its connection to the grassroots of its community—that's what gives the agency its validity and stability in the community and region. While High/Scope is rooted in the Ypsilanti community, our impact has reached beyond the boundaries of our community.

But what does this mean in terms of RTDC development? For us it has meant that it is inappropriate for us to assume that RTDC staff will view their RTDC efforts in the same way that we view training and technical assistance. The grassroots connection is vital to the RTDC, and it gives the RTDC a flavor that is unique. High/Scope, on the other hand, has greater knowledge, skills, and experience in institution building, program development, and evaluation because of its history as a research and development organization and because of the academic and experiential base of individual staff members who have been part of the process. While some of these skills have been transferred to the RTDC staff, the range of individual and organizational experience available to RTDC staff is not as broad as within High/Scope. This is not to say that the New England and Miami Valley RTDCs are not as valuable as High/Scope. It simply means they are not the same as High/Scope.

Dependence vs. autonomy. Again, somewhat related to the issue of decentralization is the issue of when an RTDC should declare its

independence from High/Scope. The pull to break the ties has been far greater between the New England RTDC and High/Scope than be'ween High/Scope and Miami Valley. This may well be because there have been significant changes in staff within the hierarchy of the New England RTDC. Those staff that were not a part of initial efforts may have a different kind of commitment to the program, and/or less "loyalty" to the whole process. They seem to be ambivalent about how to stay connected to High/Scope.

They have declared their independence twice. The first time it came after the first RTDC training Institute (January 1982) that was provided jointly by a High/Scope staff person and the RTDC Coordinator. The Coordinator felt she could handle any further second generation site training. When she retired, however, the woman who replaced her recognized her own need for training—both in the supervision of the Parent-to-Parent Model and in how to train others to implement the model. The second time was in December 1983, when the staff essentially declared that they had gotten everything from High/Scope that they could; they seem unsure how and on what level to continue the assosciation. While we may not be linked together in a project beyond 1984, the informal network that has been established should be continued for the mutual benefit of both organziations.

Miami Valley, on the other hand, has had no desire to declare themselves independent from High/Scope. They have continued to get from High/Scope the types of training and technical assistance they and we see they need. At the same time the Family Advocate Program model that they have developed is certainly unique, and High/Scope staff have had little experience training others in the use of that model. Perhaps one of the reasons that the New England RTDC and High/Scope have had such tensions related to independence and autonomy is the fact that the models we are training people to use are not that dissimilar, which brings us to another dimension affecting the balance.

Generic Parent-to-Parent Model vs. specialism. One of the cornerstones of the RTDCs as conceptualized is that each RTDC would have its own specialism within which it would provide training and technical assistance. Communities interested in adapting a model for adolescent parents would turn to the New England RTDC; center-based programs interested in increased parent involvement would be referred to the Miami Valley RTDC. High/Scope would remain the provider of training and technical assistance to agencies interested in the generic Parent-to-Parent Model or those interested in creating a new adapation of the Model. Over time what has happened is that the New England RTDC has determined they can meet an expanded range of needs and populations. First they included adolescent parents, then first time parents; subsequently they included parents of preschoolers; and are now reaching out to a wide range of prevention programs, and still reaching out to programs serving handicapped children. The focus of their RTDC has thus expanded to include all types of family support programs in their region—Maine, New Hampshire, Vermont, Massachusetts. And even now they are making connections beyond that region—to Pennsylvania, Virginia, and even Illinois.

As they first began expanding their focus, High/Scope staff quite firmly counseled them against spreading themselves too thin. We also felt they did not have the experience or academic base upon which to provide

training and technical assistance in a number of areas—particularly in terms of working with parents of handicapped children. Our discussions around their expansion created tensions.

Because of their declaration of independence, and their willingness to provide training and technical assistance to anyone implementing a famiy support program, Parent-to-Parent is only a small part of what they do. But perhaps this is appropriate. If the RTDC is, in fact, responsive to regional needs, and if the process for working with community agencies—the peer-to-peer approach—remains, then they have taken the right direction.

One implication of this line of development, however, is that it may put the program in direct competition for resources with High/Scope, in the sense that both of us provide training and technical assistance in the generic model to a wide range of agencies. At this point it would appear that everyone involved is concerned with developing ways to maintain our relationship in a mutually supportive way.

The New England RTDC provides quite a contrast to the Miami Valley RTDC in terms of generic model vs. specialism. Clearly the Miami Valley adaptation is unique—they are working with a Head Start center-based program for presechool aged children. They would not serve agencies interested in the home-based program for infants and young children. In the few instances where there might have been conflict—for example when High/Scope was approached by a Head Start to implement the home visiting program—Miami Valley was the first to say they did not feel competent to provide the training since they did not work with the young age group, and at that time they did not have a home visiting component. The second possible area of conflict was when Miami Valley was attempting to implement the Advocate program in their home-based efforts. Again, discussions up front about possible conflicts and problems led to a dialogue that resulted in the evolution of the Advocate Model in a way that meets the needs of Head Start home-based programs. Miami Valley clearly has the expertise to deliver the training and technical assistance in this adaptation.

Thus, the separation of the generic model from its adaptation in Miami Valley has meant that High/Scope and Miami Valley are not in competition for contracts. We each have our own areas of expertise and are quite comfortable referring agencies to one another as appropriate. On the other hand, the evolution within the New England RTDC has led to an overlap in services between the New England RTDC and High/Scope. This has caused tensions which have been exacerbated by the economic necessity for both groups to remain viable.

Reactive vs. proactive technical assistance. During the Phase I Dissemination Project we had a clearly defined model of technical assistance that had evolved out of High/Scope's experience in implementing the Parent-to-Parent Model in Ypsilanti and in a pilot program in Centerville, Michigan. The sequence and timing of training and technical assistance had been mapped out. In the Phase I project the process was refined. As we undertook Phase II we did not have such a clear sense of the training needed—in terms of content or timing. What this meant was that as the project got underway our provision of training and technical assistance was reactive. We responded to needs as they arose. Sometimes this meant that a problem had been festering some time before we realized

what was happening and were able to intervene. In contrast, in the Phase I project we knew what problems to anticipate and could guide people through the different implementation phases. In Phase II we did not know what the implementation phases would be for the RTDC. Thus, we were in the position of reacting rather than providing guideposts.

Over time we got much better at anticipating what might be issues—those dimensions that affect the balance within the host agency—and we could develop proactive training and technical assistance. Even so, the RTDC process has not been in existence long enough for us to make the kind of definition of stages of implementation of the Parent-to-Parent Model that we provided at the end of Phase I. We have been to define the type of training and technical assistance that should be provided.

Technical vs. management skills. Within Phase I, the primary task was the transfer of technical skills— the content and process skills associated with implementation of the Parent-to-Parent delivery system. Some management skills were also transferred. But, for the most part those who took on the supervisory role within the program had the necessary management skills. These skills were simply highlighted and perfected for the purposes of model implementation and institutionalization. Once again, we had a clear sense of what management skills were needed—and when—and could address them directly at the appropriate time.

In the Phase II effort it soon became clear that a different level of management skills was needed to make the RTDC viable. If the RTDCs had been staffed as originally proposed—with the key administrative staff becoming RTDC Coordinator and taking major administrative responsibility for outreach, proposal writing, contract development, and ongoing funding for the RTDC, then we would not have had to transfer so many management skills. We had a pretty good sense of the technical skills that needed to be transferred—based on High/Scope's experience in the Training of Trainers Project at the preschool level. We had a framework for providing the technical training skills which we hoped to transfer to RTDC staff. These skills were to be transferred to the Supervisor of the core program who would move into the role of Trainer within the RTDC.

What happened, because of scarce resources, was that the role of RTDC Coordinator and Trainer were rolled into one. Furthermore, during the initial part of Phase II that person was also still responsible for supervision of the core program. As a result one person was expected to play three very distinct roles. We make no such demands on High/Scope staff! We did not anticipate what this would mean for the individuals involved, and were thus pulled between trying to provide management skills and technical training skills while helping the individual try to sort out the internal pull between the core program and the RTDC.

In sum, there were a number of dimensions that were being balanced at any one time in the relationship betwen the RTDCs and High/Scope. This meant that different people within each organization were involved in a variety of ways and with different degrees of intensity during the process. The relationship has not stablized into an equilibrium as of yet. We are still challenged to find ways to be supportive of the RTDCs while at the same time encouraging their autonomy and independence. But the factors that ultimately affect this balance are not found only in the relationship

between High/Scope and the RTDCs, some of them are found within the agency hosting the RTDC.

Host Agency _____ RTDC

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As we have worked with the Northeast Kingdom Mental Health Services, Inc. (NKMHS) and the Miami Valley Child Development Centers, Inc. (MVCDC) over the past two and a half years we have come to understand some of the tensions that exist within the agency that will ultimately affect the viability of the RTDCs. These include: the mandate of the agency—service vs. outreach; the core program vs. the RTDC; investment weighed against potential payoff; and the ultimate movement of the agency toward maintenance or change.

Service vs. outreach. The agencies with whom we have been working first came to High/Scope because of their interest in a service delivery model that would meet the needs of families they were serving and, not incidentally, the agency. The agencies are both grassroots organizations whose primary mandate is to implement programs that will serve the people in the community—and to some extent the region. To undertake the development of a RTDC the mandate of the agency is being held up for inspection. The basic question being asked is, should an organization which has been created to provide direct service take on an outreach training and technical assistance function?

When the idea for the RTDC was first evolving in 1980, there were four agencies interested in thinking through the possibilities. Two were those who ultimately became involved in the process; the other two represented well-developed programs operating within public school systems. Ultimately, these latter groups could not become RTDCs because the mandate of public schools is to provide educational services to children within a specific geographic area. They did not feel that their mandate could be extended to outreach to the extent necessary for the RTDC.

Within the mandates of the NKMHS and MVCDC there was more flexibility. movement. While neither organization was involved in training and technical assistance in a systematic way, they had a history of offering workshops and making their programs known to a wider audience through professional conferences, journal articles, etc. Thus the RTDC concept was not in violation of their mandate; it did, however, force them to stretch themselves. The stretch has been evident as the agency has wrestled with the other dimensions listed below.

Core programs vs. RTDC. Everyone involved in the movement from operation of a core program to the development of a RTDC strongly believed that the host agency had to maintain their core programming in order to establish their credibility with sites interested in replicating their model. Thus NKMHS and MVCDC were challenged to find ways of allocating internal resources so that the core program could be maintained and the RTDC developed. It was at this point that High/Scope also re-instated its own core program for much the same reasons. As the RTDC project got

underway the NKMHS had a strong, viable Parent-to-Parent Model program which was reaching a number of adolescent parents within a wide geographic area in northeastern Vermont. Within MVCDC the Family Advocate Program had emerged from the pilot program implemented in the spring of 1981. In fall 1981 both agencies had to make decisions about their core program and how it would relate to RTDC efforts.

The NKMHS decided that they could afford to cut back on the core program, confining it to the area surrounding one of the towns being served by the program. This would save a great deal of money in transportation and support costs, and would decrease the amount of time that the supervisor needed to spend with the core program. This latter was particularly important, since the Supervisor was to gradually take on the role of RTDC Coordinator over the program year.

The impact of this decision on the core program was devastating. It went from a fairly large program providing linkages among community agencies throughout the Northeast Kingdom to a handful of families being served within a very limited area. After a year of operating at this greatly reduced size, the NKMHS decided to expand the program so that it was more visible and truly viable.

One very concrete indication of NKMHS's commitment to the program is the fact that they have fully integrated the program into the body of services that are a part of the mainstream of their operation. It is no longer seen as an innovative program that must be supported by "soft" money. At this point the RTDC has replaced the Parent-to-Parent core program as the innovative effort supported by soft money.

The sequence of events within MVCDC was quite different. They began a pilot program in spring 1981 that led to full implementation of the Family Advocate Program fall 1981. Thus 1981-82 was be their first year of core program implementation. As a result for the first year of Phase II they focused their energies on implementing the core program and planning for the RTDC. Further, since there were a number of centers in other counties under the MVCDC umbrella, it was determined that the first dissemination efforts would occur within the agency. This would mean replicating the model in two other counties in the 1982 program year. The training of other second generation sites would also begin that year.

MVCDC staff have followed their timeline. The core Family Advocate Program has been replicated in all three counties originally served by MVCDC and in two second generation sites. However, the relationship between core program and RTDC has not been clarified as yet. This is primarily because the person responsible for the core program has also been responsible for RTDC development. A related issue is the fact that many RTDC activities were undertaken within the host agency so it is difficult to differentiate core program activities from RTDC efforts.

The split was more obvious in Vermont when a woman was moved up to gradually take on the role of core program Supervisor in fall 1981. By February 1982, the original Supervisor moved full-time into the RTDC Coordinator role. This helped differentiate the core program from the RTDC. No such movement has occurred in MVCDC. But it is about to. As of February 1984, the woman who has served concurrently as Supervisor and RTDC

Coordinator within MVCDC is moving to another position within the organization. The implications of this move are not yet clear.

Thus, the relationship of the core program to the RTDC has been determined in large part by staffing decisions. Another dimension has also affected the balance—that of funding.

Investment vs. Payoff. As the RTDC Project got underway there were funds available in NKMHS and MVCDC to support start-up costs. NKMHS had a specific grant that provided them with core funding to get the project started. Within MVCDC the Executive Director saw the program as a priority and allocated agency funds to support initial efforts. In both agencies the administrative staff made a commitment to the RTDC for at least a year to see what it would yield.

Within NKMHS the funding for RTDC activities was assured for a year. It was anticipated that at the end of that time enough contracts would have been generated to cover the operational costs of the RTDC. The RTDC was not able to generate the funds needed to completely support the efforts. Some contracts have come in, but they do not cover the costs. During the second year NKMHS determined that they would continue to support the RTDC, so they allocated a large percentage of their discretionary funds to the effort. This was a very significant act since the agency as a whole had lost many of its core programs as a result of federal budget cuts. An indication of continued belief in the concept is the fact that the agency has continued its support into the third year of RTDC development. They have made it known, however, that they cannot continue this level of support in the 1984 program year. By fall 1984 the RTDC has to be financially viable if it is to continue. There are a number of training and technical assistance contracts on-line. Whether they will come to fruition by that time it is difficult to know.

The NKMHS has been willing to allocate funds to the New England RTDC because they see it as an investment that has considerable payoffs for them as an agency. They are known for their innovative programs and want to become known as providers of training and technical assistance. They also want to emphasize prevention programming, and the RTDC is an excellent mechanism for disseminating their Parent-to-Parent prevention program within a mental health system. In fact, the NKMHS operates the only prevention program in a mental heatlh system in Vermont. The Director of the NKMHS enjoys this reputation and wants it perpetuated. Thus, so far, the investment has been worth the potential payoff.

Once again, the sequence of events within MVCDC has been different from that in the NKMHS. About three months into the Phase II project, High/Scope and MVCDC staff wrote a proposal that was funded in fall 1982. This contract provided the funding needed to support the replication of the Family Advocate Program throughout the MVCDC network, and to support dissemination efforts which would lead to support for the RTDC. The monies generated through that contract will run out in fall 1984. At that point the RTDC has to become self-sustaining, or rely on discretionary funds within MVCDC for its existence. MVCDC staff are optimistic about their survival; we would like to share that optimism, but are aware that they have to make some hard choices between now and then—particularly in terms

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of personnel and structure internally—that will greatly impact the outcome.

The decision making process within any agency clearly determines the direction in which it moves. Thus the forces within the agency are another dimension that affect institutional balance.

Maintenance vs. change. There are forces within any agency that act to maintain the status quo, and forces that act to change the system. Questions asked throughout the Phase II Dissemination Project have been, what are the forces for maintenance and change, and how can we affect them? Our answer to these questions determined the type of management skills that we attempted to transfer. Since we are interested in organizational change—not simply for the sake of change, but to develop more effective ways of meeting a family's needs—we attempted to transfer management skills to support change efforts. Such skills include program development, writing proposals to secure funding for innovative programs, and evaluation skills that help an agency answer questions about its impact and reflect on its processes.

We were not able to transfer these skills to the RTDC Coordinators— partly because they had to learn so many other skills as well, and also because some of these skills require training/degrees that someone must bring to the job (i.e., we are not in a position to substitut our training for the appropriate college-level course work.) More importantly, however, these individuals are not in a position within their own agency to exercise these skills. These skills should have been transferred to the person in the supervisory position immediately above the RTDC Coordinator. But, in both the New England RTDC and the Miami Valley RTDC this individual has not been integrally involved in either the core program nor the RTDC effort. This has seriously hampered the viability of the RTDCs. In the case of New England the administrator was introduced as the RTDC effort got underway; he was not a part of the core program implementation process. In Miami Valley, the individual (the PI Component Coordinator) was originally told she should not be involved in the core program—as she already had enough to do—and she was not able to make a place for herself in the program until very recently. She still is not involved with the RTDC efforts, only the core program.

In both instances, these individuals should have become the RTDC Coordinators. They are in positions which lend themselves to program development efforts; they are responsible for management of a variety of efforts within the agency, and could become involved in securing funding. The individuals who did become RTDC Coordinators would have more appropriately moved from Supervisor of the core program to Trainer in the model program they were operating. But financial constraints, and the speed with which the RTDC process began, shortcircuited some development work that should have occurred within each of the agencies before they took on the RTDC function.

Within both of these agencies there is strong support for both the core program and the RTDC from the Chief Executive Officer. Both of these individuals clearly manage their organizations as if they were "changing systems". When hard decisions have to be made, they make them in favor of

the program. This has been critical in the past and will continue to be a principle factor in determining the ultimate viablity of the RTDCs.

In sum, there have been a number of dimensions—both within the agencies hosting the RTDCs, and in the relationship between High/Scope and RTDC staff—that have come into play as we have worked together to accomplish the goals established as the project began. As we conclude this report we are unsure of the mix of these dimensions in the long term, and how they will balance out in support of the RTDC. But is is clear that the Bernard van Leer Foundation investment in the dissemination of the Parent-to-Parent Model by High/Scope and RTDC staff has come to fruition.

The model itself has proven to be effective in supporting the development of parenting skills, particularly among low-income families. Equally important is the fact that the dissemination process has allowed us to define criteria by which we can determine the likelihood of an agency successfully implementing the model program, and we have developed a process for working with agencies to assure their ownership of the model and its institutionalization within the agency.

In addition, staff operating two adaptations of the Parent-to-Parent Model have developed the capability to provide training and technical assistance in their adaptations of the model. They are in the process of establishing themselves as regional training and dissemination centers to spread the model to a wider audience.

We are aware of the tremendous commitment and energy that has gone into both the Phase I and Phase II Dissemination Projects, and are anxious to maintain the momentum of the efforts. We look forward to our continued association with the New England RTDC and the Miami Valley RTDC, and will continue to reflect on our own development process and to learn from it as we further disseminate a family support program which we firmly believe meets the needs of many of today's families.

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ATTACHMENT A

RTDC WORKSHOP AGENDAS

Phase II: Regional Dissemination of the
Peer-to-Peer Concept through High/Scope's
Parent-to-Parent Model

The Creation and Operation of
Regional Training and Dissemination Centers

Working Conference

November 9-11, 1981

High/Scope Camp

Revised Agenda

Monday, November 9, 1981

12:00   Arrival at High/Scope Camp/Lunch

1:00 - 4:00   Session I - The Challenge

During this session we will look together at the develop-
ment of the project...from its beginning to the challenge
before us, from Parent-to-Parent program sites to Regional
Training and Dissemination Centers. In the discussion
we will focus on decision points, tasks and activities
undertaken, and roles and responsibilities of site and
High/Scope staff members along the way. At the end
of the session each site should be able to identify
where it is on the continuum and be able to define the
logical next steps for work within their site.

4:00 - 6:00   Rest and Recreation

6:00   Dinner

7:00 - 8:30   Session II - The National Scene

The purpose of this session will be to explicate current
directions at the federal level. We need to anticipate
less federal support and be looking to the community
and private sector for funding. The Synthesis Report
on the Policy Conference will be used as a basis for
this discussion. In addition, invitees with a national
perspective will be asked to make presentations during
this session.

9:30   Social

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Tuesday, November 10, 1981

9:00 - 10:15 Session III - <u>Putting Evaluation into Perspective</u>

During this session we will discuss the evaluation
process as it has evolved over the past three years
and how we see it developing within the RTDC concept
to meet site and High/Scope needs for program documentation.

10:15 - 10:30 Break

10:30 - 11:30 Session IV - <u>Addressing Site Needs</u>

Sites will meet together as a team to identify the
issues they want to focus on for the remainder of
the day. There will be three separate sessions during
the afternoon and evening where site teams can meet
with various High/Scope staff to address specific
issues which are important to the sites as they are
addressing their own immediate and long-term goals.

Note: The issue groups do not have to be organized
only by sites. For example, it may be appropriate
for supervisors from each site to meet together to
focus on program development issues while administrative staff focus on fund raising.

11:30 - 12:00 <u>Report and Scheduling</u>

Sites will report on the issues they have identified
and we will schedule the afternoon discussion groups
to coordinate the input of High/Scope staff with the
needs of individual sites.

12:00 Lunch

1:00 - 2:30 Issue discussion groups (I)

2:30 - 3:00 Break

3:00 - 4:30 Issue discussion groups (II)

4:30 - 6:00 Rest and recreation

6:00 Dinner

7:00 - 8:30 Issue discussion groups (III)

9:00 - Social

Wednesday, November 11, 1981

8:00 Breakfast

9:00 - 12:00   Session V - Putting it all Together

9:00 - 10:30   Site Reports

Each site will present a summary of where they are and
their next steps.

10:30 - 11:00   Break

11:00 - 12:00 Networking and Moving on

We will discuss networking across the RTDCs--what
that means and how it can be accomplished.

12:00   Lunch

1:30   Leave for the airport/home

RTDC Working Conference

May 17-18, 1982

at

High/Scope Educational Research Foundation

Expanded Agenda

Monday, May 17, 1982

Meetings at Hutchinson House - Board Room

9:00 - 9:15   Welcome, review agenda

9:15 - 12:00   Update of work being done at the various sites.
     Each site will discuss their current work, providing
      an orientation for others. Please frame your discussion
      around the following:
         ● How the RTDC is organized/relation to core program
         ● Current/proposed staffing
         ● Readiness for expansion (current stage of development)
         ● Current Issues you are addressing

      By the end of the session we should all have a good
       idea of how the RTDC is developing within each of
       the four sites. We should also be aware of the
       current issues and have made plans for those issues
       to be addressed during our time together.

12:00 - 1:00   Lunch in the Board Room

1:00 - 1:30   Networking
      Within this session we would like to address issues
       related to how, when, and why to develop a networking
       system that meets the needs of the various RTDCs and
       High/Scope. For example, when we receive requests,
       how do we refer them on? What criteria do we use
       in making that choice? What is an appropriate sequence
       for referral? What is High/Scope's role in the process?
       What are RTDC staff roles? Who is appropriately
       served by each RTDC? When is exchange of training
       appropriate?

      By the end of the session we should have some clarity
       on how networking will be done, with specific roles
       and responsibilities defined.

3:00 - 5:00   Individual site meetings with High/Scope staff

      The specific High/Scope staff person who will be working
       with a site will be determined by the needs as defined
       during the day.

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Tuesday, May 18, 1982

Meetings at Hutchinson House - Board Room

9:00 - 10:30 Training Packages

Several sites have developed training options. We
will spend some time reviewing the options and sharing
what content is included within various training
packages (i.e., what goes into supervisor training,
administration model development, presentation of the
program concept, home visitor training, etc.)

By the end of the session everyone should have a good
idea of what is being provided through the various
training options within other RTDCs, for referral
purposes and for designing their own training options.

10:30 - 12:00   Evaluation

During this session we will present the findings from
the evaluation questionnaire which sites completed.

We will also discuss current measures being used by
sites in their own program evaluation.

The third item will be RTDC activity evaluation.
Currently this occurs through two forms of the TELEPHONE
INTERVIEW. We will examine to what extent we are
getting the information and feedback that we need, and
whether or not this system has been working for sites
to the technical assistance they need.

12:00 - 1:30   Lunch - on your own

1:30 - 2:00   Letters of agreement - coming to agreement

2:00 - 2:30   May Conference - some planning

2:30 -   Individual site planning

7:00   Barbecue at Judiths

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RTDC Workshop
February 20-23, 1983

Agenda

Sunday
February 20th   6:00 Dinner

                     7:30 Introduction
                           Agenda Review

Monday
February 21st   8:00 Breakfast

                     9:00 Sharing of developments at sites

                           Core program developments
                              (Winsome, Leslie, Sharon)

                           Beginnings
                           Current program
                           Plans for the future
                           Issues

                    10:30 RTDC Developments (Marilyn & Sharon;
                              Jim & Anne; Fran & Leslie)

                           Beginnings
                           Current activities
                           Plans for the future
                           Issues

                    12:00 Lunch

                     1:30 Defining who we are and what we do
                              (Genuine model, Networking, Materials)

                           Complete questionnaire individually

                     2:00 Group discussion on questionnaire

                     4:30 Recreation

                     6:00 Dinner

                     7:30 Meeting by site groups for
                              individualized work

                     9:00 Social

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Tuesday
February 22nd   8:00   Breakfast

                       9:00   Evaluation (Sally, Robert)

                              ...Of the RTDC development process
                              ...Of the core program
                              ...Of second generation sites

                      12:00   Lunch

                       1:30   Individual site meetings on
                               evaluation issues

                              Vermont - Robert
                              Ohio - Sally
                              Michigan - Judith

                       4:30   Recreation

                       6:00   Dinner

                       7:30   Technical Assistance needs during
                               the year

                       9:00   Social

Wednesday
February 23rd   8:00   Breakfast

                       9:00   The work of the Policy Center in States

                      10:30   Next steps - Wrap up

                      12:00   Lunch

                       1:30   Depart

ATTACHMENT B

THE ROLE OF THE CONSULTANT IN WORKING WITH NEW SITES

THE ROLE OF THE CONSULTANT IN WORKING WITH NEW SITES

The Consultant provides training and technical assistance in three areas while working with a site as they develop their adaptation of the Family Support Program. These are: conceptualization of the program; program implementation; and evaluation of program outcomes. In the initial contacts with interested sites these three elements are described as a part of the "process system" of the Family Support Model. From the first letter, or phone call, requesting information, the "process" is set in motion and remains constant throughout the relationship. Within this paper we describe the three areas in an organized progression to assist you in planning your work with any program. The ideas that follow are designed to keep you, and those working with you, on task.

Before describing the three elements in more detail, however, it is important to describe what we mean by a "process system" of program delivery. To us it means that:

The individuals responsible for developing a program become part of the overall process. They work together to design the best possible process by which the program will be delivered to the target population. Through this "systematic series of actions," they develop a real sense of ownership of the Model.

The individuals (Home visitors, Family Advocates) delivering the program also become a part of the process system as they provide feedback and ideas for program improvements, expansion etc. As a result of their "systematic series of actions" with the target population, via home visits, center based participation, etc. they become the main resource for data collecting which is a vital part of the process system.

● The Program Model is not a cut and dried package of do's, don'ts and how to's in 6 easy steps.

● The Program Model is flexible and adaptable. It is designed to enable administrators to work cooperatively to develop a program that will meet the needs of the defined target population.

● The process includes:
   1. Program Needs Assessment
   2. Program Goals Identification
   3. Program Design
   4. Program Implementation
   5. Program Evaluation

The role of the consultant is very important in a process oriented
model. We know what works and what won't work in implementing the
model. It is our responsibility to assist site staff in planning and
implementing their program in a manner that will provide them the ___
optimum conditions for success.

The method we use is:

1. One of *sharing* information vs. *telling* them exactly what to do;

2. Providing *structure* to their planning through the use of specific
   guidelines in all work/planning sessions;

3. Assisting them (from the beginning) to consistently look to
   themselves for answers, resources, capabilities. This is
   accomplished by the consultant *constantly* asking questions,
   such as: Who, Why, How, What, Where, When; have you considered
   _____? What will happen if _____? Do you have _____?

This process allows the administrative staff to think and talk
through *their* problems, options & solutions. As the consultant, we
are available to advise, ask more questions and assist as needed, during
these sessions. We serve as buffers, resources and at times, catalyst,
but always in positive, supportive interactions. They want a successful
program, and we want the same thing. They are asking for our assistance,
experience and expertise. We <u>don't</u> have *all* the answers -- we need *their*
participation and information to help *us* provide them with <u>appropriate</u>
assistance. We can take them through these steps in the following manner:

I. Conceptualization of the Program

   A. Overview of Model

      1. Provide a brief History and Philosophy of working with
         families which has led to Model Development.

      2. Describe the structure of Model being presented; e.g., this
         is how the model looks on paper. (Home visiting, center-based,
         combination, etc.) Provide descriptive materials. (Diagrams,
         brochures).

      3. Provide a description of the "Process System" of Program
         Model Delivery and what that means for how you will work
         with the site.

   B. Program Needs Assessment Discussion

      Ask program administrators/staff to share how they identified
      their target population. If they are still having a problem
      narrowing this down to a final decision, then the "process
      method" should assist them in doing so. This step will quickly
      reveal the unrealistic goal of attempting to meet "too many
      needs" for "too broad a population". Rather than telling them
      this, the 'process of discussing" it lets them see this for
      themselves.

● -Take staff through the following steps:

    ● <u>Identification of "need(s)"</u>. There are two areas of discussion:

       a. <u>Who</u> identifies the target populations and need(s)?

       b. <u>What</u> are the exact need(s) (list them or use their list if one is provided). This falls into categories also.

           * Parents/children (families)
           * Center staff/Agency staff
           * Community (schools, Social Service, other agencies, medical area, etc.)

There are two types of programs you will find yourself working with:

A. A program where administrative staff feel all is ready to go: Needs assessment done, taget population set, funds acquired, geographic area defined, community/agency support of program. They will want to jump right into implementing the model; hiring a supervisor, planning training etc.

B. A program where administrative staff have clearly identified some problems in relation to parents and children in their community and are seeking a solution to those problems. They have created a long list of needs and generated yet another long list of goals. They want a program that will meet the needs and produce the outcomes (goals) they want.

    They may be somewhat undecided on the exact target population, the geographic boundaries, and how many families can actually be served given their budget constraints. They have a lot of unanswered questions!

● Your first task with <u>Program A</u> is to learn as much as you can about their actual readiness. Ask <u>them</u> to tell <u>you</u> the following information.

1. <u>Who</u> was involved in needs assessment/identification of a need/needs in community.

    This provides you with information relevant to "networking/support systems" a program may have developed. It tells you if it is all internal or if external resources are used, and, the extent of that support, if it is stable and on-going. You can use this opportunity to ask questions to get this information, and assist site people in assessing their own internal and external relationships which will be vital in the life of the model implementation.

2. **How was target population chosen? Geographic boundaries settled?**

Ask to see a map of area they intend to serve. Have them pinpoint where target area families live and volunteers will be recruited from. Ask where space for volunteers will be recruited from. Ask where space for volunteers will be located. Discuss transportation, distance, time involved in getting places. Many times these basic issues have not been clearly throught through and they may see the need to alter some of these plans before they think about hiring a supervisor, or discussing training plans.

Through this "process" (them sharing information with you--and-- you providing feedback) you are putting the cooperative planning strategy into effect that will become part of your consulting mode with the site.

● Program B staff are aware of their need for assistance in thinking through their program plans--that is why you are there. Some suggestions for assisting a group at this stage are:

1. Ask if all relevant/interested (external/internal) individuals are/can be involved in the needs assessment discussion.

This will allow the group to get a broader picture of the needs as they share their perceptions with you. While it certainly will generate a large list, it will hopefully be a fairly acurate and inclusive one to work with. If they have not firmed up their target population, this process can be a valuable one, for, many times just clarifying the needs will clearly pinpoint the population that needs the program the most!

Your job then is to help them "sort out" the priority list of needs from the generated list of needs. What can this program hope to accomplish? Certainly not saving the world. Therefore, they must pare the list down to reality, with your in-put.

2. Choosing target population and geographical boundaries.

Most individuals truly believe they have a knowledge ("feel") for the geographic area in which they will be implementing the model. Our experience has taught us to gently insist (for our benefit, of course) on having a map of the area, or for someone to draw a reasonable facsimile which the group can use for it's discussions. This practical step always brings great clarity into the discussions. The first thing someone will say is, "We can't really cover that much territory can we?" At this point you begin to guide them toward reality with your questions--Who, Where, How? This is an important step and should never be minimized. Success depends on the "start" of a program.

C. Program Goals Identification Process

Once you feel secure that your negotiations/discussions concerning the needs assessment, target population and geographic area are settled and site staff comfortable with the plan, you can then tackle the next big step--program goals.

Whether a program feels ready or not, your role is to consistently work toward clarifying and re-clarifying each step of the way the "Who, What, When, Where, How" questions. You need this information as much as they do to assure that you both are thinking and working toward the same end results!

Getting the cart before the horse happens to all of us, especially when we become involved in a new and exciting event with the options and opportunities the Family Support Model offers. The consultant needs to be aware of this and constantly be alert to *what the next step should be* and not get wrapped up in the urge to scatter ideas and energy in several directions at one time. The consultant must take the stance of the prioritizer. When an idea is too promising to get lost--stop and log it on a list of ideas to be used later.

Once you have settled the needs assessment, target population selection, and geographic location for program implementation, it is time to work on prioritizing program goals. Some people are dreamers, some very very practical thinkers, and there are always a few pessimists. More often than not, you will have some combination of the three to work with. Consider this a real challenge, and, in fact, a benefit. Dreamers need to deal with reality, practical thinkers need to see through the eyes of the dreamer occasionally and pessimists bring out the best in all of us as we work hard to dissuade them! It's time to put all these energy forces to work.

● Define Long Range Goals (The Dreamer)

Contrary to belief, this is one time when too many ideas is not too many ideas. The longer the list the better. This forces the group to get very serious about short and long range program planning. Example: What can we hope to accomplish in the first year? Second year? etc. You are planting the seed of "ownership" through this long range thinking process.

● Define Short Range Goals (Practical Thinker)

This is where the challenge starts. People become very possessive of their ideas, dreams, and resulting plans. This is when the quiet, but firm, voice of experience comes in. That's right--you use statements such as "Experience has taught us that--", "Let's hold that particular goal aside for now and come back later to see where it will fit in.", "Let's remember, these goals will be what we base our data gathering on to present outcomes to potential funders." "Could this be a sub-goal under this particular key goal?"

2. **How was target population chosen? Geogra,.hic boundaries settled?**

Ask to see a map of area they intend to serve. Have them pinpoint where target area families live and volunteers will be recruited from. Ask where space for volunteers will be recruited from. Ask where space for volunteers will be located. Discuss transportation, distance, time involved in getting places. Many times these basic issues have not been clearly throught through and they may see the need to alter some of these plans before they think about hiring a supervisor, or discussing training plans.

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Keep in your mind, and before the group, that their evaluation of program outcomes will focus on these goals. Therefore, they must consider what they have in staff, budget, and time to work with in accomplishing the short range (first year) goals.

● __Define Key Goals__ (Mutual Agreement)

Assuming you are all in accord on a relatively __reasonable__ list of short range goals it is time to establish key goals, which should not be more than 3-4. Under these 4 can come those goals related to the key goals. Example:

● Program Impact on Parents: a concern from which a list of short range goals was generated. The group then chooses 4 key goals to concentrate on.

1. Meet the needs of families for essential services.

2. Increase parent participation in center activities: to raise awareness of child growth & development and provide assistance in classroom.

3. Enhance the personal growth and development of the volunteers.

4. Increase the participation of volunteers in other agency activities.

These 4 become the __Key Goals__ from which the group can then plan all other aspects of program implementation. Keep in mind, these Key Goals should be specific to program evaluation. First year program data will be gathered and analyzed to determine whether the program operations are actually making the impact set forth in these Key Goals. This information will be vital in planning the second year of the program. Evaluation instruments (program forms, e.g, Home Visit Plan, Family Contact Forms, etc.) will be designed to gather information relevant to these goals. Therefore, it is imperative that this phase is worked through very carefully.

II. __Program Implementation: Program Design Process__

The Model, itself, is essentially a *program design*, a framework or structure which is adapted by administrative staff to meet the needs of __their__ target population and accomplish the goals __they__ have set forth. This adaptation is attained through the efforts of the consultant who introduces the process system of program design to the administrative staff using the following topics:

● Organizational structure
● Personnel (Administrative and volunteers)
● Physical Facilities available
● Budget
● Public Relations/Advisory Committee

- Time Line and relevant logistics
- Recruitment of volunteers
- Training and Supervision of volunteers
- Record Keeping: Define levels of responsibility
  (e.g., What records are kept by whom, for whom, etc.)
- Management issues

The Consultant assists program staff in designing their own version
of the Family Support Program, the method in which it will be implemented
and how it will be evaluated. The 10 topics under Program Implementation
are arranged in order of importance, as learned from a great deal of
experience working with a large variety of agencies and systems within
the United States since 1969. In order to provide the optimum in
technical assistance, a consultant must have a working understanding of
the organization desiring to implement the model. The first step in
working with administrators is to have *them* educate *you* about their
organization.

A.   Program Design Process

- Organizational Structure

  The expression, *"You can't tell the forest from the trees"* definitely
  applies to this aspect of introducing a new program into an
  existing system. Therefore, you need to fully understand just
  what their organizational structure is. When working with
  administrators and/or program staff ask them to provide a
  graphic description of their agency structure, e.g., Have them
  define: Who is in charge of what programs/departments? What
  do those programs/departments do?
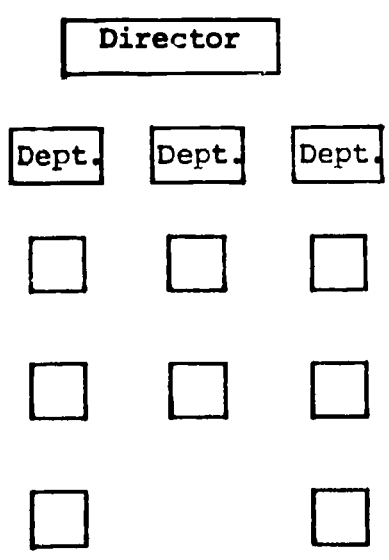
Once this becomes clear to you, you can go on to the next step
which is to discuss <u>how</u> the Family Support Model fits into this structure.
Ask questions such as <u>Who</u> had the final decision on this plan? Have
all implications surrounding the operation of this program been explored
by all department staff members who will be affected by the addition—
to, and/or change in, the existing structure.

Many times, the individuals involved in planning program changes
or additions are literally too close to the situation to recognize
potential trouble spots within their own organization. People and
places are taken for granted. The consultant's role in this situation
is delicate -- to say the least -- but of grave importance to the long
range efforts and success of the program. *The best surprise, is no
surprise* is a good slogan. A new program should never be slipped in
through the back door. It is much better to spot the opposition, or
apprehensive individuals, *prior* to the inception of a new program.

First of all, no matter how unpleasant, or uncomfortable it is to
deal with opposition and/or apprehension, it must be done before the
situation has the opportunity to escalate over time. It simply is not
fair to everyone involved to assume that (a) the opposition will be won
over or (b) that everyone will learn to accept changes. This just does
not happen when people don't know what is going on around them. However,
when people are given the opportunity to explore all aspects of a
situation (such as implementing a new program) and, are allowed to
actively participate in the planning and implementing phases of such
a move, they begin to invest themselves in the success of that program!
That is a key factor in the survival of the program.

This model has the capacity to bring an agency's staff together in
a collaborative effort which works for the benefit of the whole. It
can be a mechanism for breaking down turf guarding and strengthening
in-house relationships and ultimately the agency's efforts to meet the
needs of the families it serves. Quite often this will be the first time
these individuals have come together to deal with anything other than
their own specific issues. This is a good exercise for them to
go through--*hearing each other out, weighing pros and cons, coming to
some common conclusions and satisfactory decisions.* They will know
what the program is about because they have been an active part of it's
development.

If program administrators *have not* taken this step on their own,
then you need to explain it's advantages and request that you be given
the opportunity to meet with all necessary staff and go through this
process together. Some administrators will, quite frankly, be apprehensive
about this group process. Assure them that you will be the one presenting
the model and assisting the staff in working through doubts, questions
and concerns. You, in turn, must be capable of handling this type of
inter-action, especially any conflicts that might arise. For example,

If a social worker or teacher is very negative about parents (or non-professionals) stepping into roles very similar to theirs they are usually very vocal about all the reasons why volunteers are not really *qualified* to carry out these roles. It is the consultants task to win the opposition over. You may agree, in part, that they do have every right to be concerned about what happens to the families in the program. However, point out that with *their* assistance in the program design planning, the training of volunteers as well as other areas of implementation, they will become an active participant in the monitoring of what and how the volunteers are doing. They must be helped to see themselves as an internal support system for the program.

The organizational structure design should depict the model solidly in place within the agency, and the participating staff clear on roles, chain of command, expectations, goals etc. for the program operation.

ORGANIZATIONAL STRUCTURE DESIGN EXAMPLE
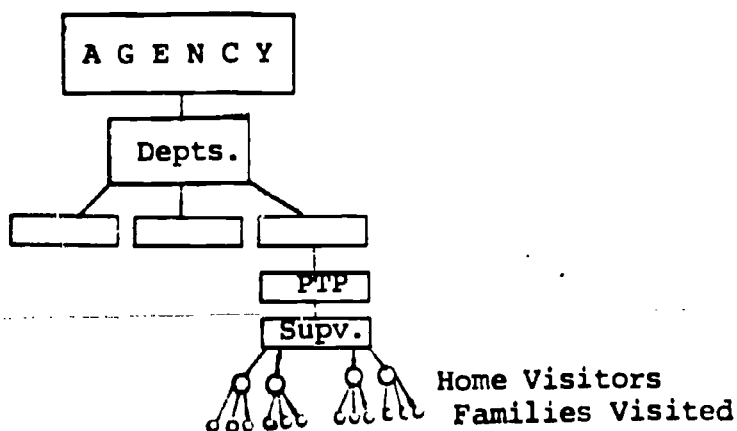
● Personnel: Administrative and Volunteers

● Administrative

The administrative personnel roster for the program model will look the same in all systems. A specific department, division or component, for example, will become "owner" of the program and assume responsibility for it's operations. The director of this department is the one most directly involved in the over-all program design & implementation. The individual hired (or already on staff) in charge of the day to day operation of the program is generally called the Supervisor and is responsible to the director.

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┌───────┴────────┐         │              │   Consultant    │
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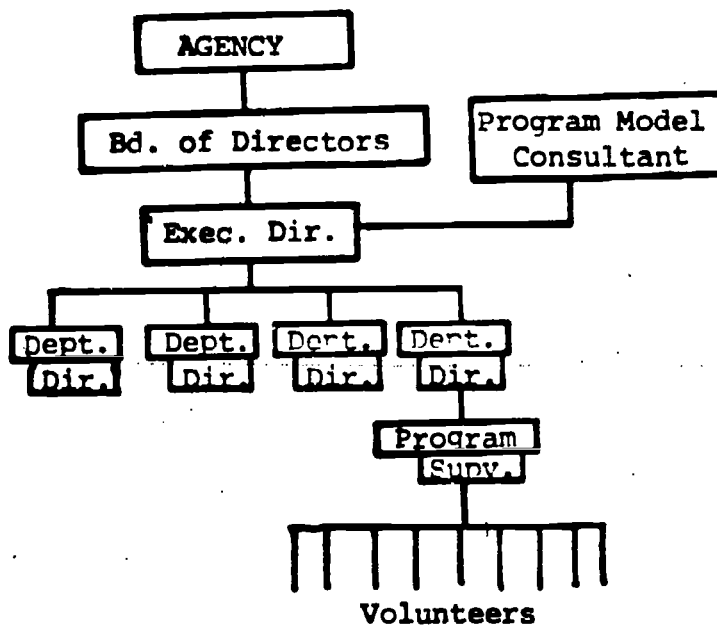
You may be only meeting with an Executive Director and Department Director as you work on Program Design in relation to Personnel. If a supervisor has not yet been hired, or several in-house staff are being considered, you will be asked to provide them a criteria for recruiting/ hiring this individual. Be prepared to furnish them, in writing as well as discussion, the program expectations on the Supervisor and specific qualifications needed. You may be directly involved with developing a job description and on some occasion, to take part in interviewing and decision making.

As consultant, it is necessary for you to become acquainted with key administrators involved in the process of conceptualizing and supporting the program. Establishing a trusting working relationship with the Executive Director, Department Directors and other relevant administrative staff provides you with a stable network of supportive, knowledgeable individuals. Program success depends upon this alliance. Any problems that may develop are more quickly dealt with and resolved when a program has such a firm foundation of cooperation and understanding..

Be the aggressor in this area. Request meetings with these administrators. Have a prepared agenda. *Don't waste their time!* Provide them with precise information regarding the progress, etc. of the program. Solicit their ideas and advice. It is also a good idea to provide them with a succinct written report of your site visits and meetings. Credibility is built on this form of continuity of relationships between yourself and the agency key personnel. Not insignificantly, it frequently provides a role model for other agency staff, thus bringing them together to work towards common goals.

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● <u>Volunteers</u>

Program administrators may lean heavily on you for a great deal of technical assistance in the area of how to define the role of, recruit, train and support *the volunteer*. To help them address the issue, ask them to carefully assess their target population, the needs of these families and children <u>and</u> the goals of the program. Given this information, they can decide who in their community would best "fit" with the population. Once they establish who, (e.g., mothers within the community, grandparents, fathers, any community parent or individual interested) then the recruit-ment, selection criteria, training logistics and content can be planned. (See description of planning phase following section on time line.)

● <u>Physical Facilities Available</u>

Part of the Program Design Process must include looking at *where the program will be physically housed*. The biggest question in everyone's mind will be, "How much room does this program *really* need?" Your role at this point is to provide a sense of reality as well as direction. The Supervisor should have an office that assures privacy, due to the nature of the program and the need for confidentiality. Additional space will depend on what is available within an agency. Below are some dimensions of the program that play a part in determining space needs:

1. Meeting room(s) need to be available for training, in-service and parent meetings.

2. Space will be needed for toy and materials storage for the volunteers, and if possible, a small desk or table should be available for their use in writing, sorting and packing toys, materials, etc. Some programs have utilized a fairly large room for both Supervisor office and volunteer use, but this is not optimal unless the Supervisor has access to another space for private conversation.

3. When looking at space try not to dislodge other agency staff. Be keenly aware of the traffic this type of program will generate and what that will mean to other staff and their work needs. Compromises should include those most keenly effected.

● <u>Budget</u>

As a consultant works with a site, budget information is vital to putting the program design and implementation plans into proper perspective. The Director and Supervisor must have a clear understanding of the whys and wherefores of the management of money.

I. <u>Program Administrators must</u> have clear in their mind, and plans, how the program will be financially supported--present and future. Therefore, your role is to assist them to:

    1. Identify <u>all</u> program expenses--administrative, supervisory, clerical, such as:

- staff salaries, benefits
- stipends; mileage, babysitting, other
- housing costs within agency
- telephone
- postage
- office supplies/equipment
- program supplies
- other

    2. Identify all sources of <u>available "real"</u> (spendable) monies:

- Identify by account/source <u>name</u> and duration of grant/contract
- Identify <u>total</u> dollar amount available to this specific program
- Identify any <u>limitations</u> on the use of the money
- Identify how money is allocated to identified categories
- Do <u>not</u> count money that is "promised"; "hoped for"; "in a submitted proposal"; - *just count the real money.*

Tactfully remind the administrators that the reality of working only with the money you actually have is this: When funding ends the program ends. You must keep busy going after funding sources! Then there will be fewer surprises, and/or disappointments!

A program will not be able to <u>stay alive</u>, <u>expand</u> or <u>survive</u> when you relax your efforts in this area.

II. Program Supervisors <u>must</u> have an <u>itemized</u>, clear (no surprises later) budget. She/he cannot appropriately supervise the functions of the program -- from <u>paper clips</u> to <u>approving stipend payments</u> -- without a budget.

- A <u>supervisor</u> needs to be a part of budget decision meetings
- A <u>supervisor</u> should be part of fund raising efforts
- A <u>supervisor</u> must share <u>relevant</u> budget information with the <u>volunteers</u> and - when appropriate, with <u>participating families</u>. The following are examples of how that could be accomplished:

Volunteers { "x no. of dollars is allocated for volunteer stipend and expenses". Volunteers will have an understanding of what can be done over a certain period of time. They can also help determine "new ways" of making the money go farther such as changing the payment format.

Families { Can participate in fund raising efforts necessary to help meet special expenses because they know program budget is for program operation only. Families can help in making program "visible and credible in fund raising efforts.

● A program supervisor should never have to waste emotional/physical energy due to lack of appropriate budget information. Any other facet of the program can be handled only after concerns over budget issues are taken care of. It is better to know there is a problem that needs to be taken care of than to forge ahead blindly and discover the program is not able to move along as planned. (This is a guaranteed morale wipe-out.) Points to get across to site staff:

   ● A supervisor should take into consideration the cost of any plans/efforts she/he is making for the program and determine where the money will come from to pay for these plans/efforts.

   ● A supervisor is responsible for helping volunteers and partici-pating families set limits for program spending and make plans for program fund raising.

● Public Relations

Never take for granted that program administrators have h   sufficient Public Relations experiences. You will want to explore this wit. them first. Have they used the local newspapers, TV or radio stations or other public information vehicles availabe in their area? They need to hear what other people have tried and what was most successful so they can look at their options.

Pulling together the experiences of the group, a plan should be developed that will be carried out in two phases:

1. Prior to program start-up to build community awareness; and

2. During program operations to keep community aware of progress and the need for continued support of the program.

Forming an advisory committee may, or may not be necessary. If the supporting agency feels there is a group that already serves that function and will simply include the Family Support Model, then this task will not be necessary for the supervisor to do. If a committee is to be formed, it should remain small and definitely functional. It is best to wait until the program gets underway so there is visible evidence of what is happening and needs community support.

Given the nature of this program, it is a good idea to include a public health nurse, social services individuals, clergy, a home visitor, a parent, and one or two other community members the agency and supervisor feel would contribute some time and energy to the program. Meetings should be kept to a minimum (2-3 during program year). The first meeting should provide information on the programs goals and purposes, target population, needs etc. Ideas should be formulated for public relations, resources, and future funding efforts. Follow-up news, needs and thank yous should be provided to the members between meetings.

● Time Line for Program Management

All programs are funded in periods of time. For example, some may run from September through June. Others will run a full year from September to September. It is important for all involved to be participating in the development of a timeline. It needs to be made clear that the expectations are to allow time to get the program in place and functioning well, but, there must be some flexibility within the beginning and ending dates.

Time lines fall into two categories: 1) Program Operations and 2) Data Gathering. Below is an example of the two categories.

Sept. 82	Oct. 82	Nov. 82	Sept. 83
● Supervisor Training	● Volunteer Training	● Home Visits conducted	
● Recruit Volunteers	● Recruit Families	● In-Service Workshops	
● Program PR Work		● Parent Meetings	
		● Data Gathering	
		● Supervising Home Teachers/ Home Visitors	
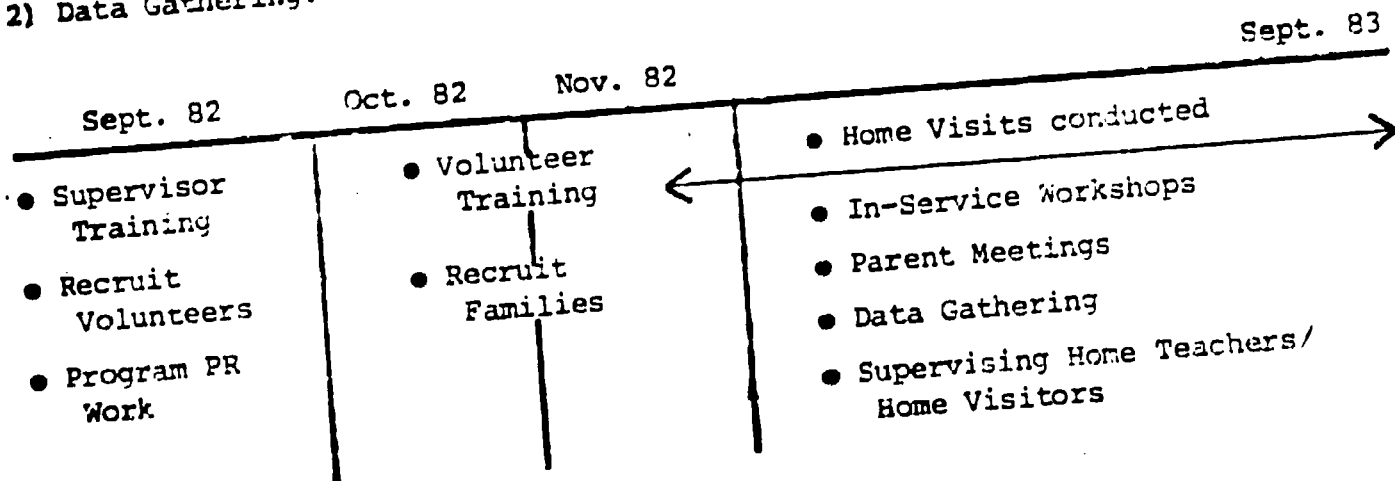
Program Data Gathering

Sept. 82 ⟵⟶ Nov. 92 ⟵————————————————————⟶ Sept. 83

Data Gathering Forms

Supervisor Imp. Scales	Home Visit Plans	Time Use Questionnaire
Time Use Questionnaire	Parent Questionnaire	Supervisor Imp. Scales
Program Status Report	Home Visitor Imp. Scales	Program Status Report
Knowledge Scale	Testing Children (if required by program)	

Be sure to leave the group with the understanding that this *might* well change as the program grows which is fine, for then it can be reviewed and revised. Administrators do need a clear idea of what to monitor for and require of the supervisor in appropriate use of time to adequately meet the program time line schedule and data gathering process.

● Recruitment of Volunteers

While recruitment of volunteers will be the task of the supervisor, you will be discussing factors surrounding this activity with the administrators. In some instances the target population will need a very specific type of volunteer. For example, parents of handicapped children sometimes do better when matched with volunteers who themselves are parents of handicapped children. Cultural differences may be strong enough to warrant being selective to that factor.

Criteria for selection must be determined around factors such as those mentioned above and, transportation, working vs. non-working individuals, motivation for volunteering, attitudes toward parenting and life-styles, and ability to commit time to training and program participation for a year. In some programs number of families served and hours or days per week will also be factors.

A very major concern of administrators is how will a supervisor know if a volunteer is not suitable and how will the program deal with this. Your task is to provide them with a sense of security in trusting the judgement of the supervisor and the quality of the training which is designed to ferret out biases, judgements and other attitudes that will hamper a volunteer's growth, development and ability to work confidentially and confidentially with families in the community. Unsuitable volunteers will be counseled and if need be, asked not to stay in program.

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● <u>Training and Supervision of Volunteers</u>

Administrators feel much more comfortable about starting new adventures **when** they can be assured that all is well organized and supervised. Be **prepared** to share training agendas from other programs. Keep clear in **their** minds that planning the volunteer training will be a shared process, **much the same** as they are experiencing in this pre-program planning **phase.** You will be working with the supervisor and other relative staff **or outside** agency resources in planning the two week training sessions so **they are** geared to meet the needs of the target population and the goals **of the program.**

The supervision of the volunteers will be the task of the supervisor. **Share** program documentation forms with the administrators (e.g., Family **Contact** or Home Visit Plans, etc.) Make certain that their program goals **will** be covered in the documentation forms that they decide to use. Assure **them** that the supervisor will set up a schedule of in-service meetings **and a** system for meeting individually with the volunters to monitor their **activities.**

● <u>Record Keeping</u>: Defining Levels of Responsibility (<u>What</u> records are kept, by whom and for whom)

Administrators understand full well that ultimately they are held **accountable** for the functioning and outcomes of the program. They are **much** less apt to resent record keeping since this is one form of account-**ability** they can put their hands on. Lay out this accountablity factor on **the same** time line framework that is shown on page 14. You require certain **records** from the supervisor, the agency most likely will have certain **requirements** from her, she will have certain records she will require **from** the home visitors.

Some records will be for program evaluation and some for time use and **payroll** information. This formula will be worked out with the supervisor **and** the administrator directly responsible for program administration.

● <u>Management Issues</u>

Nothing is more devastating than having too many "bosses", not being certain who your boss is, or not knowing where your lines of authority are. These issues should be discussed with administrators during this phase of discussions. Decisions must be made as to who will be in charge of administration in the implementation of the program. In all cases, the ideal situation is for this to be one individual. The supervisor is then responsible to this individual. How much authority the supervisor is to have and over which demains should also be explored very carefully at this point.

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While we have discussed the importance of a supervisor understanding and having access to budget information, it is not necessarily important for the supervisor to manage the budget. A petty cash fund should be established for immediate expenses, but no overall access to other money is necessary. Access to clerical assistance needs to be established, and other office procedures set out so the supervisor does not have to seek out permission for every decision or request.

Your role is to assist administrators in understanding the unique needs of this program. It requires an openness and collaborative working relationship. The clearer the management issues are, the smoother the operations will be. It is best to deal openly now with any known, or suspected future problems with turf guarding or skepticism. This program has the capacity to draw agency staff together in a united cause when it is managed well, in both directions, and from the beginning to the end.

III. Program Evaluation Process

The bain of any programs existance is the fear of not staying in existance. For the vast majority of new programs continued funding is the major factor in their ability to continue on for more than one year. Therefore, gathering data to evaluate the program is a very real necessity. The key is to understand how to accomplish this fete in the most productive and efficient manner. Administrators will have a tendency to either lean heavily on you for technical assistance and direction or to question each and every suggestion, form and/or credibility of it all! Stick to what you know works best for this program while remaining open to hearing their concerns and needs. Your attitude and method of introducing evaluation will be a key factor in it's acceptance at the administrative level. Once a documentation/evaluation process is understood and accepted by administrators, it is much more apt to receive support as well as monitoring for the duration of the program. This will be vital for the supervisor who is ultimately responsible for the collection process. Follow a format similar to the one below:

A program is ultimately only as useful as the strength of its evaluation. A comprehensive evaluation investigates the process by which it works, the outcomes it produces, and the conditions which facilitate or constrain its adaptation.

Evaluation is conceptualized as having three interrelated components:

- Implementation refers to formative or process evaluation. The delivery of a program's curriculum is documented to find out in what ways the program is working well and in what ways it can be improved. Formative or process evaluation verified that a program has, in fact, been delivered.

- **Impact** refers to summative or outcome evaluation. This evaluation component examines the effects a program has on its participants, seeking answers to the more traditional questions of benefits for program participants.

- **Replication** entails repeating the program under similar and/or varying conditions to find out if it can be delivered with the same consequences for participants in simultaneous or subsequent administrations.

Evaluation Questions

Our Parent-to-Parent Family Support program evaluation interrelates these three components by answering the following questions:

Implementation

1. To what extent does the supervisor implement and maintain the Parent-to-Parent program within the community? How is this in turn related to the volunteers implementation of the program with families in the program?

2. Is volunteer training successful in increasing awareness of child development and understanding of the role of adults in facilitating that development?

3. To what extent do volunteers implement the Parent-to-Parent program with families? How is this in turn related to the impact of the program upon parents and children in the families?

4. Will the community at each site take greater responsibility for implementing the Parent-to-Parent program during the second year of a program?

Impact

5. Does the program increase supportive and decrease non-supportive parent-child teaching interaction sytles?

6. Are parent-child teaching interaction styles in turn significant determinants of children's development as learners?

7. Does the program increase parents' effective use of community resources?

8. Does the program increase parents' levels of personal development?

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Replication

9. Are levels of program implementation and impact replicated across communities?

   The site you are working with will have to determine several issues:

   A. Who the evaluation will be done for; for example: High/Scope? Funding source? Program staff/agency? Community?

   B. Why it will be done; for example: to show gains in scores? To give feedback to program staff for program improvement over time? To determine impact on parents, volunteers, children, community agencies?

   C. How to develop the instruments, or utilize existing instruments to gather the necessary data, (What will be gathered has already been determined by the goals set during the Program Goals Identification stage of your discussions)

   D. Who will gather the data? for example: Agency staff? Supervisor? Volunteers? Combination of these?

   When you have worked through these issues, the group should have a real sense of direction for themselves in relation to: how they will be documenting their program's goals and progress over the year; how that documentation will provide them with data to seek funding, improve the existing program and possibly expand the program to a greater geographical area.

Summary

   When you leave a site at this stage, they should now be prepared to hire a supervisor and begin to set the program in motion. The remainder of your training and technical assistance over the year will be with the supervisor, however, the process of working together as a team includes all identified key agency people and should be continued when you are on-site.

ATTACHMENT C

NEWSPAPER ARTICLES ON THE PARENT-TO-PARENT PROGRAM

A family problem

A community challenge

Panelists voice their concerns

By Mary Sikora
Staff Writer

Beverly Williams looked up from the poem she was reading about the education of the black child. Her audience was small — a few professionals, a parent, a student — but intent. The poem, addressed to a child, a black child, asked, "What did you learn today . . . ?"

Did that child learn even a little about what he was, who he was?

The questions tugged at the listeners.

Did the day's education preserve some of his identity — his link with another, but faraway, continent?

"There's a different rhythm and fluid in how we (blacks) teach our children," Williams explained.

She was talking about the socialization of the black child in a culture in which separation of black and white is still a fact of life. In this changing society the families in both groups are threatened — their very core battered by heavily weighted cares.

Achieving a quality education is but one of these objectives, as is obliterating the high unemployment rate and building self-esteem. The problems may be similar — but, participants agreed, the ultimate approach to them must be uniquely black.

Williams, a member of the National Black Child Development Institute and the director of the Dora Tate Service Center, 601 Infirmary Road, was joined by three other members of the greater Dayton affiliate of the NBCDI in her presentation. Through local activities like neighborhood meetings for parents, the non-profit institute works to enact public policies that its staff believes will further the development of black children.

Williams and her colleagues brought no quick solutions. It was a discussion of problems and of many possible answers.

The socialization of the black child was the topic of but one of eight sessions presented Saturday in "The Black Family: On the Move in the 1980's," the third annual black family conference sponsored by the University Center for Afro-American Affairs, the Dayton Urban League and the NBCDI at the University of Dayton.

The goal of the gathering at Kennedy Union is "to get people thinking toward solutions," said conference coordinator Faith E. Johnson of UD. "Out of this, sometimes, other groups grow in the community."

"There isn't one single solution," she continued.

Four visitors from Hawaii were here Thursday to examine the Parent-to-Parent program at Northeast Kingdom Mental Health Service. From left, they are Rod Calkins, Myron Thompson, Charlie Nakoa, and Jack Darvill. George Coulter and Marian Herreid of NEKMHS talked with them about the program here.

Parent to Parent: A Model Program

By MARY BEAUSOLEIL

Once upon a time people lived in stable communities and were part of extended families. People were likely to live out their lives surrounded by family and friends. They married young and had their children when they were young, and gaps in young parents' knowledge and experience could likely be filled by a grandparent, aunt, uncle or cousin.

Now, with a highly mobile population, this is not as likely to be the case for most people, and trends toward later marriages and childbearing have helped to compensate. But it still happens that teenage marriages and pregnancies do occur, and teen mothers do not always have a relative to turn to for support. Northeast Kingdom Mental Health Service has a program to offer support to such young mothers, and it works so well that on Thursday a group of people from Hawaii involved in a similar, but by their own account less successful, program were visiting in St. Johnsbury to see what makes this one work.

Marian Herreid, the director of St. Johnsbury's Parent-to-Parent program, believes that much of the credit for the success of the program here belongs to the volunteers who act as home visitors. Other programs, including the one in Hawaii, use paid staff for the home visits. "We think there's a philosophical difference," Mrs. Herreid says.

There are 19 home visitors who volunteer to visit from one to four teen mothers per week for about an hour each time. They were initially recruited through posters, and now most hear about the program by word of mouth. They are reimbursed for mileage and babysitting, but they receive no salary. They range in age from 20 up, and they do it for the satisfaction of performing a community service. "They are mothers calling on mothers," says Mrs. Herreid.

Before a home visitor makes her first visit, she must go through a two week training program that emphasizes child development, knowledge of other community services, and the role of the home visitor. Monthly workshops are held after the trained visitor begins.

Mrs. Herreid says that the training emphasizes that the visitors are "not teachers, not nurses, not therapists." When they see problems in the home, they may tell the mother about help that is available, but Parent-to-Parent itself is "a preventive plan, not a cure or therapeutic thing," according to George Coulter, director of the Northeast Kingdom Mental Health Service.

The teen mothers who receive the visits are referred mostly by a public health nurse who works with area doctors. The mothers are told about the plan and are free to ask for it or not. In January, some of the first group of teens who were visited will themselves begin training to become home visitors.

An interesting feature of the program is that it is all privately funded. "This has appeal in the Northeast Kingdom because of resentment here about the use of federal tax money," Mrs. Herreid says. Three private foundations contribute to the program's support.

The visiting Hawaiians work for privately-endowed institutions that run several programs, one of which is a Parent-to-Parent program. Many of the endowments were given by Hawaiian royalty, who looked at certain needs in the community and set up foundations for orphans, schools, the aged, and medical care. The visitors hope that by looking at the Parent-to-Parent program here they can make their work better.

Sutton

SUNDAY
Lifestyles

Chris
G.

'The Miracle Baby' Comes Home

Having Duane home is reason enough for his parents, Chester and Leola Dye, to smile.

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...said Tony Artessa, Duane's respiratory therapist. "But equipment has been designed just for treating such cases."

Leola said the doctors in Albany are concerned that Duane might go into depression because he won't get the constant attention at home that he got there. But he's got 26 cousins and a community that has planned fundraisers, donated baby furniture and food and closely followed his progress, and they don't plan to let that stop.

The day Duane came home, Leola sat in the back seat of the car monitoring his oxygen tank while her sister drove. Another car with Grandma Dye and a slew of cousins followed right behind. Two aunts strung a "Welcome Home, Duane Chester Dye" sign and balloons between two large maples on the front lawn, and neighbors have been dropping by with offers of help and to grab a peek at Duane.

Some precautions are necessary. On the front door to the Dye home is a note to visitors:

"Please help me stay healthy. Please no smoking. If you have a cold, come back when it's gone. If you are little people, come back when you are bigger. Thank you, Duane."

"As a community, we're like a family," said Chester.

"If somebody has a problem, everyone pitches in. When Leola was in Albany, people helped around the house. And nephews and neighbors did the chores for me."

"It's a thoughtful, caring community," added Leola. "Their help has given me more determination to get the right help for him, because it is a life."

The couple is also grateful to the hospital's medical staff. "When Duane was in the hospital," Leola said, "I kept wanting to be there, but I couldn't always ... I found myself leaving the unknown to the professionals who did know. It takes a lot of faith. You have to say you have enough trust that he won't get a bigger dose (of medicine) than he's supposed to get ... We have good feelings about the medical staff.

Duane weighs 17 pounds today, but when Chester holds him in his strapping arms he looks smaller. As Chester moved Duane back and forth, he said he always had great hopes that one day he'd get to show his son the dairy farm. "But I tried not to get too excited and take it as it came ... A lot of things I missed, but I'll try to make up for that."

Duane gave a quick smile as his father spoke. "You know," said Chester smiling back, "that first time to the woodshed, it's going to be harder on me than it will be on him."

This sign on the Dye family front lawn greeted Duane as he arrived home.

Leola Dye adjusts the equipment regulating the mist in the tent covering Duane's crib.

More and More Teenage Mothers Helped by Parent-to-Parent Program

By DAVID LANG

The St. Johnsbury chapter of the Parent to Parent Program, developed by a Michigan educational research foundation to help parents strengthen their child-rearing skills, is steadily expanding its activities while at the same time coming up with new funding sources as old ones run out.

Established two years ago, the program here is one of five such original operations in the country. It was developed because the relationship between parent and infant has such a strong bearing on the child's later learning process, brochures explain.

By training carefully selected community volunteers to become "home visitors" who meet with parents weekly, the program helps to provide a secure climate in which adults can make clear their goals and find effective ways to meet them, according to program director Marian Herreld.

The HVs share ideas, toys and activities with family members, answering parents' questions about child development and providing information when needed about other community agencies and services.

The program is designed to bring about a new awareness of the community and its resources, develop new skills, create a work experience that can provide a base for future employment, and give an opportunity to meet new people.

It can be easily adapted to other community needs and different parent groups, such as those with "at risk" or handicapped children, or those living in isolated rural areas.

Among those being specially aided are teenage mothers, and eventually

there will be 12 home visitors for St. Johnsbury alone. Right now, the volunteers are in contact with 52 clients, actually paying visits to 34 of them.

In Hardwick, Newport and Burke, for instance, teenage parents are being transferred to more centralized locations for assistance. While this program "model" is narrowing, more Regional Training and Dissemination Centers (RTDCs) are being set up, and St. Johnsbury will have its own by the first of the year.

Voluntary donations are becoming an ever more important part of the financial structure. The program has relied on a variety of sources up to now and will continue to do so as much as possible.

The foundation's research since 1968 has produced a

study schedule helping parents guide infants their growth and learning process, working with those same parents to develop positive attitudes and techniques.

In addition, the foundation, High/Scope, has worked in other settings, such as infant day care centers, Head Start programs, and preschool programs for children with special needs.

The training program and delivery system are complete and help ensure a low cost, self-sustaining program to support parents.

Those wishing more information may contact Mrs. Herreld at Northeast Kingdom Mental Health Service, 141 Railroad St., St. Johnsbury 05819, or call 748-3181.

Dorothy Desroches (left) of the South Congregational Church's missions committee presents a $200 check, Monday, to Marian Herreld (right), director of the Parent-to-parent program, Northeast Kingdom Mental Health Service. Elizabeth Kennedy, who is both a member of the church and a "home visitor" in the program, watches the presentation.

ATTACHMENT D

NEW ENGLAND AND MIAMI VALLEY RTDC BROCHURES

Miami Valley Child Development Centers, Inc
1034 Superior Avenue
Dayton, Ohio 45407
(513) 278-8293

another step

The
Family
Advocate
Program

At Last!   The Way to Successful
Parent Involvement

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A FAMILY SUPPORT SYSTEM WHICH STRENGTHENS PARENTING AND LIFE SKILLS; CREATING AN ON GOING POOL OF SELF-CONFIDENT, CONTRIBUTING COMMUNITY MEMBERS.

The Family Advocate Program is a unique approach to increasing parent involvement in the Head Start setting. A trained group of volunteers provide assistance and support to their peers. Parents are seen as a potential source of skill, talents and energy. Those selected for the program undergo two weeks of intensive training to develop sensitivity, observational and advocacy skills, knowledge of agency and community resources, and an understanding of their role as liaison and facilitator. Some of the topics covered through ongoing inservice training are health, nutrition, child development, human relations, child abuse, parenting, communications, and self awareness. The training alone, provides an enrichment opportunity not otherwise available. The newly trained individuals are able to share information and skills with other families in need which enhances the potential to reach many more families. An immediate doubling effect is seen as the program meets its goals and the families reached are receiving services not otherwise readily available. It is also noted that those who have received Family Advocate services often volunteer for the program and deliver services to still other families.

Following the training, family advocates deliver services to Head Start families in their communities - under the direction of a supervisor - as volunteers in the classroom, making home visits and performing other agency related duties. The advocates are responsible for recruiting other parent volunteers and providing them with assistance and guidance. They spend four-one half days a week assisting staff and meeting the needs of Head Start parents and children.

The cost effectiveness of this program is based on the fact that Family Advocates are volunteers. A minimal stipend is paid to cover out of pocket expenses for transportation and babysitting which also provides an added incentive for the advocates participation and helps encourage their involvement and enthusiasm.

This advocacy program aims at providing trained individuals who have the skills to help families identify and use resources within themselves and the community. MVCDC strives to attain indepth parent involvement and through the Family Advocate Program we go ONE STEP beyond the conventional parent involvement mode to one of full partnership.

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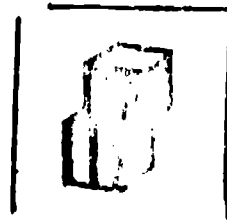
The Family Advocate Program Goals are:

1. To enable parents to better understand how children learn, what activities foster development, and how to provide opportunities at home, building on what the child is learning through the Head Start Program.

2. To build parents' self confidence, helping them see the important knowledge and talents they have to share on matters concerning the child, themselves and the community.

3. To encourage parent participation in the Head Start activities including decision making for the program.

4. To provide parents with appropriate information about program and community resources available to meet family needs and to provide a liaison with these resources, if necessary.
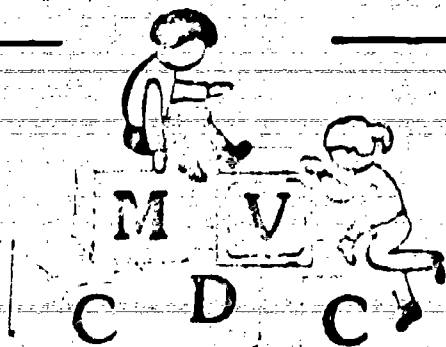
PROGRAM REQUIPEMENTS

- Program Supervisor (Parent Coordinator)
- Training for Supervisor
- Training for support staff (education, health and social services)
- Parent Volunteers
- Funds for stipends

PROGRAM BENEFITS

- More frequent contact with families
- Closer relationships between staff and parents
- Head Start program goals more effectively met
- Greater follow through at home on classroom activities
- Increased participation & enthusiasm
- Increased number of parent volunteers
- Family Advocates receive extensive training
- Family Advocates acquire marketable skills
- Family Advocates obtain job experience
- Fewer families "fall through cracks" of community
- More effective delivery of social services
- Greater cooperation from community agencies
- Increased number of trained people in community

The Family Advocate Program is an adaptation of the Parent-to-Parent Model developed by the High/Scope Educational Research Foundation of Ypsilanti, Michigan. MVCDC is one of several Regional Training and Dissemination Centers providing a complete training and delivery system through which a community can develop a low cost; self sustaining program to support families.

Training and Technical Assistance Options:

Visitors Day
An opportunity to:
-learn Peer-to-Peer philosophy
-hear FAP explained
-meet FAP staff
-receive descriptive handouts
-visit centers
-meet Family Advocates
-meet families served

Orientation Seminar
2-3 days for key administrators to:
-hear FAP overview
-assess program needs
-identify goals
-design program
-develop evaluation process
-identify support resources
-discuss ways to incorporate into existing structure

Staff Training
3-4 days on site for supervisors and support staff
-hear program overview
-confirm program needs
-develop program activities
-plan cross component coordination
-develop reporting and monitoring systems
-extending supervisory skills

Family Advocate Training
Two weeks on site for parents
-program overview
-role of volunteers
-support families
-recordkeeping
-exploring parenting
-self awareness
-understanding Head Start components
-listening, observing, confidentiality

Consultation
On going, long term technical assistance
-problem resolution
-FAP design/alterations
-changes in supervision
-program expansion
-evaluation
-resource development

Workshops
MVCDC staff can provide additional training in:
-The Cognitively Oriented classroom
-Home Based Teacher Training

MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC REGIONAL TRAINING AND DISSEMINATION CENTER FOR THE HIGH/SCOPE EDUCATIONAL RESEARCH FOUNDATION

Materials, Training, and Technical Assistance Options

Northeast Kingdom Mental Health Service, Inc.

The New England Regional
Training & Dissemination Center
for
High/Scope
Educational Research Foundation

PARENT-TO-PARENT
PROGRAM

Those not presently in a posit
described on the left, or who
the following options of intere

PARENT-TO-PARENT
PROGRAM

The Parent-To-Parent Program has been developed by the High/Scope Educational Research Foundation of Ypsilanti, Michigan to support parents as they strengthen their childrearing skills.

Carefully selected community volunteers are trained to work with parents and their children in a series of weekly home visits. The home visit provides a secure climate in which parents can clarify their childrearing goals and discover effective ways of meeting them.

High/Scope Educational Research Foundation has developed and researched a variety of family programs since 1968, including the Parent-To-Parent Model. Through their research they have produced:

- a parent-infant curriculum
- a philosophy and set of techniques for working with parents
- a set of activities for supporting infant growth and development

While the curriculum is an integral part of the Parent-To-Parent Model, aspects of it are useful in other settings as well, such as:

- Headstart Programs
- Child Care Centers
- Programs for children with special needs
- Pre/post natal programs in a medical setting
- Children's services in a mental health setting

The New England Regional Training and Dissemination Center is one of several centers across the country providing a complete training and delivery system through which a community can develop a low-cost and self-sustaining program to support parents. The services or products appropriate to an organization's needs can be determined by consultation with High/Scope or any of the Regional Training and Dissemination Center's staffs.

Training for those communities which desire full implementation of the Parent-To-Parent Model includes a Visitor Day, Supervisor Training, Home Visitor Training, and thirty days of consultation over a 2 or 3 year period, to assure the technical assistance needed for planning, implementation, and evaluation measures necessary for a successful ongoing program.

VISITOR DAY

A day regularly scheduled to:

- explain the program
- meet with Coordinator of the Regional Training & Dissemination Center
- meet with the supervisor of the Parent-To-Parent Program
- meet with a home visitor calling on a teen parent
- provide descriptive handouts

SUPERVISOR TRAINING

One full week of training at the Regional Training & Dissemination Center for the supervisor and a support person from the community. The training includes:

- overview of the Parent-To-Parent Model
- needs assessment process
- goal identification
- program design
- designing program evaluation measures
- recruiting support (community and financial)

HOME VISITOR TRAINING

Two full weeks of on-site training. A Regional Training & Dissemination Center staff person will work with the local staff to design and implement sessions to train persons who will be doing the home visiting in the community in:

- the role of the home visitor
- techniques for building relationships
- coping strategies
- infant/child development
- opportunities for learning
- community resources
- planning and record keeping

VISITOR DAY

Open to anyone interested in knowing something about the Parent-To-Parent Model and the Regional Training & Dissemination Center.

ORIENTATION SEMINAR

A three day seminar in which a curriculum consultant will provide more information about specific aspects of the model such as:

- history and philosophy of the model
- system of delivery
- parent/child interaction
- home visiting
- infant or child development

If the seminar takes place at the Regional Training & Dissemination Center additional people could be involved:

- program director
- home visitors
- parents who are being visited
- community resource people

If the seminar takes place on-site all those whose programs would be affected and who are crucial to the success of your program could be involved in order to:

- increase understanding of the model by all
- work jointly on how best to incorporate the model into the existing organizational structure

Seminars are appropriate for those who need more information about the model or for those communities which are beginning to define a parenting program and need to know what it involves.

SUPERVISOR TRAINING INSTITUTE

One full week of training with staff person(s) at the Regional Training & Dissemination Center in such areas as:

- supervisory skills
- supporting parents
- philosophy of home visiting

This institute is appropriate for supervisors and others involved in running a home visitor/parenting program or for individuals who need to develop or extend supervisory skills, especially those relating to home visiting/parenting programs.

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have other needs, may find
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HOME VISITOR TRAINING

Two full weeks of on-site training of persons to
do home visiting in programs which offer, or wish
to offer, a homevisiting component and for those
implementing the complete Parent-To-Parent Model.
A Regional Training & Dissemination Center con-
sultant will coordinate with the supervisor and sup-
port person to train home visitors.

CONSULTATION

One Regional Training & Dissemination Center
curriculum consultant will spend one or more days
working with you either at the Regional Training
& Dissemination Center or on-site on mutually de-
fined issues. These might include:

- presentation of the Parent-To-Parent
  Model
- reviewing your material
- helping you with a specific aspect of your
  program
- ongoing technical assistance
- helping you to define a parenting program
  for your community

Such consultations are appropriate for persons
with ongoing programs needing technical assistance
or for those interested in exploring the possibilities
of such a program.

WORKSHOP

A curriculum consultant will conduct a work-
shop (1 day or more) for your people, on-site or
at the Regional Training & Dissemination Center.
The design of the workshop will be determined
by the needs of the community. Depending upon
the specific content desired, the workshop could
include:

- multimedia presentations
- home visiting/parenting model
- role of the home visitor
- parental support of early learning
- child development/learning
- adolescent development/learning
- adult development/learning
- evaluation system to provide informative
  and summative data

ATTACHMENT E

THE PARENT-TO-PARENT PROGRAM: COMMUNITY SELF HELP

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The Parent-to-Parent Program

Community Self-Help

High/Scope Educational
Research Foundation

Community Self-Help

High/Scope Educational
Research Foundation

Self-Help

The Parent-to-Parent Program

HIGH/SCOPE EDUCATIONAL RESEARCH FOUNDATION

600 North River Street, Ypsilanti, Michigan 48197 (313) 485-2000

Contents

CHAPTER 1
COMMUNITY SUPPORT FOR FAMILIES

As adults, infants born today will live in a world vastly different from that of previous generations Today's parents are worried about the complexity of the future and its effects on their children's adult lives. They struggle with such questions as. What culture and society will our children inherit? How do we prepare our children to survive in a complex world? Of more immediate concern, parents struggle daily with such basic questions as. How can we provide enough nourishment and support for our children? How can we keep our family together in the face of pressures and changes we do not always understand? How can we plan for tomorrow in the face of all that is expected of us today? There are no simple answers to any of these questions But one thing is clear. families today need their community's help to find personally meaningful answers

Traditionally communities have provided families with security. group membership. and identity. Through their contacts with such community organizations as churches and community centers that deal with social problems, families in trouble could hope for a better life as well as obtain help in meeting their basic needs for food and shelter Supportive communities helped parents identify child-rearing goals and practices, and helped them learn about the past—the larger cultural and experiential heritage upon which their lives were based What has become of these caring supportive community networks"

Today's communities are larger, more diverse, and less intimate. The modern-day community's struggle for economic survival has supplanted its traditional functioning as a closely knit group that "takes care of its own" In an attempt to support families, High/Scope has adopted a peer-to-peer philosophy of community self-help that is patterned after the caring communities of the past.

Resurrecting community support: High/Scope's philosophy

The High/Scope peer-to-peer philosophy is based on the belief that, within a community. peers are often the best people to turn to for support. They have worked through similar situations, or come from similar backgrounds, and can understand and respond to another's problems in non-threatening and insightful ways. A peer-to-peer support system is flexible, develops in response to real needs, and is shaped by the people who use it.

The High/Scope peer-to-peer philosophy, nurtured within a well-designed service delivery system. enables communities to build successful support networks. Professionals, paraprofessionals. volunteers, and families receiving services can help form these traditional and less costly support structures. Both individuals and groups can be encouraged to recognize themselves as effective "change agents." capable of creating and improving supportive community linkages. In the process, programs develop that not only serve individual families but also help existing service agencies become more flexible and effective in meeting the needs of families within a community.

The High/Scope Parent-to-Parent model

The High/Scope interactional model for working with community agencies (school systems, community mental health and community development groups) is designed to provide support systems for families with young children. Specifically, High/Scope's Parent-to-Parent model can be used by public and private human service agencies to implement a program that:

● Promotes the child's intellectual and emotional development within the family context.

● Supports family strengths and enhances parenting skills.

● Encourages families. over time. to participate in and contribute to their community.

● Acts as a catalyst and resource for making other community services more responsive to families' needs. The peer-to-peer philosophy, as applied in the Parent-to-Parent model, helps a community discover and build upon the diverse talents of its members, and helps community service agencies effectively coordinate their efforts

In the remainder of this chapter, we examine in more detail the reasons behind the present trend to return to the more traditional community support systems

The professional era

Over the past 25 years, rural, suburban and urban communities alike have come to rely more and more on professional human service institutions to meet community needs These expensive, hierarchical organizations emerged as communities became unable or unwilling to define roles and provide support for increasingly diverse and mobile populations As the dependent, the poor and the disabled became less satisfied with community defined roles and sought redress from outside institutions, community control and responsibility eroded

As community support decreased and depersonalizing technology increased, individuals facing stress, hardship and confusion felt isolated and began to see themselves as ineffectual maladjusted sick Since people no longer saw themselves as capable of responding to life stresses, they turned for help to the professional experts They sought the support of a variety of state and privately-owned large-scale social programs

In the late seventies, however, people began to question the ability of such large-scale programs to respond to community needs and the real capacity of the participant to manage their own lives, individuals are often uncomfortable with their central needs. They generally affect generalized programming can never provide the kind of support that enhances a family's ability to adapt to persistent problems. Too precisely, professionals who provide help and that family support are disruptive of the family's independence and cultural history. In most parts of the country...

The vitality of the Parent-to-Parent model comes from peer-to-peer support Families and paraprofessional home visitors work together to build on family strengths, enhance parenting skills, and promote children's growth and development

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Nine early intervention programs

The Scarr Salapatek Program worked with 30 black parents of low birth-weight infants. Program staff stimulated the infants in the nursery and then paid weekly home visits for a year. On these visits, home visitors demonstrated stimulation techniques, taught observation skills, and provided toys and materials for parents to use with their infants.

The Field Program served 60 black teenaged parents of premature infants. Every two weeks for eight months two home visitors, a professional and a black teenage work-study student, worked with the mothers teaching them about child development, child-rearing, and infant stimulation.

The Cowen Program worked with 117 mothers of infants born in Hazard, Kentucky, Regional Hospital. Each mother received seven home visits over a two-year period. These visits included a nurse's physical exam, treatment of minor problems, referral for serious problems, nutrition counseling, social work intervention, and parenting education.

The Larson Program visited 115 mothers to determine the effects of home visiting on infant health and development, mother-infant interaction, the home environment, and well-child health care. Home visitors focused on parent education in child care, child development, child stimulation, and mother-child interaction.

The Nutting Program focused on Papago Indian infants less than a year old who were receiving medical care from the Indian Health Service on the Papago reservation in Arizona. Parents of high-risk infants received home visits from paraprofessional tribal health workers who strove to teach parents how to prevent their infants from getting gastroenteritis.

The Siegel Program provided services to 321 low-income women who used the public prenatal clinic in the Greensboro, North Carolina, Community Hospital. Program staff worked with mothers and infants for at least 45 minutes during the first three hours after delivery, and for five hours a day during the rest of the hospital stay. They also made nine home visits during the first three months of the infant's life. On these visits paraprofessionals shared child care information, modeled ways to play with infants, and discussed stress and ways of coping with it.

The Doornick Program began serving 145 low-income white and Mexican American women during the middle of their pregnancy and continued until the child was one year old. Aside from weekly home visits to share information, provide support and arrange for needed services, program staff also established bi-weekly parent support groups.

The Olds Program reached out to 400 first born infants from predominantly high-risk families in rural New York. Families received a combination of the following services: prenatal and postpartum home visits, parent education, transportation to medical and other services, and infant screening at 12 and 24 months.

The Affleck Program supported 101 families from varied backgrounds whose infants were receiving neonatal intensive care. Home visitors provided support and encouraged active coping.

services. Since the responsible institution is often outside the community's control, it is difficult for individuals and families to regain a sense of their own ability to cope.

In addition, professional services are very expensive, both in terms of absolute costs and cost-benefit ratios. Since remedial and crisis-oriented services do not address the structural causes of family and community stress, families show up again and again for the same services.

Finally, community members saw that professional service institutions had diverged from people's social ideals. Helping professionals are trained to identify and treat problems on an individual basis; they are not generally trained to promote community cooperation and hope.

The time is right for the return of community-based, cost-effective, human services. Parents, community members, and helping professionals must work together, peer to peer, to supplement and transform existing support systems for the community. The experience of early intervention programs bolsters this view.

Support for the Parkers

The Parker family had an eleven-month-old handi- capped child and a five-year- old child who was developmentally delayed. Mrs. Parker was pregnant again and called the High/Scope Parent-to-Parent Program at the sug- gestion of a neighbor, who was con- cerned for her health—Mrs. Parker had not yet seen a doctor. Mr. Parker was unemployed and angry that his wife was pregnant. He didn't want to spend the money on doctors be- cause he figured the child "would have something wrong with it any- way." The home visitor provided Mrs. Parker with the names of some free clinics and helped her find someone in her church who could drive her to the doctor.

There were serious complications with Mrs. Parker's pregnancy and she spent most of the remainder of her term in bed. The home visitor helped the family get in touch with homemakers who cared for the children while Mrs. Parker was bedridden. The home visitor also helped arrange for church members to visit the Parkers occasionally with food and support. In her weekly visits she played with the eleven-month- old child and five-year-old child, helping the latter to make some toys. She also taught Mrs. Parker some physically undemanding activities she could do with her children and helped her get in touch with agencies that could provide some low-cost babysitting. The new baby was born severely handicapped and died three weeks later. The home visitor supported Mrs. Parker during this time and arranged for a father of a handicapped child to talk with Mr. Parker.

For two years, the home visitor worked to get the Parkers in touch with various community resources that could help them sort out their lives. She focused her visits on helping the parents understand

Early intervention programs

Early intervention programs developed in the late 1960s and early 1970s in response to research findings of the time suggesting that preschool programs for three- to five-year-old children were encouraging that helped the potential. A second response came of parent education and other special services. A social response came of parent education and other special services.

Today there are literally hundreds of early intervention programs serving thousands of children These programs vary in the types of families they serve, in the goals they set for children and parents, in their beliefs about how children develop and how that development is best supported, in the way they work with families, in the agencies that house them, and in the way they evaluate program effective- ness Because of this diversity it is difficult to draw a concise state-of-the- art picture of early intervention pro- grams It is possible, however, to follow the evolution of early intervention programs and to present what is known about how well such programs work.

the needs of the two children and
what they could do to support
their growth. The church members
continued to visit the Parkers.
After discussion with the home
visitor, one church member helped
Mrs. Parker explore preschools
and enroll her eleven-month-old
child in a handicapped preschool
program. Two years later the
Parent-to-Parent Program re-
ceived a note from the child's
teacher: "Because of your excel-
lent work getting this family
hooked up with social services
and because of the home visitor's
fine work with Mrs. Parker, the
younger child is growing by leaps
and bounds. You wouldn't recog-
nize him!! Congratulations on a
fine program." ▢

"To make a positive difference in a
child's life, a home visitor needs to
understand the family's world."

In the beginning, in early intervention
programs such as the Carnegie Infant
Education Project at High/Scope, staff
members worked with families as
home visitors. They went to families'
homes where they trained parents and
engaged infants in stimulating
activities. At first home visitors had a
naive view of what was needed to
make a positive contribution to parent-
child relationships and ultimately
children's development. Soon
however they realized .. at working
with the parents and children in their
homes is very different from working
with them elsewhere. A home visitor
enters the family's immediate world
with its values, stresses and needs.
Therefore to make a positive
difference in a child's life a home
visitor needs to understand the
family's world and what it means for
individual family members.

At the same time that early interven-
tion programs were starting up, psy-
chologists were producing new
models of human development that
provided a theoretical basis for valuing
parent-child interactions. These new
human development models explored
three assumptions about child
development.

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Research from these programs does not indicate dramatic differences in the lives of families involved, though there are some trends to suggest that families in programs do gain a variety of skills and competencies The lack of definitive research results, however, may be deceiving For one thing, assumptions about human development needs tend to be broader in scope than any single early intervention program can address, while the intervention activities in turn are broader than the outcomes measured (or measurable) by research Also program outcomes are different for different families, and the number of families involved in any one program is too small to find statistically significant differences between families in a program and families not in a program Finally, when outcomes are reduced to statistics, people who work with families on a day-to-day basis are often dumbfounded, feeling that any changes and improvements that have occurred get lost in the numbers game

The challenges ahead

In sum, while early intervention programs have become part of the human service system; greater progress has been made in developing sensitive and useful approaches to working with families than in measuring program effects. Descriptive evidence suggests, however, that program staff are learning to integrate programs into the community support network, a network essential to highly stressed families Two major challenges remain: first, to find ways to measure the short- and long-term effects that participating families are experiencing; and second, to expand beyond demonstration programs, limited in families served and program duration, to effective, ongoing, community-based family service organizations. The following chapters outline High/Scope's approach to these challenges.

MAKING A DIFFERENCE:
THE PARENT-TO-PARENT PROGRAM

Experience with early intervention programs over the past 20 years indicates that to be truly effective and lasting a program must develop in response to community initiative, need, and willingness to take program development responsibility. Programs imposed on a community seldom take hold or endure. Yet, frequently a community with problems decides to look beyond its boundaries for solutions. The issue then becomes how to balance the learning that occurs in reinventing the wheel with the knowledge that model programs can provide to make the wheel work without undue trial and error

There are two kinds of model programs available to communities those that offer a materials and activities package and those that offer a program development process. The High Scope Parent to Parent model is one of the latter. It offers a process for adapting a basic framework to meet community needs and to use available resources, which we believe allows the program to take firmer root and have a greater chance of success than any package. Our technical assistance process requires and supports the active participation of the community at every step Therefore when a community agency enters into a collaborative agreement with High Scope or with one of its Regional Training and Dissemination Centers, it is making a sound investment in its own future

How our program began

The High Scope Parent-to-Parent Program has its roots in a preschool program initiated by High/Scope in 1962 in Ypsilanti, Michigan. This center-based preschool project included regularly scheduled home visits by teachers to the 58 participating families. At that time, however, research suggested that preschool programs for three- and four-year-old children might be "too late" to have a significant impact on children's lives. Taking this message seriously, we began to think of alternative ways to make such an impact

To understand our program perspective, it is important to recall the attitudes toward human services that prevailed in the early 1960s. In 1960 for example although needy families had been identified in our community they received few support services in fact only 271 families were receiving welfare assistance a very small number when compared to today's numbers. While a range of services existed they were geared to crisis intervention. To make matters worse many people especially those who could most benefit from services regarded social workers with hostility. Understandably these attitudes influenced our early work. As a consequence we established four basic guidelines to govern our approach to early intervention.

Four basic guidelines

First and foremost, we believed that care of the highest quality, provided in the earliest years. would make a significant difference in children's school success. Therefore, we decided to establish a program that focused on the infant and the mother-child relationship

Second, because we were working with infants, and because center-based early intervention programs had failed to attract the families that needed them most, we decided to work with families in their homes.

Third, we were educators focusing on infant development. We demonstrated and encouraged activities that promoted the child's growth and development—cognitively, physically, socially and emotionally

Fourth, our sights were on the future. Our home visitors were not there to deal with family-related problems unless they interfered with the infant's learning. If in our work with families crisis situations arose, we would refer the family to the agency best-suited to meet their needs

Two basic questions

In 1967, when we started our first parent-infant program, the Infant Education Project, we were seeking the answers to two questions. Would parents accept teachers rather than social workers into their homes? Would parents who had rejected a center-based program accept a home-based program?

We soon discovered that most parents would allow home visitors into their homes, and in fact welcomed them. Further, we learned that although our home visitors came from education and social work backgrounds, a home visitor's background was not as important as her attitude and approach

Angela learns to play

Angela complained that her seven-month-old baby screamed whenever she gave him a bath. Sarah, her home visitor, suggested they try giving him a bath together to see why he was so terrified. She asked Angela to describe bathtimes to her and discovered that Angela was just sitting the baby in the tub and running the water. For her next home visit, Sarah arrived with some towels and a few toys that were good for the bath. She suggested they try bathing the baby in the sink and holding him so that he was less scared. She watched while Angela bathed the baby, asking Angela periodically what she thought the baby was feeling. Angela was so pleased that the baby was not screaming that she asked if there was anything else she could do to help her baby enjoy the bath. Sarah suggested a few simple games that were good for the tub, and loaned her the toys for a few weeks. ∎

... mothers and infants. We also found ... make at least a ...

effective manner, we decided to train community members to replace our professional home visitors.

We had seen tremendous growth in the parents we had visited during the early years of our program. They were bright, motivated; they learned how to ... and respond supportively to ... before they became more comfortable as parents. They wanted to share what they had learned. Why not recruit and train these parents to organize home visits? We did, and ...

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Harold makes it safe

"Families become active participants in change rather than dependent recipients."

Harold, the father of a one-year-old, generally hung around while his wife and the home visitor talked. While he didn't usually get involved in the activities, he did enjoy chatting. The home visitor, noticing that there were many electrical cords and plugs around, mentioned casually that a nephew of hers had gotten burned by playing with such cords. When the home visitor arrived the following week, she found that the entire apartment had been "baby-proofed." Harold had installed latches on all the cupboards that held chemicals or glass and had covered the cords with rugs or duct tape. He reported to the home visitor that he had even crawled around the entire apartment on his hands and knees to make sure there was no more trouble his baby could get into. □

As peers, these trained paraprofessionals were able to work as partners with other parents, sharing child development information and observations in non-threatening ways. Because they themselves were parents who had also received home visits, their presence did not imply that the parents they were visiting were bad. Instead they were able to help parents discover ways in which they could support their children's growth. The home visitors also benefited. Many had never worked outside their homes before. Our training helped them become aware of their strengths and their own successes showed them that they did have skills and ideas to offer to others. Many home visitors went back to school for more training or sought paying jobs where they could use their new experience. Thus the peer-to-peer philosophy became practice and the parents-as-partners idea was born.

It may appear that we no longer valued professional contributions and expertise. This was not the case. Instead the professional's roles changed. Professionals became more effective in training and supervisory roles and were thus able to use their knowledge to benefit even more people than they could when they worked in one-to-one relationships. We found, too, that over time the program regenerated itself. One group of parents being served would see significant changes in their lives. They would share their experiences with other parents who subsequently got involved in the program. As attitudes and roles changed, significant shifts occurred in the traditional hierarchy of service-provider roles.

● Families became active participants in change rather than dependent recipients.

● Volunteers and paraprofessionals were viewed as skilled individuals providing services in exchange for training and institutional support, rather than cheap labor.

● As supervisors and trainers, professionals used their expertise and knowledge to develop resources and support for families working to help themselves. They were no longer direct service providers trying to bridge the gap between their own values, backgrounds and training and the lives of families they served.

● Educators, researchers, and program directors became partners with the community by translating child development information and experience into a program that developed community child rearing competence.

The shift in roles meant that program staff were freed from certain social and bureaucratic constraints and thus permitted to contribute to the program on their own terms. Gradually families showed less fear and distrust of professionals because the professionals were functioning in roles more suited to them. At the same time, profes-sionals subtle disrespect for the

families in the program lessened as they witnessed the effectiveness of the paraprofessional home visitors and began to understand better the sources of family stress

Spreading from community to community

High Scope's Ypsilanti Parent-to-Parent Program demonstrated our approach to home visiting from 1974 to 1977 High Scope Parent-to-Parent staff held conferences, trained home visitors developed support materials, and expanded the curriculum for dissemination In 1978, with the help of a grant from the Bernard van Leer Foundation we began the Parent-to-Parent Model Dissemination Project in which we trained people in five communities across the United States to set up their own parent-to-parent programs This was a challenge as these communities represented diverse populations, geographic locations and host agencies It also placed us in new roles - those of catalysts and advisers – helping each community develop a unique parent-child support program

We knew from our own experience that the way a program is initiated influences its quality nature and success Therefore we needed to identify what we could share that would help each community meet its own needs. We defined three areas of expertise a program implementation process, an ongoing training model and a curriculum

A program implementation process This process includes building cooperative, working relationships with the people affected by the program; developing agency and community "ownership" of the program; setting up and administering an efficient, low-cost operation; setting and meeting long- and short-term goals; and developing evaluative measures.

An ongoing training model. Our training model includes specific, action-oriented methods for training volunteers and supervisors to build on their existing strengths and to develop the new skills their roles demand. Our training also enables participants to maintain smooth program functioning and the flexibility necessary to meet program goals over time.

A curriculum. Since we recommend a developmental approach to learning and believe that activities should mesh with a child's own interests and needs, we have translated theory into general child development principles. Home visitors and parents use these principles as a basis for choosing stage-appropriate activities for children Because our curriculum is developmental, it does not consist of pre-packaged home teaching lessons.

A program that works: the fundamentals

Through our successes and failures in training staff to adapt our home visiting model to their own communities, we have learned that people attempting to establish the Parent-to-Parent Program must share with us a similar philosophical orientation and some basic goals

Our philosophical orientation. We believe that every child is unique and special. Each child's growth and development should be supported by family and other relationships that make up his or her world. Parents are vital to the positive growth and development of their children. Positive parent-child relationships should be encouraged and supported by the community. Beneficial and long-lasting family change occurs when a family can function within the customs and mores of their culture and society. A program for families must be developed by those who best understand family needs in their community.

Children are successful when they have the full support of their families and their communities

> "Think of a stone tossed into a pond. The ripples that radiate from it eventually cover the pond's entire surface. A well-placed Parent-to-Parent Program can have the same effect."

Our basic values. Based on our philosophical orientation, we work to meet the following goals

● To share child development information in a manner that supports, reinforces. and extends parents' child-rearing skills.

● To share ideas and alternative means of meeting a child's needs in a way that fosters parents' self-confidence and self-worth

● To reinforce and promote parents' view of themselves as their child's most important resource

● To share with parents techniques for providing time. materials. freedom, and relationships that promote learning.

● To help parents make connections with others and effectively use available community resources.

● To base our efforts on the goals and needs identified by parents

● To foster parents' independence through the promotion of self-help skills

Grass-roots change

In 1981 the Parent-to-Parent model took another major step With the help of a second grant from the Bernard van Leer Foundation we contracted with three communities already using the Parent-to-Parent model to help them become Regional Training and Dissemination Centers (RTDCs) Essentially our purpose was to train Parent to Parent staff in these communities, to take over our role as trainers and resource people for the regions or special populations they served The three RTDCs provide services to other communities within their regions, wishing to establish similar programs and promote high quality programs for children and parents

Basic features. As a growing number of communities use the Parent-to-Parent model, it has taken different forms to fit the needs and special features of each locale In spite of these variations. the basic features of the Parent-to-Parent model remain.

● A Parent-to-Parent Program is relatively low in cost. Although first-year costs are high. once the program is established costs are low when compared to the costs of remedial programs.

● Each program activates a natural helping network. Among families served. each program builds a constituency that provides long-term, accessible support.

● Programs also link with other human service agencies. complementing their roles and building on their strengths to form a more effective support network.

● Programs reverberate Although initially they serve a small number of families. they serve them in ways that can be shared with others parents gain long-lasting skills and parenting values they will use throughout their lives: home visitors gain a sense of themselves as useful and knowledgeable individuals. the community reinforces the value of developing good parenting skills. and parents gain an opportunity to become service providers themselves

● Finally. each program is preventive by helping families and parents of young children deal with existing problems and prevent future problems Trained volunteers help parents gain skills and confidence in child-rearing. managing financial and interpersonal affairs. and dealing with stress When families learn to cope with change. they positively affect their children's chances for academic and social success

Creating an impact. Think of a stone tossed into a pond. The ripples that radiate from it eventually cover the pond's entire surface. A well-placed Parent-to-Parent Program can have the same effect. During the first year, for example, ten home visitors serving 20 families can reach between 50 and 100 people. As they try out new ideas and activities that help them build relationships. families "spread the word" to friends and relatives. During the second year, with the addition of several new home visitors who emerge from the families served in the first year. 12 to 15 home visitors can reach 30 families. With each year the program becomes more widespread.

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A sound investment. The Parent-to-Parent model is not designed to meet emergency welfare needs or to serve as family therapy. As a prevention program, however, it can reduce a family's need for other services. Although it is difficult to count problems families avoided due to appropriate and timely intervention, case-by-case evidence suggests that Parent-to-Parent families develop internal strengths that decrease their need for expensive remedial services. Since the per family cost of a Parent-to-Parent Program is half the cost of remedial services, investment in the Parent-to-Parent Program is investment in the future.

The educational focus of the Parent-to-Parent model enables families to learn more than coping skills. They learn to support their children's development, thus giving their children a better chance for a successful, productive future. This approach enriches the entire community.

An effective program. Why should a community choose the High/Scope Parent-to-Parent model? We would offer the following reasons:

We have facilitated successful adaptations of the Parent-to-Parent model in communities where it forms a solid base for high quality parenting programs. By acting as community partners, we serve as catalysts, building on community strengths, generating new local cooperation, and validating community efforts in the eyes of funding sources.

Our long experience in program design, planning, and decision-making helps communities get the most for their money. The training materials, program materials, media, and sample evaluative measures we have developed assist communities in setting up their own programs. So does our experience as "outside agents." The involvement of an outside agency like High/Scope often makes it easier for communities to change from a professionally staffed, remedial program to a preventive program staffed by paraprofessionals and volunteers under the supervision of professionals.

Through our work with a variety of human service systems—mental health agencies, school districts, community action agencies, military bases—we know how to integrate programs into the community, existing human service systems and agencies. We can identify stumbling blocks, suggest ways of handling them, and help a community recognize its own success. Finally, because we are flexible, we can provide services and resources that fit a community's needs and resources.

The Parent-to-Parent Program works for children, parents, and communities. The High Scope Foundation can provide training and technical assistance to communities that wish to set a Parent-to-Parent Program in motion.

Alice, a home visitor, arrived back in town after a short vacation and discovered that Jamie, the teen mom she was visiting, had run out of formula for her three-month-old baby two days previously. She had no money, so she had gotten some crackers from a neighbor and was feeding those to the child. Instead of just buying her food, Alice helped Jamie figure out some places she could call in town that might have emergency food supplies. She suggested that Jamie call the agency she could turn to for help this time, and then helped Jamie use a bus schedule to figure out how to get there. She saw Jamie off at the bus, and called back later to make sure things had gone all right. In the future, Jamie will know how to help herself on a similar situation.

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SETTING A PARENT-TO-PARENT PROGRAM IN MOTION

We believe an early interven-
tion program should be
developed and shaped by
the people who will participate in it
Therefore we become involved only
after community planners identify a
need and begin to obtain information
about programs that have met similar
needs. When we receive a request for
information about the Parent to Parent
model we send materials to commu-
nity planners to acquaint them further
with our work
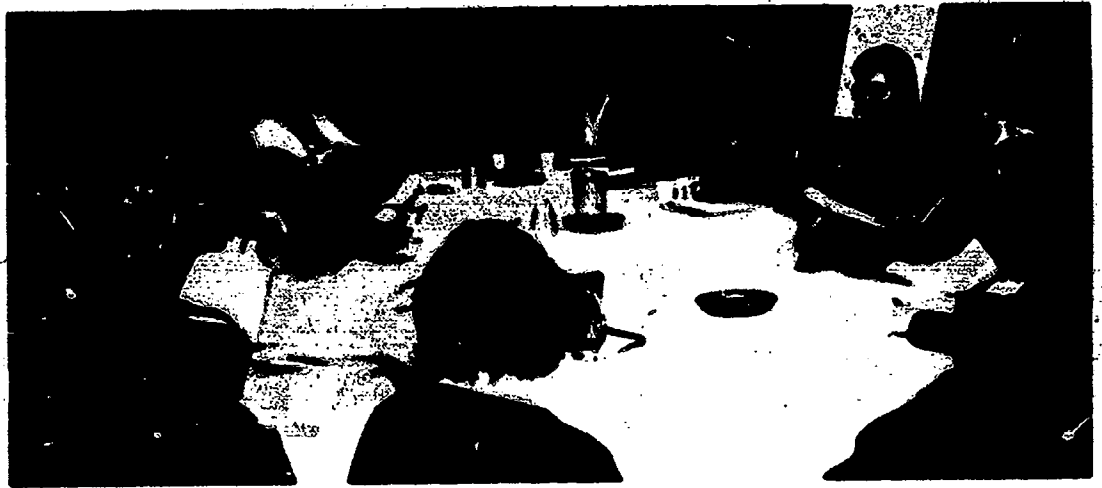
Establishing working relationships

When a community decides to adapt
the High Scope Parent to Parent
model we try to establish a flexible
multi-faceted working relationship If
the community planners decide we
can be of assistance a series of steps
provide the basis for our working
relationship two specific goals of the
community program are defined
High Scope Parent to Parent
model the goals of the program is
developed expectations and roles are
clarified and the training and tech
nical assistance begins The

Program definition and goal setting.
Once there appears to be a mutual
purpose High/Scope staff members
meet with the staff members of the
agency developing the new program
Whenever possible. we travel to the
community to learn more about the
locale the host agency. and the
people who will be involved in the
program The goal of these exchanges
is to clarify community needs It is
also a time for community residents to
define their long- and short-term
goals identify human and fiscal
resources identify community
strengths and develop strategies for
building these strengths into the pro
gram Our role is to raise appropriate
questions familiarize agency staff
members with the peer-to-peer philo
sophy and share relevant High Scope
experiences in other communities
This process helps the community
group decide whether or not the
Parent to Parent approach meets their
needs

Program design. If the community
believes the Parent to Parent
approach is a viable option for them
we start to define program specifics
We work with agency staff members
to organize their resources decide
how the program will fit within their
agency establish staff roles deter
mine where the program might gain
support and identify possible bar
riers to operation We also begin to
define High Scope role in setting the
program in motion

Clarifying expectations and roles.
Through the mutual decision-making
process just described. agency staff
members learn more about High/
Scope staff and resources At the
same time. we begin to identify the
strengths of agency staff members as
well as areas where we can offer
them specific training. For example, if
the program supervisor has a mental
health background. she may need
training in child development Or. if no
one in the agency has ever done
formative evaluation. we would need
to provide evaluation training and
support

As the program outline becomes
clear the decision-making group
defines staff program responsibilities.
creates a 12 month task timeline. and
reassesses the overall program plan
If agency resources are available. and
extensive training and technical
assistance are required. we provide
these services If resources are
limited. we try to determine how we
can be most helpful given the fiscal
constraints Regardless of the extent
of our initial involvement. over time we
systematically decrease our technical
assistance by gradually increasing the
local supervisor's responsibility for all
program aspects Therefore while we
may be heavily involved in training
during the first program year we
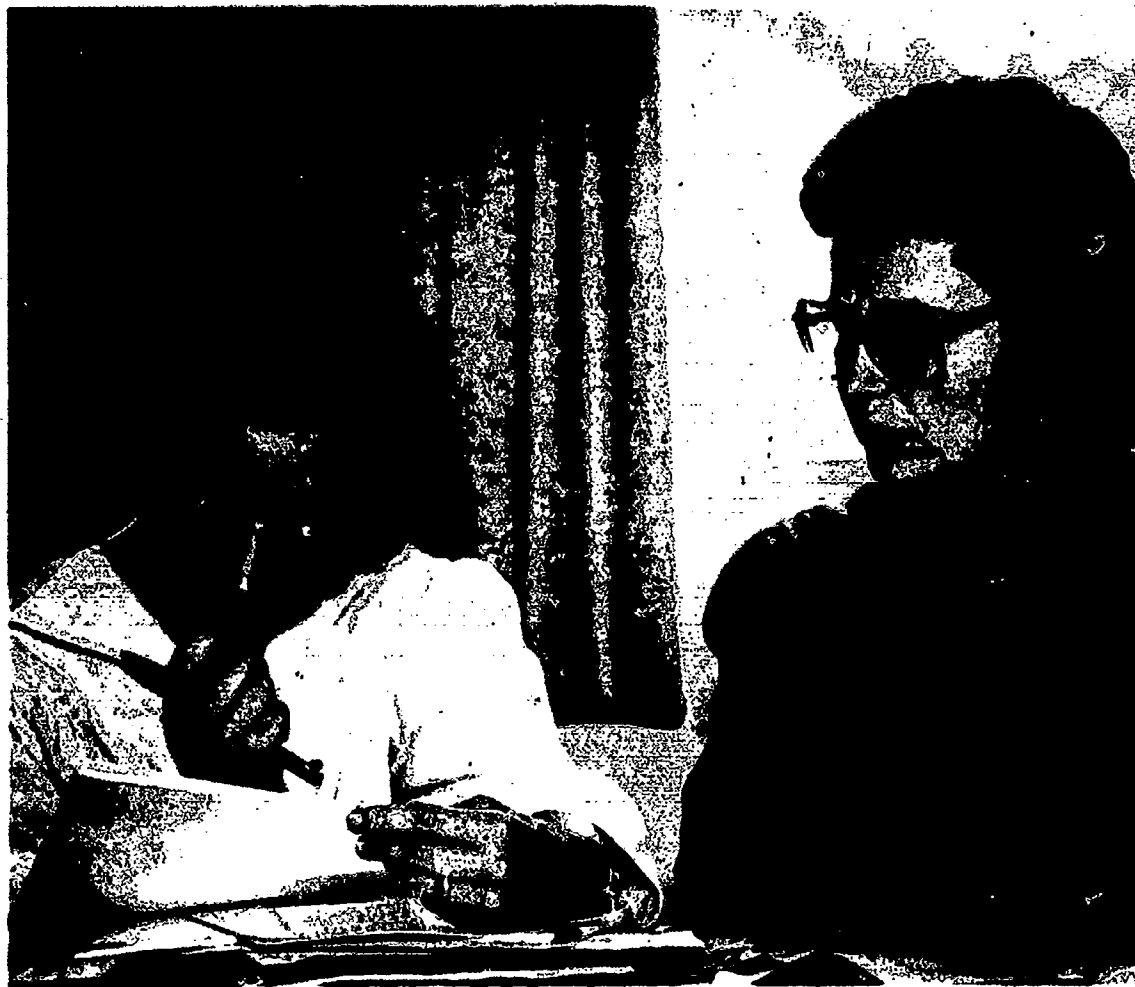seldom participate in training during
the second program year

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There is no magic formula for making
a program work and no simple set of
actions that ensures program
success. Each program depends on
the balance, energy, and personalities of
the supervisor who runs it and the
volunteers who provide the services.

Defining the
supervisor's role

The supervisor is responsible for
getting the program in motion and
running smoothly. A constant source
of staff energy and support, and a
spokesperson for the program in the
community, the supervisor is also an
advocate representing the program to
both the agency that supports and
prospective volunteers. Given
the program, the supervisor's role
will have to change, or is most likely
to change. When she was the
program in the community, the staff
person and the advocate knows the
supervisor's role.

Know the program. A supervisor
must understand the program's
purpose, its history, how it is funded,
how it fits into the agency's plans,
and how the program operates on a
day-to-day basis, how it works,
how it affects others, the staff,
how it responds to the community, the
staff, the volunteers, and how the
community responds to the program,
and the agency's response to the
community's response to the program.

Know the community. A super-
visor must understand the commu-
nity the program serves, the
community's needs, its strengths,
and its resources. The community
the program serves is the source of
the volunteers, the clients, and the
support that the program needs to
succeed. A supervisor must know
the community in order to represent
the program to the community and
the community to the program, and
to help the program respond to the
community's needs and build on the
community's strengths, and to help
the community understand and
support the program.

Know the staff. Creating and
maintaining trusting, supportive
relationships with staff is essential. To
do this, a supervisor must encourage
open, effective communication and
joint problem solving, be
available to staff, listen, and observe.

Know yourself. When a supervisor
understands her own operating style,
her strengths, her weaknesses,
and is able to balance tasks and set
priorities, she gives herself a chance to
succeed.

Pull everyone's strengths together.
This permits a supervisor to balance
major responsibilities—working with
staff members, keeping up with paper-
work, responding to administrative
demands, doing long-range planning,
and engaging in creative problem
solving. When a supervisor delegates
responsibilities, she is a coordinator
rather than the sole actor. She effec-
tively combines her assets with those
of her staff.

MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
ANSI and ISO TEST CHART No. 2)

Advocates reach parents.

"As peers, volunteers have a unique understanding of the problems that face the families they serve."

The Cunningham Center Head Start program serves families from an inner-city housing project. Many of the families are second- and third-generation welfare recipients. After several attempts at organizing parent events with little or no turn-out, staff had decided that these parents just didn't care. When the Family Advocate Program, a center-based version of the Parent-to-Parent Program, first came to Cunningham, staff relied heavily on the advice and insights of the one parent who was already involved with the center. She recruited three other parents who had shown some interest in the family advocate training. These four women began volunteering regularly at the center, receiving small stipends that did not interfere with their ADC payments but made them feel that they had a valid position at the center. They, in turn, encouraged other parents to drop by while they were on duty and followed through on their invitations by finding meaningful tasks for parents to do while they were at the center. Five months after the program started, the family advocates organized an ice cream social fundraiser, and raised $137 to spend on a "toy library," buying toys families could borrow to take home. Spurred by their success, the family advocates began organizing parent meetings on various topics. They involved staff as well as parents and held the meetings at the housing project. Their success in this area was amazing. Their meetings drew an average of 10 to 15 parents. As one woman who attended a parent meeting said, "It used to be the only time we talked to the teachers, or they talked to us, was when someone wanted to complain. Now we talk about what is going on with our kids. They act like maybe we know something, because we've been in the class-r   d seen what they do." ☐

Defining volunteer and para-professional roles

In the Parent-to-Parent model, it is the volunteers and paraprofessionals who provide the direct services. Some people believe that volunteers provide lower-quality services than professionals would provide. We do not believe so. As peers, volunteers have a unique understanding of the problems that face the families they serve. Consequently, families accept and trust volunteers more readily than they do professionals. Professionals and volunteers working together can provide high quality services to families.

As the Parent-to-Parent model has been implemented in various communities, two basic staffing patterns for volunteers and paraprofessionals have evolved for two types of programs: home visiting programs and center-based programs.

Home visiting programs. Within these programs, a staff member designated as program supervisor trains and supervises 12 to 15 volunteers. Each volunteer conducts weekly home visits with one to three families. Home visitors are trained to observe family needs, provide activities for parents and children to do together, act as family liaisons and advocates within the community, and just "be there" for families as a steady, responsive, helpful influence.

The home visitor becomes a steady, regular part of the lives of the families she or he visits, but must work to establish such a relationship with each family. No matter how much role play a home visitor has done in training, the first home visit is usually the most difficult one. To help break the ice, the supervisor accompanies the home visitor on this visit but takes a back-seat role to allow the home visitor to begin to establish rapport with the family.

Home visits are not always immediately successful. A home visitor may make an appointment, reconfirm it and arrive fully prepared only to find that the family has gone off somewhere. Over time, however, the family and the home visitor learn what to expect from each other and develop a give-and-take relationship.

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Center-based programs. In a center based program, volunteers frequently called family advocates are trained to take a [illegible] role in the school or center. Within the Head Start system, for example, family advocates are parents [illegible] who are enrolled in the Head Start center. They generally participate during the morning or [illegible] their child attends. [illegible] vary, depending on the nature of the center, the personality and [illegible] of the family advocate and the needs of the program.

A family advocate's principal responsibility is to [illegible] the other parents who [illegible] center and help them find activities as part of the center's [illegible]. The family advocate works [illegible]. A family advocate super [illegible] teachers and aides [illegible] social [illegible] a weekly [illegible] family advocate adds daily [illegible] either the teachers [illegible] in the classroom [illegible] assisting [illegible] health checks, meals [illegible] activities, and [illegible] acting as a resource [illegible] areas and [illegible] class [illegible] experts, and [illegible] the center [illegible]

● [illegible]

● [illegible]

● Assists parents who need help getting things organized in their lives so their child can attend school every day and stay enrolled

● Helps parents examine their housing and other material needs

● Encourages parents to participate more in their children's growth and development through more active involvement in the center

● Spends time with parents who visit the center

● Keeps records so that others are aware of the full range of roles parents are playing in the center

● Attends and participates in training sessions, policy committee meetings, parent meetings, and policy council meetings.

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...st parent involvement
...m Valley

The family advocate is an integral part of center life. Her presence makes it easier for other parents to participate and to see themselves as serving an important role

In Miami Valley, Ohio, the staff of the Miami Valley Child Development Center Head Start system have established levels of parent involvement that allow parents to move up a career ladder from occasional participant to trained volunteer to paid paraprofessional to professional (See box)

Training supervisors

Each Parent-to-Parent supervisor comes to the job with a different background and different strengths, each operates her program under unique constraints and mandates. Therefore we provide individualized training based on the supervisor's specific needs. Basically, Parent-to-Parent supervisors are responsible for program administration and the on-going management, training, and supervision of the volunteers. In order to assess a supervisor's current skills and determine appropriate training, we have defined critical training areas administration, building community relationships, recruiting selecting and training staff, ongoing program management, and evaluation

Administration Training in this area includes learning to set priorities and schedule tasks, design, manage and balance a budget, keep up with paperwork, work within the host agency, and secure the long-term support needed for a viable program continuation

Building community relationships.

Th... training a... focus on ... agement become routine. A super-
... ... other than the ... visor can then begin to focus more
... ... how to do ... on the processes of program devel-
... ... an advisory ... opment, family development, and
... ... community ... staff development and do more long-
... term planning

Recruiting, selecting, and training
staff. S... ...need training in
... ... interview staff
... present the
... and
... and a
... a solid
... ...

Ongoing program management
... ...ses the need
...

Evaluation. In this training area
supervisors learn the purpose and
value of evaluation, how to turn goals
and objectives into evaluation
questions, how to design record-
keeping forms that yield rich, useful
information, how to monitor the
record keeping system so that
evaluation is meaningful, and how
to work with other staff to develop
and use formative and summative
evaluation data.

While the knowledge, skills, and com
petencies in these five areas are
addressed in a supervisor's initial
training, they are reinforced and sup
ported during the actual operation of
the program. High Scope staff provide
technical assistance and training to
the supervisor in much the same way
that the supervisor works with and
supports the volunteers.

Purdy becomes a parent

Purdy was a single father
whose wife had left him
alone with a four-month-old
infant. He got the name of the
program from a court social
worker, and signed up "because
my kid needed someone to
mother him and once a week was
better than not at all." When John,
the home visitor, started visiting
Purdy, he reported that the baby
spent most of the time in the crib
with no toys and very little inter-
action. Purdy had mixed feelings
about the child because he felt
that caring for an infant was
"unmanly," and yet the child was
"his." At first, he resisted being
visited by another man. He had
wanted a woman to come and
take care of the infant, but over
time Purdy and John discovered
they had many things in common.
John showed Purdy how well the
baby responded to being held and
played with. He even involved
some of Purdy's friends in making
toys and inventing games for the
infant. After a year of home visits,
Purdy was very involved with his
infant and learning more about
how to support his child's growth
each day. He also had started a
support group for other single
fathers in town, and had trained
several neighborhood boys to be
good babysitters. ☐

"We found that effective training is active, is realistic, and places trainees in new roles."

Training volunteers

Volunteer training in the Parent-to-Parent Program is an intensive, two-week, group experience conducted by the program supervisor and, at least for the first session, a High/Scope consultant. The supervisor uses High/Scope's written and audio-visual materials to help volunteers grapple with real issues and situations they will face in their work with families. Since we have found that effective training is *active*, is *realistic*, and *places trainees in new roles*, we encourage supervisors to assess the program demands volunteers will face and develop training that realistically prepares them for the challenges ahead.

Volunteer training focuses on four areas: personal values, needs, and behavior; program philosophy and goals; child development and appropriate activities for parents and children; and family support techniques. The first week of training focuses on parent support issues that volunteers need to consider. The second week focuses on local families' needs and community resources (See box on page 20 for sample training session agenda.)

To contribute productively, to identify and build on their abilities, volunteers need training and support. Their training should be more than rules about behavior; it should help volunteers think about how they might respond to situations with parents and families, develop appropriate strategies, and gather relevant information. Training should form the base of a cohesive staff support group within which staff can benefit from each other's knowledge and experiences. Training can also serve as a springboard for volunteers interested in developing job or career-related careers.

A Volunteer

Before I joined the Parent to Parent
[illegible handwritten-style text]

A Volunteer

Evaluating program effectiveness

Carefully planned evaluation can ensure a program's continuation and increase a program's impact. Therefore, in addition to providing services to parents and children we believe a Parent-to-Parent Program should document its work by keeping records of activities, gathering qualitative and quantitative information about program developments, and making the information accessible to program staff. Evaluation is an integral part of the Parent-to-Parent Program because the information it yields affects week-to-week decision making, and in the long term can serve to convince funding sources, community resource people, and other agency personnel of the program's worth.

Evaluation criteria We have identified four essential criteria for designing evaluation measures for Parent-to-Parent programs

1 Program staff, supervisors, administrators, or participant families should be able to administer the form or instrument. It should not require expensive collection and analysis procedures.

2 The form should focus on the services provided by the program. It should not divert service providers' attention to specialized "side issues," or detract from the developmental, educational orientation of the program

3 The form should allow staff to record useful information in a way that does not involve extensive compilation, time-consuming analysis, or complicated transcription

4 Information should be collected in such a way that it serves as many purposes as possible. For example, a home visit plan on which the home visitor records goals, an account of her observations, can be used by the supervisor to provide feedback and support. It can also be used over time, to yield impact data

Parent-to-Parent volunteer training: session 2 agenda

1. Greetings

2. Parent-Infant Observation

Small groups view video-tapes of parent-infant interactions. Discuss questions raised about each interaction

3. Techniques for Building Human Relationships

Using handout, discuss major interpersonal skills—observing, listening, interpreting, and responding.

4. Building Relationships with Family Members

Discuss handout. List and discuss new ideas and strategies.

5. Lunch Break

6. Role Play: Building Family Relationships

Pairs role play home visit situations. Focus on observing, listening, interpreting, and responding

7. Wrap-Up

Give volunteers the handout titled Supporting Parents: Strategies and Techniques

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Sam keeps track

"The program requires constant decision making and responsible actions on the part of the local agency staff."

Sam was a single father who gradually, over a couple of months of visits, had grown more interested in his infant son's development. Now, however, he was anxious that his son wasn't developing fast enough. Sam admitted that when he put his son on the floor, he would "somehow" get from one place to another. He asked Steve, his home visitor, if there weren't some exercises or lessons he could use to teach the child to crawl. Steve explained that babies often creep before they start crawling and showed him the creeper-crawler section of *Good Beginnings*, the High/Scope curriculum book that was being used in the program. Steve suggested that Sam keep track of what his baby did over the next week. Then they could invent some games to support that growth. When Steve arrived the next week, he noticed that there was masking tape all over the living room rug. Sam explained that he had been marking the baby's starting and stopping points just to see "how many miles he had clocked." He also had a list of things he had observed the baby doing during the week that seemed to be good exercise. □

Meeting evaluation needs. While each Parent-to-Parent Program must design its own evaluation measures to meet community demands for accountability, High/Scope offers extensive technical support and a range of evaluation forms and instruments to help each program meet its evaluation needs. We suggest that each program use two types of evaluation: implementation (formative) and impact (summative). Implementation evaluation measures program processes. It documents and verifies service delivery and provides information about what works and what can be improved. Impact evaluation measures program outcomes. It examines program effects and identifies program benefits for families and the community.

We also suggest that, within its evaluation design, each program include specific questions relating to program goals and philosophy. For example, if program staff believe that home visitor training can help volunteers become effective partners with parents, they might ask a question such as the following. Does home visitor training increase volunteers' understanding of child development and help them share that understanding with the parents they visit? When we at High/Scope have run our own Parent-to-Parent Program, we have asked the following eight questions:

Implementation questions

1. How well is the supervisor implementing and maintaining the Parent-to-Parent Program within the community? How does the supervisor's role relate to the home visitors' work with families?

2. Does home visitor training increase home visitors' understanding of child development and the role of adults in promoting that development?

3. What are home visitors actually doing with families in the home? How does it relate to program impact on parents and children?

Impact questions

4. Does the program increase supportive and decrease non-supportive parent-child teaching and interaction styles? Since parent-child teaching and interaction styles are significant in children's development as learners, can they be changed?

6. Does the program increase parents' effective use of community resources?

7. Does the program increase parents' levels of personal development?

8. In what ways do the home visitors change as a result of their involvement in the program?

Belonging to the community

The Parent-to-Parent framework and process enables the program to belong to the community, the people who run it, and the families it serves. Based on peer-to-peer family support, a Parent-to-Parent Program can take root and grow within a community because

● Community needs and program goals are defined by those who know them best

● The community has found a match between the Parent-to-Parent model and the philosophical orientation of program staff.

● The program is interactive. Services are developed in direct response to the needs of the families served.

● The Parent-to-Parent curriculum adapts to local cultural and social mores.

● The staff are involved in the formation of the program and therefore committed to it. The program, locally adapted and named, is not a "foreign import."

● Evaluation methods are designed to meet the specific community needs.

● *Most important,* the program requires constant decision making and responsible actions on the part of local agency staff. These skills are invaluable to a community.

The Parent-to-Parent Program alerts parents to their children's varying needs, interests, and abilities

JUDGING PROGRAM SUCCESS: MIDWAY'S STORY

How do you measure a Parent-to-Parent Program's success when the program is tailored to meet the needs of individual families? Although we recommend objective evaluation, we also recognize that no existing evaluation instrument can assess the many changes each family experiences It is also difficult to demonstrate over the short term that the program is preventing additional family problems. Therefore, our primary approach to program evaluation is to examine the services provided, the problems addressed, and quality of help given on a family-by-family basis; to identify the commonalities across families, and to create a composite picture of the family support network. Over time, longitudinal evaluation and single-dimension evaluation measures that focus on key program aspects add to the picture The following account of the Midway Parent-to-Parent Program illustrates our evaluation approach and the impacts the program can have on families, program staff and volunteers, the community, sponsoring agencies, educators, and outside service providers.

Midway*

Midway is a small city in the midwestern United States. Located 15 miles from a major city, Midway is often called a "spill-over community" because over the past 15 years many middle-and low-income families and individuals have moved from the city to Midway where housing is less expensive. This growth has strained Midway's schools and resources, and introduced racial tensions as people from various ethnic backgrounds have moved into traditionally homogeneous neighborhoods. From a population of 25,000 supported by small industry, a small state university, and local commerce. Midway has grown to 40,000, The crime rate has risen. The school system, which includes students from a nearby rural district. has added extra sessions, cut out extracurricular activities, expanded class size, bused students for better distribution, and hired young teachers at the lowest possible salaries.

Midway's Early Start Family Support Program begins

The Parent-to-Parent Program came to Midway in response to a need: The Midway Board of Education recognized that an unusually high number of children were failing first grade and that third-grade test scores were significantly below the national average. A commission appointed to study the problem reported that the school failures were due not only to the inability of the schools to teach these children but also to emotional, developmental, and physical stresses the children experienced at home and in their adjustment from home to school

The commission made several recommendations. One was to set up a small, pilot parent-to-parent project to see if such an approach could make a significant, cost-effective difference. As a result. High/Scope began meeting with the Midway Board of Education, members of the advisory commission, and the director of the community mental health agency which the school system hoped might sponsor the program. Through a series of meetings, this group hammered out some of their goals for the program, and identified sources to approach for start-up funds. The community health agency agreed to furnish office space and institutional support and a school social worker who had attended advisory commission meetings applied for and was given the job of program supervisor.

The director of the Family Programs Department at High/ Scope worked with the supervisor, the school superintendent, and the director of Midway Community Mental Health Center (MCMHC) to write a funding proposal to a regionally based private foundation. Nine months later, the Midway Early Start Family Support Program was born.

Impact 1. By clarifying a need and deciding what to do about it. Midway combined its resources to create new solutions.

Impact 2. With High/Scope's help, Midway located new funding resources so that the new program was not a fiscal strain on the school system. The funding organization was persuaded to invest in Midway.

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*The following account is based on fact, but all proper names have been changed to preserve confidentiality

Early Start definition and design

Early Start was aimed at any child under five in the school district who was academically at risk These young children were targeted because the founding committee believed that the earlier the intervention the greater the potential impact Included in the at-risk category were children whose older siblings had had trouble in first grade and children who appeared to have emotional developmental or physical difficulties The broad definition of "at risk" included a wide cross section of the problems found among Midway's preschoolers

The primary goal of the program was educational because the founding committee believed that even though families faced multiple stresses an extra educational 'boost' was what

was needed. A second goal was to identify other family needs affecting young children's development. A third goal was to develop profiles of children and families served These would be used in the eventual establishment of preschool programs within the school district.

During the first program year. High/Scope agreed to train the supervisor. give technical assistance in setting the program in motion. provide training materials. and establish evaluative measures. During the second program year. High/Scope staff made three site visits and provided additional support for the supervisor by phone.

Lainie learns to cope

"Now I see that to be of real help, I have to follow the family's lead and build on their strengths."

Lainie read about the Parent-to-Parent Program in her local newspaper and called for help because she was afraid she would "hurt the kids." She had four children under the age of five and a husband who would rarely follow through when she asked him to do something for the children. Two of the children threw tantrums when they didn't get their own way. Lainie would sometimes give in to their demands but at other times she would punish them. So far, she said, she had only spanked them, but reported that one day she had to leave the house in order to avoid hitting one of them. The home visitor was also the mother of four children all of whom were in elementary school. She worked with Lainie to help her become more consistent with the children by helping her understand the meaning of the temper tantrums. Over time, Lainie learned to set some limits for the children while also giving them activities that would absorb their attention. In addition, Lainie asked the home visitor for help with scheduling and budgeting so that she could make sure she got out of the house occasionally and away from the children. Fifty-five visits later Lainie reported her own success: "I can cope better with family problems. I learned why my children do the things they do and how to better manage my temper when they do them." ☐

Early Start's supervisor

In her first month as supervisor, Marjorie Williams proved enthusiastic and capable. As a former school social worker, she was familiar with the schools and the community. She had less experience as a supervisor and trainer, and considered herself "weak" in child development. Therefore, we focused our efforts on training her in those areas where she requested help.

A High/Scope trainer spent three days in Midway, helping Marjorie set up the program within the agency and the community, assessing her supervisory style, and planning her training. The High/Scope trainer provided Marjorie with materials on child development and helped Marjorie plan her first month's activities and her short- and long-term program goals.

Impact 3. Planning the program together with a High Scope trainer Marjorie was able to build skills in areas where she felt she needed help, and define her goals and role in the program.

Marjorie worked for several more weeks on her own (with occasional phone calls to High/Scope). She met with as many people from the MCMHC as possible, getting acquainted and soliciting their input and support. She developed a brochure to promote the program in the community. She moved into the room provided for Early Start at MCMHC and spent a day with the secretary setting up the files. She arranged for the local newspaper to do an article on the program, emphasizing the idea that the Midway School system was doing something to help children succeed. When the article appeared, several people called her up to volunteer for the program or request that their child receive visits. This response convinced Marjorie and her supporters at MCMHC that Early Start was a much-needed additional community resource.

Marjorie found other volunteers through referrals from those who had helped launch Early Start. She recruited families from three sources: (1) families recommended by first-grade teachers, (2) families referred to the program by MCMHC, and (3) families who applied to the program as a result of the newspaper article.

She also established an advisory committee of 12 local parents, educators, and social workers who represented a variety of concerns.

Impact 4. Through her publicity, Marjorie began to promote the idea of community self-help as a way of dealing with community problems

Impact 5. By establishing contacts with agency personnel, setting up her advisory committee, and maintaining visibility, Marjorie was paving the way for community ownership and involvement in the program's activities

As a result of her efforts, Marjorie was ready to begin training volunteers six weeks after she first began to work on the program. At this point the High/Scope trainer returned to Midway to assist with volunteer training. She helped Marjorie develop and adapt record keeping forms and training handouts. Marjorie herself accomplished a real training coup. She received confirmation that the local community college would offer academic credits to home visitors in the program who wished to use their volunteer efforts as individualized independent study projects. This meant that in exchange for their services Marjorie had something concrete to offer to volunteers in addition to their stipends.

Impact 6. By adapting forms provided by High/Scope, Marjorie began the process of designing program materials that fit Midway's specific needs and population.

Impact 7. By arranging for college credit, Marjorie helped validate the home visiting experience as a worthwhile activity, and also involved another local institution in the program.

Early Start volunteers

With the help of the High/Scope trainer, several MCMHC staff members, and some local teachers she used as resources, Marjorie trained 12 volunteers. One volunteer dropped out because she found full-time employment; one proved unsuited to the home-visiting role and, with Marjorie's help, created a role for herself as "toy maker and resource person" to the other volunteers; a third person was a social worker from MCMHC who participated in the training to learn more about Early Start.

At the end of the two training weeks, Marjorie had nine well-trained volunteers: two substitute teachers who were parents of young children; two local parents whose children had had difficulties in first grade and who had worked extensively with their children's teachers to find out why; one young male social-work student who was interested in working in a more educationally focused program; two grandmothers; one nurse; and a mother of five. Those two weeks were challenging for all as the nine volunteers confronted their own attitudes about various lifestyles, family problems and what caused them, and their own roles in trying to help. One volunteer described the training experience this way:

"I really had my eyes opened. Somehow, I expected I could just arrive at somebody's door with a bag full of creative games for children, and then there would be no more failure in school. Now I see that to be of real help I have to follow the family's lead and build on their strengths. Otherwise, I'm just a meddler. I   family that they are not at   their child right."

Impact 8. Through thorough training, Marjorie prepared volunteers for the job that faced them. By the end of training, the volunteers had internalized the program's philosophy, had learned several techniques for working with families to support child development in a non-obtrusive manner, and were also working together as a group.

Impact 9. Because training was realistic, volunteers unsuited to the role were able to recognize this fact and find other roles or drop out of the program.

Community members and High Scope staff provide ongoing support to the Parent to Parent

Early Start service delivery

Service delivery is the backbone of the High/Scope Parent-to-Parent model. To improve the conditions that affect children's environments and the relationships they have, we advocate service delivery systems that do the following (1) help parents focus on their children's developmental and learning needs, (2) foster parents' independence by reinforcing their strengths and problem-solving abilities (3) focus on the problems or issues families raise themselves, and (4) help families establish and maintain connections with other agencies and services as needed

The Midway Early Start Family Support Program service delivery system meets these criteria. As in all programs based on High/Scope's Parent-to-Parent model, education is Early Start's core around which all other services revolve

The Midway volunteers kept track of all the services they provided for the families they visited. They listed the ways they had supported families and presented the list to the school board in a final report. Their list, which follows, demonstrates the educational nature of Early Start

1. Encouraged parents to express their concerns about their children's growth.

2. Supported parents' observations of their children's growth with appropriate activities.

3. Helped parents think about the cause of their children's problems and the effects of their actions on their children.

4. Helped parents see things from a child's point of view.

5. Provided information about child development.

6. Modeled appropriate responses to children and situations.

7. Identified and supported age-appropriate activities parents were already doing with their children.

8. Provided new games and activities parents could do with their children

9. Taught parents to make up games and respond in new ways to their children.

10. Provided information about and helped parents locate local resources and services.

11. Helped parents identify their own needs and stresses that might affect their children.

12. Supported the development of problem-solving techniques parents could use in stress situations (including how to express emotions in ways that do not harm children).

13. Helped parents recognize and respond appropriately to the needs of siblings.

14. Helped parents develop a stronger sense of self and a belief in their parenting abilities.

15. Helped parents complete tasks such as cleaning house and registering children for immunizations.

16. Helped parents make social contacts for moral support and friendship

Stresses Early Start children face

As the Midway volunteers conducted home visits and worked with parents to provide supportive activities for children, they identified several kinds of stress affecting children's development Each volunteer attempted to list the problems affecting child development in the homes she or he visited The volunteers then grouped these stresses into six categories— family circumstances: the child's world. the child's sense of self. the child's communication attempts, the child's physical development and well-being. and the child's relationships with others (See box)

Family circumstances

Parent has problems with substance abuse.

Parent does not have custody of the child.

Parent's live-in boy/girlfriend disapproves of parenting style.

Parent is isolated. has no personal support.

Parent is unable to provide adequate housing, family moves frequently.

The child's world

Parent believes too much play is bad for a baby.

School-age child is not emotionally ready for school.

Parent is frustrated because child is slower than a neighbor's child.

The television is on constantly and no one plays with the baby.

There is nothing for the baby to play with

The child's sense of self

Father teases child causing child to doubt father's love

Child develops slowly: parents do not recognize child's achievements.

Child is handicapped so parents do everything for the child.

Parents want baby to "be a little man": do not respond to crying

Parents discourage the child's independence.

The child's communication attempts

Grandparents insist that babies should be seen, not heard.

Child is alone for long periods of time.

Parent does not talk to the baby or respond to the baby's babble.

Child is aggressive: parents respond with increasing restrictions.

Parents do not talk much

The child's physical development and well-being

Parent leaves the child in the crib for hours at a time.

Grandparents disapprove of child's being put on the floor.

Child not dressed warmly enough on cold days.

Housing situation is unhealthy or unstable.

The child's relationships with others

Parent responds to the child sometimes, ignores child sometimes.

Parent is frequently in a drug-induced stupor.

Child removed from home: angry parent will not visit child.

Preschooler is not adjusting to school.

Child has no other children to play with.

"This is the kind of thing that just wouldn't happen if the family were being visited by a professional case worker."

Early Start's impact on families

Early Start served 14 Midway families Five of the families lived in relative rural isolation the other nine families lived within the city limits and represented Midway's range of ethnic backgrounds Half of the children lived with one parent, the others lived with both parents Most of the children were referred to Early Start because of suspected learning difficulties one physically handicapped child was included because his parents wanted to mainstream him into regular classes when he reached school, and two children were referred because of behavior problems that might hamper school success.

Impact 10. Eleven of the 14 children who received home visits were expected to do well in preschool and kindergarten In the case of the remaining three children, teachers, home visitors, and parents met to see what extra support these children could receive.

Impact 11. Two of the parents being visited became home visitors in Early Start's second year A sister of one of the mothers being visited also became a home visitor that year

Impact 12. Case workers from welfare, ADC, and social service agencies who had occasional contacts with the Early Start families reported that in most cases these families were managing to "keep it all together" They also noted more parent assertiveness and initiative and told the program super visor that the Early Start Parent-to-Parent Program had kept three families from "becoming another statistic," "having the child taken away," and "becoming abusive"

Impact 13. Several teachers of older Early Start siblings reported improvements in their attitudes and school achievement One teacher said that the eight-year-old from one of the Early Start families was getting homework help from the seventh grade son of the family's home visitor The teacher said, "This is the kind of thing that just wouldn't happen if the family were being visited by a professional case worker Keep up the good work."

Early Start's impact on the volunteers

Impact 14 The volunteers gained significantly in self confidence and the belief that they had something to offer other people. Three volunteers asked for further responsibilities in year two and took on outreach and public education tasks. Seven volunteers continued to serve during year two. Some of them continued to visit their original families as well as new families. Two of these volunteers enrolled in a local community college. Four of the volunteers found paid employment and attributed their success to the boost provided by their Early Start work.

Impact 15 A local home care program offered to hire any volunteers who had spent a year in the program, because they felt that Early Start hand experience prepared them very well for the demands of home care.

Impact 16 By working together, the volunteers developed a new support system for themselves and their families. They also found new solutions to personal problems and family stresses in their own lives.

Impact 17 The volunteers gained community credibility as people who could make significant contributions. They also demonstrated to school personnel that parents had a lot to offer the school system.

"This is the first time in my life I've ever been treated like a person and not like a case."
—Parent being visited

"After I had been coming over for a few weeks she began baking something for my visit. She also began cleaning up things she hadn't done for months."
—Home visitor

"Since I became a family advocate I've changed so much!! It's opened me up to a totally new way of looking at myself and other people. I understand now why my children sometimes do what they do. Now I see why they have the feelings they do and I know better how to deal with my own children."
—Family advocate

"When I was 16 and had my baby, no one seemed to care. That's why I became a home visitor. Marcy has grown so much this year. My relationship with my family has improved, too. I guess giving help does as much for you as getting help."
—Home visitor

Theresa accepts her role

"The Early Start program affected the thinking and actions of over 1,100 people during its first year."

Theresa was a teenage mother who joined the program at the suggestion of her school nurse. She had dropped out of school when the baby came and had stopped seeing her friends. She was living with her mother but not speaking to her because she felt her mother was trying to run her life. She enjoyed playing with her baby because it was "just like having my own doll," but her attention to the baby was erratic. Theresa was depressed most of the time and would wander out on long walks, leaving the baby alone. Often, her mother would care for the child while Theresa was gone but that would provoke screaming fights when Theresa returned. Theresa's home visitor had been a teen mother herself and was now in her early twenties. She got into the program in order to help others benefit from her own experiences. She began bringing her second, three-month-old child on visits so that Theresa could see that babies change as they develop. When Theresa expressed an interest in seeing other babies who were even older, the home visitor put her in touch with a group of teenage mothers who had recently started meeting. It was through this group that Theresa began to mend relations with her mother. The group decided to invite their own parents in for a discussion of what group members were experiencing as teenage parents. After that session, Theresa's mother would occasionally join in the home visits. Gradually, Theresa realized that her mother "really knew a lot" about child-rearing. After a year in the program, Theresa worked out a babysitting arrangement with her mother so she could study for her GED. Her home visitor was so moved by her success with Theresa that she, herself, began taking early childhood education classes at the local community

Early Start's impact on the host agency, school system, funder

Impact 18. The Executive Board of the Midway Community Mental Health Center voted overwhelmingly to continue sponsorship of the Early Start program and passed a resolution to pursue plans for collaborating with Early Start on prenatal education and support group projects

Impact 19. School system officials reviewed the Early Start program and agreed to continue to pay the program supervisor's salary. They also recommended that the supervisor take on an apprentice supervisor from within the school staff. The school system felt it had more information (though many of the details were confidential) on how stresses affected families and children.

Impact 20. The Midway School Board felt that Early Start added another dimension to school services It passed a resolution identifying and commending Early Start as the kind of program it wished to support on behalf of its constituency.

Impact 21. The local university supported the schools in a new way—by supplying student interns and offering course credit through the adult extension service to volunteers. Several faculty members from the university's education division asked about the program's evaluation methods, and two faculty members offered to help improve data collection and analysis.

Impact 22. The funding agency awarded a grant for the second program year and provided extra monies to strengthen program evaluation.

Early Start's impact on the community

Over the course of the first year the supervisor spoke to 23 civic groups to present Early Start's Parent-to-Parent approach and encourage citizens to think of ways they could support local families. Also, since Early Start volunteer and professional staff belong to a total of 39 church groups, professional organizations, and community action groups, they shared their Early Start experiences formally and informally.

Impact 23. From these contacts, 18 people indicated an interest in volunteering. Citizens cooperated on several projects including a toymaking project, a career fair for volunteers and families, and a fund-raising project that involved selling plants with the slogan "Keep our program growing." They also donated used clothing, toys, and infant equipment.

Impact 24 The idea of supporting preschool children and their families as a way to help them succeed in school spread throughout the city paving the way for further efforts on the part of the school system.

Impact 25 In an editorial supporting a upcoming school measure to raise taxes that support the schools, the local newspaper cited the Midway Parent-to-Parent Program as an example of money well spent.

Impact 26 The home visitors did an informal tally to estimate the number of people the program affected including staff, volunteers, their families, the families they served, friends of the families, community groups that became involved with the program activities, staff of referring agencies who had meaningful program contacts, funders, and local decision makers familiar with the program's accomplishments. They estimated that the Early Start program affected the thinking and actions of over people during its first year
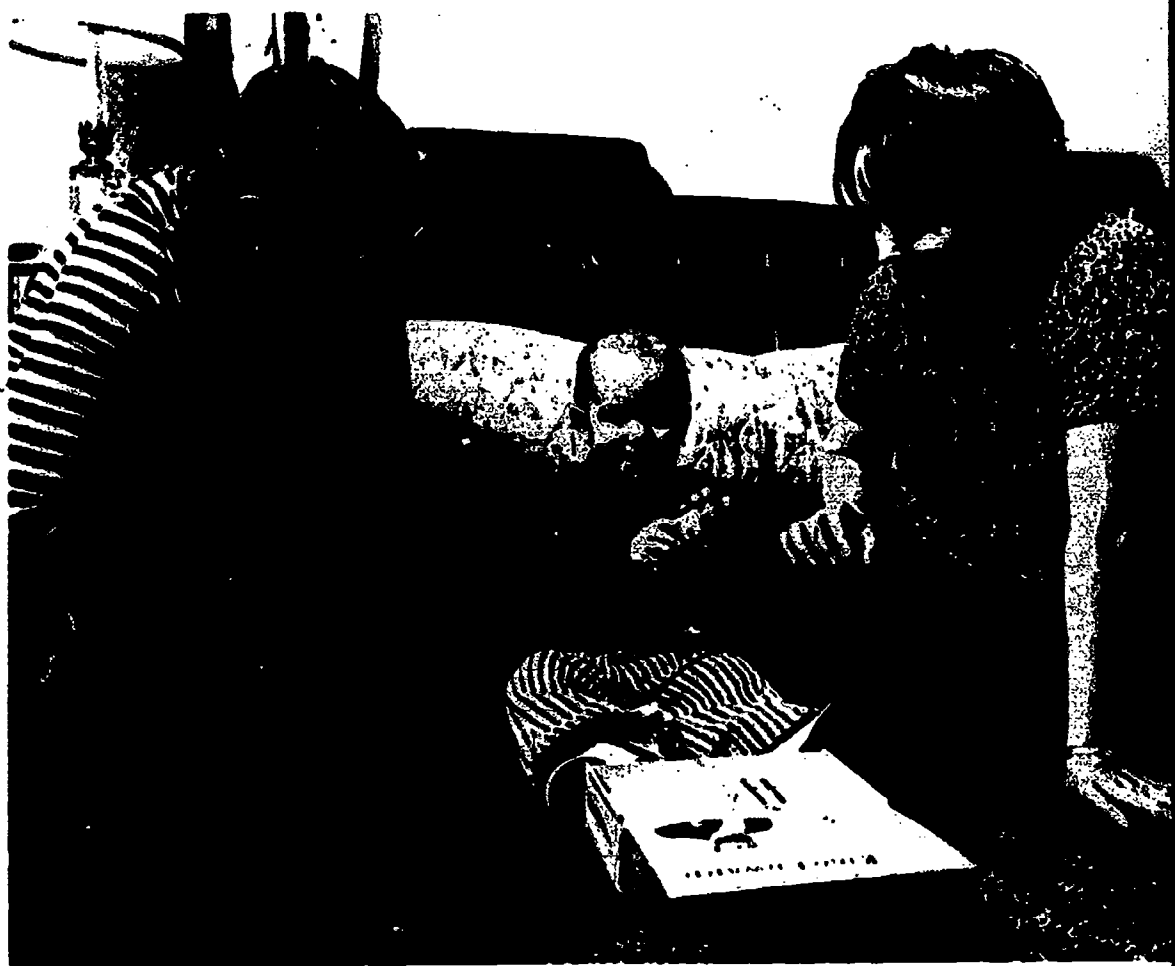
The Midway School Board passed a resolution commending Early Start as the kind of program it wished to support

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References for Chapter 1

Affleck. G , McGrade, B., McQueeny, M., & Allen. D. *Early consequences of participation in a home-based consultation program for families with high risk or developmentally disabled infants.* Presentation at the Annual Convention of the Council for Exceptional Children, Houston, April 1982.

Affleck, G.. McGrade. B. McQueeny. M., & Allen, D. Relationship-focused early intervention in developmental disabilities. *Exceptional Children,* 1982. **49**(3), 259-261.

Cowen. D , & colleagues. Impact of a rural preventive care outreach program on children's health. *American Journal of Public Health,* 1978. **68**(5), 471-476.

Field, J., Widmayer, S., Stringer, S., & Ignatoff, E. Teenage. lower class, black mothers and their preterm infants: An intervention and developmental follow-up. *Child Development.* 1980. **51**, 426-436.

Larson, C Efficacy of prenatal and postpartum home visits on child health and development. *Pediatrics,* 1980. **66**(2), 191-197.

Nutting. P , & colleagues: Reduction of gastroenteritis morbidity in high risk infants. *Pediatrics,* 1975. **55**(3), 354-358.

Olds, D The prenatal/early infancy project: An ecological approach to prevention of developmental disabilities. In J. Belsky (Ed.), *In the beginning: Readings on infancy.* New York: Columbia University Press, 1982.

Olds. D., Tatelbaum. R., Henderson, C., & Chamberlin, R. *Improving fetal growth in a high-risk population: Results of a randomized trial of nurse home visitation.* Presentation at the Annual Meeting of the American Public Health Association. Montreal, Canada, November 1982.

Scarr-Salapatek, S., & Williams, M L The effects of early stimulation on low birth-weight infants. *Child Development,* 1973, **44**(1), 94-101.

Siegel. E , Bauman, K., Schaefer. E., et al. Hospital and home support during infancy Impact on maternal attachment, child abuse, and neglect, and health care utilization. *Pediatrics,* 1980. **66**, 183-190.

van Doornick. W , Dawson, P , Butterfield, P , & Alexander, H. *Parent-infant support through lay health visitors* (Final Report, Research Grant No. MC-R-080398-03-0). Washington; DC Maternal and Child Health Service,. U S Public Health Service. March 1980.

The Parent-to-Parent Program

About the High/Scope Foundation

The High/Scope Educational Research Foundation is an internationally known, non-profit organization with headquarters in Ypsilanti, Michigan. The High/Scope Foundation's principal goals are to promote the learning and development of children from infancy through adolescence and to support parents and teachers as they help children learn and grow

The Parent-to-Parent Project

High/Scope Foundation's Parent-to-Parent model is being disseminated in a variety of communities with Foundation staff carrying out first-phase training, and local personnel assuming the responsibility for training during subsequent phases. This training is especially useful for social service agencies, school districts, and other groups interested in implementing a peer-to-peer parent-support program. The Bernard van Leer Foundation sponsors this dissemination program.

Related High/Scope Publications:

*Good Beginnings:
Parenting in the Early Years*

A Guide to the Parent-to-Parent Model

High/Scope Projects in Parent-Infant Education

The Family Programs Department has been developing an approach to home teaching that stresses the parents' role as their child's first and most important teacher. Family Programs has produced a library of instructional films on infant development, parental support of early learning, and home-visitor training. Funds for program development have been provided by Carnegie Corporation, the National Institute of Mental Health, and the Lilly Endowment.

Community Self-Help

High/Scope Educational
Research Foundation
600 North River Street
Ypsilanti, Michigan 48197

ATTACHMENT F

RTDC EVALUATION FORMS

HIGH/SCOPE EDUCATIONAL RESEARCH FOUNDATION
FAMILY PROGRAMS DEPARTMENT
600 NORTH RIVER STREET
YPSILANTI, MICHIGAN 48197

REGIONAL TRAINING & DISSEMINATION CENTER

PROGRAM STATUS REPORT

LOCATION _____

COORDINATOR _____

PERIOD COVERED _____

DATE _____ COPIES TO _____

I. DISSEMINATION

A. PUBLIC RELATIONS ACTIVITIES

● PRESENTATIONS: WHEN, WHERE, TO WHOM?

● MEDIA RELEASE: WHEN, WHERE, PURPOSE?

B. REQUESTS FOR INFORMATION

● TYPE OF REQUESTS: LETTERS, PHONE CALLS, OTHER

● INFORMATION SENT: FOLLOW-UP PLANS

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C. VISITORS TO PROGRAM

   ● WHO, WHEN, PURPOSE

   ● RESULTS/FOLLOW-UP REQUESTED OR PROMISED

D. FIRST TIME SITE VISITS TO DISCUSS PROGRAM

   ● WHERE, WITH WHOM, LENGTH OF ORIENTATION SESSION(S)

   ● RESULTS/FOLLOW UP REQUESTED OR PROMISED

II. FUNDING EFFORTS

A. POSSIBILITIES BEING PURSUED:

   ● ACTUAL PROPOSALS BEING WRITTEN HAVE/SUBMITTED

   ● CONTACTS BEING MADE

   ● TECHNICAL ASSISTANCE NEEDS

III. **NEW SITE EFFORTS**

   A. SITES *(Agency, Where, Funded by)*

   B. STATUS OF NEGOTIATIONS

   - **WORKING WITH WHOM?**

   - **ON WHAT?** *(budget, hiring supervisor, planning program design, developing contract)*

   C. STATUS OF IMPLEMENTATION

   - **TRAINING SUPERVISOR**

   - **TRAINING HOME VISITORS**

   - **CONSULTING DAYS/PROVIDING TECHNICAL ASSISTANCE** *(doing what? with whom?)*

D. REQUESTS FOR TECHNICAL ASSISTANCE AND/OR ADVICE FROM HIGH/SCOPE

IV. STATUS OF RTDC STAFF AND WORK EFFORTS WITHIN AGENCY

A. FINANCIAL SUPPORT SECURE? OWNERSHIP STABLE?

B. ANY CHANGES MADE REGARDING WORK LOAD, STAFFING? GIVE REASONS
   FOR THESE DECISIONS.

V. OVERALL MORALE

A. COORDINATOR

B. SITE SUPERVISORS/OTHERS COORDINATOR WORKS WITH

VI. OTHER

High/Scope Educational Research Foundation
600 North River Street
Ypsilanti, Michigan   48197

REGIONAL TRAINING & DISSEMINATION CENTFR

COORDINATOR IMPLEMENTATION EVALUATION

COORDINATOR _____ SITE _____ DATE _____

TRAINER _____ Evaluation (circle one) 1 2 3

Trainer: Based upon everything you know about this coordinator, rate his/her progress during specified period of time on each of the objectives listed below. Refer to records, telephone contacts, on-site observations, correspondence, input from other program staff.

Evaluation Period: From _____ to _____

ORGANIZATION:

● How does this coordinator administrate the day to day operations of the RTDC relevant to:

1. Management of time (prioritizes use of time to efficiently complete tasks on a daily/weekly basis; protects self from unnecessary intrusion of time and space; plans cooperatively with others to avoid unnecessary overlaps or delays resulting in large periods of loss of time)

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2. <u>Management of records</u>: (accurately and promptly records all
   information necessary to data collection and other site
   specific issues; maintains up-to-date files on in-house
   program issues and site specific issues; provides necessary
   precautions for safe keeping of records; seeks assistance
   when necessary to keep records up-to-date)

● How does this coordinator assist in the RTDC site <u>recruitment</u> process?

1. <u>Public Relations Activities</u>: (works cooperatively with Director
   to: explore and record all leads provided to them by - sending
   out mailings, letters; making phone contacts; on-site presen-
   tations and providing visitors options to spend time at RTDC;
   appropriate use of local and external media options)

2. <u>Public Relations Follow-Up Activities</u>: (promptly follows-up on inquiries by: making necessary phone calls; carries through on correspondence; providing opportunities for information exchange; handling materials requests)

● How does this coordinator assist in the RTDC site <u>implementation</u> process?

1. <u>Negotiation Activities</u>: (spends adequate time acquainting self with key contact person to acquire a working understanding of the sponsoring agency and staff relevant to program; pursues all possible avenues relevant to budget, time lines, and technical assistance issues in negotiating contracts; exhibits ability to make firm, fair and equitable decisions during negotiation exercises with site administrators; does not over-extend self in promising more that s/he can deliver; maintains appropriate liaison activities between site staff, RTDC staff and any relevant others)

2. <u>Program Implementation Activities</u>: (allows sufficient time
    for planning and conducting volunteer and other staff training
    at site; promptly collects, records and utilizes data
    pertinent to site program operations and goals; maintains
    appropriate (support & reinforcement) contact with site
    supervisor and relevant administrative staff; maintains
    contact with High/Scope, providing required data and feed-
    back relevant to site program implementation)

ATTACHMENI G

PROGRAM-TO-PROGRAM NEWSLETTER

·PROGRAM ↔ PROGRAM·
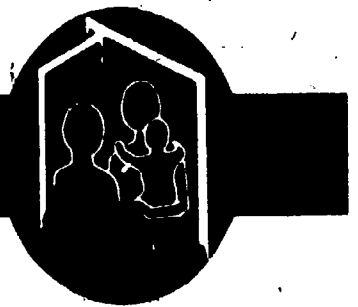
LEGISLATIVE NOTES
Points to Ponder . . .

• The Army provides free veterinary care and transportation from post to post for the pets of Armed Forces personnel at a cost of $3.2 million—an amount greater than the 1982 budget cuts which reduced or eliminated free immunizations for low-income children.

• The Army sets aside $5 million to provide personal servants (butlers, valets, etc.) to Armed Forces personnel.

• The Armed Forces earmarked $750 million last year for the "Military Morale, Welfare & Recreation Fund," which provides monies for operating riding stables, golf courses, and liquor stores on military bases. (By contrast, Congress appropriated a total of $19 million for child abuse and treatment programs which serve 1.5 million children who are victims of abuse and neglect.)

Source: *A Children's Defense Budget*
(Children's Defense Fund, 1983)

States Report on Pro-Child Legislation

Several of our Parent-to-Parent sites have sent us information worth sharing on local and state legislative initiatives for children and families.

• Twenty states (plus the District of Columbia) have enacted laws requiring the use of restraint systems when transporting young children in cars. Ohio has recently joined the growing number of states. The first months under the law can be a nuisance: parents and programs must, literally, pay the price of greater safety for children by purchasing state-approved car seats. However, statistics from Michigan demonstrate forcefully that the law does lower car-related injuries and deaths for young children: in 1982 (after the law was introduced in Michigan) 35% fewer casualties involving young children were reported. A welcome side benefit is that adult seat belt use has risen from 11.5% (1981) of the population using seat belts to 15.1% (1982). Buckle up!

• In Mankato, Minnesota, programs of the Council on Quality Education are up for legislative renewal this year.

The programs are written into the governor's budget and appear to be secure. In these times of severe budget cuts, it's encouraging to hear of a program for children that is receiving such a strong vote of confidence from a state governor. Also, the state's Vocational Education Department has developed a curriculum and is conducting workshops on "Parenting at the Worksite." The Mankato Parent-to-Parent Program was asked to provide the initial programming this spring for these workshops.

• In Michigan the big news in programs for children is the recently established Children's Trust Fund. The Children's Trust Fund is a pool of money which will support child-abuse prevention programs. Money for the fund is collected from taxpayers who choose to support it by checking off a box on their Michigan state income tax form. By checking off the box the taxpayer donates $2 ($4 for joint filing) from his/her refund to the Children's Trust Fund. The Children's Trust Fund is expected to save the state money since Michigan spends over $250 million yearly in working with abusive parents. Just as important, the fund is certain to save some families from the trauma associated with child abuse.

Five other states have similar trust funds for child-abuse prevention programs: Iowa, Kansas, Virginia, Washington, and California. These states collect money for these programs from fees paid either for marriage licences or for copies of birth certificates.

• News from Vermont is that the Vermont Department of Education has proposed an Early Education Initiative. The initiative awaits legislative approval of $325,000. Plans are to award the money to five school districts which have developed comprehensive and educationally innovative approaches to serving children, ages 3 through 8. Cognitive approaches to learning and ways to increase parent involvement will be stressed. Next year the department will seek to expand this initiative through awards to 30 school districts which will total $1.5 million.

Vermont Reports:
PTP Programs in Varied Settings

The Early Home/School Success Program has been operating in the Lyndonville, Vermont, school system since September 1982. The goal of this program is to increase children's chances of success in kindergarten and first grade. All four- and five-year-old children are screened in the spring and those who seem to be at risk of experiencing some kind of difficulty, usually because of developmental lag, are identified. The parents are offered the option of keeping their child home an additional year, with support and appropriate activities provided by a home visitor who is supervised by one of the kindergarten teachers. The program has excelled in enhancing the self-esteem of parents as the primary teachers in their child's life.

The next steps in program development will be the inclusion of three-year-olds this spring in the screening process and the training of more home visitors to serve the increased numbers of children. Both the teacher/supervisor of this program and the school principal are very encouraged about their program and by the recognition they are receiving from the Vermont State Department of Education as an innovative approach to preschool education.

The Parent-to-Parent Program of the Washington County Youth Services Bureau in Montpelier, Vermont, began serving teen mothers and their children in September 1982. Most of their referrals have come through the Youth Services Bureau although the supervisor has established an excellent communication network with area agencies. They now have 12 home visitors serving 16 families. The program will also begin serving pregnant teens who will continue to receive home visits after their deliveries. The supervisor of this program is leading parenting groups and will be organizing a group specifically for pregnant teens.

One of the new home visitors was in the first wave of young mothers to be visited. It was such a positive experience for her that she wants to provide a similar experience for another young mother by assuming the role of home visitor. All but one of the women in the latest wave of volunteers was a teen mother herself. They all remember feeling isolated, afraid, and frustrated as teen mothers. Now, years later, they welcome the opportunity to provide the kinds of support services that they wish they had been given.

Ann Dunn
Vermont RTDC
St. Johnsbury

Dayton Adapts PTP to a Center-Based Program

Our agency has adapted the High/Scope Parent-to-Parent Model within the Head Start program; it is called the Family Advocate Program. The program seeks to increase parent involvement in the Head Start setting by utilizing parents' skills, talents, and energies in a unique way. The program trains parent volunteers to help their peers (Head Start parents) identify and use resources within themselves and within the community to meet their needs. Those selected for the Family Advocate Program undergo two weeks of intensive training to develop sensitivity to others, observational and advocacy skills, knowledge of the agency and community resources, and an understanding of their roles as both liaisons and facilitators. Some of the topics covered through ongoing inservice training for the parent volunteers are good health practices, nutrition, child development, human relations, child abuse, parenting communications, and self-awareness. The training program itself provides an enrichment opportunity that would not otherwise be available to the parent volunteers. The newly trained volunteers can then share this information with other families who might benefit.

Under the direction of a supervisor, the advocates provide specific services to Head Start children and families by volunteering in the classroom, making home visits, maintaining a support network, and performing other, more routine, duties. The advocates recruit additional parent volunteers and provide them with assistance and guidance; in this way, more and more families can be reached. Advocates spend four half-days a week helping to meet the needs of Head Start parents and children.

Immediate benefits are seen as the Head Start program meets its goals and the families in need receive services. Those parents who have received Family Advocate services often volunteer for the program and deliver services to still other families. In this way the program continues to grow and become even more effective. The Family Advocate Program is exceptionally cost-effective because of its immense benefits to Head Start parents and because the Family Advocates are volunteers. The volunteers receive only a minimal stipend to cover their out-of-pocket expenses for transportation and babysitting.

The Miami Valley Child Development Center strives to attain in-depth parent involvement; through the Family Advocate Program we go one step beyond the conventional parent involvement mode to one of *full* partnership.

Beverly Foster
MVCDC, Dayton, Ohio

Strategies for Success
Publicity: Head Start Awareness Month

October 1982 was declared Head Start Awareness Month by a Congressional decree. Miami Valley Child Development Centers, Inc. made a special effort to increase our agency's visibility and make the community more aware of our agency and the programs we operate.

We contacted the mayor's office in all the target areas we serve and asked each mayor to sign an official proclamation declaring October as Head Start Awareness Month. The signings were witnessed by parents, children, and, in some instances, television news crews. The proclamations from

the mayors of the Ohio cities of London, Springfield, and Dayton are now proudly displayed in the respective Head Start offices.

State Representative Tony Hall (Dayton) visited the St. Agnes program, observed activities, toured the center, and gave an explanation to the children about the kind of work he does as a legislator in Washington, D.C. He also met with a group of about 25 Head Start parents to answer their questions about the future of the program. This event was reported on the 6 p.m. news on two local television channels.

Marilyn Thomas
MVCDC, Dayton, Ohio

Referrals: How to Get Them, How to Keep Them

In St Johnsbury, Vermont, the Parent-to-Parent Program's best source for referrals is a nurse who works in the offices of three physicians (OB/GYN). Adolescent parents' appointments are scheduled on designated days which enables the nurse to spend extra time with the parents-to-be. She is able to share the PTP brochure and newsletter with these parents and answer any questions they may have about PTP. During this time, parents have an opportunity to request a visit from the program supervisor and then make a decision whether or not to join PTP.

Public Health, Social and Rehabilitative Services, school guidance departments, and the Child Protection Team also make referrals to the Vermont program. All referral agencies are represented on our Parent-to-Parent Advisory Board. The PTP supervisor also attends the agencies' staff meetings from time to time to discuss the program. She invites referring agency staff to participate in the PTP home visitor training. This helps create a better understanding of each person's role within the community.

Winsome Hamilton
St. Johnsbury, Vermont

Last fall I sent out numerous letters and brochures to agencies informing them that the High/Scope Family Support Program was back in full swing, and asking them to call us with appropriate referrals. No response.

Finally I requested permission to attend their staff meetings to discuss our program. I was careful to respect their time limitations. I have developed a 10-minute "rap," an hour-long "rap," and other variations! The face-to-face contact made all the difference—people had a chance to ask questions about how the program really works.

Although there was a bit of a time lag, I soon noticed that the referrals picked up from our primary sources—Department of Social Services, public health nurses, and hospital social workers. In addition, we picked up many new sources of referrals—the public schools, Salvation Army, the local Runaway Youth Program, etc. Now my problem is the reverse—too many referrals for the number of volunteer home visitors!

Leslie de Pietro
Ypsilanti, Michigan

Mankato's referrals come from the county Human Services Agency, individuals, nurses, the shelter for battered women, and the victim assistance program. We have many more people to visit than in previous years, and never have an end to the waiting list. We also recently started visiting resettled refugees from Vietnam and Cambodia (Campuchia)—a whole new experience which we have found very interesting and challenging.

Rachel Seebach
Mankato, Minnesota

This year the Lorain Parent-to-Parent Program has been able to offer services to any interested teen parent with a baby under 12 months old. Staff report that the families they have served like the program and delight in telling others about it. Lorain's other major sources of referrals are hospitals and Children's Services. In addition, we use all kinds of reasons to keep in touch with agency staff. For example, when a family is several weeks into our program, we phone the referring worker to report on the success of the referral. We also call to ask for health information and advice. The Lorain PTP staff feel that these "keeping-in-touch" tactics are very helpful.

Annemarie Helm
Lorain, Ohio

Have You Heard?

Gathering Places for Parents and Children

During the fall of 1982, the Vermont RTDC staff visited the Boston Children's Museum to see the Play Space exhibit there and to talk with Jeri Robinson, Early Childhood Program Director of the museum. This wonderful exhibit is the largest in the museum and has been researched and designed to provide a comfortable place for both young children and their parents. Sensitivity to developmental needs of children is part of the design as well as the incorporation of a physical structure for parents that provides a relaxing, nonthreatening setting for interacting with other parents.

The museum has recognized that the places where parents and their children have traditionally gathered during the course of their daily routines and where parenting skills and issues relating to the raising of children can be shared in informal but important ways are quickly vanishing. Play Space is an attempt to provide such a place. The museum is interested in working with others who see the need for this opportunity for sharing to continue and they envision Play Space being used in laundromats, airports, shopping centers—anywhere children and parents are! If you are interested in this concept, contact Jeri Robinson at the Boston Children's Museum, (617) 426-6500.

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An Unusual Meal

I've learned a lot through my various experiences with my Campuchian family. Getting acquainted was quite easy with this very polite, hard-working, and dependable family.

During our visits we usually talk about the differences between our cultures. They prefer to eat and sleep under one roof, the grandparents all the way down to great-grandchildren. Often the grandparents help raise the younger children while the parents work in the fields or, as in this case, while the parents go to school. Both mother and father share equally in caring for the children. When a little one fusses, either father or mother puts the child on their back, ties the child in, and rocks the child to sleep in minutes.

Colleen DeMarce and Mrs. Bee Xiong in Campuchian dress.

The family has maintained the traditional eating customs of Campuchia, with pork and chicken being the principal meats eaten. Hot rice water is drunk at mealtimes from the steamed rice that is made each day. The members of my family have shared a meal with my Campuchian family and we found it delicious and cooked to perfection. They have also clothed me in their traditional dress; they wrapped my legs in black cloth and wrapped yards of cloth around my head to form a turban. To complete the costume I wore a silk jacket, multicolored, pleated skirt and a long, silk, front apron over the skirt wrapped with a lavender sash and a large, multi-segmented necklace that went almost to the waist (see my picture!).

Another notable experience occurred when my son and I arrived while the family was eating a late supper. Immediately, a bowl, spoon, and glass were set out for me. Having already eaten, I took a little rice and what I thought to be chutney. It was bright red in color and tasted of chopped chicken and onion. After eating about three spoonsful I asked what it was. "Fresh chicken blood, and chopped, cooked chicken and onion. You like?" they asked. I was told that children under 15 or 16 do not eat this dish. I ate the portion on my plate but said I was full when offered a second helping. Since I'm a medical technologist, I found myself thinking about what unusual diseases I might get from eating raw chicken blood. Chalk this one up to experience, as I'm still alive to tell about it!

Colleen DeMarce
Volunteer
Mankato, Minnesota

Pass It Along

(Note: We feel the following statement reflects a basic part of our philosophy of working with parents and volunteers—it doesn't just apply to children.)

How competent children become is largely determined by how competent they believe they are.

Self-confidence—or self-doubt—is taught to children by parents and other adults.

When children's mistakes and weaknesses are constantly pointed out and corrected, they learn that they are not competent.

When children's strengths are emphasized and they are given chances to be successful, they learn they are capable.

Alice: Well, grown-ups tell us to find out what we did wrong, and never do it again.

Mad Hatter: That's odd! It seems to me that in order to find out about something you have to study it. And when you study it, you should become better at it. Why should you want to become better at something and then never do it again? But please continue.

Alice: Nobody ever tells us to study the right things we do. We're only supposed to learn from the wrong things. But we are permitted to study the right things *other* people do. And sometimes we're even told to copy them.

Mad Hatter: That's cheating!

Alice: You're quite right, Mr. Hatter. I do live in a topsy turvy world. It seems like I have to do something wrong first, in order to learn from that what not to do. And then, by not doing what I'm not supposed to do, perhaps I'll be right. But I'd rather be right the first time, wouldn't you?

Where I come from, people study what they are *not* good at in order to be able to do what they *are* good at.

We, it's good to do drills in Wonderland, but we always want to go where we started. Would you mind explaining to me?

Lewis Carroll
Alice in Wonderland