

**PARENT EDUCATION IN AN URBAN NEIGHBORHOOD:
An Evaluation of the McKinley Family Center
for Child Development
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I. Introduction

Overview: The McKinley Family Center for Child Development, located at The McKinley Elementary School, is a program designed to deliver parent education, monitor infant and toddler development, and ease access to health and social services for families living within the Central East Region of the School District of Philadelphia. It is an effort of The School District and is administered by the coordinator of Comprehensive Services for School Age Parents (CSSAP) in cooperation with the principal of the McKinley School. The Family Center builds on other efforts of The School District including Philadelphia Parents as Teachers, Even Start, and Pre-Kindergarten Head Start which emphasize the importance of parents as their child's first teacher. It utilizes the curriculum of the Parents as Teachers program, a Missouri-based initiative.

As stated in the proposal for the Family Center, the goals are:

to enable parents to acquire parenting skills and knowledge about their children's social, physical, psychological and cognitive development; and

to enhance parents' confidence, self-esteem, cognitive skills, and knowledge of and access to community resources and services.

The Family Center staff of one parent educator/site coordinator and four other parent educators work within the context of a multicultural urban neighborhood where there is much poverty. There is a high concentration of Latino families in the area, and African-American families reside there as well. The majority of Latino and African-American families the Family Center serves has pressing housing, health, employment and other needs and few resources with which to deal with their problems. The Family Center is one among several agencies within the community working to build

upon the strengths of the neighborhood families in order to improve the chances for families to lead healthy, self-sustaining lives. In addition, the Family Center is uniquely situated to help build early positive contact between families and the schools in the area.

Research Methodology: This report is based on research activities done between September 1992 and August 1993, with reference to research done in the previous six months and reported on in August 1992. The research activities included:

- program observations of home visits, advisory committee meetings, group sessions, recruitment efforts, staff meetings and center activities;
- semi-structured interviews of program administrators, the chair of the advisory committee, the parent educators and the principal of the school;
- a focus group discussion of the parent educators;
- review of program documents; and
- analysis of the data collected about the families the Center serves.

A computerized data base was created using information collected on the enrollment forms which yielded a quantitative description of the demographic characteristics of the program participants. The program observations and focus group discussion provided information on implementation while the advisory chair, individual parent educators, the school principal and program administrators provided additional sources of information about the contextual factors affecting implementation.

The evaluation research focused on the following research questions: Who are the program participants?; How is the program being implemented?; What are the contextual factors affecting implementation?

The report begins with a section on program participants, followed by a section on implementation issues and factors affecting implementation. It concludes with a section on emerging issues and recommendations.

II. Program Participants

The Second Wave Study of the Parents as Teachers Program (Final Report) identifies four traditional risk factors for families: mothers with less than a high school education, poverty, minority status, and one-parent families (iii). Typically, the families the Family Center serves are characterized by more than one of these traditional risk factors and by one or more of what the Second Wave Study calls the five observed risk factors: poor coping skills and

family stress, poor parent-child communications and child developmental delay, child illnesses, homes where English is not the primary language, and failure to thrive (9). To provide service and support to families facing such difficult circumstances demands persistence and patience, and an understanding of the cultural, social and economic context of the families.

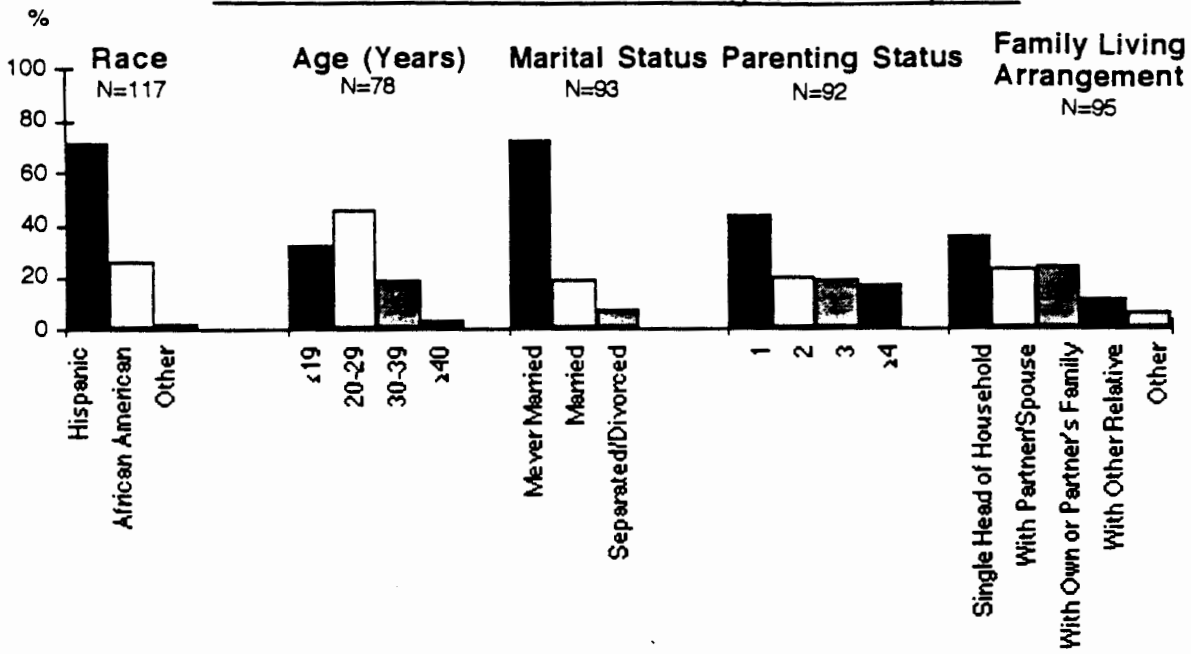
Family Characteristics: Since January 1992 the Family Center has enrolled 135 families. Information on the participants is gathered at the time of their enrollment and is updated periodically. Data collection on the families has been difficult (see the section on program documentation under implementation issues). However, the data is providing an emerging portrait of program participants.

The participants include a range of family configurations and demographic characteristics within two different racial and cultural groups (a chart on the next page displays this information graphically):

- Hispanics comprise almost 3/4 of the program participants and African-Americans the other 1/4;
- almost 1/2 of the parent participants are between 20-29 years of age while the second largest group (over 30%) of parent participants are teen parents, of whom nearly half are 15 years or less;
- over 3/4 of the program participants are mothers who have never been married;
- over 1/3 of the participants are single heads of households, while an equal number live with their own family or with another relative;
- over 1/2 of the program participants have two or more children.

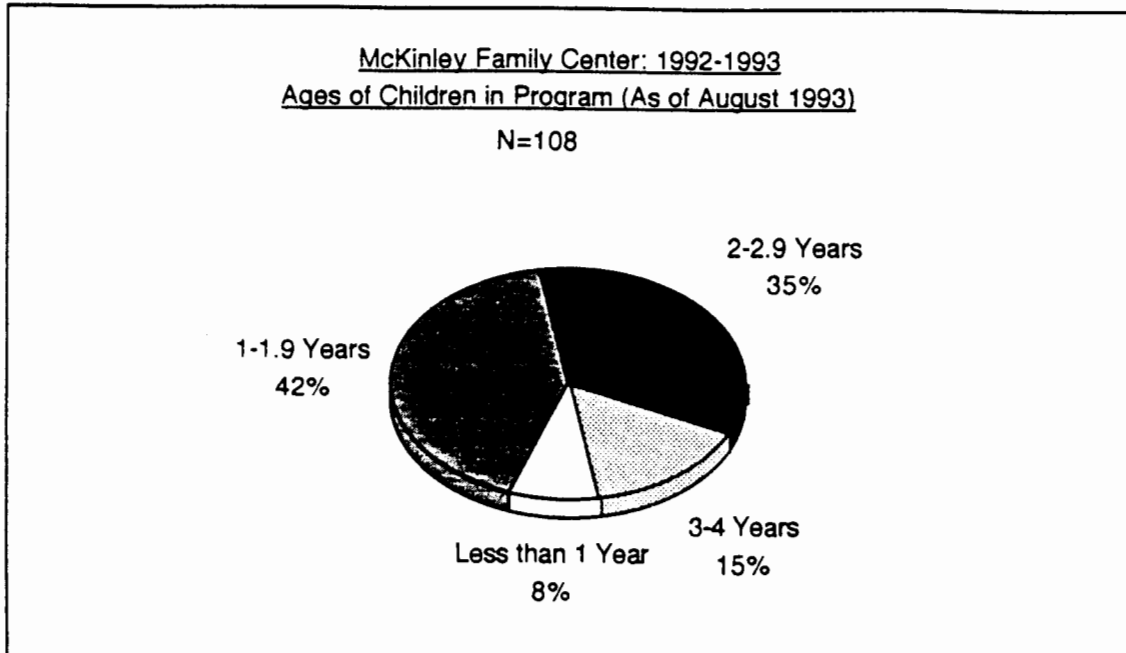
The majority of families are poor, with many living below the poverty line and dependent on welfare. It is not unusual for one or both parents to have left school before receiving a high school diploma.

McKinley Family Center: 1992-1993
Selected Characteristics of Program Participants



The Children

In August 1993, the Family Center was serving 92 families with 108 children in the program. (See the section on Recruiting and Enrolling Families in the Implementation section for more information on enrollment and termination patterns and issues.) The following chart illustrates the breakdown by age of the children receiving services at that time.



Types of Families: In the preliminary report in summer 1992 three types of families were identified: "easy to serve families," "possible to serve families," and "difficult to serve families." These categories reflect an analysis of program service delivery which established different levels of intensity of service provided by the parent educator to clients through home visits, Center visits, and telephone contact.

Following are descriptions of two different types of families. One is an easy to serve family and the other is difficult to serve. The descriptions provide a context for understanding the environment in which the parent educators work. They also identify the ways in which the Family Center interacts with families and factors that might make a client easy to serve or difficult to serve.

The Rodriguez Family: Easy to Serve

Juana Rodriguez first learned about the Family Center in spring 1992 when she was visiting a friend, and a parent educator arrived for a home visit with that friend. Shortly afterwards, the parent educator contacted Mrs. Rodriguez and home visits with her began. The majority of contact with Mrs. Rodriguez and her children has been through parent educator visits to her home, although in spring 1993 she and her children made their first visit to the Center. Even though Mrs. Rodriguez has participated in the Family Center program for 15 months, service to her was interrupted for eight months when Mrs. Fernandez left the Center staff, and a new parent educator needed to be hired, trained and assigned.

Mrs. Rodriguez lives only a few blocks from the Center. Her apartment is in a Puerto Rican area of the neighborhood where many families are very poor. The front porch of her building is screened in with heavy protective grating, an indicator of the security problems that are common in the neighborhood. A small handwritten sign on the porch advertises "English and Spanish tapes."

Mrs. Rodriguez, who was 22 years old when she enrolled in the program, lives alone with her two children. When she enrolled, she was pregnant with her third child, who was born during the eight months in which service to her was suspended. She provides the majority of care for her children, although her mother helps her by sometimes watching the children. Because the children spend time with their grandmother, Mrs. Rodriguez shares the information provided by the parent educator with her. The children also see their father occasionally, although Mrs. Rodriguez is considering discouraging his visits because of tensions between them. Currently, Mrs. Rodriguez supports herself through welfare assistance, with a little extra money earned selling English and Spanish tapes.

Mrs. Rodriguez' first child was born before she completed high school. She returned to school afterwards, however, and earned her diploma. She is conversant in Spanish and English, and she returned to Puerto Rico as an adolescent to learn to read and write Spanish. The father of her children left school after the 10th grade. In Fall 1992, Mrs. Rodriguez began attending a program at the local elementary school for mothers and their children. While the children are engaged in early learning activities, she and the other mothers participate in programs which address nutrition,

drug abuse and other health and social issues. Attendance by the mothers is compulsory in order for the children to attend.

Mrs. Fernandez described Mrs. Rodriguez as "one of my best because she is eager." Appointments with Mrs. Rodriguez are set at the end of home visits and she rarely makes changes. Mrs. Fernandez said that Mrs. Rodriguez is always ready when she comes and has the children ready too. She emphasized that with Mrs. Rodriguez "you can get right down to the lesson [on child development]," and that Mrs. Rodriguez stays focused on the lesson. Mrs. Fernandez explained that Mrs. Rodriguez does not talk about her family situation like so many of her clients who spend their time together talking about "family troubles."

Discussion

Mrs. Rodriguez and her children highlight several important characteristics of the Family Center program. In many respects she is typical of the Center's clients. Like many others she learned about the program through a neighborhood network of friends and relatives and had an opportunity to meet the parent educator before becoming a part of the program. Parent educators have confirmed that their most successful recruiting is the result of direct contact with clients in parks, grocery stores, homes and other places where mothers and their children are likely to be. Similar to the majority of program participants, she is in her twenties and like nearly three-quarters of the families the Center serves, Mrs. Rodriguez is Puerto Rican. Although she grew up in this neighborhood, her family still is linked to Puerto Rico and returns to visit occasionally. Mrs. Rodriguez, like many other Puerto Ricans, is bilingual. Similar to a little less than half of the Center's clients, Mrs. Rodriguez is a single head of household. And like many other program participants she has several children and few resources.

In the preliminary report a little less than half of the program participants, like Mrs. Rodriguez, were identified as "easy to serve." The parent educator working with Mrs. Rodriguez indicated that she is easy to serve because of her eagerness to participate in the Center's program. The parent educator describes Mrs. Rodriguez "as one of my best" because Mrs. Rodriguez remembers her appointments and has her children prepared for her visit. With the Rodriguez family the parent educator is able to focus on child development lessons and on modeling activities with the children for the mother. It is not unusual, however, for parent educators to arrive at a home visit to find the mother and children out, or the baby asleep. Although parent educators try to make

contact with families just before a visit, numerous families do not have phones, or their phones have been cut off for failure to make payment. Parent educators spend a great deal of time rescheduling visits and going out to find that no one is there. It is also not surprising to arrive at a home visit and find a family "crisis" which delays or postpones the planned lesson and activities. In Mrs. Rodriguez' case, none of these occurred.

Mrs. Rodriguez is apparently predisposed to participate in educational programs and knows how to get the most out of the kind of opportunities offered by the Center. She has not only joined the Family Center program, but is also participating in another educational program in the neighborhood. The parent educator interprets her concentration, despite the many potential distractions that could sidetrack sessions, as indicative of her enthusiasm for learning how to be a better teacher of her children. Mrs. Rodriguez even takes the initiative to share the information she is learning with her mother, so she too can be an effective teacher to her children. Another initiative Mrs. Rodriguez has recently taken is to expand her contact with the Center by bringing her children there for a visit.

The Jiminez Family: Difficult To Serve

Luz Jiminez first came in contact with the Family Center in spring 1992. She attended a Health Fair at the local recreation center where the Family Center had an information table. At that time she was 17 years old and living with the father of her second child and was about to give birth to her third. Parent educators began home visits a month later. Because Luz had three children all eligible for the Family Center program--ages 2, 1, and newborn--two parent educators worked with her. Visits to Luz, however, were irregular and then stopped in the fall and winter months. Frequently, she did not keep appointments. In addition, one of the parent educators working with her left the program, and it took several months until a new one was assigned. By spring 1993, however, home visits resumed. By then, Luz had moved back with her parents and was pregnant with her fourth child.

From the beginning, the parent educators were concerned about Luz' living situation and mental and physical health. She had moved out of her parents' home when she was 15 years old to live with the father of her second child. During one attempted home visit the parent educators observed from the door that the house was messy, that Luz was uncombed and dirty, and that the children, dressed only in pampers, were dirty and

underweight. The parent educators suspected domestic abuse because Luz told stories of her partner hitting her and locking her in the house with her children with no food, money or telephone. On several occasions she lived with no gas, electricity, milk, or pampers for the babies. It was during one of these bouts that she called her mother for help. Her mother was able to pick her up and took Luz and the children to the hospital where they rested for several days before being sent home.

The Jiminez' live in an Anglo and Latino neighborhood where they rent a two story house. Their home has 3 rooms on the first floor plus a porch and back yard, and on the second floor there are two bedrooms and a bathroom. The Jiminezes support themselves with the income Mr. Jiminez earns. They speak English and Spanish, but almost exclusively Spanish at home.

Once Luz moved back to her parents' home it became easier for the parent educators to keep contact with her. Mrs. Jiminez took charge of Luz and her children, and they are now clean, have adequate food and are gaining weight. Both Mrs. Jiminez and the parent educators, however, fear Luz will move back with the father of the children, since she has done that before. The parent educators believe Luz has "no parenting skills." In their assessment, Luz needs an intense level of intervention, and they are visiting her on a weekly basis. In addition, they have linked her up with another program of Comprehensive Services for School Age Parents which provides health education to teen mothers through home health visitors. One of the parent educators believes Luz needs psychological counseling and is looking for a place to refer her. With the help of a social worker Luz' mother is pursuing gaining custody of the children because their father is threatening to kidnap one. The parent educators are encouraging her in this effort.

Discussion

The preliminary report indicated that approximately 29 per cent of the Family Center's clients are, like Luz' family, difficult to serve. Different circumstances make families difficult to serve, and in Luz' case, she is difficult because of immaturity. Like many other teen mothers (approximately 30 per cent of the Family Center's families), the demands of parenting have come early in her own developmental process. Her lack of self-confidence and her economic dependence make her vulnerable to the demands of

her partner, and especially weak in defending herself against his abuse. There is evidence that Luz is psychologically traumatized and needs professional help beyond what the Center program can offer.

Mrs. Jiminez, like many other mothers of teen parents, is overburdened by all those who depend upon her. In addition to Luz and her children, she cares for her 14 year old son and a grandson who is disabled. She is especially concerned about her daughter, whom she perceives as unable to care for herself or her children. Mrs. Jiminez probably would benefit from professional guidance also.

The outreach efforts of the Family Center are bringing the parent educators in contact with women who are isolated and virtually invisible. Unless someone like a parent educator pursues them, many of these mothers and their families do not have the capacity to get help for themselves or their children. In this case, the parent educators persisted in following Luz and now may be able to assist her and her family. They have drawn on the resources of Comprehensive Services for School Age Parents to increase support to the family through the Home Health Visiting Program and have recognized the need to refer the family for professional help. In time, as the family situation stabilizes they hope to introduce lessons on child development to Luz and Mrs. Jiminez.

Luz, like many other mothers the Center serves, has more than one child eligible for the program. In this case, as in some others, the parent educators are teaming in order to provide adequate service. As with other families in crisis, the parent educators are offering a more intense level of interaction (weekly rather than monthly home visits) than is usual. And as is true in over half the families in the program, the parent educators are attempting to be effective in the midst of a multigenerational household where the children have multiple caretakers and dialogue around questions of authority is necessary.

III. Implementation Issues and Factors Affecting Implementation

In its first 18 months the Family Center has focused on the following areas of implementation:

- establishing a client base and initiating services;
- creating networks of support for families;
- and building organizational structures and processes.

The following provides a description of each of these aspects of implementation, and the factors which support or inhibit their implementation.

Establishing a Client Base and Initiating Services

Recruiting and Enrolling Families: The Family Center recruits the bulk of its clients through direct approaches by the parent educators. Parent educators recruit in the park, in medical clinics, at the time of school report card conferences, and at other times and places where parents and families are likely to gather. But many new clients have also been referred to the parent educators through current participants who are friends, neighbors or relatives. Many mothers, isolated and without resources, welcome the opportunity "to belong to something." Others looking for help with specific problems believe that the Center provides day care, or can assist them with housing, job training, a GED, or with whatever else they need assistance.

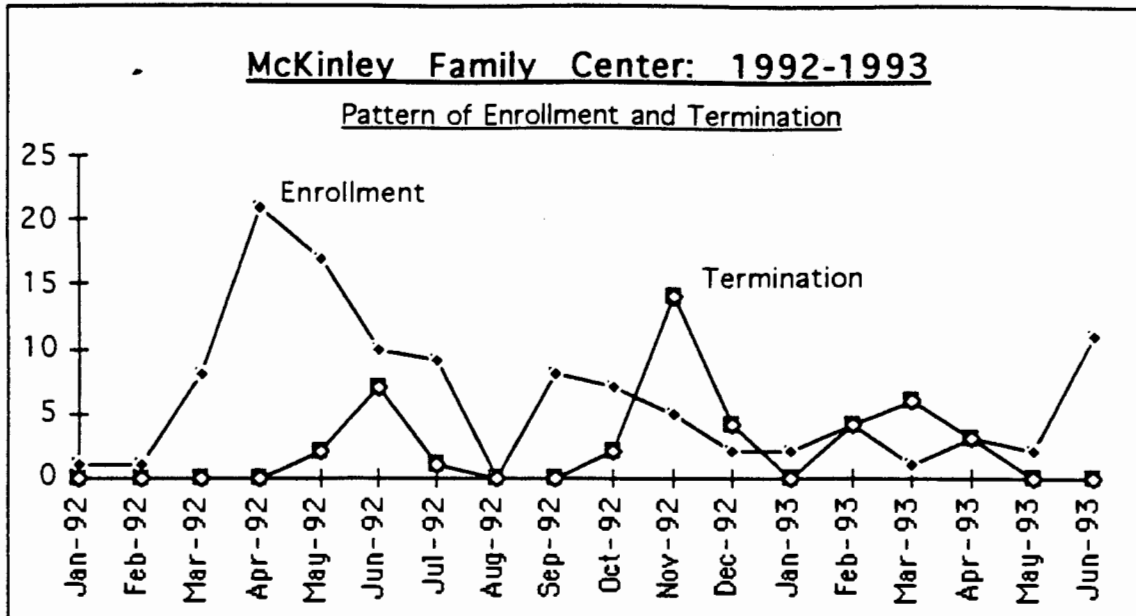
In a few instances referrals are made to the program by other agencies or groups in the neighborhood. For example, after a parent educator visited the local high school the counselor referred seven teen mothers to the Center. A pediatric clinic in the area expressed interest in knowing more about the program because they thought a number of their clients might benefit from parent education. Teachers from McKinley also refer families whom they know have younger children at home.

Currently, recruitment is primarily carried out by parent educators as time allows. While recruitment must be ongoing, many parent educators resist putting recruitment ahead of serving the families already part of their case loads. However, in Spring 1993, because of declining enrollment, the Center designated a specific week in April when recruitment was a priority activity of all the parent educators.

Many of the families served by the Family Center are transient, or face other problems which make their sustained participation in the program difficult. (Analysis of the enrollment and termination data of the 112 families for whom it is available shows that 61% were in the program for one year or less.) Since terminations are constant, so must be recruitment of new participants.

After a family is recruited, the parent educator/site coordinator assigns the family to a parent educator and the parent educator initiates a first visit, which may take several attempts. Enrollment, which entails orientation to the services the program offers and filling out initial documentation forms, takes place in the course of the first

home visit to potential participants. The following chart provides a picture of the pattern of enrollments and terminations from January 1992 through June 1993.



The chart indicates that peaks in enrollment occurred early in the program when set-up and recruitment were the primary activities (following training in January 1992) and that it fell to its lowest point during August 1992, when the parent educators were on vacation. Enrollment then picked up in September 1992, with the return of the parent educators to work, and peaked again in June 1993, probably the delayed result of the recruitment drive in April. The peaks and falls of terminations probably reflect the periodic reviews the parent educators make of their case loads, "cleaning out" cases after repeated unsuccessful attempts have been made to reach participants.

Enrollment is a critical program activity in which the stress must be on establishing trust with the potential participants and explaining how parent education can assist the family. There are numerous obstacles which can inhibit enrollment. The parent educators report that a number of potential clients say they cannot participate because of "lack of time," or because no transportation money is provided. Other families refuse to enroll because "they are afraid of us. They think we are going to call DPA. They think we are going to look at their houses." And parent educators believe they are frequently in competition with other community agencies which provide crisis intervention to families in the form of free food and clothing. In addition, changes in staffing of the Family Center during the

last year resulted in an interruption of services to many families, and inevitably some families were lost in this way.

Parent Education: The job of parent education is complex. The findings in the preliminary report noted that the Family Center's parent educators were reconstruing their role. Initially, they believed they would be "like teachers," leading classes and imparting knowledge, but once in contact with families the parent educators discovered that "many parents are good parents," and that they are receptive to new ideas when parent education begins with their strengths, encourages them to understand their child's development, and invites them to consider a variety of options for handling problems. The parent educators began to perceive themselves in a mutual process with their families, working to deepen understandings in order to sustain positive interactions between parents and their children.

In this past year, the parent educators have come to see their efforts as particularly important to many women in the community and complementary to other efforts within the community to improve the status of women. Many mothers live isolated lives with their children. And many of these mothers suffer from poor self-esteem. Parent education can build a mother's confidence in herself and assist her in thinking through the steps she might need to take to create the best possible conditions for herself and her family. The parent educator's believe that an important job of parent education is building a positive self-image for the mother.

Parent educators must adapt the PAT curriculum, which is a standardized set of lessons, to the circumstances and cultural context of the Latino and African-American families they serve. When they are unfamiliar with the culture and practices of a family "we take our insecurity and stress to the house, and the clients know immediately that we are not comfortable." One parent educator commented that she is most comfortable with the population with whom she "speaks the same language and the same body language."

The parent educators are beginning to develop criteria for what successful parent education is. They find their job rewarding when they see evidence that parents are acting on their knowledge, as when a mother initiates a report on an activity she is doing with her child or has observed her child doing. For example, one parent educator said she feels best about her work with a family when the mother "shows me a particular task she has completed with her child or goal for herself she has met and says 'thank you,' and you know that she wants to move on."

The Home Visit: The home visit is the key interaction between families and parent educators. A return to the

families presented in Section II provides a picture of what a home visit might look like. The discussion which follows each of the two descriptions highlights salient issues in parent education.

A Home Visit With the Rodriguez Family

Mrs. Rodriguez is at the front door waiting when the parent educator arrives. A neighbor is there with her. They immediately go into Mrs. Rodriguez' apartment of four small rooms: kitchen, family room and bedroom, and an unheated back room. All the rooms are painted in dark hues, and the paint is badly chipped. The floors are covered with sheet linoleum in bad repair. A bare lightbulb hangs from the kitchen ceiling. The furnishings are sparse and they gather at a small plastic table in the center of the family room. Although the lesson is for Jesus, who is two years old, both children join them at the table, using milk crates for chairs. Jesus' sister, Angela, is four.

Mrs. Fernandez (the parent educator) sits close to Mrs. Rodriguez. First, she gives a gift to each child, a book for Jesus and crayons for Angela. For the next half hour all members of the family are involved in literacy activities. Mrs. Fernandez begins by telling Mrs. Rodriguez that the focus of the lesson she is giving today is on the importance of developing Jesus' small motor skills. She says this first in English, and then in Spanish. She asks Mrs. Rodriguez to read the activity sheet aloud, which she does without too much difficulty. As she is doing this the children look at the book which Mrs. Fernandez has brought for them, and after they are done they draw with the crayons.

After Mrs. Fernandez finishes reviewing the lesson with Mrs. Rodriguez she asks Jesus if he would like her to read to him. He says yes and she gets up and stands behind him while he holds the book. Before she begins she remarks, "He is one of my best, because you work with him." Mrs. Rodriguez beams at him and reports on the early childhood program in which she recently has enrolled him and his sister. Mrs. Fernandez reads the book she has given to Jesus, a pull-out book, which he manipulates easily. Although Jesus had wanted the story read aloud, he is restless and resists labeling the pictures which Mrs. Fernandez and his mother coach him to do. Finally, he labels the cat using the family cat's name and the story is finished. Then, Mrs. Fernandez takes out some wooden beads and a shoe lace and shows Jesus and his sister how to string them. Jesus focuses on this task and sticks with it for ten minutes, completing his string with beads. His mother

smiles at him proudly. Mrs. Fernandez tells Mrs. Rodriguez how she can do this activity with the children using macaroni and string. In the meantime, Jesus uses the "beads" to build a tower; he stacks three and four high.

During the lesson there are several interruptions. A TV repairman arrives and needs direction to a neighbor's apartment who has a phone. An elderly upstairs tenant knocks on the door and needs help from Mrs. Rodriguez, who does some shopping for him since she has discovered that he has no family to care for him. At another point, the neighbor, who sits nearby listening to the lesson, gets up and leaves.

After one and a half hours Mrs. Fernandez begins to pack up her things and wind down the lesson. She again repeats that Jesus "is my best." As she is ending the session she turns to Mrs. Rodriguez and in Spanish discusses again the importance of providing small motor exercises for Jesus' fingers. As she talks she looks at her own hands, holding them up and flexing her fingers. She also stresses that Jesus and his sister will "make a mess, and not stay long with any activity, but that's not important." She asks Mrs. Rodriguez if she has scissors and Mrs. Rodriguez indicates she does.

Goodbyes are in English and Spanish. Jesus and his sister burst out the door and run down the street letting off the energy they have contained through the visit.

Discussion

The home visit with Mrs. Rodriguez is one in which the parent educator is able to focus the entire visit on an early childhood development lesson and modeling activities with the child. In this case, there is no immediate concern with the older child, but the older child is included in the session, and the parent educator brings a gift for the child in order to be sure that she does not feel excluded or jealous of the attention the younger child is getting. The parent educators stress that families want help with all their children, not just with some of their children, even though this program is directed toward children from birth to age three.

Mrs. Rodriguez is ready for the visit and so are her children. But as mentioned previously, the parent educator is as likely to find the family he/she is visiting consumed by a crisis, and in these cases a home visit might only partially involve a lesson or not include one at all. One parent educator explained that parent educators must build "credibility" before they can begin child development

lessons, and credibility depends on a high "level of involvement with the family." "Involvement relates to other social problems you have to deal with before you get to what you want to do."

Households like Mrs. Rodriguez' are often busy, with much coming and going. Parent educators must negotiate their presence within these complicated social settings. Interruptions by neighbors and repairmen are not unusual, and the presence of friends and siblings, or even grandmothers and aunts is not uncommon. In addition, the visit might take place in the same room where other family members are watching the television.

For both African-American and Latino families child development lessons are made complicated by the fact that they are often written in an inaccessible language. Parent educators find they must spend a lot of time "translating" the lessons to a simpler vocabulary or into Spanish. Like so many Hispanic families, Mrs. Rodriguez speaks both English and Spanish, but uses Spanish almost exclusively in her home. Because the curriculum is in English, the parent educator must be sure that Mrs. Rodriguez understands the lesson she will leave with her. For this reason, she takes the time to have her read it aloud and clarifies unfamiliar vocabulary in the process. In this case, the parent educator restricts Spanish to emphasize important points and/or to clarify difficult words and concepts. In some situations, however, the parent educator might have to translate the entire lesson, and would not be able to leave it with the parent because she would not be able to read English or understand many of the words and concepts.

The primary interaction is between Mrs. Rodriguez and the parent educator. Although the focus of the program is developing the capacities of the parent to be the child's first teacher, parent educators often find that the mother is not confident like Mrs. Rodriguez, but wants the parent educator to teach the child rather than involve her. In such cases, they must work with the self-esteem of the mother, who frequently thinks she is incapable of teaching her child. In one case, a parent educator said that the mother "is so used to having people tell her she is dumb, stupid, that that's the way she presents herself." In these situations, the parent educator must work on the self-image of the mother as much as with the content of child development.

A Home Visit with the Jiminez Family

Before leaving for the home visit the parent educators (two because Luz Jiminez has three children in the program) explain to the researcher that the Jiminez

family is very difficult to serve. Luz is "very shy and afraid to talk." Her mother is "stressed and tense and trying to find ways to deal with this situation."

When the parent educators arrive at the Jiminez house, Luz is waiting. Mrs. Jiminez is upstairs and busy for a few minutes. The children are neatly dressed, combed and clean, and so is Luz. She is affectionate with them. The parent educators ask Luz questions which she answers nervously and with a minimum of words. She reports, however, that she has taken the children to the doctor and has kept all appointments. She adds, however, that the father of the children calls almost every day, threatening to kidnap their daughter.

When Mrs. Jiminez comes downstairs, Mrs. Rios, one of the parent educators, asks her if she has talked to her social worker yet about gaining custody of the children. Mrs. Jiminez responds that she has and that the next step is to find the birth certificates and go to family court. For the next hour Mrs. Jiminez talks without stop about her concerns. Mrs. Rios and Mrs. Colon, the other parent educator, listen to her. She fears that Luz will return to the father of the children because "this is the third time that she is here, with the babies, but once he appears and changes his attitude and talks to her sweetly, I do not know what happens to her, because she believes him." Luz' mother believes that Luz is different than she was before and says that now "she does not want to talk, to think about her life or about her kids. I have to keep telling her, 'remember the medicines, bathe your kids, feed them.'" She has had to toilet train the children, and insist they take their medicine. She said that "they had no rules before, and they didn't respect anyone. They wouldn't take their medicine at first." Mrs. Rios and Mrs. Colon show their support for her effort, promising to continue to come weekly.

Despite the fact that Luz responds to most questions saying "I don't know," Mrs. Rios comments that Luz seems a little more relaxed. She tells Luz that she hopes she will not return to the father of the children because of all her mother is doing for her. Luz tells Mrs. Rios that when the parent educators came to her other house she didn't let them in because she was afraid of them. Her partner had told her that they would report her for child abuse. She also shares with Mrs. Rios some of her insecurities about living with her mother. She believes that "since we are here, they [the children] don't love me." She believes that now "they love mom."

As the parent educators are leaving, Mrs. Rios promises to call mid-week to set a next appointment and to follow up on the progress being made with custody procedures. Afterwards, Mrs. Rios says that she is going to look for a social worker or psychological counselor for Luz.

Discussion

Like with many families, the difficulties of the Jimenez family have displaced the ability of the parent educators to begin lessons on child development. First, they must assist the family in resolving the immediate crisis around Luz' living situation and her children's safety and security.

Parent educators stress that it is not enough to see a family like the Jimenez' just once a month, the prescribed period of time between home visits. In the case of the Jimenez family, they have increased their interaction by making more frequent home visits. With other families they have increased their interaction by inviting them to the Center, by taking special trips with the family, or accompanying the family on trips to health clinics, or even to court.

Many families, like Luz', have more than one child participating in the program. One adaptation the parent educators have devised is to assign two parent educators to families with multiple children in the program. Whether one parent educator or two serve the family, it is not unusual, when two or more children are involved, for a home visit to be several hours duration.

As with many other clients, it was initially difficult to maintain contact with Luz. She was intimidated by her male partner and did not have a phone. Only with persistence and patience did the parent educators continue service to her. The parent educators report that it is not unusual for women to welcome the program while their male partners reject it.

Home visits often break the isolation of mothers. As in the case of Mrs. Jimenez, they can be burdened with many responsibilities and rarely able to get out. The home visit can be for these women an important connection to another adult and a person with whom they can speak comfortably about their concerns. Mrs. Jimenez, for example, needs someone to listen to her in order to relieve some of the anxiety she feels. She talked to the parent educators for well over an hour during the visit described.

Teen mothers like Luz, young families, or financially strapped families may live with their parents. Often, the child(ren) has multiple caretakers, and the mother of the child(ren) is still under the authority of her mother or mother-in-law. In these circumstances, parent educators must be sensitive to the dynamics of multigenerational households and able to include grandmothers and others in their sessions. Often, the parent educator must also help negotiate areas of authority, particularly regarding the care of the infant. Luz, for example, is ambivalent about being in her mother's household where she thinks her children might come to love her mom more than they love her.

Monitoring Infants and Toddlers: The parent educators monitor infants and toddlers looking for developmental milestones, developmental delays, and/or the need for medical intervention. Monitoring is done during home visits through observation of the child and the child's interaction with the parent and others around him/her and through the Denver screening. In addition, cases are reviewed with the parent educator/site coordinator in order to consult on the progress children are making and any additional steps the parent educator should initiate on behalf of the children.

The Denver Screening is a technical instrument that can alert the parent educator of developmental progress and/or lags. In addition, however, it serves as a way of indicating to parents all that their children can do and know. Parent educators use it as a tool to alert parents to areas of cognitive, social or motor development in which they might want to practice activities. Parent educators have reported that parents enjoy the Denver because they like seeing the progress of their child.

In cases where parent educators believe that further consultation on the psychological or physical health of a child is warranted, she/he might accompany the parent in search of adequate service. Many of the parents cannot afford expensive health care and utilize community health clinics. In one such case, the parent educator described a family who was "spoiling" their child, "giving into everything she wanted." The parent told her that her child had violent tantrums several times a day. The mother's fear of these tantrums was the reason why she never opposed her two-year old. The parent also reported that the child slept little and lightly. Because the child's behavior was so unpredictable she rarely went out, and when she did, she got a friend to stay at her home with the two-year old. She had had similar, but less severe, problems with an older child.

In her observation of the child and child-parent relations, the parent educator was not certain if the tantrums were physically based or a result of the family

interaction. She recommended that the mother seek medical advise and when the mother was unsuccessful in arranging the necessary tests for her daughter, the parent educator assisted her in making appointments and accompanied her to the clinic. In the meantime, the parent educator focused with the mother on the way in which she and the child's siblings responded to her. She also invited the mother and child to one of the Center's social gatherings, in order to encourage outings. Several months later the parent educator reported that the tests had been negative, and that these results and the fact that the family had moved into a larger house was reducing a lot of stress. She also reported that she was continuing to work with the mother and child and that the child had been "much better" in the past few months.

Groups: Although the Center arranged numerous group presentations on topics such as nutrition, AIDs prevention, and other areas they believe are important for the Center's families, participation has been low. Attempts were made to adjust the time of groups to be convenient to families, and staff have included food as part of the event, but even these adjustments have not substantially improved attendance, beyond several families. The exception was a series of presentations by the Please Touch Museum, which did attract perhaps a dozen mothers and their children.

The program coordinator has suggested that the current format for groups might be too abstract to attract neighborhood families. She has suggested that the Center develop in their place "mini-groups," where parent educators invite specific families to the Center, and the focus is on the children and their play. This format would build on the experience with the Please Touch presentations, which might have been more successful than other group sessions because of their focus on the children. As was the case with the Please Touch sessions, mini-groups would provide parent educators with additional opportunities to interact with parents and their children.

Creating Networks of Support for Families--Grounding The Center Within the School District, the McKinley Elementary School and the Local Community

The Center: The Family Center, located just inside the main entrance to the McKinley Elementary School, is now fully equipped as both an office space for the parent educators and a play area for infants and toddlers. It is a colorful and cheerful room and easily accessible to parents, teachers and others as they arrive or leave the school building.

The front end of the room is a setting for play for young children. It is outfitted with a colorful rug, climbing equipment and other appropriate toys. In addition,

there is a small library of English and Spanish language books, a puppet theater and other materials which encourage literacy activities.

Occasionally the Center is a meeting place for school staff and the parent educators, for drop-in visits by parents, and for others who need to make contact with the parent educators. Parents sometimes drop in between home visits in order to talk with the parent educators about particular problems they are having, or to have a lesson in child development. Potential clients might drop in to get more information on the program, or a contact from another school or community agency might stop by to consult with the parent educators or to find out more about the program. Because the Center is in a public location, others also drop in--many with needs beyond the scope of the Family Center program: homeless people, drug abusers, and others who need help with their problems.

The Center is also a place for social gatherings. At Christmas, Valentines Day and Easter the Center sponsored parties for its families, for families with children at the McKinley School, and for other families living in the area. These were festive, well-attended events, bringing many parents and children from the surrounding community to the Center to celebrate together and share food and holiday activities.

The McKinley Elementary School: During the last half of the 1992-93 school year there was increased contact between the McKinley School staff and the Center. The interim principal as well as five McKinley teachers regularly visited the Center and worked with the Center staff to provide support to families. On occasion, Center staff accompanied the principal or a teacher on a home visit, and occasionally the reverse was true. The Center and the school also sponsored joint events, as when the Please Touch Museum ran its series of six Museum in a Trunk workshops and publicity went to both school and Center families and a special education teacher and speech therapist brought their students to participate along with mothers, grandmothers and their young children. The interim principal actively participated in the Family Center Advisory Committee and opened school resources, such as the school conference room and auditorium, to Center activities. As was previously true, Family Center staff recruit from families with older siblings at the school.

In an interview, the interim principal expressed her enthusiasm for the work of the Center and its presence at her school. She is a proponent of school-based services and would like to see even greater integration of the school and the Center. She plans to recommend to the new principal that

Center staff participate in the student support team meetings in order to coordinate services to families that both the school and Center serve. In addition, she recommends that Center staff participate in school improvement days so that the Center is regarded as an integral part of the school's educational plan, and in faculty meetings so that everyone within the school is aware of what the Center offers and so that the Center is aware of the issues and concerns of the school's teachers. She sees the Center as holding great potential for increasing the services provided to families and for being a means to creating early positive contact between schools and families.

CSSAP: The connection of the Center to CSSAP provides it with access to the programs which fall under the CSSAP umbrella. This connection also helps CSSAP follow through with teen parents who live in the Family Center area. For example, a teen parent who attended CSSAP was referred to the Family Center after the birth of her child. In another case, the McKinley parent educators referred one of their teen clients to the Home Health Visiting program. The CSSAP umbrella can aid in providing comprehensive services to families and in assuring that, as the life circumstances of clients change, they don't fall through the social service net.

The Advisory Committee: The Family Center Advisory Committee is made up of individuals from key local health and educational institutions, as well as a representative from the School District's Head Start program. Their mission is to provide support to the Family Center by supplementing the services the Family Center offers with auxiliary literacy, health, and job training programs and local fundraising. Unfortunately, because of the demanding jobs held by Advisory members, progress in pulling together supplemental activities has been slow. The member of the Advisory Committee who provides a link with the Head Start program, however, has been helpful to the parent educator/site coordinator in her efforts to refer children who have turned three years of age to Headstart. Since September 1992, 14 such referrals have been made. Center staff and the Headstart representative also have discussed opening up a new Headstart program.

Other community agencies: The Family Center staff sees itself as part of a constellation of community groups that are part of a local revitalization effort. They believe it is important that parent education as well as other services are offered from within the community, because it is critical for the community to be able to service its residents and not have to "send them outside" for help. Collaboration with other community groups, however, has been limited to individual efforts by parent educators.

Building Organizational Structures and Processes

Staffing: The staff consists of one parent educator/site coordinator who coordinates the daily work of the Center and provides service to a reduced number of families and three women parent educators and one male parent educator. All the staff are paraprofessionals, some of whom have had a variety of volunteer and paid jobs in the past and some for whom this is their first job experience. The composition of the staff, two African-Americans and three Latinos, reflects the multicultural neighborhood in which the Center is located. A number of participating families speak only Spanish or strongly prefer to speak Spanish; having Spanish speaking staff familiar with the cultural norms of the Hispanic community is critical to the ability of the program to reach out to the neighborhood's Puerto Rican population.

This past year there was a significant level of staff turnover. Two staff left, and two new staff were hired. New staff began work in January 1993, attending first training sessions provided by the Pennsylvania Department of Education for parent educators. The gap between the time when previous staff left and new staff began working with families resulted in some disruption of service delivery.

The paraprofessional staff is supported by the program coordinator of CSSAP and a lead parent educator, also based at CSSAP.

Staff Development: Staff development takes place in three contexts: staff meetings at the Center, staff meetings at CSSAP, and training provided by the state. While the meetings at the Center involve only the parent educators from the McKinley program, the meetings at CSSAP involve parent educators from a variety of sites, and the training by the Department of Education is for parent educators throughout the state.

Staff meetings at the Center occur weekly, and can most constructively address the immediate work issues of the Family Center parent educators. At the end of the 1992-93 school year, however, the parent educator/site coordinator was concerned that staff meetings had turned into routine events rather than problem solving/sharing occasions.

Meetings at CSSAP have been reduced in number during the past half-year because of the absence, due to injury, of the lead parent educator who coordinates the work of all the Philadelphia PAT programs. For the most part, these sessions are ones in which common processes and procedures among parent education programs are reviewed and in which presentations and training are offered. They are also a

chance for parent educators from the various programs to meet one another. There have been difficulties in making these sessions general enough to be relevant to the whole group and particular enough to repond to the issues most salient for particular communities.

Training offered by the state is required for certification for parent educators and occurs several times a year.

Staff Safety and Security: Staff are concerned about their security when walking through areas of the neighborhood where gangs gather or drugs are sold and when doing a home visit with a family where drug abuse and/or domestic abuse is a problem. As a way to support one another, parent educators have teamed up under such circumstances, in order to help increase their safety through numbers. In a few instances, families had to be dropped from the program because the situation was too risky for the parent educator.

Program Documentation: Program documentation is the key way in which the lead parent educator and the program coordinator monitor program activities. The documentation also assists the parent educator/site coordinator in tracking the delivery of services to families and in reviewing cases and case loads with individual parent educators. In addition, the documentation is used by the research evaluators to prepare descriptive quantitative data on the program partipants and on the intensity and duration of service delivery to families and children.

Documentation processes and procedures, however, are problematic and as a result the data on enrollment and service delivery is incomplete. It is impossible at this time to report quantitatively on either range or intensity of program service.

The parent educators have raised two issues related to difficulties in documentation: appropriateness of the enrollment form and parent questionnaire for their families and the time it takes them to document program activities. The parent questionnarie, in particular, is written in a vocabulary inaccessible to the population the program serves, and is not currently available in Spanish. Many families are reluctant to answer some of the questions on the enrollment form because they perceive them as intrusive and irrelevant to the type of service the program delivers. As already mentioned, the parent educators believe that too much of their time is spent recording activities and that the multiple forms they must complete weekly are redundant.

At the beginning of this year a new system of recording program activities and services was designed which was

intended to show more accurately the range of services provided to families and children and to eliminate some redundancy in reporting. The form had been designed as a generic one for all Philadelphia PAT programs. In analyzing the documentation, however, the research evaluators discovered that there was confusion among the Family Center parent educators in reporting completed activities from intended activities, and that similar activities were coded differently by different parent educators.

In mid-summer 1993, a review was made of all documentation procedures and processes. The review made progress in streamlining processes and revised the service delivery log to conform more closely to the Family Center staff's understanding of the kinds of services they deliver to families. In addition, the parent educators will revise the parent questionnaire to be more accessible to the families they serve.

IV. Emerging Issues And Recommendations

The evaluation research has identified four areas in which the Family Center is making an impact: supporting women who are isolated and overburdened; laying the ground work for successful school experiences for young children; contributing toward the revitalization of a poor community; and strengthening ties between schools and families. The research has also identified several issues which have surfaced in the course of the first 18 months of the Family Center. These issues create dilemmas which should be discussed among Family Center staff, those who provide training and support to the Center, and program planners. The recommendations address these issues and the kinds of support the parent educators need to do their job.

Delivering Service in a Multicultural Context

The Family Center staff should build on the strength of its cultural and linguistic diversity in order to explore the meaning of parent education in the context of the multicultural setting in which they work. As a staff, they ought to review, periodically, the PAT curriculum in order to identify the most relevant activities for their families and to develop strategies for adapting these activities to the realities of the African-American, Latino and other families they serve.

It is crucial that the parent educators have language appropriate materials. Revising key lessons in a language that is accessible to the program's families might be one solution. Such revisions should take into account the need for both Spanish translations and/or simpler English language formats and vocabularly. In addition, any Spanish language

materials currently available through the PAT National Center should be made available to all parent educators servicing Hispanic families.

Reaching out to Families

Recruitment is an essential activity of the Family Center and must be an ongoing concern of the parent educators. The most successful recruitment of families is through direct contact between parent educators and potential clients. Therefore, the parent educators must continue to build a presence both in the local community and in the schools in the area.

Staff should continue to visit schools, health clinics, and other agencies and institutions in the community regularly in order to increase the visibility of the Center and awareness of the services it offers. In addition, referral of friends, relatives and others whom current clients believe would be interested in the program, should be encouraged. Such referrals lead to the involvement of networks of families and friends in the neighborhood who make parent education a focus of their activities.

Servicing Families with Many Difficulties

The parent educators must be able to address the multiple needs of the families they serve. The Family Center staff should continue to discuss how to balance the urgent needs of many of their families and their mission of delivering parent education. Although they are not social workers, the parent educators often find themselves doing social work and/or making referrals. They should be supported through the development of a referral system to resources available in the community for meeting the housing, health and other survival requirements of their families.

Teen mothers, who make up nearly one-third of those enrolled in the program, are a special category of family that frequently face many difficulties. Center staff should explore the ways in which teen parents need different kinds of interventions than other parents and the ways in which the PAT curriculum needs to be adapted to be appropriate for teens. CSSAP is a resource that the parent educators can draw on to assist them in this area.

The parent educators ought to be encouraged to increase the number and kinds of interactions they have with families and children. Research on programs to prevent child abuse indicates that personalized intervention methods and intensity of interaction are key factors in program effectiveness, especially with those families that need additional support the most (Daro 35). The Center staff ought to consider ways in which it is possible to use the

Center site to augment contact with clients. In addition, consideration ought to be given by program planners and the Advisory Committee to ways in which trips for families and children with parent educators might be subsidized.

Building the Center

An important feature of the Family Center program is its emphasis on outreach to families in their homes. Without this priority, the Family Center would miss many mothers who are isolated and have few resources. This model of service delivery, however, complicates the goal to build the Family Center site into a vibrant setting for parents and children. The staff should explore the best ways to utilize the Center space in order to make these two goals complementary and not have one frustrate the other.

The Center is an important setting in which the principal and interested teachers, other school staff and sometimes parents come to confer with the parent educators. The Center setting should facilitate this aspect of the parent educators' work. Center staff ought to consider rearranging the office space so that entering guests can easily be greeted, and so there is comfortable space for the staff to talk with whomever needs their attention.

Embedding the Center in the School Community

The Family Center, while administered by CSSAP, is located at the McKinley Elementary School. As this dual connection evolves, the program administrators need to be aware of any tensions that arise as the Center staff negotiates its presence at McKinley and maintains its ties and commitments to CSSAP.

Shortly after the new McKinley principal arrives, the program coordinator ought to initiate contact with her. The program coordinator might facilitate a discussion among Center staff and the new principal on ways in which the two entities could work together to facilitate and coordinate the delivery of services to school and Center families. The interim principal already has suggested a number of ways in which the integration of the two might be strengthened. In addition, the parent educators ought to consider participation in Parent Association meetings in order to increase their visibility among McKinley parents and to strengthen a potential conduit for recruiting families.

Embedding the Center in the Community

Increasing its involvement with the Advisory Committee might be one way in which the Family Center could extend the services it provides within the community. The efforts of the Advisory Committee in creating supplemental health,

library and other programs has been slow. The Center staff ought to find ways to support Advisory Committee initiatives not only to assure that supplemental activities occur, but also to guarantee that the programs the Advisory Committee sponsors are integrated with the activities of the Center, providing families and children with better coordinated and more comprehensive service.

Consideration ought to be given as well to adding new members to the Advisory Committee from the community who would expand the expertise of the Committee. Center staff should be consulted for suggestions of names. For example, since housing is a major issue in the community, perhaps someone with knowledge of this area should be added. Another consideration might be to add a paralegal to the Advisory, who would be able to consult with staff members who find themselves needing to provide legal information to some of their clients.

In addition, all levels of the program, including administrators, Center staff and Advisory Board members, ought to look for opportunities to develop linkages with other service providers in the community. Inviting other agency representatives to the Family Center for a meeting to discuss how local groups might work together to best serve the community's families would promote inter-agency collaboration.

The Center staff ought to consider its links with other schools in the community as well. The initial contact one Family Center parent educator had with the area high school resulted in several referrals. At another Family Center, parent educators are assigned to other schools in the area. They have found that their regular presence in these schools is leading a stream of new families into the program. Linkages to schools in the community not only could raise the visibility of the Center in the neighborhood and increase the number of families the Center serves, but also could help build attendance at social gatherings and other special Center events.

Supporting the Work of the Parent Educators

The lead parent educator and program coordinator ought to clarify the purposes of staff meetings at CSSAP, delineating discussions most useful to have across programs and ones most productively had within program units. In addition, experts invited to make presentations on issues which concern the communities in which the Philadelphia PAT programs are located should be encouraged to adopt interactive techniques, utilizing the knowledge of the communities that the parent educators bring to their work. Staff meetings might be supplemented by cross site visits,

providing opportunities for parent educators to learn directly from one another.

Staff meetings at the Center should be the responsibility of the entire staff. They could be opportunities for building an understanding of what it means to work in a multicultural setting and to deliver services to different kinds of families. The work of the parent educator is complex and stressful, and staff discussion should form the basis for mutual support and problem solving. A continuing discussion among the parent educators on the role of parent education in supporting the families in their community might help clarify the particular service the Family Center offers that other groups don't. It is especially important that seasoned staff share their experience and expertise with new staff in these settings.

Staff ought to discuss regularly the dangers and risks they encounter on the job, in order to share methods for increasing personal safety. In addition, training opportunities ought to be made available to the parent educators which would provide them with techniques for handling potentially threatening situations.

Reviewing Program Documentation Processes and Procedures

Center staff ought to continue to review documentation processes periodically in order to solve problems in the collection and coding of information, and to clarify and simplify documentation procedures. Further revisions may still be necessary to the documentation forms. In addition, the lead parent educator, program coordinator and research evaluators should review documentation purposes and clarify with staff the ways in which the data they collect helps support the work of the Center and could help focus discussions of particular families and how they might best be served.

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