

*P*rograms to
*S*trengthen *F*amilies
A Resource Guide
Third Edition

Kathryn Goetz, Editor



FAMILY
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COALITION

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Programs to Strengthen Families

A Resource Guide
Third Edition
1992

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NCJRS

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Programs to Strengthen Families

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Programs to Strengthen Families

PREFACE

The third edition of *Programs to Strengthen Families*, like its predecessors, attempts to describe the current status of family resource programs in the United States and Canada through program examples. This revision is a completely different compendium of programs than the first or the second, organized in a new way. The difference reflects the enormous growth and change in the field of family support in the very short time span of three years since the last revision. There has been substantial growth in the number of programs overall, in the variety of uses of family support principles, and especially in the increasing interest—and funding—from the public sector for family supportive programs.

As in the previous editions, this *Programs to Strengthen Families* makes no attempt to list all possible programs or to make judgments about whether those included are the best programs. The book is intended to be a snapshot of the diversity of family resource programs in 1991, with examples of the many different expressions of programs. For some programs listed, there may be many others roughly similar: in population served, in origin, in structure, in mission, in quality. Other listings may be entirely unique, selected because that program combines elements in an innovative way or is funded in a way that points out new possibilities.

Most of the programs listed in the first two editions are still operating, many of them vastly expanded, serving many more families with many more services than they started with. These expansions have been possible primarily through increased funding from public sources. Programs which originated with private funds have been able to convince public agencies to fund their family support services as preventive programs OR to provide publicly funded services through the auspices of the community based program as a part of the services available to the families who use the programs.

Programs which were included in the last edition and are not represented here are absent owing to a simple lack of space to list all good examples in a category. In this new edition, which reflects the

changing face of the field, there were new categories and new ways of looking at the whole range of programs, and always insufficient space to list all good programs.

Sources of Information

Hundreds of family resource programs in the United States and Canada, including all programs listed in the first and second editions, were asked to provide information for *Programs to Strengthen Families* through a survey instrument developed by the Family Resource Coalition. Each of the programs selected for inclusion in the book was interviewed at least once by FRC staff, and each program had an opportunity to review and alter the program descriptions drafted by FRC staff. The information listed is current, according to each program's report, as of the winter of 1991-92.

Using This Book

This book is intended to be used by a variety of audiences: program developers, policymakers, and those interested in understanding and documenting developments in family resource programs. The general organization offers insight into the current state of the art.

The organization is by necessity somewhat arbitrary. Many programs have overlapping goals and could fit into more than one category. The categories are intended to provide a way of looking at the field of family support, not to be exclusive domains.

The first chapter contains programs which provide collaborative and comprehensive services. These often large, innovative programs foster coalitions of service providers in order to offer an extensive range of services to families. Services vary from program to program, but it is not unusual to find health services, childcare, employment assistance, along with parenting education and support. The definition of family support found here is very broad indeed: it is recognized that many families need support in fulfilling their basic needs, but that fulfilling basic needs is not enough to encourage healthy child development and family function. Many of these

programs are also involved in advocacy efforts and training initiatives.

Chapter Two contains programs that began as partnerships between schools and families. Any program whose primary goal is to encourage school success is located in this chapter, as are programs which use schools as primary sites. Some programs are operated by school systems themselves, others are privately administered.

The third category, "Enhancing Family Function", contains programs whose original purpose was to support and strengthen families. This category includes freestanding community-based family resource centers as well as family support programs located in other settings.

The fourth chapter contains programs that have incorporated a family support component into an organization with a different, but perhaps related, primary function or mission. These programs have recognized that focusing on families, instead of on isolated individuals, helps them achieve their goals.

Finally, there is a chapter on state initiatives. Many states have recognized that strengthening families is an efficient and cost-effective way of preventing a multitude of social problems. We have detailed the initiatives of five states which have made statewide commitments to providing family support. These were chosen to portray the diverse ways states have chosen to fund and administer their family support initiatives. They are by no means the only states concerned with strengthening families.

The appendices are designed to allow easy cross referencing. The appendix should give you a way to

locate the examples that will be most useful to you. A glance at the back of the book first may be a good place to start if you are looking for a particular kind of program.

Additional Information Available

Each of the programs listed cooperated extensively with the Family Resource Coalition as the guide was developed. You may obtain further information about each listing by calling or writing the program itself or by contacting the Family Resource Coalition. The National Resource Center for Family Support Programs, housed at the Coalition, maintains files on many additional programs not listed here and will be glad to provide information on specific topics on request. The Resource Center encourages every program to send current program information for inclusion in the national database.

The Family Resource Coalition publishes a quarterly *REPORT* and a regular newsletter for its members. FRC also carries a variety of books and articles about family resource programs, policies, and ideas in its publications catalog. Membership information and publications catalogs are available from the Family Resource Coalition, 200 South Michigan Avenue, Suite 1520, Chicago, IL 60604.

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Editor and Director of Publications

INTRODUCTION

Family resource and support programs began to emerge throughout North America in the late 1970's, as a response to the need for better, more holistic support for families struggling to raise their children in a society that does not always value the role of parents. The need for a different way of assisting parents was expressed both by parents themselves and by people who worked with families in social service agencies, schools, churches, and other community-based institutions. The family resource programs included in the first edition of *Programs to Strengthen Families* gave a rich picture of the variety of ways that programs were reaching out to meet this need in 1983.

Family resource and support programs have proliferated and changed dramatically since the first *Programs to Strengthen Families*. The intent of all the programs remains to strengthen the capacity of families to nurture their children, and the guiding principles that form the basis for the programs have remained much the same, with some further refinements. In 1991, as part of the Tenth Anniversary edition of the Family Resource Coalition *REPORT*, the Coalition published a definition of the guiding principles of family resource programs which had evolved over the ten years of work on programs.

The statement of principles reads as follows:

The basic relationship between program and family is one of equality and respect; the program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.

Participants are a vital resource; programs facilitate parents' ability to serve as resources to each other, to participate in program decisions and governance, and to advocate for themselves in the community.

Programs are community-based and culturally and socially relevant to the families they serve; programs

are often a bridge between families and other services outside the scope of the program.

Parent education, information about human development, and skill building for parents are essential elements of every program.

Programs are voluntary, and seeking support and information is viewed as a sign of family strength, not indicative of deficits and problems.

Using these guiding principles, family resource and support programs have come a long way since the late 1970's. The spontaneous shoestring organizations of parents who wanted information, friendships and support in raising their children have given way to large complex programs funded by a variety of public sources, complete with target populations, eligibility standards and outcome measures. The friendly one-person staff that did everything from bake bread to care for toddlers to produce newsletters has given way to interdisciplinary teams of professionals and trained paraprofessionals. The issues addressed in programs have expanded from providing social opportunities and workshops in child development to addressing a full range of problems from joblessness and literacy to child sexual abuse and teen parenting. The settings for family resource programs have moved from church basements and kitchen tables to workplaces, schools, health centers, social service agencies and community gathering places.

This *Programs to Strengthen Families* documents the changes in older programs, along with excellent new programs and initiatives that promise to lead the way into the next phase for family resource programs. What it does not document are the many challenges that lie ahead.

CHALLENGES FOR THE FIELD

The underlying question for all the activity and the many new uses of family resource ideas, as illustrated by the diversity of programs contained in *Programs to Strengthen Families*, comes down to this: how can we preserve the essential principles of our programs in the midst of rapid institutionalization? Practitioners are eager to see family focused, holistic, community-based services such as those listed in this book. We believe that they represent our best hope to give families the support they need to survive and thrive in their own communities in the next century. The challenge of the next ten years is to ensure that the widespread implementation of family resource and support programs in many different institutional bases is true to the principles so painstakingly established in the past fifteen years. That implementation depends on meeting challenges in training, evaluation and policy.

Challenges in Training

Programs cannot operate without effectively trained staff familiar with the approach family resource programs use as well as the services and activities they provide. Working in an interdisciplinary team, establishing equal relationships with parents, and juggling a variety of services in order for individual families to have what they need, are not usual experiences for workers in most programs. The greatest challenge for establishing effective training for family resource staff is to differentiate what is necessary for staff to know in these programs from traditional training in other programs.

The conceptual framework has been generally established through agreement on principles and experience in the field over the past fifteen years. A widespread agreement on what constitutes "best practices" in the family support field is the next essential element, then building an effective training delivery system that includes colleges and universities, community colleges, and other in-service training opportunities. Without this infrastructure for training and staff development, family resource programs cannot grow to their full potential.

Challenges in Evaluation

As family resource and support programs become front-line policy approaches to strengthening families through community based services, information on comparative outcomes becomes more

important. Little evaluation has been done on family resource programs on a large scale, although some examples of program evaluation do exist. (Some are listed with their programs in this volume.) Many factors make evaluating these programs very difficult, even if adequate resources for evaluation are available. There are few well-developed instruments that can measure the results programs expect; measuring improved family functioning, for example, requires several elaborate, time-consuming methods which may still not capture the results. The nature of family resource and support programs has been to use any and all resources available for supporting families, not only one particular model or curriculum. Programs encourage parents to use their services at their own convenience, on their own schedules, and often operate at least some part of the program without staff assistance. Defining exact parameters of intervention in this climate is very difficult, as is collecting accurate data on who uses what when. Defining a control group that matches parents who are using the programs is not easy, especially when programs are very idiosyncratic and embedded in their own unique communities as a fundamental part of the program design.

Facing these barriers in a way that both produces the information about results and preserves the integrity of the programs is a major hurdle for programs to overcome in the next few years. Fortunately, the expansion of the number of programs funded by a variety of sources will also produce more resources for developing adequate evaluation strategies.

Challenges in Public Policy

The public policy challenge for the next ten years will be to support family resource and support programs without altering their essential nature, giving maximum flexibility at the local level, and encouraging real empowerment. Each agency, each institution, each funding source from the federal government to local agencies has its own agenda, its own reason for being, (which did not originally include family support). Our challenge is to challenge each user of the family support principles to carefully consider the full implications of family support as they incorporate family resource and support principles into their programs. Translating these principles into the thousands of decisions made at the state and local levels will take a monumental, vigilant effort.

The Vital Role of Parents

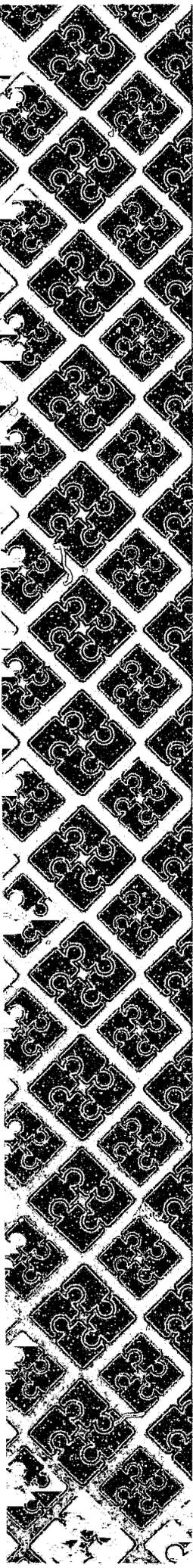
Although the settings for programs and the resources offered to parents through programs vary widely, one consistent theme has continued to differentiate family resource and support programs from other approaches to assisting families: the theme of family empowerment. The pervasive, intentional operationalizing of this theme into all aspects of a program is what ultimately distinguishes family resource programs from other approaches which serve families. The relationship between the program (represented by the professional or the staff member) and the parent is one of equality and respect, and the attitude of the program toward parents is one of partnership. The parent is not a passive recipient of services or information but an active participant in determining what services and information are offered, in what form, and under what conditions.

A central challenge to the family resource field is to maintain and enhance this empowerment theme as the principles of family support are translated ever more widely into use in arenas which have not traditionally viewed parents as partners or even as worthy participants in their children's lives. Institutions such as schools or child welfare systems which are reaching out to involve parents in new ways are learning to alter their own expectations and assump-

tions about parents, and to create many avenues of communicating and facilitating the new partnership they hope to build with parents.

Regardless of the many institutional challenges facing family resource programs and ideas in the next ten years, parents themselves will retain ultimate control over family resource programs. They own the programs. Programs can not exist without them and must be responsive to their concerns. Parents vote very quickly with their feet, if allowed no other way, and will simply not participate if programs are not relevant to their needs. A challenge for planners and developers of large systems of programs is to understand and expand the appropriate role of parents in planning, governance, and evaluation.

Parents, after all, are why these programs exist. And all of us depend on their commitment and their daily contributions in their central role of making their own families work. Our future as a society is in the hands of parents today as they struggle to do what families have always done: nurture each other and enable their members to be the productive, healthy, happy people all of us want to be. Our challenge, through our programs and our policies, is support them in every way we can.



II. COMPREHENSIVE AND COLLABORATIVE SERVICES

The programs in this category are innovative models which provide comprehensive services that address families' basic needs as well as enhance parenting skills. Most of these programs are targeted to families living in poverty. Some of them, like the Family Development Project at Cleveland Works or Delaware Opportunities have as their main goal facilitating families' achievement and maintenance of economic self-sufficiency. Other models, such as Uplift, Inc. and Mid-Iowa Community Action are dedicated to reforming the social services delivery system in the course of providing services for families.

Center for Family Life in Sunset Park

345 43rd St., Brooklyn, NY 11232
718/788-3500

Sister Mary Paul, Director

Overview

The Center for Family Life in Sunset Park (CFL), Brooklyn, New York is a not-for-profit, neighborhood-based prevention and early intervention family support organization. Its staff also engages in crisis management and mediation in instances of serious family disorganization and dysfunction. The center aims to sustain children and youth in their own homes by enhancing the capacity of parents, providing developmental opportunities for family members, addressing crises in parent and child or spousal relationships, and intervening in a variety of ways to bring financial stability or at least adequate income to the family household. CFL's philosophy is that (1) child well-being and family strengths are closely interrelated and (2) are themselves outcomes of a large number of factors within the family and within the community; and therefore, that (3) social services—including personal social services to families and children—are important, particularly in economically depressed neighborhoods.

History

The Center for Family Life in Sunset Park was founded in 1978 following several months of research into neighborhood needs. St Christopher-Otille, a large child welfare agency on Long Island specializing in foster and group care, agreed to sponsor the center, and the Center for Family Life continues to operate as part of St. Christopher-Otille. Initially, the center provided family counseling and family support programming. Within a year or so, it added school-based activities and an emergency food program. Over the past thirteen years, it has grown steadily, always responding to the needs of neighborhood families.

Community

The Sunset Park area of Brooklyn (population, 98,000) is an impoverished neighborhood. The community is ethnically diverse with a large Hispanic population and increasing numbers of Asian and Palestinian families. Approximately one-third of its residents are under the age of 18.

Program Components/Services

- Daily (8 am to 11 pm) availability to children and families of Sunset Park; round-the-clock telephone availability of project director and director of clinical services (who are live-in staff) as an emergency response system
- Comprehensive assessment and evaluation services in crisis situations, including psychological and psychiatric evaluations
- Counseling services: individual and family sessions
- Family life education programs
- Parenting workshops
- Discussion and activity groups
- Information about and referral to community agencies and service systems for medical, legal, vocational, social, and religious help, income support, housing, and day-care assistance
- Foster grandparent program
- Foster family program: Children who are

removed by the city from their homes are placed with families in the same neighborhood to reduce the trauma and anger involved, to facilitate more frequent and intensive remediation services, and to normalize the situation of the children with regard to school and neighborhood, and to accomplish family reunification sooner.

- Peer tutoring program
- Community school projects including after-school childcare and activities
- Teen center and evening program includes a basketball league, a community arts project, a dance company, a rap group, workshops on teenage topics, a youth leadership program, and summer camp counselor training.
- Day camp programs serving over 400 children per summer
- Summer youth jobs program
- Employment services program: counseling, job search and placement assistance, and follow-up
- Advocacy clinic: Trained volunteers assist families needing liaison or advocacy with income maintenance, housing resources, food stamps and medicaid.
- Emergency food bank
- Thrift shop
- Infant/Toddler/Parent program provides early stimulation and group play for children six months to three years of age, while their mothers are in group sessions with a clinical social worker working out marital, parenting, or personal issues.
- Social activities
- Assistance in assessing and remedying school problems and learning disabilities, including

collaborating with school personnel to locate specialized educational programs

Participants

The Center for Family Life serves a low-income, ethnically diverse community. Participants are self-referred or referred through a community organization or the New York City Department of Child Welfare. Each year, the center serves over 450 families in its counseling program, over 1800 children and teens in the school-based programs, 500 in the Summer Youth Jobs Program, and over a thousand in its Emergency Food Program.

Staff

The staff consists of 48 full-time employees, 40 part-time staff assisting in the school-based after-school program, and eight support staff.

Outreach

The Center for Family Life has been in Sunset Park for 13 years and is a well-known community institution. Participants hear of its programs by word-of-mouth and are referred by other community organizations. The center occasionally circulates flyers on activities, new programs, and workshops, but in general does not need to conduct formal outreach campaigns.

Evaluation

Client satisfaction surveys which are obtained annually are part of the evaluation process. Program components are evaluated individually.

Replication

This program is an adaptation, by the same directors, of a program begun in 1972 and still operating in another part of Brooklyn. Current components have been replicated by other organizations.

Funding

CFL's annual budget is approximately \$2 million: 70%, from the New York City Department of Child Welfare; 15%, from the New York City Department of Youth Services; 11%, from the New York City Department of Employment; and 20%, from private foundations.

Highlights

The Center for Family Life in Sunset Park is part of a strong collaborative effort to work toward an integrated social service system in its community. Proud of its emphasis on responding to community needs, the center is an inclusive family service model that treats families individually and doesn't pigeonhole them according to specific problems.

Suggestions

Be available beyond nine-to-five for families in need. Strive towards inclusiveness rather than offering stigmatized routes of service. Focus on the community as a sustainer of families.

Publications

Geography of Foster Care; brochure; *Progress Report/Evaluation*.

Delaware Opportunities, Inc.

47 Main Street, Delhi, NY 13753
607/746-2165

John Eberhard, Executive Director

Overview

Delaware Opportunities, Inc. is a countywide Community Action Agency in rural New York that provides a wide number of programs dedicated to the mission of assisting families to achieve self-sufficiency and a better way of life. A major focus of the agency is to reduce child abuse and neglect and to strengthen families.

History

Twenty-five years ago, five citizens, representing educational institutions, local government, and community groups joined together to form Delaware Opportunities, Inc. as a Community Action Agency under the auspices of President Johnson's War on Poverty and the Office of Economic Opportunity. As its funding base broadened, the agency expanded its programs; by 1990, it had over 55 separate funding sources for the operation of 29 different but coordinated programs. From the beginning, Delaware Opportunities' staff and Board of Directors have identified obstacles faced by low-income individuals and families and developed programs to help them overcome obstacles and achieve economic self-sufficiency. During the early years, approximately 600 persons were served each year; today over 7,000 individuals or families receive services annually.

Community

Delaware Opportunities, Inc. serves Delaware County, a large, rural county with a total population of 47,255 and a geographic area of 1460 square miles. More than 98% of the population is white.

Program Components/Services

Child and Family Development Division:

- Head Start provides comprehensive child development services to children and families in such areas as education, social services, nutrition, health, and mental health.
- Big Buddy matches responsible volunteer adults with children, to provide mentoring, supportive services, and role models.
- The Parent Aide Program operates in conjunction with the local Department of Social Services to reduce or eliminate child abuse and maltreatment. This home-based, case-management model includes assessment, goal-setting, information, referral, and support.
- Safe Against Violence (SAV) provides crisis intervention counseling, shelter, supportive services, and public education and outreach to victims of domestic violence and their families.
- The Day Care Development and Assistance Program recruits and trains day-care providers. Provides resources and referrals to parents, and education on the selection of a day-care provider; administers the working parent, teen parent, transitional, and JOBS financial assistance programs.
- Parent Center, a primary preventive and education program, offers both direct services and referral to other programs.

Other agency programs:

- Women, Infants and Children (WIC)
- Weatherization

- Housing assistance payments
- Home-ownership counseling and assistance
- Emergency food and shelter
- Housing rehabilitation
- Revolving loan for home-ownership
- Counseling and assistance for homeless people
- Counseling and assistance for rape and crime victims
- Transportation
- Car-seat loaner program
- Senior meals
- Counseling and advocacy
- Information and referral services
- Self-help clearinghouse

Participants

Last year, 4900 households and 13,800 people were served by Delaware Opportunities, Inc., representing a cross-section of the county's population.

Staff

Of the 135 employees of Delaware Opportunities Inc., 110 work full time: 30 are professionals; 71, paraprofessionals; and 9, support staff.

Outreach

Outreach efforts include: poster campaigns, networking with other service providers on joint referrals, regular press releases on programs offered, and radio talk-show appearances. In addition, other

service organizations sometimes send mailers to their participants advertising Delaware Opportunities programs; and staff offer presentations to local churches and neighborhood organizations.

Evaluation

Each program provides a monthly report to the Board of Directors.

Replication

There are 900 Community Action Agencies throughout the U.S. that operate according to similar principles. Each has a different set of programs and emphasis.

Funding

The annual budget is approximately \$3.3 million: 76%, from government grants; 2%, foundations and donations; 3%, program service revenue; 15%, matching funds and in-kind contributions; 4%, interfund transfers.

Highlights

Delaware Opportunities has made a concerted effort to increase the quantity and range of its services for children and families. Delaware Opportunities is extremely proud of the growth of its Child and Family Development Division.

Suggestions

Obtain strong support from your local community for the programs you plan to implement. Develop a consistent, long-term funding strategy: it is extremely frustrating to secure a one-year grant to start a program and spend most of that year figuring out how to keep the program going in its second year.

Publications

Annual Report; program brochures; newsletters.

Family Development Program

Cleveland Housing Network, Inc.

4614 Prospect Avenue, #340, Cleveland, OH 44103
216/391-5481

Cathy Pennington, Program Director
Mark McDermott, Executive Director

Overview

The Family Development Program (FDP) is the long-term, comprehensive, case management component of the Cleveland Housing Network's Lease-Purchase Housing Program. Families enrolled in CHN are striving to become homeowners within 15 years. The primary goal of FDP is to assist families out of poverty permanently. FDP helps families to break down the barriers preventing them from becoming economically self-sufficient.

History

Cleveland Housing Network (CHN) is a not-for-profit umbrella organization that aims to provide decent, affordable housing to low-income families in the inner city of Cleveland. CHN's ten member organizations are community development corporations. CHN provides financing, technical assistance and property management services to these groups in order to assist them in acquiring, rehabbing, and managing properties over a 15-year period. To date, CHN owns 700 units of housing, and plans to add 140 units each year. After programmatic setbacks it became evident that some families needed comprehensive services to assist them out of poverty. In 1990 the FDP began work with lease-purchase families.

Community

The city of Cleveland has a population of 450,000. It is racially and ethnically mixed, with the largest Hispanic population in the state. The FDP serves families receiving Aid to Families with Dependent Children (AFDC) who rent a lease-purchase home

sponsored through CHN. CHN (and FDP) serve impoverished neighborhoods in Cleveland.

Program Components/Services

- Regular assessment of family strengths and needs
- Planning and goal setting
- Weekly support services
- Referral and advocacy services
- Teen support group, weekend camping, and scholarships for boys basketball camp
- Tutoring for learning-disabled adults

Services are home-based. FDP staff are committed to assisting families to overcome any barrier to their progress; services are not limited to those dictated by traditional casework principles. For example, FDP staff might help a family plant a garden, shop for groceries, or provide interpretation services.

Participants

All AFDC families in CHN's lease-purchase program are eligible for FDP services.

Staff

The staff consists of six full-time employees: a program director and five family development specialists.

Outreach

Families learn about FDP through property managers at neighborhood community development corporations or through peer referrals. FDP recruits families for assessment by calling or writing them to set up an initial meeting to present the program.

Evaluation

Case Western Reserve University's Center for Urban Poverty and Social Change is conducting a 16-month program evaluation funded through the George Gund Foundation. The evaluation will include an impact and process analysis. An experimental group of FDP participants will be compared with a control group who receive no FDP services.

Replication

Family development programs in Ohio are an outgrowth of family development programs sponsored by the Mid-Iowa Community Action Agency (MICA) (See page 16). The model has been established in both rural and urban areas with great success. This family development program was started as part of a statewide out-of-poverty movement sponsored by the Ohio Center for Family Development in Akron, Ohio, (216/434-9530), which has begun pilots in five Ohio cities.

Funding

The annual budget of approximately \$250,000 is funded entirely by comes from local foundations: The George Gund Foundation, the Cleveland Foundation, and the F.J. O'Neill Charitable Trust.

Highlights

FDP provides structured systematic services that are highly accountable. The program succeeds when a family obtains adequate full-time employment with health benefits.

Suggestions

Affordable, decent housing is a fabulous incentive for families, giving them real hope for a better future. Link family services with transitional or other subsidized-housing programs.

Publications

Program forms; training materials, orientation book; evaluation tools.

Family Development Project

Cleveland Works

Atrium Office Plaza, 668 Euclid Avenue, Suite 800, Cleveland, Ohio 44114
216/589-WORK

Debbie Lucci, Director, Family Development
David Roth, Executive Director, Cleveland Works

Overview

Cleveland Works is a not-for-profit organization dedicated to providing families on public assistance with a real chance to break out of the welfare-dependency cycle by motivating, training, and placing parents in full-time jobs which offer healthcare benefits and the potential for upward mobility. The Cleveland Works Family Development Project offers childcare, healthcare and parenting education. Through the Family Development Project, Cleveland Works ensures that in addition to securing employment, families obtain quality healthcare, life management skills, and education—all viewed as equally important in progressing toward independence.

History

Since Cleveland Works' inception in August 1986, over 350 Greater Cleveland employers have hired skilled, dependable graduates from Cleveland Works' ten-week (400-hour) training program into full-time jobs with family health benefits. As a result, over 3,000 men, women, and children are no longer on public assistance and are living better lives. Eighty-five percent of all Cleveland Works' placements have remained employed and off public assistance.

In 1990, the Family Development Project began providing quality childcare, training individuals to be knowledgeable and effective parents, and offering healthcare that is affordable and reliable on a year-round basis.

Community

Cleveland Works serves the Greater Cleveland area and Cuyahoga County. There are approximately 35,000 AFDC recipients in Cuyahoga County.

Program Components/Services

- **Head Start Childcare Center:** The Center is a full-day, year-round program for children aged three to five. In addition to day care for children and early childhood education, the center offers: (1) Emergency drop-in childcare (2) Family Life Education Classes (which meet five hours weekly and cover topics such as health and nutrition, budgeting, time management and parent-child relations) (3) *Family Works*, a bimonthly newsletter distributed to current and former participants, featuring articles on parenting, health, child development and news of Family Development activities at Cleveland Works.
- **Metrohealth Downtown Center** offers comprehensive out-patient healthcare to residents of Cuyahoga County, regardless of resources. The center's staff perform physical examinations and provide high quality primary care for both acute and chronic illnesses with a strong emphasis on health education and disease prevention. Currently available services include family medicine, obstetrics/gynecology, internal medicine, laboratory/EKG, health education, nutrition, AIDS counseling, social services referrals.

Participants

The average Cleveland Works participant is between twenty-eight and thirty years of age, has two children, and has been on and off welfare for ten years (the majority of his or her adult life).

The Cleveland Works Head Start Childcare Center opened on November 3, 1990. The Center has the capacity to serve up to thirty-four children daily in

three groups. Since December 1990, 300 children have been served in emergency drop-in childcare since December; 250 Cleveland Works participants have enrolled in Family Life Education classes.

The Metrohealth Downtown Center recorded 613 patient visits from August through October, 1991; Approximately 20-30% were Cleveland Works participants. More than 160 Cleveland Works trainees have attended health education workshops since September, 1991.

Staff

The Cleveland Works Head Start Childcare Center has a paid staff of five full-time and one half-time professionals. All are state-certified for their positions and all are directly involved in teaching. Staff are assisted by twelve volunteers who contribute an average of one hour daily to the center.

The Metrohealth Downtown Center's staff includes board-certified physicians, registered nurses, midwives, medical assistants, and clerical support.

The Family Development Project staff consists of full-time director and support staff.

Outreach

Cleveland Works advertises in local media through posters on the public transit system, billboards, and television spots. Participants are also referred by the Cuyahoga County Department of Human Services and other social service agencies. Since the Family Development Project recruits participants from Cleveland Works, it does not have a separate outreach strategy.

Evaluation

Pre- and post-tests are administered annually. All children enrolled in the Head Start program are tested in compliance with government policies.

Replication

The Family Development Project has not as yet been replicated.

Funding

Funding for start-up and a portion of operating expenses for the first year, of the Cleveland Works Head Start Childcare Center was furnished by grants and donations totalling \$233,900. Major donors included the Cleveland Foundation, the Gund Foundation, the St. Anne's Foundation, BP America, Progressive Insurance, and TRW. Continued operating support comes from Head Start and the JOBS Program under contracts with the Council of Economic Opportunity and the Cuyahoga County Department of Human Services. The Head Start contract pays a fixed monthly rate of \$7,400, based on planned enrollment for the year; the JOBS contract pays up to \$11,400 per month based on monthly enrollment, at a fixed daily rate per child. Estimated funds available in 1991-92 total \$334,400.

The Metrohealth Center was conceived and planned by David Roth, Executive Director of Cleveland Works, and Dr. Henry Ziegler, Director of the Metrohealth Clement Family Health Center. The Center is owned and operated by Metrohealth, which bears total responsibility for its finances.

Highlights

The Family Development Project's Head Start Center is the only center of its kind in the country that is run in association with a job-training program and a health clinic.

Suggestions

It takes more time that you anticipate to design and implement a program such as this. Build extra time into your workplan and the schedules you write for grant proposals so that you can meet deadlines and satisfy funders.

Publications

Brochure; evaluation of Cleveland Works; newsletters.

The Family Union Network

Family Center, Inc.

385 Highland Avenue, Somerville, MA 02144
617/628-8815

Anne L. Peretz, Program Founder
Manuel Batista, Program Director

Overview

The Family Union Network is a home-based prevention and family support program of the Family Center, Inc., a healthcare clinic in a public housing development in Cambridge, Massachusetts. The program is designed to impact the cycle of multigenerational poverty by combining community organizing, advocacy and linkage services, group work, and family therapy. The Family Union Network establishes long-term relationships which transform structures of mistrust to structures of empowerment.

History

The Family Center clinic opened in 1982; at that time, the idea for the Family Union Network was also born. The Family Center's founders observed that existing individual therapies were not reaching low-income, multiproblem families and started to develop a different approach. Combining community organizing with family systems concepts, staff identified commonly held ideas related to specific program possibilities, targeted the family within a geographical community (a public housing development), and developed a new community-based program. The Family Center and The Family Union Network's foundational assumption is that a community-based program which provides comprehensive services built on trusting relationships, and which strives to identify and respond to the needs of its constituents, will be more effective than traditional strategies have been.

Community

Roosevelt Towers has a population of 487 individuals and 206 households. There are 97 families with children: 48% are white, 32.3%, African American; 18.9, Hispanic; 8%, Asian. The Family Union Network serves 36 families.

Program Components/Services

- **Home-based services:** Family coordinators act as case managers and family therapists, going to Roosevelt Towers and engaging resident families through home visits. Family coordinators strive to establish relationships with these families by providing them with the concrete services and assistance that they request. Acting as advocates, family coordinators link the families they serve with service agencies, not merely referring a family to the appropriate service provider, but accompanying them to the office and interceding for them if necessary. If substance abuse is a problem, the family coordinator will walk the family member through the detoxification and rehabilitation process, providing intensive support.
- **After-school, social therapeutic activities for children,** which sometimes involve the whole family. Parents are encouraged to help plan activities, are apprised of their children's progress in the group, and sometimes serve as group facilitators or participants.
- **Support group for adolescent girls who are survivors of sexual abuse:** In this group, par-

Participants learn to progress beyond this identification to normal teenage sexual development.

- Support groups for adults offer skills-building and peer support.
- Substance awareness group
- Home-based classes teaching life skills and problem-solving ("Women on the Move")
- Parenting education
- Advisory council
- Community activities
- Family therapy
- School and family consulting services: Parents obtain advice on how to navigate the school system effectively on behalf of their children.

Participants

Residents of Roosevelt Towers and immediate surrounding blocks.

Staff

There are seven full-time staff members: the program founder, a program director, an administrator, three family coordinators, and a family therapist. Social work interns run children's groups. The program recruits a culturally and professionally diverse staff and emphasizes continuing education and training for non-degreeed professionals.

Outreach

As an entirely home-based program, outreach is integral to the work and is accomplished in the course of providing services through family coordinators' home visits and linkage-facilitating actions.

Evaluation

Methods for evaluating Family Union Network programs are being designed.

Replication

The Family Union Network model is being developed for replication. Staff members are currently working with Boston City Hospital, Cambridge College, and Cambridge school system towards replication.

Funding

The Family Union Network's annual budget of \$215,000 is entirely funded through individual donations and foundation grants.

Highlights

The Family Union Network presented its model at the 1991 American Association of Marriage and Family Therapists (AAMFT) Conference.

Suggestions

Traditional services are hampered by being clinic-based rather than community-based and by assuming pathology in the people served. Early engagement strategies such as those employed by The Family Union Network attempt to understand clients' contexts, cultures, and histories, in order to develop trusting relationships that meet clients' needs and expectations.

Publications

Brochure; synopsis of the model's principles.

Kids Place

New Hope Services, Inc.

Route 3, Box 9, Scottsburg, IN 47170
812/752-4892

Carolyn A. King, Director

Overview

Kids Place is a unique facility in Scott County, Indiana that houses the Public Health Department, the Women, Infants and Children program (WIC), and New Hope Services, a private, not-for-profit family support agency. It is a comprehensive, coordinated family services center that works to involve the wider service community to better meet the needs of young children and their families.

History

In 1986 area healthcare, education, social-service providers, and family representative met to discuss the problems of young families in Scott County and how to give children a better start in life. They decided that the county needed a high profile, attractive, centrally located family services center where families would be proud to go for a variety of services. Everyone agreed that this dream would never become a reality unless all of Scott County supported the concept both financially and philosophically. Kids Place became a communitywide project, not just an idea that service providers supported. Two years of community awareness activities and fundraising (including bowling tournaments, raffles, roller skating parties, yard sales, concerts, clogging exhibitions, dances, and even a piano bench race) made it possible for Kids Place to open in 1988.

Community

Scott County, Indiana, is a rural community 30 miles north of Louisville, Kentucky. It has a population of 22,000, with multiple high-risk problems including 9.8% unemployment, a 20% teen preg-

nancy rate, a 62% high school drop-out rate, and a high percentage of families receiving government assistance.

Program Components/Services

- The Public Health Department offers routine immunizations. Since Kid's Place opened, there has been a 40% increase in the number of Scott County children receiving these immunizations.
- WIC program enrollment has increased 41%, with the largest increase for pregnant women and infants.

New Hope Services, Inc. offers:

- First Steps Early Intervention Project for infants and toddlers at-risk
- Parent education in the form of home-based, individual instruction ("Roots") and center-based group classes ("Wings")
- Parent support groups
- Volunteer program for parents who have completed both parent education courses and are willing to be resources and supports for other parents ("Resource Parents")
- Mother and baby play groups
- Day care
- Developmental screening

- Classes for teen parents
- Preschool special education
- Preschool enrichment classes
- Welcome Baby Basket for all Scott County babies, which contains information about family resources in the community
- Home-based infant stimulation program ("Home Start Program")
- Occupational, physical, and speech therapy
- After-school day care and well-child services
- Transportation is provided for children with special needs.

Participants

Kids Place is for all children. Some programs do not charge fees. One hundred children per month attend classes at Kids Place; another 30 are involved in home-based programs. The WIC program has 1500 participants; the health clinic immunized 3,000 children last year. The public schools place preschoolers with special needs at Kids Place.

Staff

Each agency has its own staff members. WIC has a staff of seven, full- and part-time; the health department has eight. New Hope Services has a variety of professionals and paraprofessionals working together with children and their families. Public schools provide consultants for the classrooms.

Outreach

The common location of agencies makes interagency referral easy. The community learns about Kids Place through the Welcome Baby project and through Kids Place staff's presence on coordinating councils and at community events.

Replication

Kid's Place has not yet been replicated but is a workable model for services to young children in rural areas.

Funding

Each agency within Kids Place has a separate budget. This branch of New Hope Services, Inc.'s annual budget is approximately \$500,000: 55%, Title XX block grant administered through Indiana State Department of Mental Health for children at-risk; 12.5%, fees for day care; 10%, Chapter 1; 4%, county tax; 4%, shared lease expense; 3.5%, federal food program; 10%, foundations and other grants. Parents and service recipients raised \$100,000 to match \$375,000 approved through the Indiana State Legislature to open Kids Place.

Highlights

The facility has received much attention from the rest of Indiana and across the nation. Kids Place received a Governor's Showcase Award in Indiana and was selected by the National Center for Clinical Infant Programs (NCCIP) as one of the five most promising early intervention programs in the country.

Suggestions

A broad base of community support and interagency cooperation are crucial to the success of a project like Kids Place.

Publications

Brochure.

Mid-Iowa Community Action, Inc.

1500 East Linn Street, Marshalltown, IA 50158
515/752-7162

Gary Stokes, Executive Director

Overview

The mission of Mid-Iowa Community Action (MICA) is to increase the capacity of families to rise out of poverty. To achieve this mission, MICA is committed to its Family Development Program which offers comprehensive home-based family services that promote learning, growth, and development in individual family members. To support its work with families, MICA works within local communities to promote interagency collaboration and cooperation, the ultimate goal being to create a human services system that is responsive to the needs of families. MICA is also actively engaged in efforts to change state and national policies on family-based services.

History

MICA originated during the mid-1960s as a result of President Lyndon Johnson's War on Poverty. During the agency's early years, it administered a number of grants designed to meet families' basic needs. By the early 1980's, it was apparent that these War-on-Poverty programs kept people safe in their poverty rather than teaching them skills that would lead them to economic self-sufficiency. Recognizing MICA's unrealized potential for affecting change in the families it contacted, the agency created the Family Development Program. The Family Development Program changed the way MICA viewed its work with families, required major restructuring of the agency, and allowed MICA to be creative in integrating funding and programming to support developmental work with families. Currently, MICA maintains a family development center in each of the five counties in its service territory.

Community

MICA serves a five county area (Hardin, Marshall,

Poweshiek, Story and Tama) in rural central Iowa. The total population for these counties is 170,000 over 60 towns. Fifty-six of these communities have a population under 10,000. Most residents are white. There is a growing Hispanic population and an enclave of 600 Native Americans. Approximately 12% of the population is living in poverty.

Program Components/Services

- **Comprehensive Family Development Program:** Comprehensive home-based services are delivered through five family development centers. Family development specialists form a partnership with client families to see them safely out of poverty. MICA's family development specialists follow this four-step process:

- (1) **Assessment:** Using a number of relational tools, specialists assist families in analyzing their current situation and identifying the strengths of individual members and the family unit;
- (2) **Goal-setting:** Families set their own goals based on their desire for a better future and the information gleaned from the assessments;
- (3) **Support:** Through regular contact, family development specialists offer information, encouragement, and support for the family, as members carry out their goals; and
- (4) **Joining:** Successful families learn to establish ties to community organizations to support future growth and development. Family development specialists facilitate the reconnecting of families to their community.

- **Emergency services:** MICA believes that comprehensive family development includes

meeting families' basic needs. Therefore each MICA family development center offers an array of emergency services including: food shelves, fuel assistance counseling, and medical services.

- Women, Infants and Children (WIC) program
- Maternal and Child Health program
- Head Start
- Youth employment services
- Summer camp placement
- School-based Family Development Programs: MICA offers family development services to at-risk students and their families in the Marshalltown Community Schools and the South Tama County Community District. Family development specialists form partnerships with schools to reach parents and encourage parental involvement.
- Home weatherization program
- Home repair
- Programming for homeless families: Family development specialists work with homeless families offering the same services as in the Comprehensive Family Development Program. The effort here is to meet basic needs and help the family move to a more stable situation.
- Experimental partnerships with local churches: Churches provide financing for homeless families to purchase trailers. Family development specialists work with families to secure employment that will enable them to make payments.
- Education/Advocacy: MICA is involved in developing programs aimed at getting society to invest in families at risk. A recent example:

(1) Community Academy on Children and Families at Risk, a year-long endeavor to bring local human service and education

professionals together to assess their individual organizational capability to serve families, to form collaborative groups which devised short-term solutions to problems, and to formulate a vision statement which focused on needed change in the areas of human services planning, training, and public policy. Fifty school districts and human service agencies were involved in six full days of planning which resulted in the formation of the Family Futures Coalition.

(2) Family Futures Coalition: 25 of the original 50 organizations formed this coalition and received funding for a regional event to be held in April 1992. In April, 10,000 citizens will gather in 1000 homes (ten people per home) to discuss how to support families in their community. A videotape produced by the Family Futures Coalition will help them frame the discussion. These groups will identify where their communities are strongest and weakest vis-a-vis families and develop two-year community plans.

- Training: MICA has trained both line staff and leadership teams in 20 states on its Comprehensive Family Development model.
- Research and Development: MICA develops and experiments with different models and is constantly looking for better ways to educate and advocate for families. MICA considers itself a knowledge organization where staff members are personal scientists, constantly engaged in a learning process and applying the knowledge they gain to social problems.

Participants

Of the 12% of county residents living in poverty, two-thirds of them received services from MICA last year. Six thousand families representing 16,000 individuals came to MICA for help in meeting their basic needs: food, shelter, and medical services. Three hundred of these families are participating in the Comprehensive Family Development Program. All have incomes which are at or below federal poverty guidelines. (These figures do not include families reached through school-based programs.)

Staff

MICA is governed by a board of directors comprised of public officials, low-income people representing the target population, and representatives of private organizations. Each family development center has a county coordinator, family development specialists, and in two of the counties Head Start home visitors. A nurse is also available to family development specialists for home-based consultation and services. The county coordinators are members of a management team which includes the Head Start director, Comprehensive Child Development Program director, and the Health and Nutrition Services director. Team members report to the family services director, who in turn reports to MICA's executive director.

Replication

MICA's family development process was the model for the Iowa legislature's initiative, the Family Development and Self-Sufficiency Program, a pilot project to assist long-term AFDC recipients in breaking their dependency on welfare.

Funding

MICA's annual budget of approximately \$6 million is derived from over 100 funding sources including: 26%, U.S. Department of Health and Human Services, Office of Community Service; 63%, Iowa Departments of Human Rights, Human Services, Health, Economic Development, and Education; 5%, local county governments, cities, towns, and school districts; and 4%, private sources (the United Way, Community Chest, donations).

Highlights

MICA's family development process has successfully aided over 150 families to become economically self-sufficient. As a result of this record of success, the agency has been awarded several state and national demonstration projects, including the Comprehensive Child Development Program, a five-year project which evaluates the impact of combining family development services with early childhood intervention to assist families whose incomes fall below poverty guidelines and contain a pregnant woman or an infant.

Suggestions

Focus on organizational development. There is great interest and expertise in public policy issues; there should be a parallel interest and concern for line-workers—Head Start teachers, childcare workers, home visitors. Sadly, many of these people are themselves in poverty, and unable to teach others how to get out. Line-workers who are carrying out the family support mission need to be well-trained, well-supported, and adequately paid. Hierarchical management paradigms must give way to structures that pay attention to staff development and model the goals they have for society in general and people serviced in particular. Those human service organizations which help their staff grow and develop are more successful in meeting the needs of the people they serve.

Publications

"Ordinary People/Extraordinary Organizations"
published in *Non-Profit World*.

New Haven Family Alliance, Inc.

5 Science Park, New Haven, CT 06511
203/786-5970

Mustafa Abdul-Salaam, Executive Director

Overview

The New Haven Family Alliance, Inc. (Alliance) provides child-centered, family-focused case management services; contracts with community agencies to develop and operate family support centers; promotes the integration of services; establishes new services according to local needs; and serves as a model for systemic change. The Alliance provides a broad array of services to families and children with multiple needs in their homes and communities, in an effort to preserve the family unit and prevent substitute care. The goal of the Alliance is to provide leadership in the development of a community infrastructure that links and empowers families, schools, and community-based organizations to support the development of their children. Toward this end, the Alliance is establishing a partnership between the city of New Haven, the Board of Education, community-based organizations, juvenile court, and local businesses, based on a commitment to develop creative solutions to difficult problems faced by families and to establish evaluation procedures for measuring success.

History

The New Haven Family Alliance, Inc. began as the demonstration site of Connecticut's Child Welfare Reform Initiative. This initiative, funded by the state, the city of New Haven, and the Annie E. Casey Foundation, was an interagency effort to fundamentally change the way services to children and their families were delivered and managed. Through the Alliance, the initiative sought to develop an integrated system of child-centered services, designed to support family units and to emphasize the prevention of risks to children (and, if necessary, the placement of children outside the home, or the school district for educational ser-

vices). The state's current fiscal crisis forced the withdrawal of Connecticut from the Annie E. Casey Child Welfare Reform Initiative in state fiscal year 1991 (July '91-June '92). Functioning as an independent organization for fiscal '92, the Alliance has secured city, state, and foundation funds to continue operations.

Community

New Haven has a population of 130,000: 49% Caucasian; 35% African American; and 13% Hispanic. Fifty percent of New Haven's children live in poverty. Yale University, located in the heart of New Haven, is New Haven's largest institution.

Program Components/Services

- **Community Case Management Program:** Case managers work with families in their homes to develop individualized family service plans incorporating and integrating a range of care across agency boundaries, to access services needed by the family, and to coordinate the delivery of specific services.
- **Family Support Centers:** Two community-based family support centers operate as part of the early intervention and prevention component of the Alliance programs. These centers develop a variety of educational, recreational, and support and assistance programs. Parents and other family members in the neighborhoods where the centers are located have a significant role in determining specific programs and activities.

Participants

Participants are families with children who need support to prevent problems, or families with children at risk of placement. Referrals to the Community Case Management Program are received from four local agencies: Connecticut Department of Children and Youth Services (DCYS), Connecticut Department of Human Resources (DHR), Superior Court for Juvenile Matters, and the Board of Education. The referral system may be expanded to other local agencies. Families referred to the Community Case Management Program have had prior contact with several state and community agencies.

The family support centers are drop-in centers, available to all neighborhood families.

Staff

The Alliance has 20 paid staff members: an executive director, a fiscal director, a director of case management, a supervisor of case management, 12 case managers, and 4 administrative support staff; student interns are also utilized. Family support centers are staffed by a coordinator, a parent educator, and two outreach workers.

Outreach

All of the Alliance's programs operate from an empowerment model that stresses information-sharing and community education. The public is informed about the activities of the Alliance through word-of-mouth, brochures, radio and television talk shows, newspaper articles, public-service announcements, and presentations to agencies and organizations.

Evaluation

Both process and outcome evaluations are conducted annually to measure the success of program activities. Families being served by the Community Case Management Program are asked to fill out an evaluation questionnaire to determine their satisfaction with services.

Replication

The state of Connecticut will monitor the Alliance's progress and determine if the model is one that should be replicated in other cities in the state. The city of New Haven has expressed a very strong interest in expanding the two neighborhood family support centers to other neighborhoods where conditions warrant this type of program.

Funding

The Alliance's annual budget is approximately \$1.65 million: 42.5%, from the state of Connecticut; 42.5%, from the Annie E. Casey Foundation; and 15%, from the city of New Haven. The Alliance is anticipating that several grant applications for federal and state funds will be approved during the current program year.

Highlights

In its first year of operation, the Alliance has established itself as a leader in providing effective programs and services for children and families in the city of New Haven. The Alliance has also begun to reform the child-welfare system by articulating a new vision that is based on the community becoming family-focused and child-centered, and by providing comprehensive service delivery.

Suggestions

A large part of systemic reform, especially reform of the child-welfare system, is enlisting support from the people who need these services. A program should be consumer-driven. You need the involvement of people at the top, but your success depends on the involvement of the people on the bottom.

Publications

Brochures; flyers; program descriptions; evaluations.

Pathway Program

Charlotte-Mecklenburg Housing Partnership

Two First Union Center, Suite 1780, Charlotte, NC 28282
704/342-0933

Marguerite Crescitelli, MSW, MPH, Family Services Coordinator

Overview

The Charlotte-Mecklenburg Housing Partnership (CMHP) is a broad-based, not-for-profit housing development and finance corporation in Charlotte, North Carolina. CMHP assists families in their efforts to enter the economic mainstream and to become economically self-sufficient by providing suitable, affordable housing and links to comprehensive community services. The Pathway Program provides the human service linkage and community outreach components of CMHP's comprehensive housing approach by working with individual families, neighborhood organizations, and service providers. The Pathway Program is a joint effort by the city of Charlotte, Mecklenburg County, Charlotte/Mecklenburg Schools, the United Way of the Central Carolinas, and the Charlotte-Mecklenburg Housing Partnership.

History

CMHP was incorporated in July 1988 to expand affordable and well-maintained housing for low- and middle-income families. Its founders were interested in encouraging occupants to fully enter the economic mainstream. The Pathway Program was developed during 1990 in response to United Way and CMHP Human Service Committee assessments. The program is being piloted at Fairmarket Square, a 60-unit multifamily complex. CMHP plans to implement Pathway at another site in early 1992. Pathway II, a support program for new homeowners as they make the transition from rental to home ownership, is currently being developed.

Community

The Charlotte-Mecklenburg area has a population of 511,433, including the city of Charlotte (population 395,934): 65% of the residents are white; 32% are African American. Pathway serves those families who qualify for housing based on earnings less than 40% of median income. The community outreach efforts of the program also serve the surrounding community.

Program Components/Services

- Pathway's family coordinator assists resident families as they set and implement goals, develop a plan, and access community services. Pathway also provides support, evaluation, and follow-up.
- Volunteer mentors: Resident families who request this support are matched with mentors provided by the United Way.
- Information and referral services
- Social and informational gatherings, planned by residents
- Classes on parenting, job upgrade, financial management, and home ownership
- Programming for children
- The Self-Sufficiency Network is part of Pathway's advocacy efforts. It links service providers from local agencies and programs

involved in promoting self-sufficiency. This group advocates on common issues and facilitates services as families move from one agency to another.

- Pathway collaborates with existing community organizations, networking in the areas of job training, financial management, childcare, and healthcare.
- Community-building by residents: Pathway develops leadership within the resident community, while involving local community organizations.

Participants

Participation is voluntary; all families who qualify for housing (earning less than 40% of median income) are eligible to participate. Of the sixty families at Fairmarket Square, 80% are single-parent, female-headed households.

Staff

Pathway employs one full-time, paid staff member; the family services coordinator. Volunteers are recruited by the United Way to serve as mentors for families. The family services coordinator is assisted by interns from local colleges.

Outreach

Pathway attempts to help residents to better access existing community resources and services and to find new solutions to issues such as healthcare and childcare. Neighborhood outreach includes community-building at apartment sites and linking apartment-dwellers with existing neighborhood organizations.

Evaluation

Program evaluations are done routinely. The success of Pathway will be measured in increases in school attendance and the number of high school graduates, and by the number of families that move on to market housing or home ownership.

Funding

Pathway's annual budget is \$32,000 (the family services coordinator's salary), funded by Mecklenburg County. CMHP administrative expenses are paid for by corporate contributions.

Highlights

Families are organizing a Neighborhood Watch program which will be the beginning of a resident organization. Collaboration between Pathway at Fairmarket Square and the Northeast Community Organization has included involvement in a Parent Education Day, a Fall Funfest, and intergenerational activities with children of Fairmarket and residents of a local adult day-care center.

Suggestions

A program that relies on voluntary participation must respect client's goals and efforts. Community agencies, leaders, and service providers must be educated to focus on empowerment.

Publications

Brochure.

Rural America Initiatives

919 Main Street, Suite 114, Rapid City, SD 57701
605/341-3339

Anne Floden Fallis, Executive Director

Overview

Rural America Initiatives (RAI) is a private, not-for-profit social services agency serving families, youth, and children. Although it primarily serves Native American families in the Rapid City area, RAI also provides technical assistance and training for Native American Tribes and organizations throughout the Dakotas. RAI's goals include (1) empowering local people and rural communities to manage and maintain programs; (2) maximizing existing resources through careful planning, collaboration with other entities, and utilization of trained volunteers; (3) identifying unserved and under-served needs and establishing programs to meet those needs; (4) emphasizing 'transfer of technology': helping local communities access and interpret state-of-the-art practices to solve local problems more efficiently; and (5) networking and coordinating with other organizations to provide services.

History

RAI was established in 1984 by Anne Floden Fallis in response to requests from Native American organizations for competent, affordable counseling services for pregnant and parenting teens. In the last two years, RAI has increased the number of direct services programs it operates. RAI has become one of the largest employers of Native Americans in Rapid City.

Community

RAI serves the Rapid City, South Dakota area, located in the Black Hills of Southwestern South Dakota. The city has a population of approximately 70,000 with nearly 5,000 Native Americans (according to the 1990 census), originally from the three surrounding reservations of Pine Ridge (pop. 20,000), Rosebud (pop. 15,000), and Cheyenne River (pop. 15,000). Although the census acknowledges 5,000 Native Americans, RAI's service population is

actually 9,000, based on the records of the Indian Health Service. The Native American population in this area is transient, with approximately 4,000 of the total population moving back and forth between the reservation and the city. Although Rapid City is not itself rural, RAI primarily serves people moving from rural areas to the city.

Program Components/Services

- **Dakota Transitional Head Start Center** serves sixty children ages four and five from low-income families, providing them with early childhood education and school-readiness services. Priority is given to those families who have relocated from a reservation in the past year.
- **Parent Child Center:** Forty children, up to three years of age, and their low-income parents are provided age-appropriate learning and play activities. Parents can participate in classes on parenting skills and other educational or vocational activities.
- **Two Maternal and Child Health Projects** funded by the Robert Wood Johnson Foundation and the Department of Health and Human Services, Office of Adolescent Pregnancy Prevention. The projects provide comprehensive, culturally relevant services for teen parents and pregnant teens including parenting training, referral services, counseling, and support groups.
- **Drug and alcohol prevention:** RAI is working with Reservation-based schools to develop programs for children of alcoholics. A state-of-the-art computer bulletin board system is used to link programs with each other and with information sources.

- Customized training and technical assistance services are offered on a contract basis in the areas of program development, planning, resource procurement, administration, evaluation, and materials development.

Participants

RAI's Head Start center serves 60 children per year; the Parent Child Center serves 40 children and their parents; the two Maternal and Child Health Projects serve 180; and RAI's Drug and Alcohol Prevention Program is working with five elementary schools. Participation in RAI programs is voluntary, although the programs are restricted to low-income families (federally defined poverty level). Most participants are Native American.

Staff

There are 22 full-time staff members: 5 project coordinators; 4 case managers; 5 teachers; an executive director; and 7 aides. It is part of the organization's hiring policy to give preference to Native American applicants. All staff must be culturally competent and sensitive to the needs of the target population. Creating employment for low-income Native Americans is one of RAI's primary goals.

Evaluation

Components are evaluated discretely. Programs funded by the federal government are evaluated by the funding agency. Quarterly and annual reports are prepared for grantor agencies. Pre- and post-tests are administered as part of all educational presentations.

RAI's internal evaluation process is in the development stage. Monthly and weekly administrative meetings are used to assess progress toward objectives.

Replication

The Maternal Child Health Project, Head Start, and Parent Child Center are designed to be replicated in similar settings.

Funding

RAI's annual budget is approximately \$1.2 million: 65%, federal government (Department of Health and Human Services, Head Start Bureau and Office of Adolescent Pregnancy Prevention); support is also sought from private foundations, state sources, and in-kind contributions.

Highlights

RAI's staff is 90% Native American which in the Rapid City area is extremely unusual. The Project Tetakuya parenting curriculum is one of the first parenting curricula developed exclusively for use with Native American populations. RAI's computer bulletin-board system allows for communication and the sharing of information and resources across distances, combatting rural isolation.

Suggestions

If you want to serve a minority population, involve the population to be served in the planning. Try to use role models from the target population to carry your message to that community. Many resources are available that people are unable to access because of attitudinal barriers; a culturally relevant approach will lessen those barriers. It helps to have individuals willing to act as bridges between the agencies and the clients. Cooperate, collaborate and network with other social service organizations; share resources.

Publications

Monthly newsletters for Maternal and Child Health components; *Project Tetakuya Curriculum for Indian Parenting*; *Lakota Learning Activities for Infants and Toddlers*.

Silver Spring Neighborhood Center Family Resource Center

5460 North 64th Street, Milwaukee, WI 53218
414/463-7950

Tommie Novick, Project Coordinator

Overview

The Silver Spring Neighborhood Center Family Resource Center (SSNC FRC) is a primary prevention project that: (1) provides educational and support services promoting positive parenting for parents of children newborn to three years of age; (2) offers programs for children newborn to three years of age fostering health, growth, and development, and positive self-esteem; (3) promotes increased self-esteem and improved coping skills in parents of young children through involvement in a variety of educational, social, and recreational programs; (4) improves access for families with young children to a variety of health services; and (5) enables families to access other community resources.

History

The SSNC Family Resource Center was established in July 1990 as a collaborative project of Silver Spring Neighborhood Center (SSNC) and the University of Wisconsin Milwaukee Nursing Center (UWMNC). SSNC is a private, not-for-profit, human service agency founded in 1958. Following the settlement house tradition, it offers a comprehensive range of educational, recreational, employment, emergency, and health programs and services. A hallmark of SSNC has been its willingness to develop collaborative arrangements with other service providers. During the past four years, this philosophy has reached a new level through the integration of an extensive program of health services provided on-site at SSNC by the University of Wisconsin-Milwaukee Nursing Center. The SSNC Family Resource Center constituted a major expansion of the SSNC's Positive Parenting Program.

Community

Located on the Northwestside of Milwaukee, the SSNC serves the residents of Westlawn—the largest federally-subsidized housing development in Wisconsin—and its surrounding community. Of the residents in Westlawn's 726 housing units, 89% of the households receive public assistance and 80% are headed by single female parents. Westlawn's population is 90% African American, 5% other minorities, and 5% Caucasian. The population is young: almost 70% of Westlawn residents are under 29 years of age; 51% are 17 years of age and under; and 10% are under three years of age. In the community surrounding and including Westlawn, 43.8% of the residents are African American, and 51.7% are Caucasian.

Program Components/Services

- Positive Parenting classes
- Home visits by a nurse clinician and a community parent advocate
- Telephone support
- Family events and field trips
- Structured parent and child interaction
- Teen parent programs
- Mini workshops
- Childcare and learning activities
- Childbirth education

- Primary healthcare and screening and health education for adults and children
- Developmental screening for children
- On-site and home-based mental health counseling
- Women's support groups
- Advocacy and resource linking
- Transportation
- Toy and book library

Through the Silver Spring Neighborhood Center the following additional services are available:

- Family living-skills classes
- Recreational and social activities
- GED classes
- Adult Basic Skills classes
- Employment placement services
- Emergency services (food pantry, clothing bank, energy assistance)
- After-school children's programs
- Day care
- Kindergarten
- An alternative middle and high school
- Meal programs for children and seniors

Participants

The Family Resource Center was established to serve all area families with children newborn to three years of age. During the first year of operation, 270 families participated in FRC programs and services. In addition, the comprehensive collaborative model

provides support services for area residents from the very young to the very old. Six to seven hundred people pass through the doors of SSNC daily.

Staff

FRC's multidisciplinary team includes a part-time project coordinator, a full-time early childhood specialist, a full-time community parent advocate, four part-time childcare assistants, a part-time family nurse practitioner, a part-time mental health nurse, and a part-time secretary. Numerous volunteers including an advisory board provide valuable assistance in planning, promoting, implementing, and evaluating Family Resource Center programs and services. Administrative support is provided by SSNC and the UWMNC.

Outreach

Outreach is an important component of all SSNC Family Resource Center programs and services. Home visits by the community parent advocate and nurse clinician provide support, parent education, referral, crisis intervention, and healthcare. Telephone warmline contacts are utilized to provide support and to link families with needed services at either SSNC or other community resources. Other outreach activities include quarterly mailing of the SSNC newsletter to 5000 area businesses and residents; mailing flyers and brochures to families with newborns and young children; door-to-door contacts; and special events such as family carnivals and African American cultural events.

Evaluation

Several methods of evaluation are used for the various FRC programs and services including participant satisfaction surveys and detailed service records. A computerized data system documents the needs of parents and children served by the nurse clinician, the nursing services provided, and the outcomes of all services. An evaluation study completed in December, 1990 of the parent education program, used confidential in-depth interviews with participants and staff to document positive outcomes on several indicators related to effective parenting. A variety of indicators are also used to

measure parental empowerment and increased self-sufficiency; effective utilization of community resources, continued education, and increased financial security through employment are among the outcomes measured.

Replication

The SSNC Family Resource Center is one of eight FRCs established in July 1990 by the Wisconsin Children's Trust Fund Initiative (See page 179). All eight centers advocate family empowerment: programs are designed to support individual and family strengths. Each center is unique in its scope, with services tailored to meet the needs and interests of the community and families served.

Funding

The FRC's annual budget is approximately \$114,000: 66%, from the Wisconsin Children's Trust Fund; 22%, from United Way Community Initiatives Fund; 4%, from Milwaukee County CAP Network; 8%, in-kind contributions. The comprehensive range of educational, recreational, emergency, health, and employment services available on-site is made possible by large in-kind contributions from over 15 collaborating agencies including the UWM Nursing Center, Social Development Commission, Milwaukee Public Schools, the Milwaukee Area Technical College, and the Milwaukee Urban League. A variety of other organizations including the CAP Fund

Be-A-Buddy Program, Hope Network, St. Joseph's Hospital Women and Infant's Center, and Hunger Task Force generously contribute gifts and needed supplies for FRC families.

Highlights

With its broad range of on-site and home-based services for all ages, SSNC FRC is the most comprehensive community-based family support project in Wisconsin.

Suggestions

To be effective in empowering economically disadvantaged families, family resource centers must provide a comprehensive range of community-based programs and services designed to address the multiple needs and stressors faced by those families. However, it is not enough for a grocery list of services to be available at one location: the programs and services must also be acceptable to participating families. That is, programs and services must be culturally appropriate and delivered by a culturally competent team of providers who respect and recognize the strengths of all families and individuals being served.

Publications

Brochures; flyers; newsletters; evaluations.

Tennessee Comprehensive Area Resource Efforts Program

Tennessee State University

330 Tenth Avenue North, Nashville, TN 37203
615/251-1540

Barbara A. Nye, Project Director

Overview

The Tennessee CAREs project is a national research and demonstration project funded by the Administration for Children and Youth as one of 24 Comprehensive Child Development Projects (CCDP). The project demonstrates the effects of early, intensive, comprehensive, integrated, and continuous support services for young children from low-income families. A family advocate coordinates programs and services; comprehensive case management is the key element for CAREs. Five family resource centers, located in public school facilities, serve as sites for support groups, adult and child education, and project dissemination points in the geographic areas served by CAREs.

History

The Tennessee State University CAREs Planning Grant Advisory and State Resource Committees compiled and reviewed an extensive database to demonstrate the child development and family resource needs of rural northwest Tennessee. This database fully documented the appropriateness of a project such as Tennessee CAREs for the target population. The project was initially funded in October 1989 and will be a longitudinal study of 60 families for five years (1994). Eligibility of the program's families is based upon the family's income and the age of the focus child. CAREs is a cooperative effort administered by Tennessee State University with coordinated services provided by the Department of Human Services, the Department of Public Health, school systems, Head Start, mental health providers, Infant Stimulation Project, and the business sector of each community.

Community

The four counties (Gibson, Henry, Obion, and Weakley) served by Tennessee CAREs are located in rural northwest Tennessee. The combined population of the four-county area is 143,000.

Program Components/Services

Tennessee CAREs provides or coordinates:

- Medical and dental health services
- Prenatal care
- Well-baby care
- Mental health services
- Social services
- Adult education
- Parent education
- Early childhood education
- Vocational training
- Housing assistance
- Nutrition education
- Early intervention for at-risk children
- Employment counseling

Participants

Any family that was classified low-income according to the 1990 federal poverty income guidelines, and that had a child under one year of age or a mother in the last trimester of pregnancy, was eligible.

From a random selection of all eligible families referred to the program, 60 families were identified, recruited, and enrolled. These 60 families are—geographically, ethnically, and according to age—a representative sample of rural northwest Tennessee's population.

Staff

The project has an executive/project director, a project manager, a program manager, a fiscal officer, a data coordinator, five family advocates, a child development/parenting specialist, a parent educator, a case management coordinator, and a parent self-sufficiency coordinator. Educational assistants supplement the family resource center staff at each site. The Advisory Committee, the State Resource Committee, and the Business Council advise and facilitate issues of policy, service delivery, and community support for the project.

Outreach

Community outreach was built into the project: Tennessee CAREs cooperates with existing community agencies and services. The Business Council representatives are members of the local business communities. The Advisory Committee members represent community agencies, programs, and private providers. The project's family advocates and FRC staff are residents of the communities served. Open houses at each center, newsletters, brochures (available through cooperating agencies), newspaper articles, TV and radio features, and word-of-mouth serve as sources for public information and awareness.

Evaluation

A third party evaluation and a yearly on-site evaluation are required. Each year, satisfaction surveys are completed by participating families and by advisory committee members.

Replication

Tennessee CAREs is one of 24 Comprehensive Child Development Project sites and one of five rural CCDP models across the United States.

Funding

The annual budget is approximately \$600,000: 80%, federal funds from the Administration for Children and Youth; 20%, in-kind local match.

Highlights

Tennessee CAREs family resource centers are comprehensive, parent and child resource centers. Communities have made these centers their own and have helped provide programs, resource people, open houses, and improvement projects. Tennessee CAREs project staff are respected in the community. Many agencies indicate that Tennessee CAREs has already made a difference for both families and the community.

Suggestions

Increase the supply of quality childcare. Promote collaboration between school systems and state government. Enhance available community services with case management.

Publications

Brochure; newsletter; family resource center program schedules and case management system.

Uplift, Inc.

PO Box 222, Greensboro, NC 27402
919/333-2222

C. Robin Britt, President

Overview

Uplift seeks to model and facilitate cooperative efforts that promote the health and well-being of children, families, and communities in North Carolina. Uplift's immediate aim is to design programs that help counties do a better job of using available resources to help families and their children. Uplift believes that many of the resources, and much of the know-how, already exist. Those wanting to provide services need better strategies for mobilizing and targeting resources, and for adapting effective strategies for particular communities. Guiding commitments are (1) to use existing resources and funding streams whenever possible; (2) to replicate successful programs by emphasizing the training and development of local leadership, and by helping communities get access to the best available research and institutional resources; (3) to empower human service providers to become advocates for poor families and to integrate family support principles into human service programs; (4) to promote strategies that involve the business community as a full partner and empower families and communities to build on their own strengths and resources, to take control of their lives; and (5) to develop evaluation strategies which focus on family and community outcomes for all of Uplift's efforts.

History

In February 1991, Uplift, Inc. was formed by the merger of two North Carolina not-for-profit corporations: Project Uplift and Early Childhood Initiative (ECI). Project Uplift was founded by former Congressman Robin Britt to raise consciousness about the problems of children and families in poverty and began operations in 1987. After a year of planning and fundraising, Project Uplift opened

its model demonstration center composed of a Child Development Center and a Family Resource Center and located at Ray Warren Homes, a low-income housing community in Greensboro, N.C. In 1989, ECI was formed by Randy Johnston as a companion corporation to Project Uplift conducting field operations in selected counties in North Carolina. ECI provided technical assistance to local communities interested in utilizing innovative strategies to provide family support. The merger combined Project Uplift and ECI into Uplift, Inc. and added a third initiative—a proposed statewide Resource Center for local communities—to Uplift's agenda.

Community

North Carolina has a complex mix of urban and rural poverty. Every third person living in poverty in North Carolina is a child. Forty-five percent of adults over age 25 have no high school diploma; 80% of all North Carolina prison inmates were raised in poverty.

Program Components/Services

Project Uplift, a model demonstration project that works with families in Ray Warren Homes, a low-income housing community in Greensboro, offers the following facilities and services:

- Child Development Center offers developmentally appropriate early childhood education to at-risk four-year-olds using the nationally recognized High/Scope curriculum. This center also provides health screening and referrals for enrolled children, opportunities for parents improve their skills as the primary teacher of their children, and a state-of-the-art computer learning program.

- The Family Resource Center (FRC) brokers services to families through referrals to appropriate agencies, and through strategic partnerships. Examples include its family literacy program, offered in conjunction with the Greensboro Public Schools, the University of North Carolina at Greensboro, Greensboro College, and MOTHEREAD, a successful North Carolina-based family literacy program; and a Maternal and Child Health Care Project, with the Guilford County Department of Public Health, for families with children under the age of three. Services include: prenatal and infant care, health screening, referrals, immunizations for infants and toddlers, early diagnosis of developmental delays, and programs that teach parents about parent and child bonding, infant healthcare, nutrition, and parenting skills.

Uplift activities also include:

- Field Operations department which provides technical assistance to health and human service providers, business and community leaders, and families who seek to implement innovative strategies to support and strengthen families with young children in selected North Carolina counties. For example, in Pitt County, Uplift staff worked with representatives from the Pitt County school system, the county health department, the Department of Social Services, East Carolina University, the business community, the Pitt County Educational Foundation, and several key policymakers to develop and expand the programming for the Parents and Children Together (PACT) project in the rural community of Bethel.
- Planning a proposed statewide Resource Center for Local Communities, designed to offer leadership development training, strategic planning assistance, and access to the best research and institutional resources available to communities wishing to provide innovative services for families with young children.

Staff

Headed by former Congressman Robin Britt and Randy Johnston, former executive director of Early

Childhood Initiative, Uplift's full-time and shared staff includes two full-time teachers, a public health nurse, directors of the Child Development Center and the Family Resource Center, a full-time family coordinator, and several community outreach professionals with extensive community organizing experience.

Evaluation

An independent evaluator is conducting a comprehensive evaluation of Project Uplift's programs. The evaluation of the model demonstration project will lead to programmatic evaluation and strategies for the field staff's pilot projects and the programs of the Resource Center for Local Communities.

Replication

The model demonstration center, the field operations department, and the Resource Center, have been designed to be easily replicated throughout North Carolina.

Funding

Uplift, Inc.'s annual budget is approximately \$530,000: 50%, from foundations; 15%, from government sources, including Guilford County; 15%, from corporations; and 20%, from individuals, churches, and civic groups.

Highlights

Uplift, Inc. was featured in a Wall St. Journal article on August 21, 1991 and was chosen as the 488th "Daily Point of Light" by the White House in June 1991.

Suggestions

Use collaboration and creativity to knit together existing resources into a cohesive fabric that can be tailored to the needs of individual families.

Publications

Newsletters; brochure; resource materials.



III. TARGETING SCHOOLS

The programs in this chapter are physically or philosophically linked to school. Many of these programs are primarily geared to encouraging school success and preventing academic failure. Some of the programs such as Avance Educational Programs for Parents and Children and Providing a Sure Start are independent and located in community-based organizations. Others, like PACE, Project FIESTA, and the Family Center in Clayton Missouri are based on a collaboration with the local school district. Programs that use schools as logical dissemination points for another agenda—Families and Schools Together, a substance abuse prevention program, and EPIC, a crime prevention effort—are also included in this chapter.



Avance Educational Programs for Parents and Children

301 South Frio Road, Suite 310, San Antonio, TX 78207
512/734-7924

Gloria G. Rodriguez, Ph.D., Executive Director

Overview

Established in 1973, Avance is one of the first family support and education programs in the U.S. and one of the first comprehensive community-based family support and education programs to target high-risk and Hispanic populations. Through its six centers, all in impoverished neighborhoods, Avance reaches out to create strong families by offering specialized training, social support services, and adult basic and higher education. Avance programs enhance parental knowledge, attitudes, and skills in the growth and development of children (beginning prenatally); strengthen support systems that will alleviate problems and remove obstacles impeding effective parenting; involve parents in the prevention of problems such as learning delays, child abuse and neglect, academic failure, teen pregnancy, and substance abuse; and reduce the likelihood of a child's early exit from school by strengthening the home, school, and child relationship.

History

Avance is a Spanish word meaning "advancement" or "progress." The Avance agency was founded as a private, not-for-profit, community-based organization. Originally conceptualized at Cornell University and funded by the Zale Foundation, the first Avance program was begun in Dallas, in 1972, and phased out in 1975. Avance-San Antonio, also implemented with Zale funds, was established in 1973. Under the directorship of Gloria G. Rodriguez the program has grown from an initial budget of \$50,000 to over \$2 million; from serving 35 parents to serving over 3,000 individuals; and from one site to six sites. Since its origin as a parent education program focusing primarily on the prevention of academic

failure, Avance has grown to meet the many complex and interrelated needs of families including child-abuse prevention, economic development, and the development of parents' self-esteem.

Community

The community is predominately composed of low-income Mexican-American families, living in or adjacent to federally-funded housing projects on the south and west sides of San Antonio and Houston. Services are provided at six centers. A 1988 survey of the Avance service area indicated that 37% of the households were headed by single female parents. The average household income for the families surveyed was \$6840; the average educational level was ninth grade.

Program Components/Services

- The Parent-Child Education Program includes nine-month intensive parent education classes, toymaking, community resource awareness, home visits and home teaching, early childhood education, and transportation.
- The Avance-Hasbro National Family Resource Center provides Avance materials, curricula, training, and field assistance to individuals interested in addressing social and educational problems among high-risk families with young children. This three-year project is funded by Hasbro Children's Foundation.
- Comprehensive Child Development Program (CCDP) is a five-year national demonstration project aimed at providing child development skills to low-income families in which the

mother is pregnant or has children under one year of age. The CCDP provides parenting courses, health and nutrition information, medical services, counseling and crisis intervention, adult literacy training, youth development and job skills training, job placement, housing assistance, and substance-abuse treatment.

- **Fatherhood Services**, a supporting component of the CCDP program is designed to enhance the parental role of the father by providing parenting information, social support, and positive social outlets.
- **Adult Literacy Programs** include basic literacy, GED, and English as a Second Language (ESL) courses, college-level courses, childcare, transportation, advocacy, and referral services.
- **Even Start** is a national demonstration model of a family-centered program focusing on family literacy and parenting education and based in neighborhood elementary schools.
- **The Avance Chronic Neglect Project**, a national demonstration project, provides comprehensive in-home support services to families in need of intensive assistance.
- **Avance Project First**, a national demonstration project focuses on strengthening families through parent education and increasing parent involvement in schools.
- **Avance Research and Evaluation Department**
- **All Avance programs include transportation and childcare.**

Participants

Avance serves San Antonio's low-income, predominantly Hispanic population. All children served by Avance are considered to be at high-risk. Avance serves single- and two-parent families, and voluntary and court-mandated participants. No fees are charged for the programs.

Staff

The 117 paid program staff at the centers include 31 professionals, 10 paraprofessionals, and 76 support staff. Several volunteers also serve the programs.

Outreach

Potential participants are introduced to the program by word-of-mouth and a semi-annual door-to-door outreach campaign. Avance always has a waiting list. Avance makes and accepts referrals from other service providers in the community.

Evaluation

Avance has conducted an internal, formal evaluation of its Parent-Child Education Program. A pre-test/post-test developed by the organization assessed the program's impact after a nine-month service period. Avance is currently the recipient of a three and one-half year grant from the Carnegie Corporation of New York for a formal research and evaluation study of the Avance Parent-Child Education Program. The general objectives are to conduct an impact study, a process and treatment study, a participant profile study, and a follow-up study.

Replication

The first Avance-San Antonio program was replicated from the original Avance program in Dallas in 1973. An additional center in San Antonio was opened in 1979, a third in 1982, and a fourth in 1987. In 1988, the Avance Houston Center was established with a grant from Kraft General Foods Corporation. In 1991, a sixth site opened in San Antonio. The Rio Grande Avance program in McAllen, Texas is currently in the process of being implemented.

Funding

Avance's annual budget is approximately \$2.3 million: 52%, federal government (Department of Health and Human Services, Head Start Bureau, and the Department of Education); 5%, state government, (Department of Human Services); 17%, local government (city of San Antonio and city of Hous-

ton); 26%, private foundations and corporations (including: The Carnegie Corporation of New York, Hasbro Children's Foundation, Brown Foundation, Harris County Child Protective Services Fund, Kraft/General Foods Fund, Greater Houston Women's Foundation, The Rockwell Fund, Tenneco Corporation, Southwestern Bell, Maxwell House Coffee, First Interstate Corporation, Cooper Industries, Enron Corporation, and Shell Oil). Initial funding was completely foundation-based, but over the past 18 years diversification of support has become necessary.

Highlights

Avance has been recognized by the Greater San Antonio Mental Health Association as the Outstanding Program of 1985, and by the Greater Houston Chapter for Child Abuse Prevention for the Best Primary Prevention Program of 1986. Avance is one of 10 National Family Literacy Models cited in the Barbara Bush Foundation for Family Literacy book, *First Teachers*. It is one of 24 five-year, \$5 million federal initiatives funded by the Head Start Bureau's Comprehensive Child Development Program. Avance has been featured in numerous newspaper and magazine articles, on ABC's World News Tonight and Good Morning America and as the only U.S. program highlighted in a PBS special, *Creative Solutions to Today's Social Problems*.

Suggestions

Treat the population with dignity and respect. Hire staff from within the community. Provide community-based, comprehensive and sequential services to all family members and transportation and childcare. Remain flexible and open to structural change.

Publications

Final Report—Project C.A.N. (Child Abuse and Neglect) Prevent; Avance Project C.A.N. Needs Assessment Survey; Avance Project C.A.N. Parenting Education Project Pre/Post Test; Avance Toymaking Manual (English & Spanish); Avance Evaluation Experience; Avance Educational Programs for Parents and Children: A Historical Perspective of Its Twelve Year Involvement; Minority Families Preventing Child Abuse and Neglect Through Parenting Education; 12 Curricula: Key Concepts in Parenting; The Foundations for Learning; Do Parents Make a Difference?; Growth and Development: An Overview; Safety and Supervision; Infant and Childhood Cleanliness; Nutrition: An Overview; Good Diets/Good Health for Children; Shopping on a Limited Budget; Childhood Illnesses—Parts 1 & 2; Childhood Trauma and First Aid.

Effective Parenting Information for Children

State University College at Buffalo

Cassety Hall, Room 340, Buffalo, NY 14222
716/886-6396

Sandra B. Rifkin, President

Overview

Effective Parenting Information for Children (EPIC) is a primary prevention program that seeks to promote responsible behavior in youth and to prevent self-destructive and dysfunctional behavior. EPIC provides parenting education and augments of public school curricula with a program which encourages the development of positive self-esteem, responsible behavior, and decision-making skills. EPIC develops children's positive skills through a comprehensive and interactive effort involving the home, school, and community.

History

EPIC was founded in 1980 by a man whose wife was murdered by a 15-year-old victim of abuse and neglect. Since its beginning, a cross-section of the community dedicated to the prevention of child abuse and neglect and other dysfunctional behaviors has been active in the program. Consultants from the Buffalo Public Schools, funded by a grant from a local foundation, developed the program materials. Originally operating primarily in the greater Buffalo area, the program today has been adopted by over 400 schools and community agencies in eleven states. Funding now comes from government sources and private grants.

Community

The EPIC program is currently operating in 400 communities in eleven states. Because of its adaptability, EPIC is easily replicated in virtually any community. Program materials are available in Spanish and are currently being translated into

French. Program participants come from urban (76%), suburban (16%), and rural (8%) areas and represent every major ethnic group (45%, white; 35%, African American; 17%, Hispanic; and 2%, other).

Program Components/Services

- Parent workshops: six-week, day and evening workshop sessions led by trained volunteers at schools, churches, and community centers provide information on parenting concerns and opportunities for parent peer-support.
- Childcare is provided by trained volunteers during workshops.
- *EPIC Growing Up Together Resources Guides* have been integrated into school curricula at primary, intermediate, middle, and high school levels. Activities encourage the development of positive self-esteem, responsible behavior, and decision-making skills.
- In-service training for teachers
- Local agencies, social service providers, and other community resources recruit volunteer workshop leaders and refer parents at risk to the workshops.

Participants

Children from preschool through grade 12, their families, teachers, and others who serve them, are eligible to participate in EPIC services. Participants are representative of the diverse communities where the program is being implemented. During the last

school year, EPIC trained over 1,400 teachers and 600 community volunteers, and provided over 2,000 parent workshops serving 15,000 parents. These activities had an impact on over 200,000 children nationwide.

Staff

EPIC's paid staff consists of 21 professionals (with backgrounds in education and social work) and 7 support staff. In addition, not-for-profit agencies in several states have full-time professional staff members implementing the EPIC program locally. Parent workshops are led by trained community volunteers in every community where the program operates.

Outreach

EPIC networks extensively with local human service agencies in every community where it operates to coordinate and develop resources. EPIC publishes a semi-annual newsletter submits articles to national journals, and presents papers at state and national conferences.

Evaluation

EPIC has a well-developed evaluation strategy to measure all expected outcomes. This includes student pre- and post-tests which measure changes in students' self-concept, citizenship behaviors, and decision-making; teacher feedback forms on which teachers rate the program's effectiveness and quality; evaluations of all training sessions (teacher, support staff, volunteer); and on parent workshop evaluations, parents rate their self-confidence as parents and the quality of their relationships with their children both before and after attending the workshops.

Replication

EPIC has developed an information dissemination system to bring a school or agency from a point of interest in EPIC to the point of making a replication decision. There is also a replication system to guide the overall implementation process. All instruments are currently in place to ensure a smooth replication of the program in any community.

Funding

The annual budget is approximately \$824,000: 74% federal, state and local government sources including the U.S. Department of Education, the New York State Department of Education, the New York State Division of Substance Abuse Services, and various County Divisions for Youth in New York state; 11%, foundations and donors; and 15%, program income.

Highlights

EPIC has received many awards for the quality of its program. EPIC volunteers were designated a White House Point of Light on April 20, 1991; EPIC received the 1990 National Program Award given by the Child Abuse Prevention Council of the National Committee for the Prevention of Child Abuse and Neglect, Houston, Texas Chapter; and EPIC was featured on a nationally-syndicated television program, "New & Improved Kids" in April, 1990. In 1989, EPIC's founder, Robert Wilson, received the Donna J. Stone Award for significant contribution to the prevention of child abuse presented by the National Committee for the Prevention of Child Abuse. EPIC was highlighted in the book *Save the Family, Save the Child* by Vincent J. Fontana, M.D.

Suggestions

A minimum of one part-time coordinator is recommended to successfully implement the program. The strong support and participation of principals, vice principals, and guidance counselors ensures teacher and parent participation.

Publications

Brochures; newsletters; videotapes; posters; articles about the program. *EPIC Growing Up Together Resource Guides*; training manuals include: *The School Component Procedures Manual*; *The Home Component Procedures Manual*; *Teacher Resource Guides* for pre-kindergarten through grade three, grades four through six, and middle and high school; volunteer and parent manuals for workshops for parents of young children and parents of adolescents (all are also available in Spanish); *Childcare Provider Manual*; and *Trainer's Manual*.

Families and Schools Together

Family Service, Inc.

128 East Olin Avenue, Suite 100, Madison, WI 53713
608/251-7611

Lynn McDonald, Ph.D., A.C.S.W., Program Director
David Hansey, Program Director

Overview

Families and Schools Together (FAST) is a unique substance-abuse prevention program designed to be easily replicated. In every location, FAST is a collaborative venture between an elementary school, a mental health agency, a substance-abuse prevention agency, and families. It targets high-risk elementary school children using a family-based approach. FAST's four main goals are: (1) to enhance family functioning by strengthening the parent and child relationship and by empowering parents as primary prevention agents for their own children; (2) to prevent the target child from experiencing school failure by improving the child's behavior and performance in school, making parents partners in the educational process, and increasing the family's feeling of affiliation with the school; (3) to prevent substance abuse by the child and the family by increasing knowledge and awareness of alcohol and other drugs and their impact on child development, and by linking families to assessment and treatment services; and (4) to reduce stress experienced by both parents and children in daily situations by developing a support group for parents of at-risk children, linking families to community resources and services, and building the self-esteem of each family member.

History

Lynn McDonald, of Family Services, Inc., Madison, Wisconsin, conceived the idea for FAST in 1987, and enlisted the help of Lowell Elementary School in Madison's Metropolitan School District and the Prevention and Intervention Center for Alcohol and Other Drug Abuse (PICADA) to design the program model. Two grants were awarded to implement FAST in January 1988; one from the United Way of

Dane County and one from the Wisconsin Department of Health and Human Services, Alcohol and Drug Division. FAST has since expanded from two schools in Madison to almost seventy schools across the state of Wisconsin. The Governor's Commission on Education in the 21st Century formally recommended that by 1996 every elementary school in Wisconsin that wants a FAST program have one. Current adaptation of the FAST program for preschoolers and for middle-schoolers is underway with a five-year grant from the U.S. Office of Substance Abuse Prevention (OSAP).

Community

The original community served was Madison, Wisconsin, a mid-western, middle-sized city with a population of 190,000. The 70 schools now being served include a wide range of from very rural, farming communities, to very densely populated impoverished ghettos in the Milwaukee metropolitan area, and to Indian reservations and suburban towns. The program has been used in affluent and economically depressed areas, multicultural and homogeneous areas. It has been used with African Americans, Native Americans, Hispanic Americans, Asians and Asian Americans, and white Americans. Since FAST is school-based, the neighborhood of the school determines its community and the school selects its target populations.

Program Components/Services

- In each community, FAST conducts an aggressive outreach campaign which includes home visits, and incentives such as meals and prizes in order to recruit families for participation in the FAST program.

- The program meets for 8 weeks with 8 to 12 entire families in a large room. Activities include:
 - (1) Participating in a structured program based on family therapy and child psychiatry research (e.g. making a family flag, a drawing and talking game, and charades about feelings)
 - (2) Viewing and discussing a film or play about a child or an alcoholic in order to address the issue of parental substance-abuse
 - (3) Engaging in developmentally appropriate family-based activities which help to change family interaction styles
 - (4) Building a parent support group through nondidactic time with no agenda but networking
 - (5) Spending one-on-one quality time together

Professionals from many different disciplines attend FAST sessions to become resources for parents.

- Monthly meetings for FAST graduates organized by parents with staff and budget support
- Information about and referral to alcohol and drug resources, including treatment and substance-abuse prevention programs

Participants

FAST's general target population is at-risk children aged five through nine and their families. Family is defined by living together, being connected, and including all adults having a caretaker role toward the child. The definition is meant to be inclusive.

School staff target specific families. Schools have targeted either all children in a certain classroom or only at-risk children or special needs children. Because of limited funding, most schools have selected children who showed behaviors which were perceived by their teachers as putting them at risk in later years for multiple problems.

FAST originally focused on at-risk children. Their

families were considered hard to reach: 60% had no car; 40%, no phone; 90% were single mothers.

Staff

Schools generally employ one half-time staff person to serve as a FAST facilitator. Responsibilities for this position include assembling and coordinating a team of school personnel and parents, substance-abuse prevention staff, and a youth worker; training teachers; recruiting and training volunteers; recruiting families by visiting homes; facilitating the eight-week night sessions; and participating in a planning meeting for monthly follow-up. The ideal FAST facilitator has a master's degree in social work, a knowledge of family therapy, and experience in community organization and working with children and families. Former participants who have continued to serve as parent liaisons or volunteer leaders have recently been hired as FAST facilitators. They have the specific FAST experience and knowledge necessary to be effective and they bring a consumer perspective to the facilitator role.

Outreach

Participation in FAST is voluntary. School staff invite families to join the program; and after a release of information is signed, FAST staff make home visits to actively recruit participants. Eighty percent of families visited attend one FAST session. Of these, eighty percent graduate from the eight-week program. In FAST's early days, over half of those identified by the school refused to let FAST staff visit their home; they were alienated from the school. FAST then began training school personnel and using parent graduates to recruit new participants. The program has become very popular and parents increasingly refer themselves because of word-of-mouth.

Evaluation

Evaluation is a central part of the rapid expansion of FAST. Family Service made a commitment to collect quantitative results with standardized instruments to demonstrate the impact of this school, community, and family-based prevention program. Parents and teachers fill out forms pre- and post-program. These forms are the Quay Peterson Behavior Problem Checklist and the FACES III (on family dynam-

ics by Olson). Both of these have shown statistically significant improvements in the child and family after only eight weeks of meetings. Improvements are in self-esteem, attention span, and family closeness. In addition, a small study with assignment to a control versus experimental FAST group supported these results.

Consumer satisfaction feedback from parents and children has been extremely positive. Professionals involved also rate the program positively on simple Likert scales.

Long-term follow-up data are now being collected.

Replication

FAST has been successfully replicated in approximately 70 schools across the state of Wisconsin. In addition, FAST has received over 180 inquiries from across the U.S. in the last six months of 1991.

The success of FAST's replication is believed to result from the replication process and materials which include (1) a 300-page FAST training manual which outlines each step of the program (McDonald, et al. 1990; 1991 revision); (2) a formal, six and one-half day training program spread over four months and including three site visits for coaching and problem-solving; (3) training of local collaborative teams which consist of at minimum one mental health person, one substance-abuse person, one educator, and one consumer parent; (4) consulting and technical assistance for grant-writing to start FAST; (5) a site report and formal evaluation of each replication site.

Funding

The Madison-based FAST program has an approximate annual budget of \$436,550: 63%, from the federal government (Office of Human Development, Office of Substance Abuse Prevention); 11.6%, state government (Wisconsin Department of Health and Social Services, Office of Alcohol and Other Drug Abuse Prevention); 15%, local government (Madison Public School District and Madison City Budget); 11.4%, private funds, including monies from the United Way and the Madison Community Foundation.

FAST is very fundable in the 1990s. It can be funded by federal alcohol prevention dollars allocated

through every public school or by local branches of the United Way (United Way's national office identified FAST as one of 100 model programs for children and families in the U.S.). Funding can also come from demonstration grants or prevention monies from the Family Support Act. Chapter I money, which every public school receives, has a parent involvement requirement which could fund FAST. Clifton T. Perkins' adult education money for parenting classes has been allocated to FAST. Delinquency prevention dollars could also be directed to FAST.

Highlights

FAST has been honored with several national awards including (1) U.S. Office of Substance Abuse Prevention (OSAP) Exemplary Program Award, one of ten in the United States (June 1990); (2) American Institute of Research honor for inner-city substance abuse prevention—500 programs were reviewed, 6 received recognition as successful models (March 1991); (3) CSR, subcontracted by the U.S. Office of Human Development, reviewed 65 currently federally funded prevention programs and identified FAST as one of six model prevention programs for high-risk youth (March 1991).

These awards all identified FAST's collaborative teams and the family systems approach as unique, and praised the careful self-evaluation process.

Suggestions

Prevention is a multifaceted, long-term challenge. FAST reports dramatic attitudinal and behavior changes; however, maintenance of these changes over time needs to be effectively addressed.

Publications

Brochures; training manuals; and videotapes. In addition, FAST has been described and published in various journals and newsletters: *National Association of Social Work Newsletter* (Washington, D.C., 1989); *American Association of Marriage and Family Therapists Newsletter* (Washington D.C. 1990); *The Prevention Report* (The National Resource Center on Family Based Services, Iowa City, Iowa, 1991); *National Organization of Student Assistance Programs and Professionals* (Boulder, Colorado, 1991); *Social Work and Education* (1991); and *Social Work in Japan* (1991).

The Family Center

301 North Gay Avenue, Clayton, MO 63105
314/725-1350

Mary Jo Liberstein, Ph.D., Director

Overview

The Family Center is a component of the School District of Clayton, Missouri. Its programs are designed (1) to provide information and support to families with children up to five years of age; (2) to enhance every child's chances for success in school; and (3) to increase knowledge of child, parent, and family development, and of early childhood education in the community-at-large.

History

In 1975, the School District of Clayton made a commitment to establish a comprehensive, multifaceted, early childhood parent education program, making The Family Center one of the first comprehensive public school-based family support programs in the country. The Family Center has grown into a multifaceted entity, offering 30-40 different programs and services each year. Its most recent expansion was to offer late afternoon/early evening and weekend programs in an effort to better serve the needs of working parents. This expansion has resulted in a significant increase in the number of fathers participating in the programs. To accommodate its growing population, The Family Center moved to a larger facility in November, 1990. In September, 1991, The Family Center began piloting parent education programs in the school district's elementary and middle schools. Two years ago, they began providing counseling services to families with children in the district's kindergarten through 12th grade.

Community

Clayton is a suburb of St. Louis, with a residential population of 15,000. An additional 35,000 people commute daily to work in Clayton. The residential

population, comprised of middle- and upper-income families, is predominantly white. The school district also includes small portions of neighboring suburbs; and students from the city of St. Louis commute to Clayton as part of an area-wide, voluntary desegregation program.

Program Components/Services

- **Parent-Child Together Program:** This program provides opportunities for parents and children to play and learn together through dramatics, movement, art, and science.
- **Parenting classes and workshops** address particular stages in development, discipline, family dynamics, communication skills, self-esteem, and other topics. Classes are offered during the day, lunch and dinner hours, and evenings and weekends at the center.
- **Work-site parenting education** (offered in conjunction with the Clayton Chamber of Commerce)
- **Developmentally appropriate programming** for children is provided while parents are in classes.
- **Parents as Teachers:** Home visitors reach families who need one-on-one attention. A lecture series is also available.
- **Developmental screening and individual evaluations**
- **Early Childhood Special Education Program**
- **Individual and family counseling**
- **Consulting Services** are offered to early childhood programs

- The Middle School/Senior High School Program gives students theoretical background in child development and first-hand experience with children by involving them in the children's portion of the Parent-Child Program.
- *Growing Times*, an educational publication for young children is distributed nationally.
- Workshops for early childhood educators
- Speakers are available for interested groups

Participants

The Family Center offers its programs and services to residents of the School District of Clayton and, when space allows, families from outside the district. The Family Center serves approximately 450 families a year. Over 3500 families throughout the nation subscribe to *Growing Times*.

Staff

The Family Center staff is comprised of the director, five full-time and 20 part-time personnel responsible for the program components. Two full-time employees staff the center's business office. All personnel are employees of the school district. The Family Center director sits on the school district's administrative council.

Outreach

Growing Times, an educational publication for parents and others who care for and educate young children (infancy through third grade), is The Family Center's primary outreach vehicle. In addition, the center provides consulting services, seminars for early childhood educators, and in-service training to schools and agencies. Staff members are frequent speakers at local and national workshops and conferences. The public learns of The Family Center via an annual brochure, word-of-mouth, and local media coverage.

Evaluation

Evaluation is solicited by questionnaires and through group discussion. Every year the staff reviews the preceding year's accomplishments, sets goals, and adopts strategies for the next year. An intensive and comprehensive evaluation is undertaken every five years.

Replication

The Family Center has served as a model for programs in the St. Louis area, in Missouri, and nationally.

Funding

The annual budget is approximately \$290,000: 70%, from the School District of Clayton; 12%, from the state of Missouri (Parents as Teachers and Adult Education Grant); 16%, tuition and fees; and 2%, miscellaneous resources.

Highlights

In 1987, the Center was included in the Bank Street College/Wellesley College study of early childhood programs connected with public schools. It has been identified by Harvard University as one of the exemplary family resource programs in the country.

Suggestions

Carefully determine the needs and interests of the community to be served. Look at other programs' successes and weaknesses—there is a lot to be learned from past experience. When affiliated with a school system, educate the Board of Education and administrators. And, bring them along in your thinking—they will be more supportive if they are not dealt unexpected surprises!

Publications

Parent class curricula (currently under revision); guidelines for establishing and running parent groups; outline summaries for several parenting workshops; and *Growing Times* (available by subscription, bulk, or single order).

New Futures School

5400 Cutler, NE, Albuquerque, NM 87110
505/883-5680

Veronica C. Garcia, Principal and Program Director

Overview

New Futures School (NFS) is an alternative school of the Albuquerque public school system and a community-based organization that offers educational, health, counseling, vocational, and childcare services to pregnant adolescents and adolescent parents. The New Futures School assists and motivates schoolage parents to make responsible, informed decisions, to complete their secondary educations, to have healthy pregnancies and healthy families, to be responsible parents (which for some may mean a choice to release their child for adoption), and to be contributing, self-sufficient members of their communities.

History

New Futures School opened in the basement of the Albuquerque YWCA with two students in January 1970. The program was initiated by two certified teachers, volunteers concerned about both the expulsion from public school of pregnant adolescents and the health problems associated with teenage pregnancy. Initially, Albuquerque Public Schools committed only to grant credits for New Futures classes, but gradually and steadily increased its involvement and financial support until, in 1976, it assumed primary responsibility for the program. At the same time, New Futures, Inc. formed as a community-based, not-for-profit organization dedicated to providing services for adolescent parents and maintaining the vital link between New Futures School and the Albuquerque community. In 1988, New Futures School moved into a new building. This facility was the first of its kind in the United States to be designed and built specifically for the needs of a program serving pregnant and parenting adolescents. Over the past 21 years, 5000 adolescent parents have received services from New Futures School.

Community

Albuquerque is an urban area with a chronic unemployment rate of 10%. The federal government (including a major air force base) and the tourist industry are the major employers in the region. The county's population is 400,000: 57%, Caucasian; 38%, Hispanic; 3%, African American; and 2%, Native American and other peoples.

Program Components/Services

New Futures' Perinatal Program serves pregnant teens. Its Young Parents Center serves schoolage mothers and fathers who cannot successfully participate in a regular school program. Both offer the same educational and support services.

- Classes required for high school graduation form the nucleus of New Futures as an alternative high school. All classes are individually paced. Levels range from basic skills to college preparation.
- Vocational, prenatal health, parenting, and child development courses
- GED preparation class
- Home tutoring, in the event of family illness
- Individual health and nutrition counseling, with staff nurses
- University of New Mexico School of Medicine staffs a weekly prenatal clinic in the NFS facility.
- Breakfast and lunch programs
- Group classes on individual and child health
- Individual, family, and couples counseling

- Weekly group counseling sessions
- Job training class emphasizing job-finding and job-keeping skills
- Work-study opportunities and informal placement assistance
- Vocational counseling
- Childcare: Four age-divided day-care centers, each licensed to serve 25 children, are open during and after school hours to care for children of women in class or in the jobs program. Mothers who use childcare are required to assist at the center for one hour per day as part of their parenting education.
- Developmental disabilities screening for children aged two weeks to four years
- Library
- Thrift shop

Participants

The program serves pregnant and parenting teens from both within and outside the county who have not yet graduated from high school. Approximately 450 teen mothers and 100 teen fathers participate annually. The program serves a multiethnic clientele: 55% are Hispanic; 30%, Anglo; 8%, African American; and 7%, Native American. Approximately 1,500 adolescent nonparents are reached through the program's outreach activities.

Staff

The 64-person staff consists of 30 professionals, 29 paraprofessionals, and 5 clerical workers. Professionals are from the fields of education, nursing, childcare, and counseling. Volunteers assist the program in a number of ways. All volunteers receive extensive training.

Outreach

New Futures educates teenagers about the reality of teen parenthood at schools, churches, and social service agencies. Community education programs are also offered. A comprehensive public informa-

tion program is conducted through posters, public-service announcements on radio and television, newspaper publicity, and speaking engagements. The New Futures library, thrift shop, and day-care centers provide opportunities for volunteers from the community to become involved. NFS staff serve on advisory committees and boards of local organizations. New Futures is available to make presentations or to provide technical assistance to schools or community-based agencies.

Evaluation

New Futures conducts regular internal evaluations to monitor client satisfaction with the program and its services. Program outcomes are measured by collecting information about the health of the mother and baby and the mother's continuation in school. Several external evaluations of various aspects of the New Futures program have also been conducted. With funding from the U.S. Department of Health and Human Services, Abt Associates studied the employment and day-care components. They reported that there was a lower repeat-pregnancy rate among New Futures participants than in a control group, and that participants had better school attendance and attitudes toward work. The U.S. Department of Labor commissioned a study of the program's employment component and found similar results. A six-year follow-up study was conducted by a university evaluator; a follow-up study of the last five years has also been completed. Both follow-up studies found higher rates of high school completion and lower rates of repeat pregnancy than nationally-reported rates.

Replication

Program components have been replicated in Ft. Worth, Texas; Carlsbad, New Mexico; Phoenix and Tucson, Arizona; and other communities throughout the United States.

Funding

New Futures' operating budget is approximately \$1,140,000: 79%, from Albuquerque Public Schools; 13%, from other state or federal monies (New Mexico Department of Education, Carl Perkins Vocational Education funds; Human Services Department, Title XX Family Life Skills, and Project Mainstream; Private Industry Department, Jobs

Training and Partnership Act; Health and Environment Department, Maternal and Child Health); 7%, from private sources (day-care reimbursement; Honeywell Corporation; US West; New Futures Inc.; and Reading Is Fundamental).

Highlights

New Futures is one of four program models used as a basis for federal legislation on adolescent pregnancy. It has been identified as a model program for at-risk youth by the National Center for Effective Secondary Schools. It will be cited in 1992 by the National Commission on Infant Mortality as an exemplary program.

Suggestions

Create a climate that conveys caring and respect for clients. Seek out broad-based community support and offer the most comprehensive range of services possible. Pay a great deal of attention to prior planning, clear specification of goals, and careful staff selection.

Publications

Working With Pregnant and Parenting Teens; Teenage Pregnancy; A New Beginning; Math Applications in the Home; Exercising for Pregnancy and Birth. Narrative and statistical data are available on request.

Parent and Child Education

Cabinet for Workforce Development Office of Adult Education Services

Capital Plaza Tower, 500 Mero Street, 3rd floor, Frankfort, KY 40601
502/564-3921

Jean Heberle, Co-Founder

Sara Callaway, Family Literacy Branch Manager

Overview

In 1986, the Kentucky Department of Education and the Kentucky General Assembly created Kentucky's Parent and Child Education Program (PACE), to address the problems of undereducation and poverty—problems which affected a significant portion of the state's population. The program, based on a widely accepted theory of the factors related to the generational cycle of academic and vocational performance, seeks to solve these problems by addressing family characteristics that contribute to a pattern of undereducation and unemployment. Recognizing the interdependency of the family and the school, two major socializing forces, PACE influences them simultaneously in one program in the public schools. PACE seeks to raise parents' educational levels, to improve children's learning skills, to increase parents' educational expectations for their children, and to develop positive relations between home and school. PACE is a family support program that focuses on family literacy.

History

PACE began with six pilot programs in 1986. Six were added in 1987, and the program was expanded to eighteen classrooms by the 1988 General Assembly. In 1989, two classrooms were added as a pilot implementation of the JOBS portion of the federal Family Support Act. In 1990, the General Assembly expanded the program to a total of 33 classrooms in 28 districts. In 1991, two additional districts were added, bringing PACE to 35 classrooms in 32 counties and districts. Also in 1991, PACE was transferred from the Kentucky Department of Education to the newly created Cabinet for Workforce Development.

Community

Kentucky is fourth in the nation for married-couple households and has a minority population of 7.1% African Americans and .9% Hispanics. In 162 of the 175 school districts, more than 20% of the children are on the free or reduced-price lunch program.

PACE was initiated because of acute needs within Kentucky. When the program was established, the state ranked 50th in the nation in percentage of adults with high school credentials, one in four children under the age of five lived in poverty. Kentucky was experiencing economic decline and above-average unemployment. Not easily measured, and therefore the hardest to define, assess, and change, is an attitude problem: the undereducated and underemployed in Kentucky do not look to education as a means for personal or vocational improvement. Kentucky's legislative leaders, painfully aware of economic decline in the state and already prepared to address educational reform, saw in the PACE plan an innovative, promising attempt to solve a significant part of the state's educational and economic problems.

Program Components/Services

Grants are awarded to districts through a competitive process. Once the grants are awarded, the state agency retains authority over curricula, training, some areas of the budget, and such reporting requirements as enrollment, attendance, participant information, and finances. Following guidelines from the state agency, the districts hire, supervise, and evaluate PACE staff.

The state agency evaluates the programs yearly.

In most districts the centers are located in the public elementary school. A few are in nearby mobile units; others are in neighboring churches or buildings. Each PACE unit has one classroom for adults and one for children, usually close to each other.

- Parents and children arrive at school together, usually on school transportation.
- Breakfast and lunch are served at the school.
- Parents attend adult education classes for two hours; children, early childhood classes. PACE uses the High/Scope Educational Foundation curriculum for the children. The classroom program emphasizes decision-making and active learning, and reflects the needs and interests of the children being served. For adult education, the Comprehensive Adult Student Assessment System (CASAS) is employed.
- Parents teach children's classes for one hour. With the regular classroom teacher serving as facilitator, parents use High/Scope materials with their children.
- Children take naps at the school. Adults spend this hour with a team of teachers working on family, vocational, and life skills. During this Parents' Time, PACE uses the *PACE Family Resource Parent Time Curriculum* developed by the national Family Resource Coalition in cooperation with PACE staff members and participants.

Parents and children attend three full school days each week. Staff is hired for four days. The staff uses the fourth day for preparation, home visits, and recruitment.

Participants

The participating population tends to be white, female, and between 20 and 35 years of age. Fewer than half the participants receive Aid to Families with Dependent Children (AFDC), and fewer than half are from single-parent homes. The participating rural districts have few minorities in the population. All but three participating districts are rural. All are characterized by higher than average unemploy-

ment. Eleven of the 30 districts participating are in the Fifth Congressional district, acknowledged to be the poorest in the United States. The three urban districts are in the greater Cincinnati area of Northern Kentucky.

Staff

Each site has one adult educator, one early childhood teacher, and one teaching assistant. Teachers and teaching assistants are employees of the local school system and receive compensation equal to that of district employees. The teaching staff is selected at the local level. Adult education teachers and early childhood education teachers must have college degrees, and teaching assistants must have high school diplomas.

Outreach

Recruitment is done with the assistance and cooperation of informal and formal organizations. Among the informal methods are word-of-mouth and contacts with community leaders; brochures are posted and distributed. Slide presentations, videos, and other visual materials are available for community meetings. Recruiters participate in local events such as fairs and parades. More formal contacts occur with all local educational, social, religious, and health service agencies.

Recruitment is difficult. Many undereducated adults are not as personally dissatisfied as anticipated; and if they are, they may not see education as helpful. Their experience in the public schools may have been very negative. Many have not experienced or witnessed immediate benefits from education. They were either hired without an education or laid off because of lack of work in the community. Because of lack of work, those who did get an education left the community, and families, painfully aware of that, are not necessarily supportive. In general, husbands are not enthusiastic about changes in family routines. As awareness of these obstacles increased, recruitment became a much more important element of the program's design.

Evaluation

The state agency, using published and self-designed

instruments and reporting forms, periodically monitors and evaluates program performance. In addition, a number of studies of the PACE program conducted between 1987 and 1989 have demonstrated its effectiveness in the areas of adult and child achievement and adult aspirations for children. These studies include program evaluations done or commissioned by PACE. A comprehensive review of the program was conducted by the Department of Education's Office of Research and Planning. Three results of program performance were identified: (1) the program is effective in changing parent's attitudes about education; (2) the program is effective in raising parents' literacy levels. Specifically, PACE was more than twice as effective as traditional adult basic education programs in helping participants to obtain a GED; (3) the program is effective in developing children's learning skills.

Replication

Materials for replication are available. PACE has received and answered requests for information from 40 states and 3 foreign countries. PACE staff members have been asked to consult and make presentations at numerous state and national conferences. The program was adopted by the Bureau of Indian Affairs for use in public and tribal schools and on Indian reservations. The *PACE Family Resource Parent Time Curriculum* is available through the Family Resource Coalition.

Funding

Each PACE unit, capped at 15 family groups, is allocated \$50,000 per year by Kentucky's General Assembly. The Cabinet for Workforce Development provides a coordinator, and local districts provide classroom space, transportation, and administrative services.

Highlights

The PACE program has received outstanding recognition. It won a 1988 award for Innovations in State and Local Government from the Ford Foundation and Harvard University's John F. Kennedy School of Government. The program won a Five-Star Award from the Kentucky Community Education Association in 1989. The Kentucky Chamber of Commerce listed PACE as its first funding priority in its recommendations to the 1990 General Assembly for education reform and economic development. PACE won the 1990 Council of State Governments Innovation Award. PACE was featured in *First Teachers: A Family Literacy Handbook for Parents, Policy-makers, and Literacy Providers*, published by the Barbara Bush Foundation for Family Literacy. It has been featured by PBS and ABC television, and in the *New York Times*, *Modern Maturity*, and numerous conference proceedings and journal articles, including the *Yale Law and Policy Review*.

Suggestions

Childcare for children too young to attend, and transportation from isolated areas, pose outcome, recruitment, and retention problems. Seek funds to offer these services to prospective participants who demonstrate willingness to attend if childcare and transportation aid are available. It helps to closely correlate the family support curriculum with the goals of the program. Adult educators should recognize the diversity of adult learning styles, differing functional levels, and the need for an introduction to the world of work. Provide effective follow-through services for graduates of the program, particularly in the area of employment referral assistance.

Publications

PACE Family Resource Parent Time Curriculum; brochure.

Parent & Child Education Center

Family Life-Community Education Services

Early Childhood Department

Canton City Schools

1253 Third Street, SE, Canton, Ohio 44707

216/454-6877

Aurelia Zoretich, Teacher/Coordinator

Overview

The Parent and Child Education Center (PACE) is an early intervention program administered through Canton City Schools, in Canton, Ohio, that aims to enhance the development, personality, and circumstances of young children. This goal is accomplished by providing a broad range of information, consulting and support services, and modeling experiences which augment the parenting skills and attitudes of parents. This focus on parents differentiates PACE from other early intervention programs. The year-round program operates free of charge on a drop-in basis; parents are encouraged to come on a regular basis. The PACE program takes place in a home-like setting and involves parents and their children in real-life situations of play, work, physical care, training, and discipline.

History

In February 1974, the Ohio State Department of Education funded an infant stimulation project through the Division of Vocational Home Economics and Family Life Education. At that time, an empty kindergarten room in a Canton inner-city school was chosen as the site for the activities. The first session, in the spring of 1974, served 70 families through weekly home visits and center-based programming. Through 18 years of growth and maturation, PACE has come to serve families from an expanding geographical area and a broad range of ages, ethnic backgrounds, situations, and socio-economic and educational levels. In the past three

to five years, the program has expanded to six sites in four quadrants of the Canton City School District. PACE now operates a full-scale preschool that includes forty hours of parent instruction. In 1991, the preschool program began including children with special needs.

Community

Stark County has a population of approximately 378,000. The work force is industrial and agricultural. Median years of education for the county is 12.2 years; for Canton City it is 11.6 years. Over 25% of the county's working population and 41.8% of the Canton City workforce, earn an annual income of less than \$15,000. The 1980 census showed that over 40% of the births in Stark County were to mothers aged 18 or younger, with an 11th grade education or less.

Program Components/Services

- **Parent-Child Education Program:** The 15-week adult and child curriculum is the nucleus around which other components revolve. The curriculum includes: techniques to enhance self-esteem and communications skills, play as a learning process, child development, language development, health and safety, time and money management, consumer education and home environment, nutrition, children in crisis (death, divorce, illness, separation), prenatal care, and childbirth.

- Afternoon preschool
- Preschool for children with special needs
- Bimonthly seminars for parents of preschoolers contain parent and child interaction activities and information on family development. These seminars, included as part of PACE's preschool programs, amount to 40 hours of parent education.
- Parents as Teachers Project is the home-based, outreach component of the PACE program. A team is assigned to each center, responsible for integrating neighborhood families into the Parent-Child Education Program. This team also provides home visits to families in crisis.
- Toy and book library
- Evening seminars on topics such as family law, couples communication, sex education, discipline, and self-defense for women
- Mothers KISS (Mothers Keeping Infant Stimulation Strong), a parent advocate group, serves as a format for professionals and parents to foster a parent and child, professional team approach. Mothers KISS sponsors monthly luncheons with guest speakers.

Participants

The program's population includes parents, grandparents, extended family members, foster parents, and children up to six years of age. Over 750 parents and children from all over Stark County participate yearly. Adult participants range in age from 14 to 56. The PACE population is extremely diverse: it is 30% African American; and there are Greek, Rumanian, Lebanese, Vietnamese, and Russian families. Middle- to low-income levels are represented. A diversity of intellectual and motivational factors are present among the participants. Average family attendance is two to three times a week; program involvement lasts, on average, about two and one-half years.

Staff

The PACE center uses trained expert staff, parent volunteers, and many professionals from the area, who serve as guest speakers, consultants, and resource persons. All staff members have knowledge in the fields of child development and family relations. Teachers have certification in early childhood education and background in special education and communication skills. Parent teacher's aides have high school diplomas (or GED) and are required to complete a minimum of 45 hours of training in early childhood education.

Outreach

The Parent-Child Education Program has established its place within a network of family support systems, including public and private agencies in Stark County. Two area nursing schools regularly participate in in-service sessions and on-site observation as do students from local secondary schools, colleges, and universities. Speaking engagements and workshops are conducted regularly for interested groups and agencies, and at local and regional conferences. An increasing number of families are introduced to the center by friends, neighbors, and family members who previously were participants. Additional referral sources include the welfare department, mental health centers, the courts, and private practitioners in the fields of law, pediatrics, psychology, and psychiatry.

Evaluation

The last longitudinal study was done in 1983. A current study of the program from 1983-1992 is in progress.

Replication

A local community college and a community hospital have incorporated a parent and child interaction component based on this model into their child development center. The Educational Enhancement Partnership Foundation is actively working to establish a network of Parent and Child Education Centers, to be housed in other area school systems.

Funding

The Parent and Child Education Center's annual budget is approximately \$750,000: 70%, Ohio State Department of Education; 10%, Ohio State Vocational Home Economics and Family Life Education; 11%, Early Childhood Parents as Teachers; 3%, Stark County Health Department; 6%, Children's Trust Fund. All funding is based on competitive grants.

Highlights

The Canton City School Board has adopted a proposal for broadening the base of the present Parent and Child Education Center. It will operate in conjunction with the Elementary Education Department to include developmental preschool and kindergarten programs and teen pregnancy programs. Interest also has been generated to work toward building a network of parent and child education centers in other area schools.

Suggestions

Provide programs for nurturing the nurturers. They, in turn, can provide an optimistic, supportive environment which will enable their children to develop to their fullest potential. A shift in educational policies toward family education would have a profound effect upon society: this approach would help prevent many problems and would decrease the number of families requiring crisis intervention.

Publications

Professional package and manual which includes an overview of the program philosophy, course of study, and sample lesson plans and handouts.

Project Enlightenment

Wake County Public Schools

501 South Boylan Avenue, Raleigh, NC 27603
919/755-6935

Alice Burrows, Director

Charles Kronberg, Assistant Director

Overview

Project Enlightenment is a comprehensive mental health, early intervention, and prevention program for children up to kindergarten age administered by the Wake County Public Schools in Raleigh, North Carolina. Project Enlightenment provides services which improve the mental health of young children and provide guidance and support to those adults who have the greatest effect on the child's development. The approach builds on the existing strengths and resources of children, parents, and teachers and thereby enables key adults to assist children at home and at school. The guiding philosophy is that prevention techniques taught to parents and teachers can avert serious problems, and that early intervention can correct existing problems.

History

Project Enlightenment began in 1969, with a staff of three, as a small ESEA Title III project. Since that time, it has expanded and now offers comprehensive services. Administered by the Wake County public school system, the Project works in affiliation with the Wake County Mental Health Center, the Child Psychiatry Training Program of Dorothea Dix State Hospital, and the Wake Area Health Education Center. In the past, federal sources funded the project; at present, local and state sources provide all funding for the program. During the past three to five years, the program has remained consistent, but unfortunately, funding has not allowed staff to increase to meet the demands of the growing population of young families.

Community

Wake County, North Carolina has an area of 854.36 square miles and a population of 423,380: 207,451 people live in Raleigh, the urban hub; and the remainder live in outlying suburban and rural areas. The population is growing rapidly (15% increase in the last five years). The white population is 75.4%; the African American, 20.6%.

Program Components/Services

- Parent workshops, classes, and support groups
- Parent and family counseling
- TALKline: a telephone service to answer questions and discuss parenting
- Teacher and parent consulting service, for teachers, focuses on individual children and program issues in day-care, preschool, and kindergarten settings.
- Teacher workshops, training courses, and classes
- Demonstration preschool offers a daily program for children with special needs, in a mainstreamed environment.
- Parent-Teacher Resource Center: a collection of books, materials, and resources for parents, teachers, and children
- First Years Together: This early intervention service provides developmental follow-up for

high-risk infants and their families, through a cooperative effort with area health agencies.

- Psychological, psychiatric, speech, and language evaluations are offered on a limited basis to supplement consultation and counseling services.
- Coordination of activities among numerous agencies serving young children
- Consulting services and training for company professionals
- Development and distribution of publications for parents and teachers of young children
- Technical assistance to communities seeking to develop mental health services for young children
- Training and Field Placement Center for university students.

Participants

Young children in Wake County, their families, teachers, and others who serve them are eligible to participate. Participating families are representative of the diverse community, which has both a high percentage of urban white collar workers and sizable disadvantaged and rural populations. During the 1989-90 school year, Project Enlightenment provided over 29,237 service contacts to parents, children, teachers, childcare workers, and other community professionals.

Staff

The Project's paid staff consists of 24 professionals and five clerical support staff. Many of the staff are part-time. Most follow the ten-month school system schedule. Professional staff represent disciplines such as early childhood and special education, clinical and school psychology, social work, guidance and counseling, child development, speech pathology, and movement education. A child psychiatrist is available as a consultant. Volunteers

from the Junior League of Raleigh and other organizations help support regular services.

Outreach

Project Enlightenment works with other community agencies to coordinate services and develop resources. Outreach also occurs through the First Years Together home visits; on-site teacher/parent consultations; day-care workers and parents; workshops at various community facilities; publications disseminated nationally; training of interns and professionals; technical assistance to other communities; and presentations at state and national conferences.

Evaluation

Formal written evaluations of TALKline and First Years Together are available. A comprehensive management-by-objective system, which includes all program components and individual staff member goal-setting, is used to plan and evaluate service and professional growth. Client feedback and peer review of client progress are also used to evaluate specific services.

Replication

Project Enlightenment serves as a model for a network of 17 mental health early intervention programs across the state established by the North Carolina Department of Mental Health/Mental Retardation and Substance Abuse Services. Over the past 20 years, hundreds of professionals from across the U.S. and from several foreign countries have visited the project and incorporated aspects of its service system into their programs.

Funding

Project Enlightenment's annual budget is approximately \$685,000: 57%, from the Wake County public school system; 30%, local and state mental health departments; 10%, service fees, contributions and other self-support funds; and 3%, from small foundation grants.

Highlights

Project Enlightenment is a recipient of the Outstanding Achievement Award presented by the North Carolina Department of Mental Health and of a Significant Achievement Award presented by the American Psychiatric Association. It was selected as one of eight outstanding mental health programs in the country by the Joint Information Service of the American Psychiatric Association and the National Association of Mental Health, and was highlighted in the book *Unclaimed Children* by Jane Knitzer.

Suggestions

Start small and build slowly. Appropriate staff selection and staff cohesiveness are essential ingredients for a successful program. Build a solid reputation by implementing one service at a time and doing each well. Begin where there is the greatest receptivity to change and gradually move toward tackling more sensitive problems. Initial success is crucial to the staying power of a program.

Publications

Brochures; newsletter; and articles about Project Enlightenment; 15 low-cost publications including: *I Can Do It*, a book of activities to promote competence and self-esteem in pre-schoolage children; *Baby Talk*, a series of 19 monthly newsletters designed to be distributed to parents of high-risk infants and toddlers; *What About the Children?*, a booklet to help young children deal with death; a series of pamphlets on topics such as firmness, limit-setting, parent-teacher conferences, working mothers, and helping young children cope with separation and divorce; and videotapes: *Involving Parents in Infant Assessment*, and *Project Enlightenment's Parent/Teacher Resource Center*; replication manual for Parent/Teacher Resource Center.

Project FIESTA

(Families Involved in Education Supporting Teachers Actively)

Title VII

Elgin School District U-46, 355 East Chicago Avenue, Elgin, IL 60120
708/888-5171

Marta Sanchez-Speer, Project Director

Overview

Project FIESTA is a comprehensive parent education program for Hispanic, bilingual parents of children in preschool or kindergarten, funded by Title VII and administered by the Elgin School District in Elgin, Illinois. The ultimate goal of the project is to increase parental involvement and thereby enable children to reach a higher level of academic achievement. Specifically, the Elgin School District seeks to enhance the learning of preschool and kindergarten children with limited proficiency in English by widening their range of developmental activities and learning experiences, and by developing a comprehensive parent education program to increase meaningful parent participation.

History

In September, 1989, 200 Hispanic parents attended a school open-house. At this open-house, facilitators used a parent education model developed in Pajaro California: the parents watched a demonstration on how to read to their children and discussed the story in small groups; and facilitators encouraged the parents to retell the story at home. The overwhelming success of this parent activity reinforced the district's goal to pursue Title VII funding to develop a comprehensive parent education program for Hispanic, bilingual parents of preschool and kindergarten children. By targeting the parents of preschoolers and kindergarteners, over 65 percent of the parents of the approximately 1200 Hispanic children in the district's bilingual program could be served by Project FIESTA. The project received Title VII funding for three to five years and became a reality in school year 1990-91.

Community

Elgin is a small city located on the outskirts of the Chicago metropolitan area with a population of approximately 70,000. The population is culturally diverse with a high concentration of Hispanics.

Program Components/Services

- **Monthly large group meetings held in the evening raise parents' level of awareness about the importance of parental involvement and provide parents with information that helps them assume a more active role in the education of their children. Meeting topics have included: speech and language development, effective discipline, building strong family relationships, and creating literacy-rich home environments.**
- **Networking groups: The women's networking group meets in the homes of women in the group, during school hours. The men's networking group (Solamente El) meets in the Family Education Center in the evenings. Fathers are attracted to the first sessions by topics that have traditionally concerned more men than women. Later, sessions deal with the father's role in the development of a child.**
- **Parents are encouraged to volunteer in a number of ways ranging from donating materials to accompanying classes on field trips.**
- **Adult Education: Academic courses have included English as a Second Language (ESL),**

Becoming a Teacher's Aide, and Child Development. Parents' responses to a survey helped determine what coursework would be offered.

- The Parent Council is a self-selected group of parents that plans, coordinates, and implements activities including FIESTA needs assessments, the sale of children's books at meetings, and the Spring Craft Fair. The purpose of the Parent Council is to develop a cadre of leaders who will train and mentor other parents.
- *Platicas*: A series of gatherings with a theme topic for discussion
- The Family Education Center provides support and resources for families including a drop-in center and a toy and video lending library.
- Game-making sessions for parents ("Make and Take")
- The home-based Literacy Development Program heightens parents literacy awareness so that their children are stimulated and ready to begin learning to read. The program uses books jointly authored by parents and children; and "book bags," bags that contain a book and a toy related to the story (parents read the story to the child using the toy as a prop, and complete an evaluation form, returning it with the bag).

Participants

Participants are Hispanic parents whose children are preschool or kindergarten age. It is estimated that 65-70 percent of the approximately 1200 Hispanic children in the district's bilingual program will be served by Project FIESTA. Between two and three hundred parents attend the monthly evening parent events. Participation in all programs is voluntary. No fees are charged.

Staff

Project FIESTA staff is bilingual and bicultural. There are five full-time staff members: a parent educator, an early childhood specialist, a community out-

reach worker, a secretary, and a director.

Outreach

Initially, people learned about the program through a large group meeting held at the school by Streamwood Elementary staff at the beginning of the year. Participants were recruited for this meeting by phone, letters, and surveys. Now, word-of-mouth advertising ensures participation.

Evaluation

An outside evaluator was hired to look at the correlation between parental involvement and student achievement and success. At the end of each project year, there will be an evaluation.

Replication

Project FIESTA has not been replicated. It was inspired in part by Alma Flor Ada and Betsy Quintero, two professionals working in family literacy. Pajara Valley Project in California was the program model.

Funding

The annual budget of \$180,000 is entirely funded by the U.S. Department of Education, Title VII.

Highlights

One of the more unique and valuable aspects of this program is the parent and child jointly authored books.

Suggestions

Hire a male to do outreach with fathers.

Publications

Newsletter.

Providing a Sure Start

Lessie Bates Davis Neighborhood House

1817 North 39th Street, East St. Louis, IL 62204
618/874-0034

Johnnie M. Penelton, Director

Overview

Providing a Sure Start (PASS) is one of the many programs under the umbrella of Lessie Bates Davis Neighborhood House. PASS is a prevention program that provides coordinated services to families to assist parents in preparing children for school success. The program focuses on environmentally at-risk infants and toddlers from birth to three years of age for whom conditions in the physical or social milieu (or both) have a high probability of interfering with the child's normal development. PASS's objectives are (1) to increase parental knowledge of existing services; (2) to increase utilization of services; (3) to provide early identification of developmental delays and special needs; (4) to improve parenting skills; (5) to encourage early childhood development; (6) to improve overall environmental conditions; and (7) to reduce known barriers for parents' success.

History

The Board of Directors of Lessie Bates Davis Neighborhood House in response to identified community needs, adopted a plan to include prevention programs as part of their services for the children and families of the East St. Louis community. Social service, healthcare, and education agencies as well as community groups and parents, came together to plan PASS, which began operating in March, 1988.

Community

The city of East St. Louis is the most economically depressed city in the state of Illinois. The per capita income is less than \$7,000 per year. Over 70% of parents and children receive public assistance. Forty percent of parents are functionally or marginally illiterate. The teen birth rate is 360% higher than the state average.

Program Components/Services

- Case management services are provided in the home or at the program site. An assessment is completed on each family and child. The family outlines its goals and a family care plan is developed. The family then becomes eligible for other PASS services.
- Drop-in center
- Parenting groups
- Parent and child interaction groups to promote positive parenting
- Life skills classes include consumer education (money management, budgeting), health and nutrition, GED, and job readiness.
- Parenting education including child development classes
- Toy and book lending library
- Childcare
- Transportation
- Recreational and cultural events
- Meals are provided for those attending groups or classes.
- Counseling services

Services are provided in groups and with individual families. Groups are held for parents only, children only, and for parents and children together. Family members may receive individual services.

Participants

Participants are low-income families: 97%, African American; 3%, white. Participants may be self-referred or referred by any community agency. PASS is a voluntary program. A family is requested to commit to the program until the child reaches three years of age. If parents lose interest in the program or are unable to participate, they simply withdraw. When a family's youngest child turns three, that child is moves into a preschool program in the local school district.

Staff

Program staff consists of 17 full-time employees: a director, a coordinator, an office manager/secretary, two parent educators, one child development specialist, four case managers, a parent educator/art therapist, four childcare workers, a van driver and a janitor. The program has a volunteer advisory committee consisting of representatives of the city's social service, healthcare, and education agencies. Twenty percent of advisory committee members are parents from the target community.

Outreach

Participants are referred by social service agencies, healthcare providers, and community organizations. Organizations hear about PASS through networking and service coordination efforts. Participants use flyers to recruit other parents.

Evaluation

Internal self-evaluation is ongoing. Periodically, participants fill out questionnaires and parent-satisfaction surveys. The program's director holds parent conferences. Southern Illinois University

prepares a comprehensive evaluation annually, based in part on information gained in focus group meetings.

Replication

The state of Illinois originally funded four PASS programs and expanded to nine in FY 1991.

Funding

PASS's annual budget of \$293,000 is funded entirely by the Illinois State Board of Education.

Highlights

Interagency networking is a key component of this program's success. The PASS program coordinates with other agencies to provide a wide range of prevention services.

Suggestions

Reliable, easy-to-use transportation and childcare during class time are crucial to the success of a program. These elements are difficult to fund, but essential in motivating parents to attend.

Publications

Newsletter; *Parent Handbook*; brochure; flyers.



III. ENHANCING PARENTING SKILLS AND FAMILY FUNCTION

This category includes a range of traditional family resource centers and family support programs. The programs differ from each other in terms of population served, setting, and size (number of component services, budget, number of staff members), but they share a common purpose; the primary goal of the organizations in this section is to enhance family functioning and parents' competence in order to promote healthy environments for children.

92nd Street Y Parenting Center

1395 Lexington Avenue, New York, NY 10128
212/414-5609

Fretta Reitzes, Director
Beth Teitelman, Co-director

Overview

The Parenting Center at the 92nd Street Y in New York City provides parents with the opportunity to meet regularly to share common concerns and questions, to gather information about children and parenting, and to develop appropriate expectations for themselves and their children.

History

The Parenting Center began in 1978 as a program of the 92nd Street Y (Young Men's/Young Women's Hebrew Association), with a few small workshops, parent-toddler groups, and a drop-in center. It has subsequently grown to serve more than 1,000 families annually, sponsoring a variety of workshops, seminars, and parent and child activities.

Community

New York City has a population of 7,071,030. The Parenting Center is located on the Upper East Side of Manhattan in a predominantly middle- or professional-class area.

Program Components/Services

- Weekly seminar series for new mothers
- Play groups for mothers, fathers, or caregivers and their toddlers
- Infant and toddler development classes
- New mother support groups
- Groups for working mothers

- Fathers' groups
- Baby Massage and Rock 'n' Roll With Baby
- Parent workshops on healthcare, divorce, single-parent families, and children's books
- Special series on adoption
- Parent Forums: Workshops for parents of children aged four through the teenage years
- Programs for working families tailored to their needs and offered at appropriate times

Participants

Participants are middle- and professional-class Manhattan families, including working and non-working mothers, fathers, caregivers, infants, and toddlers.

Staff

There are 2.5 paid staff members: the director, the associate director, and the special projects coordinator; 20 part-time staff, including psychologists, social workers, teachers, early childhood educators, dancers, pediatricians, and secretaries, coordinate and run sessions. The Parenting Center is a program of the 92nd Street Y and shares supervisory, maintenance and office staff with the Y.

Outreach

The 92nd Street Y catalog, which includes Parenting Center programs, is distributed three times a year to agencies, professionals, and more than 300,000 individuals throughout the New York metropolitan area.

Evaluation

Questionnaires are distributed to all program participants midway through and at the end of each series of classes. Reactions and suggestions are used to revise and expand programming.

Replication

The Parenting Center is one of the first comprehensive programs of its kind in the country. It has served as a model for many parenting programs both locally and nationally.

Funding

The Parenting Center's annual budget is approximately \$500,000. The 92nd Street Y covers overhead expenses; all other monies are generated through fees.

Highlights

Programs emphasize good times shared by parents and children, the importance of free play and not pushing children to achieve, and the value of each parent's special understanding of his or her own child. The center tries to be responsive to changing needs in families and to be available for support and information. Programs encourage the growth of friendships and support networks among parents and caregivers.

Suggestions

Start small and keep things simple. Look carefully at community needs. Tailor programs to the needs and schedules of those who want to participate. Build in a means of "on the spot" feedback—both verbal and written.

Publications

Brochures, catalog.

Birth To Three

3411-1 Willamette Street, Eugene, OR 97405
503/484-4401

Minalee Saks, Executive Director

Overview

Established in 1978, Birth To Three is a private, not-for-profit organization open to all parents with young children. Its mission is to strengthen families through parent education and peer support groups; to help prevent child abuse, neglect, and other family dysfunctions; and to ensure the well-being of children. Birth To Three believes that: (1) parents want the best for their children; (2) there is no perfect way to parent; (3) parents want information, guidance, and support in their role as the first and perhaps most important teachers in the lives of their children; (4) the relationship established between infants and parents during the first months and years of life has a profound impact on later growth and development, self-esteem, school performance, and life achievements; and (5) peer groups reduce isolation, enhance self-esteem, create social support networks, and provide an excellent setting for learning parenting and stress management skills (and for acquiring information on community service agencies).

History

Birth To Three was established in October 1978 by a demonstration grant from the Department of Health, Education, and Welfare (National Center on Child Abuse and Neglect). The goal of the project was to promote healthy family living in the community. The original format brought together new parents from the same neighborhood to share their parenting experiences, learn about normal early childhood development, develop a support network, and learn about other community resources. Birth To Three has grown in response to the changing needs and dynamics of families; however, its philosophy and mission have remained constant.

Community

The Eugene-Springfield area of Lane County has a population of 157,352: 94% are Caucasian; 3%, Hispanic; 1%, African American; and 1%, Native American. Timber, tourism, and farming are the major industries in the region. Social, political, and economic changes are quickly felt in this area.

Program Components/Services

- **Infant/Toddler Program:** Open to all parents (sliding-fee scale), the Infant/Toddler Program has groups for single parents, parents of multiples, working parents, couples, and parents of children with special needs. A parent educator facilitates a ten-session, five-month curriculum that covers birth experiences, sleeping-eating-crying, stress and anger management, early childhood development, adult relationships, health and safety, parenting strategies, group agreements, play and learning, baby massage, childcare issues, and socialization. Groups meet after this initial period as support and education groups. A volunteer from the group assumes the role of facilitator and attends a Volunteer Training workshop and quarterly in-service training sessions. Staff are available to each group for supervision, training, mediation, and support. Each group facilitator receives a listing of community resource speakers who have offered to donate time to provide information to group members. Facilitators use materials from Birth To Three's library.
- **Make Parenting a Pleasure:** This program, developed in 1983 as a collaboration with the YMCA, is for parents with low incomes who are experiencing high levels of stress. No fee is

charged for this ten-week parenting class followed by ten-week support group. A Birth To Three parent educator teaches the peer support group. Topics include: taking care of ourselves, handling anger and stress, communication, and normal child development issues. The YMCA provides free membership for participants and has assisted with the children's program that runs concurrently. Make Parenting a Pleasure has been adapted to provide parent education and peer support (1) at two local elementary school sites and (2) to pregnant and parenting women recovering from substance abuse. In addition to an enriched parent education program, there is a nutrition component and also a children's program that includes staff-facilitated parent and child interaction.

- Birth To Three for Teenage Parents: Through this program, Birth To Three provides free parent education and peer support groups to pregnant and parenting adolescents, 12–21 years of age. Groups meet weekly to discuss group issues, personal growth and development, parenting, community resources, and special topics (legal aid, welfare system). Supplemental services include: (1) home visits; (2) crisis intervention; (3) information about and referral to other community resources; and (4) assistance in meeting basic needs (housing, food, clothing).

In addition, participants in the Birth To Three for Teenage Parents program may serve on the Teen Parent Panel. Members of this panel volunteer as guest speakers at middle and high school family life and health classes to discuss the realities of teenage pregnancy and parenting.

- Bi-monthly newsletter
- Warmline
- Educational forums/panel presentations
- Community Resource Poster
- Free childcare while group members meet
- Library

Participants

Birth To Three programs are open to all parents of infants and young children. Some grants determine eligibility criteria (teenaged, low-income, children with special needs, etc.). Annually, over 700 parents participate in Birth To Three groups, 10,000 warmline calls are received, and 6,500 resource posters are distributed. Over 1900 newsletters are distributed bi-monthly; and articles written by Birth To Three staff published in the local Oregon Register-Guard newspaper reach over 70,000 homes each week.

Staff

Sixteen part-time staff (equivalent to 11.4 full-time employees) with backgrounds in early childhood education, counseling, social work, human services, education, pediatric nursing, and community organizing provide services to clients and training and supervision to 120 volunteers and students; and participate in community outreach, public education, and relevant local, state, and national networking. Volunteers donate 20,000 hours per year.

Outreach

Birth To Three, in the community for 14 years, has built a solid reputation as a model prevention program. Physicians, midwives, social service providers, school personnel, and others know about its programs and refer clients. Networking through committee membership ensures updated information. Word-of-mouth referrals from parents supplement Birth To Three's outreach efforts.

Evaluation

Parents complete an intake form that provides information on basic demographics, and family history (history of child abuse or substance abuse, etc.). Parent educators administer a pre- and post-questionnaire to parents to assess parenting knowledge, social support systems, and program satisfaction. Programs receiving Children's Trust Fund support must provide evaluations concerning each parent's progress in the areas of self-esteem, anger management, and knowledge of normal child development.

Replication

Birth To Three disseminates information and provides training, adapting its program components to meet the needs of individual communities. Birth To Three has offered technical assistance to three sites in the Northwest and has provided information and resources to programs throughout the country.

Funding

The annual budget is approximately \$286,000: 36%, State Department of Education; 22%, private foundations and trusts; 28%, board fundraising event and other donations; 7%, The United Way; and 7%, product sales and membership dues.

Highlights

Birth To Three has been recognized as a local, state, and national model child-abuse prevention program. It was highlighted in a recent Harvard Family Research Project publication. Executive Director Minalee Saks was honored by Governor Neil Goldschmidt for her contribution to creating Birth

To Three and to the field of child-abuse prevention. Teen parent program member and volunteer Connie Harris was recognized by President Bush as a Point of Light. Birth To Three received the Oregon Pediatric Society's 1989 Services to Children Award and has been nominated by the Oregon Mental Health Division for the Lela Rowland Award.

Suggestions

Be realistic in estimating the human and financial resources needed to organize and maintain a community-based parent support program. Start small (both in numbers and focus); set manageable goals; and nurture both staff and volunteers. Be clear about mission and goals. Recruit a supportive and knowledgeable board of directors.

Publications

Birth To Three: Support for New Parents (photocopy only); *Make Parenting a Pleasure: A Program Guide and Curriculum for Parents Under Stress*; *Program Guide for Toddlers Series*; *Register-Guard* newspaper articles; *Birth To Three for Teenage Parents* (working draft of program guide).

Center for Development, Education and Nutrition

Family Resource Center

1208 East 7th Street, Austin, TX 78702
512/477-1130

Emily Vargas Adams, Executive Director

Overview

The Center for Development, Education and Nutrition (CEDEN) Family Resource Center, located in Austin, Texas since 1979, promotes and strengthens families in need of prenatal, early childhood, and parenting education through community-based, family-centered, and culturally-appropriate services. The goals of its innovative, cost-effective service programs are (1) to prevent and reverse infant developmental delays; (2) to prevent child abuse and neglect; (3) to build family self-sufficiency; (4) to assist youth and adults in improving their reading and math skills; (5) to provide human service agencies with culturally-appropriate materials for low-income families; (6) to conduct research on topics related to infants and family development; and (7) to evaluate all CEDEN programs.

History

The center was founded in 1979 by Emily Vargas Adams. It was originally founded as the Center for the Development of Non-Formal Education and changed in 1986 to the Center for Development, Education and Nutrition (CEDEN) or, for short, CEDEN Family Resource Center. The staff has grown from five to twenty-two members plus many interns and volunteers. CEDEN's ability to serve families in need has increased significantly. Initially, CEDEN only assisted East Austin families; CEDEN now serves families living throughout the city and rural areas around Austin. CEDEN programs have been successfully replicated in East and South Texas by independent organizations.

Community

Austin, located in central Texas and serving as the state capital, has a population of 450,000. The University of Texas' largest campus is in Austin. CEDEN's main service area is 64.5% Mexican-American, 25.9% African American, and 6.9% white.

Program Components/Services

- **Parent-Child Program:** Weekly home visits and monthly group sessions are offered for families or guardians of children up to three years of age at entry. The child's developmental status and home environment, and the parent's knowledge of child development, educational attainment, and level of self-sufficiency are assessed. The curriculum used in the Parent-Child Program is based on a model of child development that emphasizes health, nutrition, and infant stimulation.
- Drop-in center
- Toy-lending library
- **Teen Parent Program** for pregnant and parenting teens, their children, and extended family members improves child development and parenting skills and helps teens to return to and remain in school and to limit repeat pregnancies.
- The Prenatal Education Program aims to

prevent infant mortality and to improve the birth outcomes of pregnant teens and women at risk.

- Parent-Child Learning Center: Adults and children use computers to improve their reading and math skills.
- Case management services
- Emergency food, clothing, and other services
- The Materials and Media Program makes high-quality, culturally-appropriate, and bilingual materials available to agencies working with low-income families.
- The Research and Evaluation Department produces research, publications, and evaluation reports on CEDEN programs.

Participants

CEDEN's programs are open to all low-income families in the greater Austin area. In the areas served by CEDEN approximately 24% of the households are headed by women, 35% of all children are born to teenage mothers, and 25% of all mothers are single. Over 40% of the households in the area have incomes below the poverty line. The educational level of local residents is the lowest in the city. Most program participants (65%) are Mexican-American.

Staff

There are 22 staff members. The full-time staff consists of 15 direct service providers, two professionals in research and development, and three administrators. All direct service providers are college graduates, and all coordinators have a master's degree. All service providers receive extensive training. CEDEN provides training workshops and advisory services for other agencies. The center has over 90 trained volunteers.

Outreach

CEDEN contacts families directly by visiting door-to-door, receives referrals from other health and

social service agencies, and uses the media—church bulletins, TV announcements, and radio broadcasts. CEDEN works closely with local hospitals, health clinics, services for the handicapped, and other agencies, and provides training workshops and advisory services.

Evaluation

All CEDEN's programs include an evaluation and monitoring component. The Parent-Child Program's evaluation plan consists of collecting information at program entry on infant development status, health and nutritional status, and home environment characteristics. It also examines changes in parental characteristics such as isolation and use of services, as well as the need for infant stimulation. CEDEN staff use a socioeconomic questionnaire, a health form, an infant assessment scale, a home observation form, and a home stimulation scale—all developed by CEDEN. At program entry, 100% of the children score below the norm in infant development. At exit, 85–89% are at or above the norm. Improvements in both home environment and health status are found consistently.

Replication

The Parent-Child Program has been successfully replicated in East and South Texas.

Funding

CEDEN's annual budget is approximately \$650,000: 32%, from government sources including the Austin Department of Health and Human Services, the Travis County Department of Human Services, the Texas Early Childhood Education Program, and the Texas Education Agency; 68% is raised through a diversified funding strategy. These diversified sources include: The United Way, the Hogg Foundation, the Junior League of Austin, many other agencies and foundations, and corporations, churches, and families.

Highlights

CEDEN's Parent-Child Program is one of the first bilingual infant stimulation programs in the U.S. Its

uniqueness derives from the comprehensive curriculum; the use of trained early intervention specialists, who are accepted by participating families; the development, production and use of field-tested materials that reflect specific sociocultural attitudes, values, and language patterns, especially of Mexican American and African American families; and the effectiveness of its built-in evaluation component.

Suggestions

Orient and train staff carefully. Communicate effectively and appropriately with the community to be served. Build upon the experiences of others to avoid "blind alleys." Include a comprehensive, built-in evaluation component.

Publications

Parent education books: *My Baby Book/Libro de Mi Bebe*; *Guidebook for Young Fathers*; Health and nutrition packets for outreach workers and parent educators; toymaking booklet for parents; training manual for early intervention specialists; slide and tape, and videotape, presentations in English and Spanish on nutrition, accident prevention, and infant development; assessment and evaluation packets with manuals and instruments; prenatal education volunteer training manual; home and hospital visit packets; curricula for parent and family communications skills classes, plus handouts and an evaluation manual; manual for replicating the Teen Parent Program.

Child Rearing, Education and Counseling Program

Children's Health Council

700 Sand Hill Road, Palo Alto, CA 94304
415/326-5530

Annye Rothenberg, Ph.D., Director

Overview

The Child Rearing, Education and Counseling Program at the Children's Health Council is a clinic-based parent education and support program in Palo Alto, California that educates parents of children aged birth to first grade about child behavior and development and family relations. Its main goals are to enhance the quality of the developing parent-child relationship and to improve expectations for today's children. These goals are also accomplished indirectly by training parent educators, day-care and preschool teachers and trainees, pediatricians, and pediatric residents.

History

Children's Health Council, founded in 1953, is a not-for-profit, community-based, diagnostic, remedial, and educational clinic for children with emotional, learning, language, motor, and behavioral problems. The Child Rearing Program was begun in 1973 by Dr. Annye Rothenberg with the strong support of the clinic director, Dr. Alan Rosenthal, to meet the needs of "well" children and their families. It later became an integrated part of the clinic, which had previously only worked with families of children with special needs. The program now provides consulting services to clinic staff on normal development, receiving similar services from clinic staff on serious problems in child and family development. The program, which 18 years ago offered classes for parents of newborns, now offers a wide range of educational and guidance services to individual families (with children through first grade-age), as well as extensive training for family guidance professionals.

Community

The "Mid-Peninsula" community served by the Children's Health Council is south of San Francisco. Its population of 1,038,418 is 71.1% white, 14.4% Hispanic, 7.5% Asian, and 3.8% African American. While most of the Child Rearing Program's participants are middle- and upper-income families, the full economic spectrum is served through its consulting and training programs.

Program Components/Services

- Seminar series for parents: These 10-12 week series focus on parenting children at specific stages of development (1-6 months, 7-14 months, etc.). Series are designed for mothers only, for couples, and for fathers only. Additional programs of classes are provided for parents of prematurely-born children and parents of multiple-birth children. Separate age-divided series are also offered for parents working full-time.
- Play care for children is provided during all classes. Parents are able to observe their child through a one-way window for a portion of each class.
- Individual counseling sessions for parents, focusing on issues such as sleep, limit-setting, and fears, are held at the clinic or at the family's home.
- Telephone consulting service addresses questions or concerns that do not require a face-to-face, in-depth counseling session.

- Kindergarten readiness assessments
- Field-experience and training: Local college students majoring in child behavior and development care for the children of parents attending parenting seminars.
- On-site observation, consulting, and workshops for both staff and parents are available at preschool and childcare centers.
- Annual six-day training course for parent educators
- Stanford University Medical Center pediatric residents take a required course, "Parenting and Behavioral Pediatrics," which focuses on new parent adjustment and first-year-of-life questions of feeding, crying, sleeping, etc. An elective course for second- and third-year residents deals with issues confronting parents of toddlers.
- An eight-session series, "Issues in Child Rearing: The Parents' View," is taught annually to community pediatricians.

Participants

Since 1973, approximately 5500 families have participated in classes. Approximately 350 families attend classes and 150 new families participate in individual child-rearing counseling yearly. Consultation to childcare providers reaches an estimated 300 additional families. 100 college students, 30 parent educators, 25 pediatric residents, and 10 community pediatricians receive training through this program annually.

Staff

The Child Rearing Program staff consists of a director, two associate administrative coordinators, and ten parent educators. The staff all have graduate degrees in child development, psychology, counseling or nursing, all are parents, and their positions are salaried and part-time. The children are cared for

by eight additional experienced early childhood staff along with volunteer college students. Support and indirect services are provided by additional staff at the Children's Health Council.

Outreach

Posters and tear-off pads are provided regularly to professionals and community programs. Class schedules are announced in local newspapers. Staff write articles in local newspapers and magazines and give presentations at local community organizations. Word-of-mouth advertising by parents and professionals makes the greatest impact.

Evaluation

Evaluation forms are regularly given to all parent and professional participants. Services and programs are modified based on this feedback. In the early 1980s, a three-year longitudinal evaluation study compared a group of participant families with a control group of nonparticipant families. Participating families scored consistently higher in their satisfaction with parental roles, in understanding their children, and in their ability to deal with child-rearing concerns. Their children had fewer serious problems in nursery school and kindergarten.

Replication

More than 500 parenting and family guidance programs throughout the U.S. and Canada have adopted parts of this parenting program model through use of the *Parentmaking* handbook and through Parentmaking workshops.

Funding

The annual budget is approximately \$170,000: 60% is generated from class and counseling fees, handbook royalties, and workshop and training fees; 25%, foundation grants; and 15%, Children's Health Council's community fundraising efforts.

Highlights

Over the last five years the Child Rearing Education and Counseling Program at Children's Health Council (1) received national recognition from parent educators for its textbook; (2) developed a new 40-hour Parentmaking Educators' Training Program: A Comprehensive Skills Development Course to Train Early Childhood Parent Educators (newborn to five years); (3) developed parenting programs for full-time working parents; (4) designed a model environment for parenting classes and children's play facilities; and (5) has been providing training to Stanford University Medical Center pediatric residents and community pediatricians.

Suggestions

Develop your parenting program as part of an existing community agency. Diminish competition by talking to others who are already providing family

support programs in your area. Hire staff who are knowledgeable, stable, and committed to family growth. Provide good ongoing training and support for parent educators. Seek and use feedback from parents. Show community pediatricians how you can be of use to them. Develop partnerships with childcare centers so that you can help each other work with parents.

Publications

Parentmaking: A Practical Handbook for Teaching Parent Classes About Babies and Toddlers (Menlo Park: Banster Press, 1983), a 500-page curriculum; and *Parentmaking Educators Training Program: A Comprehensive Skills Development Course to Train Early Childhood Parent Educators (newborn to five years)*, a 40-hour program for parent educators (Menlo Park: Banster Press, March 1992) including a 300-page manual and accompanying video.

Department of Family and Parenting Services

Hospital of Philadelphia College of Osteopathic Medicine

4150 City Avenue, Philadelphia, PA 19131
215/871-2080

David G. Greenberg, Ph.D., Director

Overview

Family and Parenting Services is a department of the Hospital of Philadelphia College of Osteopathic Medicine (HPCOM), the teaching hospital of the ninth largest medical college in the United States and the largest osteopathic medical school. The Department of Family and Parenting Services develops primary prevention programs to support the healthy growth and development of families with young children. It offers neighborhood-based educational and support services that give parents the information and confidence they need to make plans regarding childbirth, parenting, and life planning. The programs respect and expand parents' knowledge of how to protect, care for, and educate their children. Participation creates a model for making choices and taking responsibility that helps parents experience competence-enhancing self-esteem and strengthen support systems.

History

Many of HPCOM's parenting education and support programs were developed at Booth Maternity Center (later Franklin Maternity Hospital) by its Parenting Department; some programs were created fifteen years ago. When Franklin closed in 1989, HPCOM created the Department of Family and Parenting Services to continue the pioneering work begun at Booth. The Department now performs an important function not only by creating innovative programs to support families but in providing coordinated maternity-related support services to women and families served by the obstetrical and pediatric programs.

Community

The Department of Family and Parenting Services offers programs in six locations serving a variety of communities. Although individual programs may serve primarily one ethnic or racial group, the department provides programs for many diverse populations.

Program Components/Services

- **Neighborhood Parenting Programs** are offered at four locations providing the following services: workshops, play groups and support groups, individual counseling, free childcare (during parents' group programs), Swap Day (free clothing and equipment exchanges), a resource library, and special events.
- **Adolescent Maternity Program** is based at the hospital and provides: comprehensive medical care (offered by midwives and physicians), counseling services, home visits, childbirth education, and parenting support.
- **Family Health Education:** Two hospital locations offer childbirth preparation classes, exercise programs, breastfeeding support, and special classes for parents of siblings-at-birth.
- **A Better Start Program** for low-income women and families in West Philadelphia is offered at four locations. Comprehensive maternity services are provided by a team consisting of midwives, a physician, social workers, childbirth and parenting educators, outreach workers, and a nutritionist.

- The Maternity Services Program is a hospital-based program for low-income women that provides psychosocial and nutritional counseling, childbirth education, and obstetrical services.
- Individual, family, and group counseling services

Participants

Over 2,000 families are served each year by one or more programs. Some programs are limited to families living in specific neighborhoods (determined by zip code); other programs serve general geographic areas but are not exclusive.

Staff

The department's staff includes a director, an assistant director, four secretaries (3.5 FTE), two program directors, three full-time and two part-time program coordinators, five full-time social workers, six parenting educators, and many contractual educators and childcare workers. The staff continues to increase as new programs are developed.

Outreach

Outreach is an important part of all programs, and each program is responsible for its own outreach. Calendars for all scheduled programs are published and sent to families, physicians, and community agencies. Some programs prepare weekly press releases. Libraries and other neighborhood-serving institutions distribute flyers. One program prepares a monthly column which is published in community newspapers. Program services have been featured on local and national news programs.

Evaluation

Participants are encouraged to evaluate programs through client satisfaction forms. Some programs are funded through grants or contracts with city or state agencies, and those have formal evaluation components. Evaluations and parent advisory committees assist ongoing efforts to improve and strengthen programs and develop new services.

Replication

Many of HPCOM's parenting education and support programs are themselves replications of Booth Maternity Center's programs. Neighborhood Parenting Programs are replications of HPCOM's other successful parenting support programs. Components of HPCOM's programs have been replicated in many other parenting programs in the Philadelphia area as well as in other communities. HPCOM welcomes information about other agencies and willingly shares information about its services.

Funding

The department's annual budget is approximately \$1 million: 30%, Philadelphia Department of Public Health, Division of Maternal and Infant Services; 10%, Commonwealth of Pennsylvania, Children's Trust Fund; 15%, A Better Start Program of Pew Charitable Trusts and the Howard Heinz Endowment; .5%, the March of Dimes Foundation; 17.5%, The William Penn Foundation; 10%, program fees; and 17%, hospital support.

Highlights

Integrating parenting programs into a large hospital and medical center has proven beneficial to the parenting programs, medical staff, students, and hospital administration.

Suggestions

It is important when providing family support services in a hospital context to be able to show the hospital how your programs contribute to its bottom line. Diversifying your funding sources results not only in a stable base, but contributes to energizing staff by creating a stimulating heterogeneity of program types and professional expertise.

Publications

Monthly calendars; brochures; educational materials; and samples of outreach materials.

Detroit Family Project

Urban Families Program

Center for Urban Studies, Wayne State University

656 W. Kirby, 3256 Faculty Administration Building, Detroit, MI 48202
313/577-8834

Dorothy Kispert, Director

Overview

The Detroit Family Project (DFP) works through Detroit's public healthcare system as well as Neighborhood Family Resource Centers to provide parent education, needed family-focused services and healthcare information to low-income families. DFP utilizes Detroit Health Department (DHD) staff and parent educators from the Urban Families Program, Center for Urban Studies, Wayne State University, to access at-risk families and help them (1) learn more effective parenting skills; (2) provide a healthier and safer environment for their family; and (3) secure educational services, job training, counseling, and family support, as well as services that enable them to meet basic needs.

History

In 1987, the Bureau of Substance Abuse of the Detroit Health Department, contacted the Council on Early Childhood (since renamed the Urban Families Program) in the Center for Urban Studies about the possibility of establishing a substance-abuse prevention program through parenting education. The premise was that by working with parents and addressing parenting issues, present and future parents would be better able to deal with problems that affect their children, including substance abuse. In May of 1988, Detroit Family Project's mission was to develop a culturally sensitive curriculum appropriate for the multiethnic families of Detroit. Particular attention was given to the issues of substance abuse, conflict resolution, teen pregnancy, sexual responsibility, school success, and employment skills. Goals were to be accomplished through a parent education training program and by involving interested agencies in a

communitywide parenting education effort. In April 1990, the first parenting sessions began in public health centers. In April, 1991, the project received additional funding from the Skillman Foundation to increase services to full-time at six public health centers; to involve the maternal and child health services workers; to receive referrals from the 961-BABY Hot Line; and to provide Neighborhood Family Resource Center slots for families needing in-depth support.

Community

Detroit's population is 1.1 million. There is currently a high unemployment rate. Six public health centers are currently operating in low-income inner-city neighborhoods. With the exception of an Hispanic neighborhood and an area with a high concentration of Arab Americans, the neighborhoods are predominantly African American.

Program Components/Services

- Parenting sessions in public health centers: Families waiting for medical services attend parenting education sessions offered by the project.
- Parenting education workshops: Single and multi-session workshops for teenage parents, older parents, and grandparents caring for young children and adolescents
- Maternal and child services team uses a case management model to provide a complex of intensive paraprofessional and public health

nursing in-home services related to family health and safety matters, meeting basic family needs, improving family functioning and helping families access needed services. Referrals are made to parenting support professionals and other DHD programs (e.g., substance abuse treatment, family planning).

- Neighborhood Family Resource Centers offer programs providing extensive training for families using an effective parenting approach.

Participants

Detroit Family Project targets its services to five groups of clients: (1) mothers, grandmothers, adolescents, new parents, and teenage mothers who come to DHD clinics for medical services; (2) mothers referred to the maternal and child health services system from hospitals and other agencies; (3) people calling a hotline (961-BABY) for help with a parenting problem; (4) people in shelters for the homeless; and (5) those who hear about the program and want to participate in the parenting education sessions.

Staff

The staff of 15 family support specialists work in the public health centers. The administrative staff is composed of a director, two training coordinators, faculty consultants, a half-time program analyst, student assistant, and three clerical and administrative support staff. DHD has a staff of nine maternal child health service workers, two maternal health advocate drivers, a maternal health service coordinator, a transportation dispatcher-supervisor, a half-time program analyst, a half-time accountant, one data entry staff, and a half-time substance-abuse intake worker.

Outreach

Detroit Family Project's outreach is through the 961-BABY hotline number, articles in community newspapers, and flyers distributed throughout

Detroit neighborhoods, and referrals from community organizations and DHD program staff. In addition, the Detroit Family Project provides mini-grants to community agencies to support their parenting projects.

Evaluation

Evaluation of the Detroit Family Project is threefold. The first phase is process evaluation which includes observations and interviews, examination of records and other appropriate materials. The second phase is an outcome evaluation based on interviews and measurable indices of the program's impact. The third phase is a cost-analysis of services delivered.

Replication

To date, the Detroit Family Project has not been replicated. However, there are plans to widely distribute the curriculum.

Funding

Detroit Family Project's annual budget is approximately \$1,119,000: 48%, from the Detroit Health Department, Bureau of Substance Abuse; 52%, from the Skillman Foundation.

Highlights

The program's chief success has been in providing parenting education to persons in the Detroit Public Health Centers' waiting rooms.

Suggestions

Collaborate with and incorporate your program into an existing agency that has proved itself sensitive to the needs of the community.

Publications

The Detroit Family Project Evaluation; brochures; curriculum.

Family-Child Resources

3414 East Market Street, York, PA 17402-2621
717/757-1227

Mary Regel Burness, President & CEO

Overview

Family-Child Resources, Inc. is a prevention and early intervention agency offering services and support for children and their families. All services are family-centered, and many are home- or school-based. Experienced staff work with each family in a personal and caring manner to strengthen parenting skills and enhance family interactions.

History

The agency began in 1973 as an early intervention program for developmentally delayed preschool children. In 1975, Pennsylvania passed a child-abuse law mandating child-abuse prevention services. Over the next few years, a countywide system of parenting classes and home visits, funded by York County Children and Youth Services, was developed and implemented by Family-Child Resources to meet this mandate. In 1986, upon the recommendation of a task force studying infant mental health services in York County, the Perinatal Coaching Division was developed. Family Life Counseling services were expanded significantly in 1987 to offer community- and school-based prevention groups for high-risk children.

Community

York County has a population of approximately 346,000 over a 906 square-mile area. Adams County has approximately 78,000 residents in 521 square miles. Both of these counties have majority white populations as well as sizable African American and Hispanic communities, and small numbers of Asians, Native Americans, and other races.

Program Components/Services

- Developmental assessment and home-based intervention
- Occupational, physical, and speech therapy
- Developmental play groups for children up to three years of age who have developmental delays
- Home-based assessment and intervention to high-risk families to stimulate effective parent and child interaction
- Community-based prevention groups for children experiencing divorce or separation, loss of a parent, substance abuse, or child abuse in their homes
- School-based Elementary Student Support Program involves staff training, on-site support groups for at-risk children, and parenting education.
- Classes, groups, and presentations to enhance parenting skills
- Perinatal coaching: Hospital and home visits to provide information and support to new parents as they begin to relate to their infant during the first few months of life

Participants

All services are available to York County residents who meet the need-based criteria. Early intervention

and some counseling services are also available to Adams County residents. Clients may refer themselves or be referred by social-service, educational, or medical professionals. Last year over 3,000 clients received services.

Staff

The agency has 40 staff members and contractors; approximately 15 work full time. Staff includes: the president and CEO; three division directors; two division coordinators; developmental, occupational, physical, and speech therapists; a medical director; a peer support aide; student support specialists; parent education instructors; counselors; secretaries; and childcare workers. Most staff have at least a bachelors degree; many have masters' degrees. Over 50 volunteers serve as trained perinatal coaches.

Outreach

Family-Child Resources has forged strong partnerships with many organizations in its community and at the state level. Effective working relationships with medical professionals, as well as agency and school personnel, have augmented the number of referrals received and the quality of services provided. Brochures, press releases, mailings, and presentations are used for community education and advertising. However, most services are filled before any advertising is done.

Evaluation

All services are evaluated on a regular basis. Course or group evaluation instruments, parent satisfaction surveys, staff evaluations of client progress, and utilization data are employed to determine the effectiveness of services and future program directions or modifications.

Replication

The school-based Elementary Student Support Program model has been successfully replicated in both urban and rural school districts throughout York and Adams counties. Each of the program models has been presented at local, state, or na-

tional conferences. Many requests for information and presentations are received. In response, information and consulting services regarding models, funding, and materials are routinely provided.

Funding

The annual budget is approximately \$700,000: 43%, from York/Adams County Mental Health and Mental Retardation Program; 19%, federal early intervention funds (PL 89-313 and 99-457); 29%, York County Children and Youth Services; 9%, fees and donations.

Highlights

Family-Child Resources, is regarded as a high-quality, family-focused agency which meets the prevention and early intervention needs of parents and children from diverse backgrounds. Demand for services is consistently very great. Consulting and training services are increasingly requested.

Suggestions

Active participation on committees of professional organizations and state and local policy-setting agencies creates partnerships and alliances and keeps an agency abreast of best practices, legislative changes, and funding sources. Regular evaluation of all services is vital to maintaining services which effectively address client needs.

Publications

Parenting course curricula; perinatal coaching curriculum; curricula for support groups for at-risk children; newsletters; brochures; policies on disclosures; training package and flow chart for establishing successful support groups for at-risk children in community and elementary school settings.

Family Development Program

University of New Mexico

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505/277-6943

Maria D. Chavez, Ed.D., Senior Director and Principal Investigator

Overview

The University of New Mexico's Family Development Program (FDP) is dedicated to creating opportunities for low-income families to exercise power and self-determination in governing their own lives. The program's mission is to enhance and sustain healthy families and communities in which people make their own decisions; take their own initiatives; help and support each other; and have a strong sense of belonging. The program has the following goals: (1) to provide educational opportunities for low-income families based on their self-defined needs; (2) to enhance the cognitive, linguistic, social and emotional development of their young children; and (3) to assist other agencies, programs, and policymakers in addressing the needs of low-income families and young children in a responsive and effective manner. FDP has evolved through a process of participatory design in which staff and community residents have acted as equal partners in program design and implementation.

History

FDP was established in 1985 by the University of New Mexico with funding by the Bernard van Leer Foundation in the Netherlands and has slowly expanded both its programs and its funding base.

Community

FDP works with families living in the economically-depressed South Broadway and the South Valley communities of Albuquerque. Populations of both areas are predominantly Hispanic (both indigenous New Mexican and Mexican immigrant), although the South Broadway community is approximately 40% African American.

Program Components/Services

- **Esquelita Alegre Preschool:** Four half-day, licensed preschool programs currently serve 80 children three to five years of age in the city of Albuquerque's Parks and Recreation Community Centers. Esquelita Alegre offers a bilingual development curriculum with extensive parental involvement.
- **Parent Advisory Board:** In addition to their involvement in the preschool classrooms, all parents are automatically members of FDP's Parent Advisory Board. The Board has evolved from an informal group of eight parents whose discussions gave birth to Escuelita Alegre into a dynamic organization, comprised of a variety of working committees and directed by a central coordinating committee of parents and staff. The diverse initiatives of this organization—which include fundraising, curriculum development, community activities, and setting program policies—help parents gain the skills and the self-confidence to fulfill the role of primary educators of their children, a position which optimally maintains parental involvement throughout the years of public education and provides children with a lasting resource for lifelong success.
- **Community Board of Directors:** The program is currently in the process of appointing parents and other community members to a Community Board of Directors which will have full authority over the practical and philosophical direction of Escuelita Alegre. Potential board members are exploring the future organizational structure of Escuelita Alegre in relation to FDP, the University of New Mexico, and the city of Albuquerque.

- The Home Visitation Program seeks to help families make friends with their neighbors and create a sense of community. It also works on improving children's social, cognitive, linguistic, and physical development growth.
- Psychological counseling and family therapy
- Developmental screening for preschool children
- Crisis intervention
- Peer support groups for various sub-groups of the parent organization (for example, fathers, single parents, working parents, grandparents)
- Father and Child Night Out helps build positive father/child relationships
- Baby Amigo/Parent-Infant Education Project (BA/PIEP) provides educational support for families during the critical periods of prenatal development, infancy, and early childhood. Through the use of incentives (such as gift packages of personal items), BA recruits low-income, pregnant women to encourage them to take advantage of prenatal care, including emotional and social support, which is available at the UNM Maternity and Infant Care clinics throughout the Albuquerque metropolitan area. As a pilot project, PIEP extends the benefits of early childhood education to a select group of infants and toddlers and their parents referred from M&I clinics. The program includes home visits and play-group meetings and focuses on the development of the parents' capacity to nurture their babies during this critical period of their child's development (birth to age three).
- *Parent Resource Guide*
- Parents as Authors Project: FDP is currently seeking funding for a new project in intergenerational literacy. As an initiative of the Escuelita Alegre parent organization, a small group of parents is working to develop quality children's literature based on the everyday experiences of their families. The parents have completed eight books, with color illustrations, and are currently working on an additional five. With additional funding, they hope to market these materials and establish publications as a cottage industry.
- Interagency Team: In response to parents' requests, in 1986, FDP established a team of approximately 30 agencies dedicated to collaborative initiatives in the provision of comprehensive services for families. The team—comprised of directors and personnel of programs in the areas of health, education, employment, legal services, and consumer affairs—has coalesced over time; and has provided a series of classes on accessing resources for FDP parents as well as a number of Community Education Fairs, which have offered education, food, and entertainment.
- Currently, the team is exploring the idea of a new concept in service delivery: a community-guided Family Development Center which would foster interagency collaboration and provide an integrated system of programs for citizens from infancy through adulthood. It is envisioned as a "one-stop shopping center" to which families and individuals could turn with virtually the entire range of their needs, from the basic food-and-shelter necessities to health, educational, employment, and advocacy issues. Intake would be streamlined into a single-point process, and an independent family advocate (without allegiance to any individual agency) would track each family's progress through the service delivery system, monitoring their changing needs and providing comprehensive and integrated support. Exploration of this concept was funded through a one-year grant from the U.S. Department of Education.

Participants

Criteria for participation in the Family Development Program include low-income status (i.e., the federally defined poverty level), a willingness to participate in program activities, and the presence of a child five or under in the home. Participants for the PIEP project are referred by local Maternity and

Infant Care Project clinics on the basis of various social risk factors.

Staff

FDP program staff includes a senior director; a psychologist and coordinator of family support services; a coordinator of parent infant education; a coordinator of evaluation, research and publication; a coordinator of preschool education; the coordinator of Baby Amigo; and the coordinator of Baby Amigo's outreach component.

The Advisory Board of FDP comprises a diverse range of respected individuals including local parents, community leaders, mental health professionals, educators, and political officials. The Board assists the program director in formulating policy; utilizes members' organizational networks; publicizes the program; and consults on specific questions.

Evaluation

Over its first six years (1985-1990), FDP was evaluated by an external contractor in terms of the project's progress in meeting five initial goals: developing an operational model; impacting the educational and developmental needs of young South Broadway children and their parents; providing adult education options; developing the potentials of paraprofessional staff members; and influencing early childhood and family education policies at local, state, and national levels. The project met 85% of its objectives.

Replication

The project developed a comprehensive working model of its own historical development and working methodology which is applicable to program replication, dissemination, and training. FDP is currently seeking creative options to disseminate the nucleus of its operations for the benefit of other New Mexican communities through training and replication. In partnership with local resources, the Bernard van Leer Foundation may contribute 40% of the costs of such endeavors.

Funding

The Family Development Program's annual budget is approximately \$480,000: 11%, U.S. Department of Education; 5%, State of New Mexico's Child Food

Program; 17%, City of Albuquerque Department of Human Resources; 43%, Bernard van Leer Foundation; 24%, US West Foundation.

Highlights

The Family Development Program has developed like a living system. From its humble beginnings as a grassroots project in participatory design, the project is maturing into a comprehensive system of integrated components and services, designed by and for the community it serves.

Suggestions

Involve parents in all phases of program design and implementation. Seek to nurture family strengths so that families take control of their lives, find their voices, and make constructive changes which benefit their families and their community.

Publications

Program description; *Parent Resource Guide*; and several theoretical and evaluative reports: Chavez, Maria D., *Risk Factors and the Process of Empowerment* (The Hague: Bernard van Leer Foundation, 1991); Chavez, Maria D., and Menning Edith, "Building on the Strengths of Diverse Families: The Process of Empowerment in an Albuquerque Community" in *Family Science Review* (University of Nevada, in press); Johnson, Helen, "Empowerment in Practice: An Interview with Dr. Maria Chavez," *Networking Bulletin on Empowerment and Family Support* 1:2 (Cornell University, March, 1990); Medlin, William K., *The Design Process: Participatory Design in Action* (University of New Mexico: Family Development Program); Menning, Edith, *Final Report: The Early Childhood and Family Education Program, 1985-1990* (University of New Mexico: Family Development Program, 1991); Menning, Edith, *Case Study: Empowerment in Action* (University of New Mexico: Family Development Program, 1991); Menning, Edith and Minnick, Kirk F., *Summary Report: Evaluation of the Early Childhood and Family Education Program, 1985-1990* (University of New Mexico: Family Development Program, 1991); Minnick, Kirk F., *Technical Report: Evaluation of the Early Childhood and Family Education Program, 1985-1990* (University of New Mexico: Family Development Program, 1991)

Family Enhancement Centers

2120 Fordem Avenue, Madison, WI 53704
608/241-5150

Peg Scholtes, Executive Director

Overview

Family Enhancement is a network of community-based, prevention-focused, participant-driven family support, education, and information programs. The model was designed (1) to encourage enhanced, healthy family living by building on those strengths found in diverse family structures rather than focusing on correcting weaknesses; (2) to provide parent education, information, and support to Dane County families; (3) to promote the use of effective prevention strategies to enable people to help themselves and others; (4) to assist in meeting the special needs of at-risk families and families in which there are special concerns and issues; and (5) to facilitate both informal and formal networks among parents and among agencies and systems.

History

Family Enhancement was started in 1974, by a small group of parents who sought ways to support and enhance family living. In 1977, using donated church space, they opened Madison's first parent drop-in center. Family Enhancement has since opened other centers, and has developed community programs to support and educate families and to meet changing needs. Currently, there are two full-service family resource centers (one specializing in early childhood) and several satellite locations where groups, classes, and workshops meet. All Family Enhancement Centers are located in facilities that offer other services for families.

Community

Dane County (population, 393,113) includes the city of Madison, several small towns, and rural communities. Madison is the state capital and home to the University of Wisconsin. Madison has become more diverse racially and culturally in the last

decade 10.5% non-white in 1990; 5.8% in 1980. The current population of 191,262 is 89% white, 4.2% African American, 2% Hispanic, and 3.9% Asian (including Hmong, Laotian, and Cambodian).

Program Components/Services

- Parents Place parenting groups are offered seven times a week in four locations. One group is in Spanish; another, in American Sign Language; and one is designed to meet the needs of single parents.
- The Teen Parent Program offers groups, classes, and one-to-one mentoring (using volunteers).
- Parenting classes for diverse populations (Hmong, Cambodian, Hispanic, African-American) and parents with children of differing ages
- Early Childhood Family Enhancement Center offers parents with children up to three years of age a variety of opportunities to play, to borrow toys and books, to make developmental videos of children, and to participate in classes and workshops.
- Parent Haven is a weekly support and information group for parents of pre-teens and teens.
- The Interracial Families Network provides birth, adoptive, and foster families opportunities to promote a healthy racial identity in their children through meetings, potluck meals, and workshops.
- Parent-to-Parent, a neighborhood outreach program, uses indigenous volunteers to foster networks for individual and parent support.

- **Parent and School Involvement:** Parent and staff teams in seven schools look at obstacles to parental involvement and develop work-plans to overcome these obstacles. A goal-setting conference is held before the beginning of each school year.
- **The Work Place Parents Project** involves corporations in surveying the needs of employees who are parents and funding parent support and education programs at work places, including "brown bag lunches," classes, and workshops.
- Workshops and presentations promoting community understanding of and support for healthy families
- Volunteer training
- Childcare during all programs
- Transportation
- Drop-in center
- Translation services for non-English-speaking participants

Participants

Family Enhancement participants include a mixture of ethnic and racial groups (Southeast Asian: Hmong, Laotian, and Cambodian); Hispanic; African American; and white, family structures, and economic levels. Participants are actively involved in the planning, implementation, and evaluation of all program components. Last year, more than 8,000 families were served.

Staff

Family Enhancement employs eight part-time staff, four full-time staff, many hourly childcare providers, and several contractual workers. Family Enhancement's staff reflects the cultural diversity of its participant population. Most staff have training in early childhood studies, family studies, social work, or nursing. Last year, volunteers logged 11,135 hours.

Outreach

A variety of outreach strategies are used. Primary referral sources include: word-of-mouth; agency referral (not-for-profit organizations, schools, churches); employee assistance programs; county and city public health and human services departments; physicians; counselors; and First Call for Help, a referral and information program of The United Way. Local media are supportive and carry informational schedules. Using Parent-to-Parent volunteers who receive training, support, and stipends for their participation has been an effective strategy in low-income communities.

Evaluation

Parents provide regular direction for programs through planning and assessment. Evaluations are used for workshops and classes; semi-annual surveys and feedback surveys are conducted for each program. Change is documented by staff observation and participant reporting. Specific programs use validated assessment tools.

Replication

Family Enhancement has successfully replicated programs locally in both rural and urban communities. Handbooks describing the process are out of print, and have not been updated, but may be available. Materials are shared with at least 50 different groups each year. Family Enhancement is aware of five parent centers or family support programs started by former participants.

Funding

The annual budget is approximately 325,000: 17%, from the United Way of Dane County; 24%, from the Dane County Department of Human Services; 7%, from the city of Madison Department of Community Services; 25%, from the state of Wisconsin Children's Trust Fund initiative; and 26%, from private foundations, contractual work, individuals, and donations. Sufficient funding is always a problem; there are always more ideas—and more work to do—than funding allows.

Highlights

Family Enhancement flourishes by promoting participant-driven programs which address both individual and community needs. Participants and volunteers contribute to the success of the agency and its programs. A strong commitment to collaboration with other agencies has enabled Family Enhancement Centers to provide quality services and to increase their local funding base.

Suggestions

Involve parents, community residents, and professionals in planning and implementing programs. Professionals should make special efforts to continue to learn from participants. Resist the temptation to

let programming become funding-source-driven. Remove the stigma from participation and help normalize the need for parent education and support. Work on a community plan to serve all families' needs. Work with others who advocate for prevention programs.

Publications

Quarterly newsletter; flyers; brochures; fact sheets; handbooks: *A Parent Guide to Making it Through the Teen Years*, *Connecting Volunteers with Teenage Parents—A Good Way to Beat the Odds*, *Facilitating Parent Centers*, and *Caring for Kids During Family Centered Programs*; videotapes including *Beating the Odds* (produced with WHA-TV and teen parents).

Family Focus, Inc.

310 South Peoria, Suite 401, Chicago, IL 60607
312/421-5200

Maureen Patrick, Executive Director
Randi Wolf, Program Director

Overview

Family Focus, Inc. is the organization responsible for primary fundraising, administration, and program design of several community-based family resource centers in the Chicago area. Family Focus has been on the forefront of the family support movement since the mid-1970s, providing innovative leadership in promoting the optimal development of children by supporting and strengthening families. Family Focus both demonstrates the effectiveness of community-based family resource programs and advocates policies, programs, and resources that benefit children.

History

Family Focus was founded in 1976 by Bernice Weissbourd after a year of planning with a committee of faculty from both the University of Chicago School of Social Service Administration and the Erikson Institute of Loyola University. The first center, located in a public school building in Evanston, Illinois, opened in 1976. While services initially addressed the needs of parents with young children, they have since been expanded to include the needs of pregnant and parenting teens, and the primary prevention needs of young people considered to be at risk of too early pregnancy. In 1990, Family Focus launched a training division to work with organizations and individuals interested in creating or managing community-based family resource programs, or incorporating family resource principles into other systems. Family Focus is also in the process of developing several models of school, parent, and community partnerships, exploring issues of collaboration between family resource programs and public school systems.

Community

Currently, Family Focus operates five centers which serve the needs—and reflect the people—of the communities in which they are located. Family Focus Lawndale and Family Focus Our Place, both located in low-income African American neighborhoods, serve pregnant and parenting adolescents, their children, extended family members, and other teens at risk of too early pregnancy. The Lawndale center also serves older parents, their children and extended family members. Family Focus West Town in Chicago serves an Hispanic population comprised of low-income families who are recent immigrants. Family Focus Aurora, in a small town 40 miles west of Chicago, serves African American and Hispanic pregnant and parenting adolescents, their children, extended family members, and other teens at risk of too early pregnancy. This center also serves older Hispanic parents, their children, and extended family members. School District 55 Family Focus, a collaborative effort between the Evanston/Skokie school district and Family Focus, provides support and information to parents so that they can better prepare their children for school success. This center serves a diverse population and works in cooperation with the school district at every level of program planning and implementation.

Program Components/Services

- Centers promote a sense of neighborhood belonging, forming a base from which parents build mutual aid networks.
- Centers work in formal and informal partnerships with other neighborhood agencies and organizations to assure that families have access to necessary services.

- Crisis intervention, one-on-one support, and assistance in accessing resources and referral services
- A planned program of developmentally appropriate activities for children while parents are participating in center activities
- Drop-in center: Parents may drop in at any time during center hours to meet other parents, share information in a comfortable setting, or become involved in a range of more structured activities such as parent discussion groups, child development programs, parent and child activities, and recreational or skill-building programs.
- Special programs and classes that address the needs and interests of the community served. For example:
 - (1) Centers serving Hispanic populations may offer ESL and GED classes and programs designed to promote and sustain pride in Hispanic culture.
 - (2) Centers serving diverse, middle-income communities meet a variety of needs for dual-paycheck families, single parents, and mothers not in the labor force, through support groups, work-and-family issues seminars, and by providing opportunities to combat isolation and develop friendships.
 - (3) Centers serving teens provide comprehensive services to pregnant and parenting teens and their families, and also provide recreational opportunities and positive social alternatives aimed at encouraging high school graduation and discouraging too early pregnancy, drug abuse, and gang involvement.

In addition to center-based programs, Family Focus offers:

- Consulting services and technical assistance
- Training for those interested in creating family support and resource programs

- Models of collaboration between communities and school systems
- Advocacy and public education efforts encouraging programs and policies which strengthen families and promote optimal child development

Participants

Participants are primarily residents of the community in which the center is located. Depending upon the range of programs offered at a particular center, participants may include parents, young children, pregnant and parenting teens, non-parenting teens considered at risk of too early pregnancy, and other family members.

Staff

Family Focus, Inc. employs 60 full-time and 26 part-time staff members including social workers, early childhood educators, outreach workers, and home educators. There are 265 volunteers including speakers, officers of the Board of Directors and center-based community advisory boards. Attempts are made to recruit both staff and volunteers from within the community being served. Regular training is provided for both paid staff and volunteers.

Outreach

Word-of-mouth publicity from participants has proven to be the most effective method of promoting Family Focus programs. Recruiting is supplemented by referrals from other agencies, posters, brochures, and media coverage. Teen programs' staff work intensively with local middle schools and high schools.

Evaluation

Evaluations of Family Focus have been done by the University of Chicago and the Erikson Institute of Loyola University. There are two projects now in process concerning long-range program evaluation: (1) Family Focus is working with the University of Chicago School of Social Service Administration; the

University is seeking funding for a planning grant to develop a method of evaluating family resource programs, using Family Focus as its research base. The University of Chicago is interested in the universality of family resource programs and will be focusing on models not targeted to low-income communities. (2) Family Focus is working with the University of Illinois to develop a research plan for Family Focus programs that target low-income communities.

Replication

A key aspect of the mission of Family Focus has always been to serve as a model and resource to programs around the country. Staff members provide consulting and technical assistance on a regular basis to state and local government agencies, social service and child welfare organizations, and professional and community groups interested in establishing family resource centers.

Funding

The annual budget is approximately \$2.6 million: 23.5%, from The Ounce of Prevention Fund; .5%, United Way; 33%, governmental agencies (including the Illinois Department of Health, Department of Education, and the Department of Human Services, the Illinois Arts Council, Chicago Public Schools, and the Evanston Township School District); 23%, from private foundations and trusts; 8%, individual contributions; 2%, corporate gifts; and 2%, parent fundraising. The remaining 8% is earned income. Centers serving middle-income communities may charge fees; there are no fees for participating in the other centers. All centers are actively involved in fundraising.

Highlights

In celebration of its fifteenth anniversary, Family Focus has initiated a major public education effort: "America's Parents Speak Out." By focusing attention on the plight of children and families as it is perceived by parents, Family Focus hopes to bring these issues to the national agenda in such a way that people are motivated to act. A book expressing these concerns, and illustrating national and local trends, has been published and will be circulated to local, state, and national legislators and policymakers, corporate leaders, libraries and universities, social service agencies, and concerned individuals.

Suggestions

Increase nationwide public education efforts to extend the understanding and acceptance of the value of family resource programs; encourage public policies designed to assure funding. Developing effective programs for fathers, working mothers, and replicable models of providing service to middle-income families, are among the challenges ahead.

Publications

Brochures and reports: Family Focus center brochures; Family Focus, Inc. brochure; Training Division brochure; Family Focus annual reports; *Invest in a Leader*; *Fifteen Years of Family Focus* timeline. Books: *Creating Drop-In Centers: The Family Focus Model*; *Deep Blue Funk and Other Stories: Portraits of Teenage Parents*; *Working with Teen Parents: A Survey of Promising Approaches*; *Caring for America's Children*; and *Parents Talk*. Soon to be published: *Family Resource Program Training Manual*; *Home Educator Guide* (developed in conjunction with The Ounce of Prevention Fund). In process: *Family Focus: Learning and Leading*.

The Family Place, Inc.

3309 16th Street, NW, Washington, D.C. 20010
202/232-2631

Maria Elena Orrego, Executive Director

Overview

The Family Place seeks to improve child health and development by (1) building and strengthening family support systems in the community served; and (2) assisting pregnant women and parents in finding and accessing the resources necessary for the health and development of their children. The program also seeks to promote and enhance participant-to-participant supports, peer counseling, and leadership development; and to increase job skills to improve the long-term economic condition of participant families. The Family Place model combines the concept of comprehensive social services ("one-stop shopping") with a psycho-educational and skills-building format.

History

The Family Place was established in 1981 under the sponsorship of the Church of the Saviour in Washington, D.C. The founders recognized that supportive community and family relationships are critical in determining positive outcomes for children and families. Over the past ten years, Family Place has trained several community workers, and has created—unexpectedly and happily—a pool of trained paraprofessionals that has been infused with the philosophy, concepts, and practices of the family resource movement.

Community

The Family Place is located in the Adams Morgan/Mt. Pleasant neighborhood, a Washington, D.C. community of great cultural and ethnic diversity. The Hispanic community is now the District's largest linguistic and cultural minority population (1989 est., 130,000). With high immigration and birth rates, the city's Latino population increases by approximately 10,000 persons a year. Many residents are newcomers, experiencing the difficulties of acculturating, finding employment, and re-establishing families.

Program Components/Services

- Information and referral services (including linkages with prenatal and pediatric care)
- Individual and family counseling
- Prenatal and parent education courses
- Support groups
- Respite childcare for parents attending educational sessions
- Bebes Especiales program offers social services, counseling, and support for handicapped babies and their parents
- First Friends, a volunteer training and outreach program, pairs an experienced mother with a pregnant or parenting adolescent.
- Food and nutrition program includes weekday breakfast and lunch, emergency food supplies, holiday food baskets, and parties and celebrations.
- Jobs skills development
- English as a Second Language (ESL)
- Literacy classes
- Red Cross Certified Baby-Sitting Training, translated into Spanish
- Clothing and baby equipment distribution
- Infant and toddler language development course helps prevent language development delays in children born to Spanish-speaking parents with limited English.

- The elected Participants Council contributes to decision-making, program development, and advocacy efforts.

Participants

Services are directed to low-income pregnant women and families with children up to the age of three.

Staff

The Family Place has 16 full-time staff members: an executive director, a program director, an intake worker, three caseworkers, a parent/child services coordinator, an activities and volunteer coordinator, an administrative assistant, a data manager, a First Friends coordinator, a childcare assistant, a job/skills coordinator, a house manager, and a cook/maintenance worker. The part-time staff includes a child development assistant, an ESL teacher, and three house/kitchen aides. Through collaborative agreements, Family Place has associate staff from other organizations serving families in the Center: Planned Parenthood provides a part-time family planning counselor; D.C. General Hospital provides a part-time child development specialist; Mary Center for Maternal and Child Care provides a part-time health educator; and jointly sponsors the First Friends Program.

Outreach

Word-of-mouth is the primary source of program referrals. The Family Place has forged relationships over the years with more than 60 agencies and institutions serving families and young children. It is a member of a network of neighborhood ministries, sponsored by the Church of the Saviour, which shares technical resources and fundraising activities. Staff members present workshops and training programs in the professional community and serve as parent and child advocates. Staff members also serve on advisory boards of other local organizations. School and university related projects are often undertaken.

Evaluation

Overall program evaluation is done every six months by the executive director with the help of a planning and evaluation consultant. Program coordinators use evaluations as tools for planning program objectives; focus groups obtain partici-

pants' feedback regarding the effectiveness and appropriateness of services; and service delivery evaluation is done monthly.

Replication

Family Place is frequently visited and contacted by groups and individuals interested in adapting the Family Place model to their own communities. Family Place is a training site for the Children's Defense Fund Child Watch Program, the Leadership Washington Training Program, and the Servant Leadership School. Family Place recently opened a second site in the Shaw neighborhood of Washington, D.C., and the model is being culturally adapted in order to serve the large number of African American families living in that community.

Funding

The annual budget is approximately \$434,000: 55.4%, foundation grants; 10.5%, from organizations; 5.2%, government; 10.9%, individual contributions; 5.2%, business donations; 8.1%, churches; 1.2%, interest; 3.0%, United Black Fund; and .5%, miscellaneous. The average cost per family served was \$952; the per capita cost was \$220. 87.4% of income was used to provide direct services; administrative costs were 8.1%, and fundraising costs, 4.5%.

Highlights

The Family Place staff believes that its program succeeds because its bilingual services are provided in an informal, non-bureaucratic manner, creating an extended-family atmosphere, and encouraging peer support.

Suggestions

Treat family members with respect and dignity: even the worst scenario can be turned around if strengths and supports are identified and additional support systems are developed. Collaborate with other service providers to offer comprehensive services. This strategy makes your task easier and creates a safety net to protect families who might otherwise fall through the cracks, as they often do in the public human services system.

Publications

Family Place educational curricula are being reviewed for publication and dissemination in 1992; *Annual Report*.

Family Resource Center on Webster Avenue

283 Webster Avenue, Rochester, NY 14609
716/654-8673

Carolyn Micklem, Director

Overview

The Family Resource Center on Webster Avenue (FRCWA) is a neighborhood-based organization that strengthens and supports families by offering a range of preventive services: educational, social, and supportive. Specific goals are to prevent the development of chronic patterns of dysfunctional behavior in families by increasing the competence and confidence of adults in their roles as parents, reducing stress and isolation, providing support through outreach activities that build a sense of community, enhancing the development of individual family members, and by assisting in the replication of this model in other sites.

History

The Family Resource Center on Webster Avenue was founded in 1981 after 18 months of research on existing preventive service models. The original premise was that small, highly accessible services, stressing informality, would attract many people who were 'turned off' by the size, formality, and intrusive recordkeeping of larger agencies. The resulting center included a range of services providing assistance to adults at different stages in their development as competent parents. A neighborhood site was chosen in order to encourage the development of supportive peer relationships between families. Over the past ten years, the center's model has remained intact, although there has been an increasing focus on the development of parents' personal skills and self-esteem. The friendly drop-in atmosphere—and attention to individual needs—led to steady phenomenal growth. FRCWA has outgrown its facility three times in the past eight years and is in the process of doing so again.

Community

Rochester is an urban area with a population of 242,500: 69%, white; 26%, African American; and 5%, other (including Hispanic) residents. The center serves the Beechwood neighborhood, a low-income section that is culturally and racially diverse. Over the last 30 years, neighborhood stability has deteriorated, and many one-family dwellings have been converted to apartments. More than half of the area's families are headed by single parents, and one-quarter receive public assistance. Police and social service agencies receive many reports of child abuse and neglect and family violence. A major effort to renew the community is underway to help offset the economic and social stress experienced by neighborhood residents.

Program Components/Services

- Parent education courses run for four weeks, and are offered on a rotating basis with Life Skills Training. Workshops on specific topics such as toileting, bed-time, and infant massage are offered.
- Life Skills Training courses teach communication skills, stress reduction, and self-esteem. Workshops on community resources, health issues, and crafts supplement the four-week training course.
- Evening classes, drawn from parent education and Life Skills curriculum are available for parents who work or go to school. These classes include a meal and childcare.

- Young Adult Mothers (YAMs) focuses on enhancing parenting skills and stimulating the social development of 18–25-year-olds who had children while teenagers.
- Parent-to-parent projects train parents, assign them to families, and coordinate home visits. One of FRCWA's two such programs is designed to increase the quantity and quality of parent-toddler play activities; the other provides informal social visits to isolated mothers.
- The Sexuality Education Project includes the development of a 16-hour course that has been successfully adapted into four two-hour workshops. The course has been designed for parents of infants and for parents of children under the age of twelve.
- Respite childcare is available for children six months to two-and-one-half years of age (two mornings per week) and three- and four-year-olds (two afternoons per week). In addition, childcare is available during all parent workshops and classes.
- Job Skills Training: 32 weeks of training for women who have never worked or have held only low-paying jobs; includes interest and skills assessment, job-readiness training, typing and clerical skills classes, and short-term job placements.
- Social activities such as monthly pot luck meals, holiday parties, and special events that involve playful parent and child activities.
- Self-help counseling is available to parents and children aged six to twelve. The focus is on practical application of communication and problem-solving skills.
- The Volunteer Program recruits, trains, places, and supervises more than 80 volunteers per year, half of them parent-participants.

Participants

Almost half of all participants are preschoolers and their parents, the majority in single-parent families. Average yearly enrollment is 575: 30%, male; 70%, female; 47%, white; 36%, African American; 7%, Hispanic; 10%, other; 39% are aged 5 or under; 12%, 6-17; 49%, 18 or older (1990 statistics).

Staff

There are currently fifteen paid staff members: six full-time professionals and nine part-time paraprofessionals. Staff have monthly in-service training sessions and meet weekly for planning and feedback purposes.

Outreach

Community visibility is accomplished by a seasonal door-to-door outreach effort for which parents are trained and matched, and by the efforts of a staff outreach worker who visits homes ten hours each week and administers a peer outreach project.

Evaluation

Evaluation efforts include course and project feedback surveys, a marketing survey completed every other month by participants, and funding agency evaluations. The bimonthly marketing survey results are analyzed by a professional research firm and are compiled into semi-annual reports.

Replication

Over the past seven years, FRCWA has been instrumental in the development of two other preventive programs in the greater Rochester area. In addition, FRCWA has responded to requests for information from all over the country. Visitors to the center have come from other New York communities and from other states.

Funding

FRCWA's annual budget is approximately \$330,000: 12%, federal government through the city of Rochester and a Community Development Block Grant; 22%, New York State special legislative grant and

Governor's Teen Pregnancy Initiative; 17%, The United Way; 8%, corporate gifts; 26%, foundation grants; 15%, from a combination of church, community organization, and individual donations, fundraising events, program fees, and interest. Much effort has been required to raise sufficient funds to keep the center going.

Highlights

Center staff have made presentations at national and local conferences. The center received an Examples of Excellence Award from the American Humane Society in 1989.

Suggestions

Being small and neighborhood-based is a great advantage. Staff training is essential to individualize a complex range of services to meet parents' needs and expectations.

Publications

Brochures; calendars; updates; reports; evaluations.

Family Support Services

201 South 69th Street, Upper Darby, PA 19082
215/352-7610

Virginia C. Peckham, Ph.D., Executive Director

Overview

Family Support Services (FSS) is a community-sponsored agency that provides services to families at risk for child abuse and neglect in order to strengthen family life, thereby (1) preventing child abuse and neglect and reducing the effects of past abuse or neglect; (2) avoiding foster care placement; and (3) preventing both physical and emotional developmental delays in children and reducing the effects of existing developmental delays. FSS' home- and center-based programs emphasize education as a way to build self-esteem and to strengthen individual parents and children, and families.

History

In 1976, after two and one-half years of planning, a committee of volunteers from the Junior League of Philadelphia, assisted by professionals from various children's service agencies, established the Family Support Center. The committee decided to focus the program on preschool children and to target services to families at high risk for abuse and neglect.

Community

The program is available to an inner-city racially mixed, economically depressed population living in North, Southwest, and West Philadelphia.

Program Components/Services

- **Home-based counseling services:** Families are visited at home by a social worker who provides counseling, referral assistance, parent education, and nurturing. Parents and counselors jointly set concrete goals to reduce parental stress and to better cope with children's needs. Arrangements are made for any medical treatment required by the child or parent.

- Family School for parents and children begins after four to six weeks of weekly home visits. (Home visits continue during this stage.) Each day of Family School gives parents and children learning time together and apart. Previously abused children rebuild their trust in their parents and other adults. Parents replace their dysfunctional behaviors with greater understanding and more competent care. Families stay in the program, on average, ten months. Family School sessions run two days per week for five hours a day and include the following types of activities:

- (1) Children receive individualized quality preschool education stressing self-esteem, as well as cognitive, social, emotional, and motor development. Personal sessions with speech and occupational therapists and early childhood teachers help children overcome specific learning and developmental handicaps.

- (2) In group discussions and individual therapy, parents learn about child development (what they can realistically expect from their children); how to play with their children; how to discipline their children and deal constructively with their own frustrations; how to develop their own and their child's self esteem; how to provide responsible care for their children and themselves (nutrition, healthcare, money management, and other life skills). In addition, parents interact with one of their children, practicing "quality time" and discipline for 45 minutes each day, later discussing their experience in a group.

- FSS operates two day-care centers and a cooperative nursery school where parents serve as teachers' aides on a rotating basis.

- The Healthy Beginnings program focuses on premature, low-birth-weight, and other infants at risk of developmental delays. A nursing and social work team provides in-home counseling (followed by Family School).
- Consulting and training services are provided to other human service agencies in the Philadelphia area—and as far away as Australia.

Participants

All families are referred by the Department of Human Resources, Children and Youth Agency. Participation is restricted to families meeting the following four criteria: (1) North, Southwest, or West Philadelphia residence; (2) at least one child under four lives with the parent(s); (3) at least one parent and a preschool child are available to attend the Family School program; and (4) the preschool child is handicapped or developmentally delayed, or a potential for child maltreatment exists. The program serves 60–85 children and about 35–45 parents at any one time. Approximately 98% of the program participants are African American, and 2% are white. Almost 95% of the families are headed by a single parent; approximately two-thirds of the children referred have developmental delays.

Staff

Program staff consists of 28 paid employees and 5 volunteer paraprofessionals. The multidisciplinary treatment team includes social workers, a pediatric nurse consultant, teachers, a parent educator, speech therapists, an occupational therapist, child development specialists, and two to five students.

Outreach

Currently all families served are referred by the Children and Youth Agency of the Department of Human Resources.

Evaluation

An initial outcome evaluation of 46 families participating in the Family Support Center was conducted in 1981. Family stress was measured using an instrument developed by program staff, at three points: at program entry, after the Family School, and at the conclusion of home-based services. The evaluator compared the incidence of child abuse among families participating in FSS to a sample of at-risk families similar to those served by the program and found that most families made progress toward jointly set goals. One-quarter of all goals were fully

achieved. A three-year study was also conducted of 99 families and 130 preschoolers participating in the programs in 1978-81; a follow-up study was conducted in 1985. In both studies, the FSS program had successfully changed parent-child interactional behaviors; these parents did not seriously abuse or neglect their children.

Replication

The program was replicated at the Fort Dix Army Base in New Jersey and at the Southside Nurturing Center in Minneapolis, Minnesota. Staff members have consulted with agencies and organizations interested in replication.

Funding

Annual budget is approximately \$1,200,000: 55%, from the Children & Youth Agency of the Philadelphia Department of Human Services for FSS's Child Abuse Prevention Program; 23%, from a grant from the William Penn Foundation for FSS's Healthy Beginnings Program; 22%, is raised through a three-site, self-sustaining day-care service for two suburban school districts. Other sources of funding have included the United Way Donor Option Plan, foundations, corporations, community groups, churches, and individuals.

Highlights

FSS has been positively evaluated, with respect to program outcomes and cost-effectiveness. The Family Stress Assessment Form developed by research and program staff is a useful tool for assessing families at risk for child abuse and neglect.

Suggestions

Begin your program by adding a component to an already existing agency. For example, add a parent education series to the services provided at a Head Start center. Expand gradually.

Publications

Program brochure; newsletters; *The Parent Education Curriculum of Family School* (1983), brochure describing curriculum; Family Stresses Assessment Form; "The Family Support Center: Early Intervention for High-Risk Parents and Children," in *Children Today*, (January-February, 1983); "A Treatment and Education Program for Parents and Children Who are At Risk of Abuse and Neglect," in *Child Abuse and Neglect*, (1981, vol. 5, 167-175); "Economic Analysis of a Child Abuse and Neglect Treatment Program," in *Child Welfare*, (January-February 1983, 62(1)); "What Happens to Families After They Leave the Program?" in *Children Today*, (May-June, 1985).

Family Tree Parenting Center & Counseling Service

PO Box 2386, Lafayette, LA 70502
318/237-2164

Julianne S. Bulau, Executive Director

Overview

Basing itself on the principle that all parents sometimes need help, the Family Tree Parenting Center and Counseling Service is a private, not-for-profit, community-based organization with three main goals: (1) to serve as a source of education, support, and counseling for all persons involved with children; (2) to promote awareness of the benefits of informed parenting; and (3) to coordinate existing parenting services.

History

The concept of a "parenting center" emerged in 1979 as the result of a four-year study conducted by the Junior League on the needs of families in the Acadiana area. Although the public did not initially accept the idea that parenting is not instinctive, extensive research into the needs of area families, media coverage, and an active board of directors provided the impetus needed for program development. Counseling services were added in January, 1991. Before this, Acadiana had no low-cost counseling service. The center is presently in the process of working with several state departments to create specialized programs.

Community

The city of Lafayette has a population of approximately 90,000: 69%, white; 28%, African American; and 3%, other. The program also serves eight surrounding rural parishes, which have a combined population of approximately 490,000.

Program Components/Services

- Seminars and workshops, conducted by area psychologists, teachers, and pediatricians, cover a wide range of subjects for parents with children of all ages. Topics have included "The Baby is Here, Now What?" "Working Moms: The Juggling Act," "The Use of Contracts with Adolescents," and "Couples Communication: Enhancing Growth and Potential within Relationships."
- Family Tree Counseling Service provides family, individual, and group therapy on a sliding-scale basis. The Family Tree Counseling Service has provisional membership with Family Service America.
- Support groups
- Crafts, arts, music, and other creative activities for children are held at community centers and day-care centers in the Lafayette area.
- Teen programs
- Parenting classes
- Childcare in a creative and stimulating environment is available to workshop participants.
- Warmline
- Continuing education seminars for day-care workers offered 11 times per year

Participants

All parents within the Lafayette and Acadiana areas, including expectant parents, single parents, parents of preschoolers, and grandparents, use the center's programs and materials. The center regularly hosts programs for special groups, such as teenage parents, juvenile offenders and their families, foster-care families, parents involved in abuse and neglect, or parents of handicapped children. To measure participation, the center records visits; approximately 58,000 people received direct or indirect service from the center during 1989-90. The Family Tree Parenting Center's educational programs have expanded with its move to larger facilities. Some seminars draw 70 to 100 parents.

Staff

Six paid staff members run the center: the executive director, the program coordinator, two staff social workers, a secretary and an intake receptionist. Approximately 30 community volunteers receive on-the-job training for specific assignments.

Outreach

Family Tree utilizes professionals from hospitals, social service organizations, and schools as workshop speakers, and co-sponsors programs with community agencies at other locations. Outreach to the community is done through a large public awareness campaign that includes radio, newspaper, and television coverage, and literature distribution.

Evaluation

Regular internal evaluations are conducted by the staff and board of directors. The program has been assessed by outside evaluators for grant reviews.

Replication

This program has not been replicated in its entirety. Each year, staff members consult with people interested in starting family resource centers.

Funding

The annual budget is approximately \$208,000: 50%, from The United Way; 30%, fees for services and donations from civic groups; 15%, foundation grants and contracts; and 5%, from fundraisers. Continued funding is a problem. Replacing corporate donations with foundation grants has alleviated complications brought on by the downturn in the local oil-based economy.

Highlights

The magnitude and scope of services offered and the flexibility of programming contribute to the success of the program.

Suggestions

Look to foundations to establish your funding base. Develop corporate packages of in-service programs for employees.

Publications

Brochures; flyers on activities; *Leaves from the Family Tree* newsletter; videotapes: *Discover Your Skill Bank and Build Job Opportunities*; *Such Perfect Mothers*; *Another Chance* (financial distress and the family); *One Call Home* (juvenile delinquency intervention information); *Continuing Education for Daycare Workers*.

Friends of the Family

14522 Kittridge Street, Van Nuys, CA 91405
818/988-4430

Susan Kaplan, Executive Administrator
Gloria Hirsch, Clinical Director

Overview

Friends of the Family is a private, not-for-profit, family therapy and family education center headquartered in Van Nuys, California. The underlying philosophy of the Center is that the healthy elements of a family need to be encouraged and supported. Its mission is to provide quality mental health and human development programs to the mainstream community and underserved populations in the greater Los Angeles area. This mission includes four primary goals: (1) to improve the quality of life for families in the community; (2) to decrease the incidence of child abuse and neglect; (3) to provide parent development services aimed at strengthening families; and (4) to reduce costly social problems through primary prevention.

History

Friends of the Family was founded in 1972 as a counseling center with a family focus, an idea that was revolutionary at that time. As the family therapy concept developed, so did programming dedicated to preventing and treating child abuse and neglect. Preventive programs evolved over the years, from the Family Life Education Program into more comprehensive family strengthening models. Since its inception, Friends of the Family's focus has been on the family, emphasizing the importance of addressing problems before they become causes of severe dysfunction.

Community

Greater Los Angeles is a sprawling urban and suburban area with an ethnically and socioeconomically diverse population including large African American, Hispanic, and Southeast Asian communities. California has the highest teen birth rate in the

country, and this is correlated with the state's high childhood poverty, child abuse and neglect, and school drop-out rates.

Program Components/Services

- Individual, couples, family, and group therapy, classes, and workshops are provided by licensed marriage, family and child counselors, clinical psychologists, and clinical interns. Fees are determined on a sliding scale based on family income.
- Young Moms Program is a primary prevention program aimed at preventing child abuse and neglect by providing support and information for teen mothers. Childcare is provided during the weekly group meetings. The curriculum includes: child development, child guidance, health and wellness for both mother and baby, family management, and parent development. Information about and referral to other service providers are available.
- Parent Project provides services that enable companies to help their employees successfully combine work and family life. The multi-component service package includes: consulting services which assist companies in designing a family-friendly workplace; noontime workshops and large group seminars for working parents; resource library for parents on-site at the workplace which contains books, videotapes, periodicals, and tip sheets and, individual in-person or telephone counseling to assist working families in resolving problems.
- Family-to-Family Program is an eight-month, multifamily treatment program for abusive and neglectful families. Participants meet

weekly for approximately three hours and learn about child development, appropriate methods of child management and discipline. Service brokers help link participants with needed goods and services while modeling and teaching problem-solving skills.

- **Clinical Training Program** provides clinical experience necessary for licensure as a marriage and family therapist in California. One-on-one supervised sessions and group case conferences are conducted with the goal of developing professional psychotherapists who are outstanding clinicians and committed community members.
- **Parenting Now Advocacy and Outreach Program:** Now in its infancy, this program is envisioned as a springboard to educate, advocate, advertise, publicize, promote, and advance ideas which expand public awareness of family strengthening, productive parenting, and child welfare. Activities will include: workshops, lectures, classes, literature distribution, print and electronic media campaigns, collateral material development (videotapes, products, telephone tapes), and a warmline for noncrisis support as well as legislation promotion and advocacy.

Participants

This past year, Friends of the Family provided service to 1,450 client families with 14,310 sessions of individual, couples, family, and group counseling—a 13% increase over the previous year. In addition, 4,660 individuals and families were reached through Friends of the Family's intensive family strengthening programs, consulting with professional peers, and community outreach through publications and speaking engagements.

Staff

Friends of the Family employs 31 paid staff members; 15 full-time equivalents. Twenty-three are professionals or preprofessionals such as licensed marriage, child, and family counselors, social workers, managers, and students with master's degrees in the Clinical Training Program. Eight are support

staff. In addition, there are 12 active volunteers donating from 5–10 hours a week as parent group facilitators or clinical trainees.

Outreach

Friends of the Family has an active public relations and outreach program which includes a quarterly newsletter, a speakers bureau which provides speakers to community groups free of charge, appearances on public service talk radio, and community events. Each program coordinator is responsible for additional outreach related to her specific program.

Evaluation

Evaluation is an important part of all Friends of the Family programs. Informal questionnaires and self-reports are used to assess participant satisfaction. Longitudinal studies and formal evaluation procedures are underway to evaluate the overall effectiveness of the Parent Project and Family to Family Program.

Replication

The Young Moms Program is a replication of MELD's Young Moms Program. For program replication information contact: Joyce Hoelting at MELD 123 N. 2nd St. Ste. 507, Minneapolis, MN 55401, or phone 612/332-7565. The Parent Project is provided at a number of sites outside the Los Angeles area owing to recruitment and training by the project coordinator. Written replication materials and process information will be available in mid-1992.

Funding

Friends of the Family's annual budget is approximately \$950,000: 70%, from fees for services; 20%, foundation grants; 10%, corporate and individual contributions. The counseling and psychotherapy program is 95% fee-based and helps to fund other programs which are provided to participants without charge.

Highlights

For 19 years Friends of the Family and many other

social service organizations have attempted to focus on the family with minimal resources and support from people in power.

Suggestions

People being served know what their needs are; pay attention to them. Design your program around the consumer, not the provider. The more you link a particular service with other services or community service providers, the better we all will be at serving families.

Publications

Brochures; staff education material; curricula; resource book for participants in the Young Mom's Program entitled *Middle of the Night*; baby book; *Parent Consultant Training Manual*; parent handouts; tips sheets; promotional materials for workshop.

Kitsap County Project Family

2528 Wheaton Way, Suite 104, Bremerton, WA 98310
206/373-3030

Mary Serbousek, Executive Director

Overview

Project Family is a not-for-profit, community-based organization that promotes healthy families and prevents child abuse. Project Family involves the general public, social service agencies, healthcare providers, law enforcement agencies, and schools in its mission. Its main goals are: (1) to provide comprehensive community-based programs; (2) to educate the public and professionals about prevention, detection, and treatment resources for child abuse and neglect and related forms of family dysfunction; (3) to encourage adequate resources to ensure a safe and healthy nurturing environment for children and families; and (4) to serve as a clearinghouse and information center on community resources for families and professionals treating and preventing child abuse and neglect, sexual abuse, and other family abuse. Project Family believes that prevention agencies must affect policy, provide information, promote alternatives, enhance social competencies, and evaluate programs. Project Family endeavors to provide services to people of all income levels, ethnic origins, and ages in order to reduce the incidence of family violence and the maltreatment of children.

History

Project Family began as a task force on domestic violence in 1981 and was incorporated on January 14, 1983.

Community

Kitsap County has a population of 189,000 which is predicted to increase to 200,000 by the year 2000. One of the fastest growing rural counties in the state, it covers 392.7 square miles and includes five school districts. Approximately 10% of its households are considered to be low-income.

Program Components/Services

- Family Visitor Program matches volunteers one-on-one with parents of young children.
- Systematic Training for Effective Parenting (STEP) classes for parents of preschoolers, elementary-age children, and teenagers are offered quarterly at low cost with scholarships available.
- Multidisciplinary Case Advisory Team (MDT): A team of 25 professionals in the community meets twice monthly to assess and child abuse and neglect cases.
- Project Sister matches community volunteers with pregnant or parenting teens who need friendship, understanding, and support on their road to self-sufficiency.
- The Adolescent Pregnancy Prevention Program is a comprehensive countywide, community-based program providing support and referral for pregnant and parenting teens, an educational play about teen pregnancy, abstinence curriculum, and training for adults who work with youth.
- Annual teen pregnancy prevention campaign, "Let's Talk-Kitsap Kids Need to Know," encourages family communication about sexuality as one of the most promising means of preventing adolescent pregnancy.
- A resource booklet for pregnant teens, their parents, and service providers is distributed throughout Kitsap County.
- Warmline

- **County Council for the Prevention of Child Abuse:** Kitsap's representative to the Child Abuse Prevention Association of Washington, holds public monthly meetings for sharing, networking, and educating the local community; publishes a monthly newsletter, and convenes committees that work on child abuse, adult abuse, sexual abuse, and pregnancy.
- **Sexual abuse prevention training using the Committee for Children's Personal Safety's "Talking About Touching" curriculum**
- **Informational workshops at no or low cost, including a sexual abuse information training for clergy and a seminar on how to build self-esteem in youth**
- **Speakers Bureau provides informational seminars and training on topics such as child abuse prevention, family support, and adolescent pregnancy.**

Participants

All Kitsap County residents and some residents of nearby counties have the opportunity to participate in Project Family programs. Last year over 1000 warmline calls were documented, 2018 persons were reached through the Speakers Bureau, and 126 families were matched with volunteers.

Staff

There are nine full-time employees: an executive director, six coordinators, and two administrative assistants.

Outreach

Community outreach is an integral part of Project Family. Networking with other community organizations enables Project Family to reach a diverse population. The public learns about Project Family through word-of-mouth, mailings, flyers, radio spots, newspaper articles, presentations, classes, and public-service announcements. Over 35 local organizations sponsor Project Family.

Evaluation

Each component is evaluated by participants.

Funding

Project Family's annual budget is approximately \$251,000: 16%, Washington Alliance of School Age Parents, Washington Department of Health; 3.3%, federal block grant, Housing and Urban Development; 3.2%, Washington Department of Social and Health Services, Division of Children and Family Services; 3.2%, Kitsap County emissions tax; 12%, foundations, including, The United Way; 15%, dues, donations, program fees, and fundraisers; and 48%, in-kind contributions.

Replication

The Family Visitor Program has been replicated in at least two other counties. The warmline has been replicated in at least one county. Presentations have been made at state conferences to encourage other areas to replicate the Family Visitor Program and Project Sister.

Highlights

Project Family has received a lot of media attention and has been the focus of special programs on cable and public access television.

Suggestions

Share information with other community agencies in order to help the community identify gaps in services for children and families and to keep services from being duplicated. Collaborate with other agencies to obtain funding.

Publications

Monthly newsletters; brochures; resource booklet on services for pregnant and parenting teens; board and policy manuals.

The Mothers' Center and The National Association of Mothers' Centers

33 Fulton Avenue, Hempstead, NY 11550
516/486-6614, 800/645-3828

Lorraine Slepian and Linda Landsman, Directors

Overview

A Mothers' Center provides an ethical environment to protect and enhance the self-esteem of mothers, to promote the healthy growth and development of children, to serve as a source of information and education, to help fulfill women's needs through social action programs and research, and to lend support to parents. The National Association of Mothers' Centers (NAMC) facilitates a network of existing Mothers' Centers and fosters replication of the Mothers' Center model. It works to increase societal recognition of the wisdom and values gained through the mothering experience.

History

The founders of the first Mothers' Center met while participating in a research project on maternal reactions to pregnancy, childbirth, and the first few months of motherhood. The original study revealed many stresses related to parenting and demonstrated that some of these pressures could be alleviated by mothers sharing experiences and gaining knowledge. The study provided the impetus for the development of the Mothers' Center model. Owing to the large volume of requests for information on the program, the Mothers' Center Development Project (MCDP) was begun in 1981 as a project of the Family Service Association of Nassau County. The network of Mothers' Centers continues to grow rapidly. In 1991, the MCDP became the National Association of Mothers' Centers (NAMC).

Community

Nassau County, located on Long Island, has a population of approximately 1.5 million: approxi-

mately 90% are white; 7%, African American; and 3%, Hispanic. The original Mothers' Center served predominantly white, low- to middle-income families. The Mothers' Centers replicated through the development project are located in a variety of rural, urban, and suburban communities.

Program Components/Services

Centers offer:

- **Groups for mothers:** A Mothers' Center provides a place for mothers to meet to discuss parenting experiences in group sessions. Specific Mothers' Center programs vary from center to center according to the needs of local communities. In general, groups are led by peer facilitators who have been trained by a social worker in developmental theory, group process, childcare, and the Mothers' Center philosophy. The groups offer emotional support and provide a forum for sharing information, experiences, and feelings. Topics have included marriage, self-awareness, and initial reactions to motherhood.
- **Childcare while groups are meeting**
- **Information about and referral to local services agencies**

The National Association of Mothers' Centers:

- **Provides information and consulting services to women across the country interested in creating or sustaining Mothers' Centers.** The NAMC provides consulting services via a local New York number, a toll-free number, and site visits.

- Collects and disseminates information from the various centers
- Holds annual national conference
- Publishes network newsletter

Participants

Mothers' Centers are open to all families. Generally, participants are mothers and children. Some fathers' groups exist. Ninety-five percent of participants are white, but minority participation is increasing. Approximately 3000 individuals, including both parents and professionals, use the NAMC's resources annually.

Staff

The paid staff of the original Mothers' Center consisted of five childcare workers, part-time social workers who consulted and trained, and three clerical workers. Thirty-one volunteers serve as peer facilitators and committee members for the original Mother's Center. Most centers, however, begin with a volunteer peer and professional staff.

At the NAMC work is divided between one consultant, one full-time and two part-time staff members.

Outreach

Information about the Nassau County Mothers' center is disseminated through local newspapers, word-of-mouth, and participation by center staff in local conferences. The Family Service Association of Nassau County assists with publicity and funding. Outreach is sometimes directed to specific populations, such as adoptive and minority mothers or those who have delivered by Caesarean section. At the NAMC, outreach efforts are generally handled through the local and national media.

Evaluation

An evaluation of the Mothers' Center replication process was conducted by the Bank Street College of Education in New York City. The study revealed that those groups which maintained close contact with the replication consultants and the NAMC created a Mothers' Center more like the original model than those with less contact. Still, certain features essential to the Mothers' Center concept

remained intact at most sites. These include nonhierarchical governance, issue-oriented groups, childcare, and referrals to local service agencies.

Replication

The original Mothers' Center model has been replicated in over 100 locations in 29 states.

Funding

Each Mothers' Center site operates independently; annual budgets range from \$5,000 to \$25,000. Funding comes from a variety of sources including fees, fundraising events, grants, and donations. To help alleviate financial problems, one center established a nursery school; another runs a successful Mommy and Me program.

The NAMC is working toward independent incorporated status. Its current annual budget is approximately \$225,000 and it is anticipated that these funds will come from a varied funding base including individual donors, a founding members' fund, foundation grants, fees for services, and the sale of products.

Highlights

A unique aspect of the Mothers' Center is its nonhierarchical method of governance; decision-making is shared by all members. The groups focus on research and advocacy as well as support. Peers and professionals work together, bringing in current theoretical material important to mothers and children.

Suggestions

Locate a core of committed and creative women. Share information on the Mother's Center model. Designate responsibility carefully before the center opens. Try to pay staff, especially childcare workers; consistency is needed in this area. When training staff, include psychoanalytic knowledge.

Publications

Two free information packages; manual; peer facilitator training package; Bank Street College of Education evaluation; brochure; *We are Women* orientation to Mothers' Center videotape; *In the Beginning* videotape, on Margaret Mahler's early child development theory.

Neighborhood Family Resource Centers

Urban Families Program
Center for Urban Studies
Wayne State University

565 West Kirby, Detroit, MI 48202
313/577-2208

Charlene Firestone, Director

Overview

Neighborhood Family Resource Centers, located in Detroit, Michigan, are four community-based programs designed to enhance family strengths. The Centers' programs seek to prevent child abuse and neglect by increasing parenting skills and reducing social isolation, and by providing good role models, material on child development, and information about community resources. Specific goals are (1) to promote child development through parent education; (2) to encourage economic independence; and (3) to restore neighborhoods, making them better places to raise children. All four family resource centers are located in neighborhood settings: a public school, a mental health agency, and church facilities.

History

In 1978, the Michigan state legislature funded a project to develop two neighborhood family resource centers. The Council on Early Childhood (now the Council for Families and Children), part of the Urban Families Program in Wayne State University's Center for Urban Studies, administers the project. In 1981, a third center opened, and in 1986 additional money was granted to open four new centers. Severe budget cuts in 1991 reduced funding for the centers; and since May 1991 there have been four centers. It is a priority of all centers to work closely with the Department of Social Services' Child Abuse Prevention Program. The Council for Families and Children conducts all staff training and is responsible for program funding, evaluation, and new program development.

Community

In 1990, Detroit's population was slightly over one million. Unemployment is high and many families are low-income and at risk. Of the four Neighborhood Family Resource Centers currently operating, three are in low-income, inner city, African American, Detroit neighborhoods; one is in an economically depressed smaller city (Pontiac).

Program Components/Services

Programs differ from center to center in response to the needs of participants. All centers provide:

- Educational experiences two times per week for children and their parents. Parents and children meet together for training in infant stimulation and parent-child activities. Parents observe their children with peers and have the opportunity to see behavior management techniques modeled by trained teachers.
- Parent groups: Parents meet to discuss issues related to family functioning, family communication, child management, and other topics.
- Planning groups for center programs are composed of both parents and staff.
- The Parenting Education and Advocacy Program was developed in collaboration with the Detroit Health Department. This program adapts some of the Neighborhood Family Resource Center model for use in the Detroit Health Department. Health Department clients are also referred to center programs. (See page 76)

Examples of programs designed in response to neighborhood needs are:

- **Therapy groups for parents considered at risk for abusing children**
- **Program for parents with very limited abilities, including parents who are developmentally disabled or who have mental impairments**
- **One center works closely with teachers in an elementary school to help them with parenting issues. This center has a special interest in providing training in how to cope with violence.**
- **Skills Station: Participants use various skill stations (e.g., bathroom, kitchen, grocery store, etc.) to acquire basic home-management and teaching skills. Working in small groups, participants plan a meal, read food store ads and use coupons, prepare and clean up breakfast. The bathroom station involves learning how to bathe a child safely, how to keep a bathroom clean, and how to help children with tooth-brushing and washing.**

Participants

The program serves approximately 300 families annually. Children range in age from six weeks to five years. Women may begin participating in parent groups during pregnancy. Most families participate twice weekly for an average of seven months. Most participants are low-income, single-parent families experiencing family stress. Approximately 50% of all participants are African American.

Staff

Fifteen people staff the four centers, including eight paraprofessionals and seven professionals who have training in human development, early childhood education, and social work.

Outreach

Neighborhood Family Resource Centers work closely with many agencies including mental health agencies, the Department of Social Services, and Child Care Coordinating Councils. Articles appear in community newsletters; and flyers are distributed in both schools and neighborhoods.

Evaluation

An evaluation of the centers, based on observations, surveys, interviews, and the examination of records and other written materials, is completed annually. Work is underway to strengthen the research and evaluation components of center programs.

Replication

As one of the model demonstration programs of the Urban Families Programs, Center for Urban Studies, Wayne State University, the model used in the centers has been adapted for use in other projects, most notably in a large new project, the Detroit Family Project (DFP). DFP provides parenting support services in Detroit Health Department clinics and builds its workshop curriculum from the NFRC base material. (See page 76).

Funding

The annual budget is approximately \$352,000 most of which is provided by contract with the Michigan Department of Social Services, Office of Children and Youth Services. The organizations that house the centers contribute space and utilities, share staff, donate equipment, and make other in-kind contributions. One center is funded from private sources, including a grant from the Skillman Foundation. Beginning Fall, 1992, additional funding will come from a grant to the Detroit Health Department from the Skillman Foundation to implement a comprehensive parenting support program.

Highlights

The programs' chief success has been improving the parenting skills of participants. The program has also helped participants to build informal support networks and to formulate education and career plans.

Suggestions

Incorporate your program into an existing agency that has proved itself sensitive to the needs of the community. Seek multiple sources of funding, to lessen dependency on public funds.

Publications

Neighborhood Family Resource Center Project: Summary Description; brochures; revised curriculum guide.

Parent Support Network for Native American Families

Parents Anonymous of Arizona

2701 North 16th Street, Suite 316, Phoenix, AZ 85006
602/248-0428

Michele Keal, Executive Director

Overview

The Parent Support Network for Native American Families, sponsored by Parents Anonymous of Arizona, Inc., assists Native American families who are striving to become better parents. Its goals are (1) to reduce family isolation; (2) to prevent child abuse and neglect; and (3) to promote positive and harmonious family life. The program utilizes volunteers, including VISTA volunteers, to provide prevention programs at no cost to families.

History

Parents Anonymous (PA) of Arizona, the Arizona affiliate of the national organization, Parents Anonymous, has been operating since 1975. In 1982, the agency obtained funds from the National Center on Child Abuse and Neglect and from the Arizona Department of Health Services to develop and implement child abuse and neglect programs for abusive and potentially abusive Native American families in the greater Phoenix area. In 1985, the program expanded to develop services on reservations. Currently, there are PA programs on seven reservations; VISTA and locally trained community volunteers run the programs.

Community

The Native American Program serves both rural and urban parts of the state of Arizona. A high rate of unemployment and alcoholism is prevalent statewide among the 15 Arizona tribes. The population is at high-risk for problems of abuse and neglect; and the need for prevention and early intervention services is acute.

Program Components/Services

- In peer self-help support groups, facilitated by trained volunteers or staff, parents share the frustrations of parenthood, and discuss their own childhoods and expectations for their children. Topics have included "positive disciplinary techniques" and "methods of building self-esteem."
- Home visits: Volunteer parent aides provide support services, act as resources and friends to families, deal with child-related problems, and refer families to other community resources.
- Parenting education classes are taught by PA volunteers. Whole families participate in these twelve-week programs which are modified to be culturally relevant.
- Childcare is provided during parenting education classes for children too young to participate.

Participants

Native American families with a history of child abuse or neglect, or those deemed at high-risk for these problems, are referred by local agencies. Self-referrals are also accepted and encouraged. Target populations have been parents with children aged 4-12, teen parents and their babies, and parents and their adolescents.

Staff

The Parent Support Network for Native American Families has three full-time employees and 50 volunteers. Staff are located in local offices throughout the state; two reservation offices meet the needs of the Hopi and Navajo Nations. Staff are Native American or have undergone extensive training and are able to work with this population. The bulk of the work is accomplished by locally recruited and trained Native American volunteers, thus assuring that the services are culturally sensitive to the families being served.

Outreach

Staff members work with Child Protective Services, Tribal Social Services, shelters for children and women, residential alcohol treatment programs, law enforcement agencies, schools, tribal courts, hospitals, clinics, and churches.

Evaluation

The program is evaluated by its funding sources annually. Parents Anonymous has also developed program evaluation tools for its support groups and parenting skills classes.

Replication

Although this program has not been replicated, PA has assisted other PA chapters starting programs that serve Native American families.

Funding

The annual budget is approximately 134,000: 48%, from Arizona Department of Health; 8%, Governor's Office on Drug Policy; 39%, grants from foundations including the Navajo Way, the Wallace Foundation and the Nancy Reagan Foundation; and 5%, private contributions and in-kind donations.

Highlights

The program has been successful in modifying the Parents Anonymous model to meet the specific needs of Native Americans.

Suggestions

In working with Native American communities, it is important to build community support before program operations begin, and to empower community leaders and volunteers share in policy-making.

Publications

None.

The Parenting Center at Children's Hospital

200 Henry Clay Avenue, New Orleans, LA 70118
504/896-9591

Donna Newton, Director

Overview

The Parenting Center at Children's Hospital, founded in 1980 as a joint program of the Junior League of New Orleans and Children's Hospital, is a primary prevention organization that provides both education and support. It is a: (1) resource center where parents and prospective parents can obtain knowledge and information about parenting and child development; (2) support center where parents can talk with knowledgeable staff, and share the joys and frustrations of parenthood with others; and (3) referral center where parents with more severe problems can be directed to an appropriate agency. The goals of the center are to promote confidence and competence in parents, to encourage optimal child development, and to enhance the well-being of the family as a whole.

History

After extensive research and discussions with community professionals, the Junior League of New Orleans developed a plan to open a parenting center, initially serving parents of children up to three years of age. The Parenting Center was established in June, 1980 at Children's Hospital. Junior League volunteers were enlisted to help the staff set up the project and Children's Hospital offered in-kind services including space, utilities, printing, maintenance, and bookkeeping. Program revenues, membership fees, fundraising activities, and support from Children's Hospital have gradually supplanted Junior League funding. Children's Hospital became the permanent funding source in July 1986. Over the past five years, The Parenting Center has maintained its core parent, infant, and toddler program offerings, but has expanded programs for parents working outside the home and programs for parents of schoolage children.

Community

New Orleans has a population of 557,500, plus a large surrounding metropolitan area: 55% of the residents are African American; 42% white; and 3% Hispanic.

Program Components/Services

- Classes, workshops, lectures, and informal drop-in gatherings help parents understand some of the normal developmental challenges of raising children.
- Drop-in times
- Programs for parents of infants, toddlers, and schoolage and pre-adolescent children
- Childcare is provided during some parent activities.
- Newsletters
- Resource library
- Individual and family counseling is offered for a limited period; referrals for more intensive counseling are made when appropriate.
- Warmline
- Brown bag seminars for working parents
- *The Newborn Booklet* for area hospitals
- The Stepfamily Association
- Baby-sitting training
- Lectures by nationally-known speakers

- **Fathers Only** program meets twice a month on Saturdays.
- **New Parent Support Group** is open to all parents (members and nonmembers).

Participants

The Parenting Center serves a middle- and lower-middle-income population. All parents are eligible for membership, either active (\$45, 1991) or associate (\$25, 1991). Currently, 425 members and 5,500 nonmember families are served each year.

Staff

The center's paid staff consists of a full-time director, a secretary, a development/PR coordinator, and two part-time parent educators. Contracted personnel include one parent educator and two childcare coordinators. Volunteers serve as childcare workers, warmline advisors, teachers, clerical support staff, special events committee members, and advisory board participants. Warmline volunteers receive 32 hours of training, and childcare volunteers receive eight hours of child development training. Board members participate in orientation and training.

Outreach

Networking with other community organizations and outreach programs enables the center to reach a larger, more diverse population than its membership. The public learns about the center through word-of-mouth, brochure mailings, newborn booklets on maternity floors, Lamaze and other childbirth classes, radio and TV talk shows, feature stories, newspaper articles, and public-service announcements. The center increasingly consults with other community groups planning parent programs, and networks with groups to put on parent programs with a broad community base such as Family Matters (a framework for planning and organizing successful parent and community involvement in education) and the New Orleans Children's Literary Festival.

Evaluation

Class evaluations on participant satisfaction are conducted routinely. The director reports outcomes to the program committee of the Advisory Board. A general evaluation questionnaire is sent to the

membership every two to three years. The center is currently updating evaluation procedures.

Replication

The Parenting Center has been partially replicated at sites in Louisiana and Illinois. Requests for information about the drop-in center, educational programs, warmline, newsletters, and working parents seminar come from all parts of the country and abroad. Organizational material and budget information are also requested. Program topics are shared with requesting organizations.

Funding

The annual budget is approximately \$161,000: 44%, from Children's Hospital; 14%, from membership and class fees; and 42%, from fundraisers and an annual giving campaign. Local foundations have underwritten specific programs such as the warmline and the newborn booklet.

Highlights

The Parenting Center is a well-established community service. The parent, infant, and toddler classes are usually fully enrolled, and drop-in usage continues to be integral to the program. Brown bag seminars for working parents are a growing success. Programs for parents of schoolage children are expanding to satellite sites. "Boo at the Zoo"—a safe, fun, family Halloween event—is the center's most successful fundraiser.

Suggestions

Being associated with an established agency helps to secure permanent funding. Contracting parent educators and working with other community agencies helps expand services. Contacting or visiting other programs is helpful in determining the type of program to establish. Excellent model curricula that have been used successfully in parent education programs are available.

Publications

Newborn booklet; newsletters; program schedules; brochures; board and policy manuals.

Parents Place

Jewish Family & Children's Services

3272 California Street, San Francisco, CA 94118
415/563-1041

Amy Rassen, Assistant Executive Director, Jewish Family & Children's Services

Overview

Parents Place, a parent and child resource center sponsored by Jewish Family and Children's Services of San Francisco, the Peninsula, and Marin, and Sonoma counties, provides parent education and support for families with children under age six. The 15-year-old program seeks to prevent potential family and child-development problems by strengthening families. The professional staff is sensitive and responsive to family and cultural issues, striving to create partnerships with parents that foster support and allow problems to be identified and solved while they are still manageable.

History

Parents Place began modestly in 1975 with a mother-infant support group started by two enterprising young mothers; a social worker and a child development specialist. It was clear to them that in the 1970s, new parents, often living far from their extended families and facing the normal changes and stresses of parenthood, needed a way to come together to get support. They formed the innovative New Parenthood Group and sought affiliation with Jewish Family and Children's Services. This collaboration allowed Parents Place to grow gradually, group by group and service by service. In 1982, the program moved into a renovated Victorian house in the heart of San Francisco. Today, Parents Place is a full-service resource center for parents of children up to six years old. The facility includes a playroom, meeting room, living room, library, and office space. The comprehensive program serves 3,000 people a year, and has been the model for more than 200 parenting programs around the country.

Community

San Francisco is a city of approximately 725,000 with an ethnically and socioeconomically diverse population. Whites comprise 54% of the city's population; Asians, 29%; African Americans, 11%; Native Americans and Eskimos, .4%; and others, 5.6%. Parents Place is located in a middle-class neighborhood.

Program Components/Services

- Support groups for parents of babies, toddlers, and preschoolers
- Groups, classes, and workshops address specific topics such as toilet training, choosing a preschool or kindergarten, and preparing for a second child. Parents Place has responded to the needs of working parents by bringing these events to downtown work-sites and day-care centers.
- Groups for fathers, single mothers, divorced parents, adoptive parents, and the parents of twins, offer people with similar interests the opportunity to come together, and provide mutual education and support.
- Warmline staff advise parents and caregivers who have questions about parenting and child development, providing information and practical advice on topics such as temper tantrums, sleep problems, and fussy eating.
- The Parenting Library contains a selection of videotapes, and childcare and community bulletin boards.

- Supervised drop-in playroom for parents, caregivers, and children.
- Bulletin board linking childcare providers with families seeking day care
- Individual and family counseling (through Jewish Family and Children's Services)
- Consulting service specializing in child development issues for day-care centers and other agencies working with families.
- Newsletter

Participants

Parents Place serves approximately 3000 people a year. The support groups and workshops appeal primarily to middle- and upper-income parents over thirty, although there are some low-income participants. The warmline, drop-in services, library, newsletter, and bulletin board reach a wider socio-economic and age range. Single and minority group parents are involved in all aspects of Parents Place.

Staff

Parents Place has 15 staff members, equivalent to four and one-half full-time employees. Staff members are licensed clinicians or child development specialists with backgrounds in education. In addition, professionals volunteer their time on the warmline; work in the playroom, library, and office; and participate on a program advisory committee that meets monthly. Parents Place has developed and now offers a training course in parent education and early intervention for graduate level interns from local universities.

Outreach

A recent study of Parents Place's target population indicates that participants learn about the program primarily from friends, and secondarily from doctors, local hospitals, and community organizations. Program staff make presentations about Parents Place, including appearances on radio talk shows, and offer consulting services to groups of parents and people working with families. Media outreach includes newspaper articles, and television and radio spots.

Evaluation

Participants in all support groups and workshops fill out an evaluation form at the end of each series. There are plans to undertake a more formal evaluation of services. A market research study completed in the spring of 1991 surveyed the need for parent support services among past and potential users. A summary of that report is available upon request.

Replication

Parts of the programs have been replicated by approximately 200 other family support programs.

Funding

Parents Place's annual budget is approximately \$210,000: 51%, from Jewish Family and Children's Services; 19%, fees from participants; 18%, special grants and contributions; 7.1%, Jewish Community Federation campaign; 4.8%, United Way. There is no membership fee. Friends of JFCS helps with fundraising efforts.

Highlights

Parents Place is a resource center where parents with young children can go for support, professional advice, practical information, and parenting resources—all under one roof. The guiding philosophy of the program is that there are many right ways to raise children and that parents and professionals are partners in parents' efforts to be the best parents possible. Because of the quality of the Parents Place staff, the support of volunteers, and the breadth and depth of the programs and services offered, this partnership flourishes and helps to create strong and confident families.

Suggestions

To establish a program that will endure (1) assess needs carefully; (2) collaborate with other parent support providers; (3) set goals for program development; (4) develop a supportive constituency; and (5) secure ongoing financial support for the program.

Publications

Brochures; handouts; volunteer manual; *Offspring* (quarterly newsletter); cookbook; *Strengthening Young Families* (manual); and summary of market research study.

The Parents' Place

YMCA of the Roanoke Valley

425 Church Avenue, SW, Roanoke, VA 24016
703/343-2476

Thayer Walker, Director

Overview

The Parents' Place is a family resource center—a place to strengthen parenting skills, discover resources, meet other parents, and develop confidence and competence.

History

The Parents' Place, a joint effort of: community parents and professionals, the YMCA of Roanoke Valley, and The Child Abuse Prevention Council, opened in September 1990 at the YMCA of Roanoke Valley, Central Branch. The development of The Parents' Place was based on the concept that not only children but also parents continue to grow, develop, and require nurturance, and that family enrichment and support and parent education are the best methods of maintaining and strengthening a healthy family. All families and parents are welcome; there is no charge for services.

Community

Roanoke Valley, population 100,000, is a rural community located in the Blue Ridge Mountains of Virginia. The area is multi-cultural: Amish, African American, and white. Economically, the region is marked by extremes: there are a number of upper-income families and also quite a few families living in poverty.

Services

- Parenting education: Both on-site classes and seminars around the Roanoke Valley area on topics such as "Surviving Motherhood," "Teenage Turmoils" (for parents of teens), "Talking with Children about Sexuality," and a seminar for step-parents.

- Parent and child playgroup
- Step-parent support group
- Training program for leaders of the Parent Nurturing program
- Information and referral
- Quarterly calendar of events and classes in the valley area
- Family enrichment opportunities.
- Toy lending library
- Resource library

Participants

The Parents' Place is open to the general public. There are no membership requirements. In the first year, target populations included: new parents, step-parents, and parents of children entering adolescence. Approximately 250 families received services.

Staff

The Parents' Place is staffed by a part-time director. The operating hours are 9 to 1, Monday through Friday. There is a volunteer Advisory Council which meets quarterly and a Steering Committee of seven which meets monthly. Volunteers serve as support personnel, clerical helpers, teachers, childcare workers, and library personnel. In the first ten months of operation, 35 volunteers had donated 660 hours of service.

Outreach

Several community organizations are supportive and provide opportunities to network with parents and families. Methods used to promote public awareness of the project include: word of mouth; brochure distribution; mailings; booklets in pediatricians' offices, libraries, schools; newspaper stories; and public service announcements.

Evaluation

Parents evaluate each class or seminar. The 25-member steering committee establishes goals for the program and meets monthly to assess progress towards those goals.

Replication

The program has not as yet been replicated.

Funding

Annual budget is approximately \$43,500: 50%, Virginia Department of Social Services in the area of Family Violence Prevention, 50%, grants from local organizations such as the Junior League and Kiwanis.

Highlights

At the time of this publication, The Parents' Place is very new but is beginning to become a known resource to parents, professionals and educators. The "Surviving Motherhood" class has been oversubscribed both times it has been offered. The resource library is beginning to get more use, as is the toy lending library.

Suggestions

Community support is the key factor in success. Develop ways to recruit, train, and support volunteers. Identify your target population to be served and then develop a strategy for reaching them. Outreach efforts should be focused and efficient.

Publications

Brochure; quarterly calendar.

Postpartum Education for Parents

PO Box 6154, Santa Barbara, CA 93160
805/967-7636

Jane Honikman, Co-Founder

Overview

Postpartum Education for Parents (PEP), a volunteer family support program in Santa Barbara, California, eases the adjustment of families after the arrival of a baby by offering emotional support and encouragement, sharing ideas and information, and referring families to appropriate professional services. Objectives are: (1) to increase parents' confidence; (2) to establish a forum for new parents to meet each other; (3) to enhance communication among family members; (4) to refer parents with special and medical concerns to professionals; and (5) to assist members of the healthcare community who serve new parents.

History

Postpartum Education for Parents (PEP) was founded in 1977 by four mothers who discovered after the arrival of their children that they were not totally prepared for the many changes that occurred in their lives. They felt that a nonprofessional support service for new parents would help facilitate the transition to family life. These four began providing services to other parents after receiving \$285 for printing from the Santa Barbara County Department of Mental Health, a \$500 grant from the Educational Foundation of the American Association of University Women, and a personal donation of \$100. On this modest budget, the program held 80 group discussion meetings, responded to over 200 calls on the warmline, and made 400 telephone calls to new parents in the community in its first year of operation. There are now over 50 volunteers; the program has expanded to include a prenatal education component and has become increasingly sensitive to maternal mental health and postpartum depression.

Community

The greater Santa Barbara area consists of urban, suburban, and rural areas with a population of approximately 200,000. The community is 60% white. It is also multiethnic and multilingual, with a large concentration of Hispanic and Asian families and smaller African American and Native American populations. High technology corporations, agriculture, light industry, and the University of California at Santa Barbara are the main employers in the area.

Program Components/Services

- Parent discussion groups, averaging 12 participants, meet every other week for approximately two hours. Two PEP volunteers facilitate an informal discussion of common concerns, joys, and frustrations. Infants may be brought to the groups. Play groups, social gatherings, and a baby-sitting co-op run by participants have developed from these groups.
 - Calls to new parents
 - Baby Basics, a monthly course in infant care, provides information about the daily care of a newborn from birth to three weeks of age.
 - Warmline: Open 24 hours a day, seven days a week, warmline calls are taken by an answering service operator who refers callers to a PEP volunteer working out of his or her home. Calls range from routine requests for information to more urgent requests for emergency assistance.
 - The Child Passenger Safety Group serves as a resource for information on California vehicular safety requirements and on the importance and correct use of vehicle safety restraints.
-

Participants

Last year, PEP served approximately 2,000 individuals through its five service components. Families generally participate for between 3 to 12 months.

Staff

PEP's services are provided by approximately 50 volunteers who are experienced parents. The program is administered by its 15-member Board of Directors. Each has responsibility for one program component or administrative task. The chairperson has overall responsibility for program operations; a secretary handles recordkeeping and publicity; and a financial officer manages program accounts and coordinates fundraising efforts.

Volunteers are initially screened in an interview with two members of the Board. Volunteers make a one-year commitment, attend a training session, accept up to six telephone shifts per month, make ten postpartum calls every two months, and participate in one follow-up training session per month. The basic training program consists of two full-day sessions. In the first, new volunteers examine their own parenting experiences and discuss how to enhance communication skills. During the second day, a panel of PEP leaders discusses the program's *Volunteer Reference Guide*; telephone techniques are reviewed in detail. Both sessions involve lengthy role-playing segments.

Outreach

A volunteer speaks to every childbirth class held in the community. A sign-up sheet is circulated; parents-to-be who sign up receive a telephone call between five and ten days after their baby's birth inviting them to join a discussion group. Word-of-mouth, brochures at obstetricians' and pediatricians' offices, and newspaper articles also inform area residents about the program.

Evaluation

PEP has been evaluated annually since 1978. As part of the first year grant, an outside evaluation com-

mittee surveyed volunteers and parents involved in PEP. Questionnaires covered participants' satisfaction with the structure and type of services provided. The results of this process, now conducted by the Board of Directors, are published as part of the program's annual report. PEP has also been supported, reviewed, evaluated, and endorsed by eight agencies and numerous professionals in the family healthcare field in Santa Barbara.

Replication

PEP has been replicated in part in Riverside, California; Cleveland, Ohio; Fair Haven, New Jersey; Traverse City, Michigan; Bangor, Maine; Dover, Delaware; and Flushing, New York.

Funding

The program's annual budget is \$12,000: 60% is raised by an annual children's clothing, toy, and equipment sale; the remaining 40% comes from fees for the Baby Basics program, and income from the sale of publications.

Highlights

The program's use of an entirely volunteer staff enables it to reach a large number of people on a very low budget.

Suggestions

Keep goals simple, plan carefully, and do not rush to accomplish more than you can handle.

Publications

Brochures; training manuals: *A Guide for Establishing a Parent Support Group in Your Community*, *Volunteer's Reference Guide*, *Leader's Guide for Training Volunteers in Parent Support Services*, *Baby Basics: A Guide to Your First Weeks as Parents*. Brochures and training manuals are available in English and Spanish.

Single Parent Resource Center, Inc.

141 West 28th Street, #301, New York, NY 10001
212/947-0221

Suzanne Y. Jones, Executive Director

Overview

The Single Parent Resource Center (SPRC) is a clearinghouse of information on single parent programs in the United States and abroad. In addition to offering technical assistance to individuals who want to start single parent groups, program staff provide direct services to specific populations of single parents in the New York City area: homeless and low-income parents, former substance-abusers, and mothers in prison. SPRC seeks to develop a much needed sense of community among its participants and encourages them to organize across lines of race and economic status, and to advocate for services, laws, and attitudes that value children and the parents who care for them.

History

In 1975, the Community Service Society of New York City sponsored the Single Parent Family Project to provide direct services to single parents. The project incorporated as an independent organization in 1979 and expanded its services to include a clearinghouse and a resource center. To reflect this shift of emphasis from direct services to providing information and technical support, and to advocacy, the project's name was changed to the Single Parent Resource Center in 1983. Since then, technical assistance programs have helped more than 400 local single parent groups around the country come into being. In the mid-'80s, SPRC obtained funding which enabled it to again provide a range of direct services to specific populations of single parents.

Community

The SPRC is located in New York City and also serves the surrounding tri-state area of New York, New Jersey, and Connecticut. New York City's population of 7,071,600 is comprised of 55% whites, 25% African Americans, and 20% Hispanics.

Program Components/Services

- The National Single Parent Network is a clearinghouse of information on both single parents and organizations that serve them within the U.S. and overseas.
- Technical assistance is provided to religious, social service, and other community-based organizations seeking to establish programs for single parents.
- Seminars, workshops, and social events for single parents are held at the center and in corporate and community settings. These programs provide information and referral services and foster the development of relationships between families.
- Seminars for business, human services, and education professionals on the special needs of single parents
- Parents in Recovery is an alcohol education and abuse prevention program offering weekly relapse prevention groups, group activities, drop-in center, counseling, support groups, referral services, and a newsletter.
- Bridge Transition Parenting Program serves women residing at Parkside Work Release Facility in upper Manhattan. Its goal is to help mothers successfully reunite with their children after incarceration.
- Weekly support groups, individual counseling, and advocacy for parents staying in homeless shelters, awaiting relocation by the city.
- Families in Transition Program is newly funded by private foundations and works with a self-selected group of homeless families. Following a

City Skills curriculum, families prepare to resume life in new neighborhoods and to become active tenants in apartments found by the program's relocation worker. This staff member maintains contact with the family for two months after they move to assure a successful resettlement in the community.

- Kids Club is a community-based drug and alcohol abuse prevention program that serves urban youth ages 5-12, providing workshops, games and exercises, and a monthly newsletter.
- Summer camp
- Childcare is provided during all activities.
- Newsletter

Participants

Parents wishing to participate in activities of the Single Parent Resource Center must be single and have at least one child under the age of 18. Over 2,000 parents are served annually by the center's various programs.

Staff

The staff consists of 8 full-time and 15 part-time workers. In the Bridge Transition Parenting Program, a part-time worker has year-round responsibilities. In other programs, part-time staff are hired seasonally to coincide with funding calendars.

Outreach

Outreach efforts are conducted through media coverage in newspapers, and on television and radio. The program's bimonthly newsletter, *Speak Out!*, helps promote program activities.

Evaluation

Each program of the SPRC is evaluated by funding sources and by an internal evaluation committee of the Board of Directors.

Replication

The SPRC's recently-developed programs for homeless families and imprisoned women have been carefully documented to serve as models for similar programs in other areas. The agency staff now consults with other organizations in the city on these innovative programs.

Funding

SPRC's annual budget is approximately \$500,000: 80%, government sources (including the New York State Division of Alcoholism and Alcohol Abuse, Department of Education, and Department of Mental Health, and the New York City Department of Youth Services); 10%, private and corporate foundations including a grant from the United Way for Families in Transition program; 10%, special fundraising events.

Highlights

The SPRC has been able to act as a catalyst for increased services to homeless families in New York City. It is also a founding member of the Women's Housing Coalition, a group that works toward affordable housing for families in New York City. Center staff work in coordination with other agencies to spotlight issues concerning single parent families. For example, the Single Parent Resource Center worked with the Commission on Civil Rights and the state Attorney General to alleviate housing discrimination in New York State.

Suggestions

Caution must be exercised in the acceptance of public monies for programs due to the limitations this sometimes brings. Private foundation support can be invaluable for developing new and responsive programs for families.

Publications

Speak Out! (newsletter); brochures; *Working with Single Parents: A Guide for Group Developers*.

Way to Grow

4240 4th Avenue, South, #422, Minneapolis, MN 55409
612/823-1162

Mary Taylor Azzahir, Director

Overview

Way to Grow's mission is to establish a Minneapolis-wide delivery system of comprehensive community- and home-based services that support and assist parents in meeting the developmental needs of their children (up to age six) and that promote school readiness. The central planning office is responsible for planning and soliciting corporate sponsorship for neighborhood centers. Currently, three centers are operational and eight are in the planning stages. Way to Grow's main goals are: (1) to encourage families to make better use of existing community services; (2) to help families build a support-network of friends, relatives, and community people; (3) to expand early identification of physiological and environmental factors that can be deterrents to school readiness; (4) to identify and support services for families and children; and (5) to raise public awareness about the importance of both healthy child development and those practices that promote healthy development.

History

In 1985, the Minneapolis Community Business Employment Alliance began a study of unemployment prevention that culminated in the recommendation to develop a comprehensive plan for the delivery of early childhood services. Acting on this recommendation, the Minneapolis Youth Coordinating Board sought and received a grant to develop a school-readiness plan for Minneapolis. Over 200 people contributed to this project, which became Way to Grow. Presently, Way to Grow operates three centers: Phillips Tender Loving Care (TLC), in the Phillips community since 1989; the Northside Family Connection, serving the Near North community since March, 1991; and Camden's Future, in Camden since September, 1991. Way to Grow

hopes to operate in all 11 Minneapolis communities within the next five years.

Community

The greater Minneapolis area is predominately urban, with a population of 368,383. The population is ethnically and socioeconomically diverse.

Program Components/Services

Prenatal care:

- Prenatal health services
- Childbirth and parenting education
- Individualized family service plan
- Home visits
- Transportation

Birth to Kindergarten Program:

- Post-partum home visits and continuing home visits as needed
- Preventive healthcare immunizations
- Periodic developmental screening and assessment
- Advocacy and referral services

Parenting education and support:

- Maternal and pediatric health services
- Childcare resource and referral services
- Parent and child advocacy

- Culturally specific self-help groups
- Nutrition counseling and supplements
- Support for continuing education
- Job training and placement assistance
- Housing assistance
- Partnerships with elementary and special education teachers
- Transportation assistance

Participants

All pregnant community residents and families of children up to age six are eligible to participate. Camden's Future serves a working class, 89% European American population. Phillips TLC is located in a low-income, 40% European American neighborhood which also has large concentrations of Native Americans, African Americans, and Southeast Asians. The Northside Family Connection serves a diverse low-income, African American, European American, and South East Asian community. The next center will be in a middle-income area.

Staff

There are 22 Way To Grow staff members equivalent to 19 full-time employees. Each center is staffed by up to six home visitors (family resource workers) and administrative support, including a project director. The central planning office has two full-time staff members. An effort is made to recruit and train as home visitors people who live in the neighborhood served by a center so that a home visitor team is both culturally sensitive and representative. Home visitors are supported by a team of professionals including social workers, public health nurses, and parenting educators.

Outreach

Home visitors are the core of Way to Grow's outreach effort. They are in the community canvassing, talking to people, and distributing flyers. They visit local social service agencies both for referrals and to experience what a family encounters when it at-

tempts to access community resources. Way to Grow also uses the local newspaper and billboards for advertising. Families are referred to Way to Grow through other community service providers.

Evaluation

Efforts are underway to standardize a multifaceted data collection system for evaluating Way to Grow programs. University of Minnesota researchers are designing an evaluation system that will assess the effectiveness of Way to Grow's program structure by looking at outcomes. A local consulting firm is doing a qualitative analysis of the impact of Way to Grow on the communities it serves.

Replication

Each Way to Grow neighborhood center is a replication of the Way to Grow model. The Way to Grow model is the program model promoted by the United Way's Early Childhood Initiative and Public Education Campaign, Success by 6.

Funding

The annual budget is approximately \$1.4 million: 32%, city of Minneapolis general operating budget and State Department of Education; 68%, the United Way and corporate foundation sponsors, including General Mills and Honeywell.

Highlights

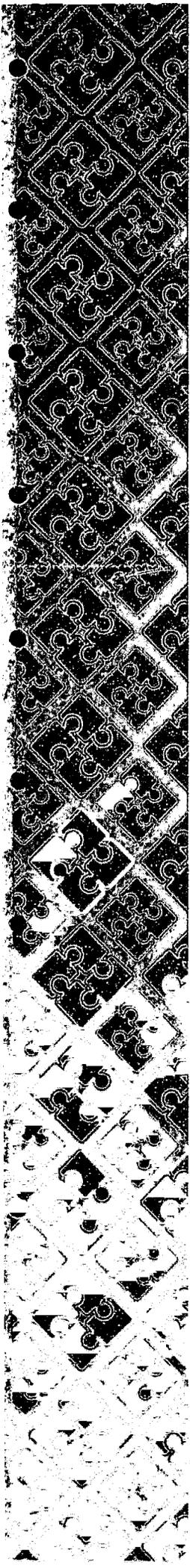
Way to Grow's home visitors are extremely effective at reaching people that other social service agencies have not been able to help. Way to Grow is proud of its successful collaboration with community residents.

Suggestions

Grassroots organizing at the community level is essential. You need to involve resident families and day-care providers—people normally left out of a public policy planning loop—in order for a project to be high quality and sustainable. Staff members should be culturally sensitive and, if possible, representative of the communities they serve.

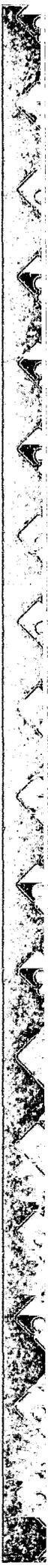
Publications

Brochures and quarterly newsletters.



IV. FAMILY SUPPORT AS A COMPONENT

Programs in this section embody family support principles and provide parenting education, in the process and as a way of achieving their specific goal.

- A. Providing Support for Families with Special Needs
 - B. Substance Abuse Prevention
 - C. Family Literacy
 - D. Providing Quality Childcare
 - E. Promoting Family-Friendly Work Environments
 - F. Miscellaneous
- 

Family Exchange Center

Variety Pre-Schoolers' Workshop

47 Humphrey Drive, Syosset, NY 11791
516/921-7171

Judith S. Bloch, Executive Director

Overview

The Family Exchange Center was established in 1983 to provide information, respite childcare, support, and access to community resources to families with developmentally disabled children up to 14 years of age. The Family Exchange Center helps parents identify and articulate their own needs and to share responsibility with professionals for developing and providing after-school community-based services to meet those needs. It creates an informal social network and provides opportunities for family members to enjoy one another's company and to make new friends. Dialogue between parents and staff often prompts troubled but hesitant parents to seek appropriate professional services. Programs are based on the assumptions that (1) parents are the most indispensable family program planners; (2) like all families, those with disabled children differ greatly with respect to personal adjustment, functioning, and nurturing capability; and (3) periodic family dysfunction and parental confusion and anxiety will be normal reactions to enormous childcare burdens.

History

The Family Exchange Center was developed in 1983 by Variety Pre-Schoolers' Workshop (VPSW), a school for children up to seven years of age with learning, language, and behavior problems. The rationale for the Family Exchange Center emerged from VPSW's extensive experience with home and school collaboration. Although early intervention gave handicapped children the education they needed, it did not address the plight of their parents whose well-being affected the development of their youngsters. VPSW knew that with rare exceptions, developmentally disabled children are born to

parents who do not have the specific knowledge, skills, or support systems to deal with their child's special needs, nor the community resources that most other families take for granted.

Community

The Family Exchange Center is located in Syosset, a Long Island suburban area one hour from New York City. It serves families in Nassau and Suffolk counties, which have a wide range of income levels. Most participants are middle-class.

Program Components/Services

- Respite and recreation programs are designed to relieve parents from childcare. The children benefit from mainstreamed programs shared with their siblings and the children of staff members. Activities are offered on two week-day afternoons, some evenings, and some Sundays and include: small group play and recreational activities for developmentally disabled children (arts and crafts, music, and sports); activities, play, and discussion for siblings (within a peer support group); opportunities for parents to leave the building, relax or socialize in the Parent Lounge, or to participate in more formal education programs; and social and recreational activities on Sundays (for all members of a family).
- Parent Lounge: a special room for social networking where information and referral services are offered by knowledgeable and experienced families and staff.
- Parenting education takes place both formally

and informally and provides parents of disabled children with opportunities to meet and learn from each other. Sometimes, specific programs are presented.

- **Advocacy Committee:** This group is involved with critical legislation and public policy that affects children with special needs and their families. Efforts are also directed towards sensitizing the local community to the presence and needs of the developmentally disabled. Committee members help other parents negotiate with local school districts and their special education committees.

Participants

Approximately 100 families are enrolled. Admission is on a rolling enrollment basis.

Staff

Staff consists of a supervisor, childcare workers, special interest leaders, and a secretary. Parents donate time; volunteers recruited from high schools and colleges are integral to the program.

Outreach

Presentations are made to parent organizations and special education parent and teacher associations. Efforts are also directed at special education programs and community information and referral services.

Evaluation

The Parent and Staff Council meets regularly to review and evaluate program offerings. Parents are asked annually to complete satisfaction surveys that identify changing needs, priorities, and preferences.

Replication

Empowering Parents of Disabled Children: A Family Exchange Center (Bloch, J.S. and Seitz, M., 1985) has been disseminated to pivotal programs throughout the country. The model also has been presented at various professional conferences.

Funding

The annual budget is approximately 104,000: 59%, New York State Office of Mental Retardation and Developmental Disability (OMRDD); 36%, New York State Legislative Initiative; 4%, program fees; and 1%, The United Way. Initial funding came from the New York State Developmental Disabilities Planning Council. The program's success helped persuade OMRDD to make the provision of family support services a state priority.

Highlights

The need for and value of the Family Exchange Center's services are demonstrated by the attendance on program days and the large number of families on its waiting list.

Suggestions

Obtain foundation or other grant monies so that your project is not totally dependent on government funding.

Publications

Empowering Parents of Disabled Children: A Family Exchange Center, Bloch, J.S. and Seitz, M. (Syosset, NY: Variety Pre-Schooler's Workshop, 1985); "Feelings of Shame: Siblings of Handicapped Children," Block, J., and Margolis, J., in A. Gitterman and L. Shulman (Eds.) *Mutual Aid Groups and the Life Cycle*, (Itasca, IL: F.E. Peacock, 1986, pp. 91-108).

Family, Infant and Preschool Program

Western Carolina Center

300 Enola Road, Morganton, NC 28655
704/433-2661

Carl J. Dunst, Ph.D., Director

Overview

The Family, Infant and Preschool Program (FIPP) is an outreach program of the Western Carolina Center, a facility serving persons with developmental disabilities. FIPP provides community-based resources that support families and promote child development. FIPP creates opportunities that promote the competence of families and of individual family members, helping them to meet their needs and achieve their goals. Competence is built through partnerships between parents and professionals, based upon respect, trust, and compassion. The four main goals of FIPP are: (1) to provide support and resources to families of infants and preschool children; (2) to develop model-demonstration programs and innovative child development and family support resources; (3) to conduct research and evaluation studies designed to determine the efficacy of different approaches to promoting child development and supporting families; and (4) to provide training and technical assistance to students, professionals, and others interested in child development and family support services.

History

The program was funded in 1972 as a model demonstration program designed to illustrate that early intervention could help prevent the institutionalization of preschoolers with developmental disabilities. In 1980, the program's orientation changed to an ecological social support approach in which both children and families became the focuses of intervention: the preservation of the family unit became a primary goal of all program efforts. In 1991, FIPP's services became more community-based and therefore more accessible to families and to other com-

munity programs. Today, FIPP's work with families is based on the belief that partnerships between parents and professionals, parental empowerment, and community-based resources are the principal ways in which families of preschool children can be strengthened and supported. FIPP plans to open four family resource centers, one in each of the counties in FIPP's service area.

Community

FIPP primarily serves the western region of North Carolina. Comprehensive child and family support resources are focused on four counties. Community resource services are available throughout the region as needs arise. Special FIPP projects serve differing geographical areas including the entire state of North Carolina and other states across the country.

Program Components/Services

- **Childcare:** In one of the four counties that FIPP serves, there are two childcare sites offering five day per week, full-day mainstreamed programs—one for infants and toddlers and one for preschoolers.
- **Project CHOICE** works with day-care centers to assist them in integrating children with disabilities.
- **Project KEEPSAFE** works with families who need childcare to mobilize resources to meet this need.
- **Project REACH** works with recreation departments to increase awareness and integrate children with disabilities.

- **Kids on the Block:** The nationally known puppet show featuring puppets with disabilities is offered to schools and other groups.
- Sibling workshops for siblings of children with disabilities
- Presentations at civic organizations
- Articles promoting awareness of children with disabilities are published in local newspapers and magazines.
- **Project HOPE:** family support groups run by parents promote a network of parents of children with disabilities.
- Developmental assessments are completed annually for children with developmental disabilities, delays, or who are determined to be at risk for developmental disabilities. A transdisciplinary team provides assessments during the year as needed.
- **Home-based family support:** A resource coordinator works with families individually to identify needs and mobilize resources, including one-on-one parent education and child development information. Families refer themselves or are referred through community agencies. Resource coordinators also identify gaps in community resources and develop ways to bridge them.
- **Community referrals and assistance:** Families call for information or to talk to resource coordinators. FIPP plans a warmline for each county resource center.
- Graduate classes for students working on master's degree in special education and early childhood at Appalachian State University
- Through the state Department of Public Instruction, FIPP offers training institutes on a variety of topics including early intervention and family resource programs.
- **Project FAMILY ENABLEMENT** provides training to selected sites nationally.
- **Project SUNRISE** offers training in the Southeast regarding center-based programming for children with special needs.
- Individual staff members provide workshops and training as requested.

Participants

FIPP services are available to all families of children (up to six years of age) living in western North Carolina. The programs serve approximately 150-175 families per year. Since 1972, more than 1,500 children and their families have been served.

Staff

FIPP's program staff is comprised of seventy professionals and twenty-one clerical workers. Staff members have a wide range of educational backgrounds, including child development, special education, psychology, sociology, social work, nursing, physical therapy, and speech pathology.

Outreach

The public learns of FIPP through periodic distribution of program materials to schools, physicians, day-care and mental health centers, social service and public health departments, Head Start, the March of Dimes, and community interagency councils. Other agencies have assisted the program by consulting on special projects, such as media productions, and by loaning resources and other materials.

Evaluation

Individual components are evaluated on a regular basis; where appropriate, parent satisfaction data are collected. There is also a continuing study of over 1000 children and families served by FIPP which is part of an evaluation and research effort to identify both short- and long-term outcomes. A variety of data collection procedures have been used.

Replication

The FIPP model has been replicated, in part, in several sites throughout North Carolina and in twenty other states.

Funding

FIPP operates on an annual budget of \$2.34 million: 61%, state government, Departments of Human Resources and Public Instruction; 39%, federal government, Departments of Health and Human Services and Education. In recent years, the program has received an increase in federal grant monies; thus fundraising has not posed a problem.

Highlights

The program has been very successful in achieving its primary goal of preventing institutionalization. Of the more than 1,500 children served since 1972, only twenty-seven, or 1.8% have been institutionalized.

Suggestions

Persons interested in establishing a program based on an ecological social support model should have

clearly stated missions, goals, and program objectives which will be used as the basis for determining the most appropriate services and delivery mechanisms. The philosophy of the program must be explicitly stated so that staff members understand the basic assumptions underlying the program model.

Publications

Written materials describing the results of research conducted at the Center for Family Studies and FIPP's research laboratories, and other reports developed by FIPP, are available through FIPP's Dissemination Office. The studies focus on factors that affect child behavior and development, as well as parent and family functioning. The *FIPP Dissemination List*—which also includes newsletters, brochures, audio-visual materials, articles, papers, and manuals related to the program—is available upon request from the FIPP Dissemination Office, PO Box 646, Morganton, NC 28655.

Parent Support Program

Developmental Services, Inc.

2920 Tenth Street, P.O. Box 1023, Columbus, IN 47202
812/376-9404

Hannah Schertz, Director of Children's Services
Denise Wilber, Family Resource Coordinator

Overview

The Parent Support Program is a component of the Infant/Toddler Program of Developmental Services. The program is designed to meet the unique family and parenting needs of parents who lack basic parenting skills. The program targets parents who are either mentally handicapped, mentally ill, substance-abusers or teen parents. Goals include: (1) providing individualized parenting support to families; (2) providing intensive case management assistance to promote the integrity and welfare of the family unit; (3) ensuring that the developmental needs of children birth to three years of age of such families are identified and addressed.

History

Developmental Services, Inc. has provided early intervention services since 1975. The focus of the Infant/Toddler Program has been the enabling of the parents to meet their child's needs through information, demonstration, and support. Historically, eligibility for the Infant/Toddler Program included children up to three years of age with developmental delays or who were at risk for such delays. In recent years, program staff became aware of the disproportionate numbers of children of parents with mental disabilities who were involved in child neglect complaints. These children often showed evidence of developmental delay during the preschool years, even in the absence of diagnosed conditions. The Parent Support Program (formerly called Parent Information and Skills Building Program) was developed in 1988 as an adjunct service of the Infant/Toddler Program on the assumption that parents who are mentally disabled require special support in their challenging role as parents for the same reasons that they require special supports in other aspects of their lives (special education, supported employment, supported living, etc.).

This assumption is based on the belief that prior to removing children from their homes for "neglect," these parents should be entitled to more intensive parenting training and support than would be expected for parents with normal intellectual capacities.

The Parent Support Program has recently expanded to include a broader range of families. This change was made in response to identified needs relating to such concerns as teen parents, parental child abuse and neglect, substance-abuse, and mental illness.

Community

Services are provided over a seven county area in southeastern Indiana. The area is primarily rural; the largest city has a population of approximately 35,000.

Program Components/Services

- Home visits are provided once or twice weekly for one to two hours per session in order to introduce and model new parenting skills and practices, demonstrate activities to enhance child development, and to allow the parents to practice the skills and receive feedback from the staff.
- Case management services assist parents in accessing programs (such as Medicaid, H.U.D., Food Stamps), obtaining additional training or support (such as homemaker services, respite care, vocational rehabilitation, transportation services).
- Group sessions are held to promote linkages and social support systems.

Participants

Residents of the seven county catchment area who meet the aforementioned criteria and who have a child or children between the ages of birth to three years are eligible for the Parent Support Program. Participation in the program is voluntary and the intensity of services is based on the family's perceived need for support. Sixteen families are currently being served.

Staff

The Parent Support Program currently has a program coordinator and two parenting skills instructors. Plans for expansion during the current fiscal year are underway. Additional support for more intensive child intervention as needed includes education, physical therapy, occupational therapy, and communications therapy. Additional family or individual psychological counseling is available through Developmental Services, Inc., as is more intensive community living support.

Outreach

Outreach efforts in the initial phase of the program were directed primarily toward the seven local Departments of Public Welfare (DPWs), since many eligible families were known to them because of enrollment in financial assistance programs or through neglect complaints. Outreach efforts have expanded to include a wide range of potential referral sources, both on an agency-to-agency basis and through this agency's involvement in local councils.

Evaluation

Through annual comprehensive, agency-wide program evaluation activities, program-wide objectives are reviewed, a consumer satisfaction survey is conducted and family progress is assessed. These results are tabulated and reported to the Board of Directors of Developmental Services, Inc.

Replication

As an Indiana First Steps demonstration project, Parent Support Program has hosted personnel from

other agencies within the state, providing materials and specific procedural information. A presentation on the program was made to the Governor's Conference for People with Disabilities in 1990, and information about the program is shared informally in a multitude of forms. To its knowledge, this program has not been replicated in its entirety.

Funding

The Parent Support Program's approximate annual budget for direct services is \$52,000. This is supplemented by additional administrative and support services through Developmental Services, Inc. The program is supported by social service state block monies (Title XX) and the local United Way. Initial start-up funds were provided by Indiana's First Steps program.

Highlights

The Parent Support Program has proved to be an effective approach to supporting parents with mental disabilities because it provides training that is immediately relevant to the parents' needs, incorporating activities into their daily routine (bypassing the need to generalize skills). Case management services ensure that the family is drawing on all available support in an appropriate, timely, and coordinated manner. The additional intensive intervention services help to meet any special developmental needs of the children.

Suggestions

Flexibility during the individual planning phase can allow staff and families to provide input and to invest in the program's success. A close collaborative relationship with other service providers makes it possible to obtain comprehensive services across a number of agencies. Above all, respect for the parents and a commitment to their aspirations to be effective as parents is viewed as the main determinant of the program's success.

Publications

Handbook (policies & procedures); slide show.

Pilot Parent Partnerships

2150 East Highland, #105, Phoenix, AZ 85016
602/468-3001

Mary Slaughter, Executive Director

Overview

Pilot Parent Partnerships (PPP) is a parent-to-parent network of families whose children have disabilities or special needs, which was founded on the belief that parents of children with disabilities benefit from sharing experiences and information with other families. PPP provides support to parents so that they do not feel alone. It aims to help them become more confident and comfortable in making decisions, obtain reliable information on which to base decisions, and feel in control as parents.

History

Pilot Parent Partnerships began in Phoenix in 1979, by training 15 parent volunteers who would help parents who had recently discovered that their children had disabilities. In 1985, PPP became a statewide organization, establishing chapters in rural Arizona communities, and obtained a grant from the U.S. Department of Education to become Arizona's Parent Training and Information Center. In its role as Parent Training and Information Center, PPP educates parents of children with special needs regarding their rights and the acquisition of appropriate education for their children. Today Pilot Parent Partnerships has 400 parent volunteers (13 chapters) and makes 1600 referrals per year.

Community

Pilot Parent Partnerships has services in the greater Phoenix area and in rural communities throughout Arizona. Much of Arizona is rural and has a broad base of various cultures, including 13 Native American tribes and a 16% Hispanic population.

Program Components/Services

- Practical information and emotional support are provided by connecting parents with other parents, by phone or in person.
- Assistance in obtaining educational services for children with disabilities and in understanding parents' rights through individual problem-solving, workshops, and conferences
- Referral to other services, including programs for children, parent groups, and community resources
- Printed resource materials on disabilities and related topics
- Bimonthly newsletter
- Lending library of books and tapes
- Assistance in developing and coordinating support groups

Participants

Parents who live in Arizona, or who are planning to move to Arizona, and have children with special needs or disabilities, are eligible for help. No fees are charged.

Staff

Program staff consists of 13 paid employees (2 full-time, 11 part-time). Staff members are parents of children with disabilities, who are experienced with and knowledgeable about Arizona laws and services.

Outreach

The program tries to reach parents of children with disabilities throughout Arizona. Staff members establish personal contact with professionals in the medical community, private and public schools, and social service agencies that work with children with disabilities. Special efforts are made to reach Hispanic and Native American communities.

Evaluation

Evaluations of training sessions for parents are routinely conducted. The Board of Directors conducts an annual follow-up evaluation survey.

Replication

PPP has spawned chapters throughout the state. There are programs similar to PPP in other states.

Funding

PPP's annual budget is approximately \$370,000: 35%, the U.S. Department of Education; 58%, Arizona Division of Developmental Disabilities; 6%,

the Navajo Nation Handi-Capable Trust Fund; and 1%, donations.

Highlights

Pilot Parent Partnerships is sponsoring the first international and multicultural parent-to-parent conference in 1992.

Suggestions

Start slowly and be careful not to grow too quickly, so that you will be able to consistently provide quality services. Network and collaborate with agencies already engaged in what you want to do. Try to remain a grassroots organization as you grow—be responsive to the people you serve.

Publications

Bimonthly newsletter; *Grandparent Booklet*.

Asian Youth Substance Abuse Project

Asian American Recovery Services, Inc.

300 4th St. Suite 200, San Francisco, CA 94107
415/541-9285

Katherine Chun MSW, MPH, Program Coordinator
Bart Aoki, Ph.D; Principal Investigator

Overview

The Asian Youth Substance Abuse Project was established in the fall of 1987 as a consortium of seven San Francisco Asian multiethnic organizations: Bill Pone Memorial Unit (BPMU) of the Haight Ashbury Medical Clinic; Chinatown Youth Center (CYC); Japanese Community Youth Council (JCYC); Korean Community Service Center (KCSC); Vietnamese Youth Development Center (VYDC); West Bay Pilipino Multi-Service Center (West Bay); and, the fiscal agent, Asian American Recovery Services, Inc. (AARS, Inc.). AYSAP is a federally-funded model demonstration project through the Office for Substance Abuse Prevention (OSAP), designed to reduce the incidence of alcohol and other drug use among Asian youth in San Francisco. AYSAP's purpose is to demonstrate how seven different Asian ethnic groups without a common language and with differing levels of development as communities in the U.S. use a consortium process to develop a culturally-specific, multilevel, comprehensive, community-based model for the prevention of alcohol and drug use among high-risk youth.

History

In the late 1970s, service providers in San Francisco began seeing unusually large numbers of Asian youth involved in alcohol and drug use. By 1983, drug use among Asian youth was at epidemic levels, yet there were only two staff members in San Francisco providing services to Asian substance-abusers. In response to this need, Asian American Recovery Services, Inc. was formed in 1984. Soon afterwards, they collaborated with the six major Asian-youth-serving, community-based organizations in San Francisco, and established a consortium called the Asian Youth Substance Abuse Project (AYSAP).

Community

AYSAP is located in San Francisco. This metropolitan area is home to a growing number of Asians with distinctive historical experiences, cultural traditions, languages, socioeconomic levels, and assimilation experiences. Indeed, Asian Americans are the fastest growing minority population in the city. The Asian population in San Francisco grew by 141% from 1970 to 1980 and is now the largest minority group, representing 30.2% of the city's total population and 45% of the city's school population. This population is comprised of thirty-two ethnically and culturally distinct groups including: Chinese, Japanese, Korean, Vietnamese, Filipino, Cambodian, and Laotian.

The Asian-American community as a whole is characterized by (1) being composed of recent immigrants with limited English language capability; (2) conflicts between parents and their children over cultural values and lifestyles; (3) people residing in high-density neighborhoods; (4) high dropout rates; (5) high unemployment and underemployment rates; and (6) increasing substance-abuse problems. Existing human service agencies have not been able to provide appropriate services to Asian Americans.

Program Components/Services

AYSAP has recognized that no single model of prevention can account for the complexities of an urban setting, its cultural and linguistic diversity, and the multiple factors associated with youth drug use. Consequently, AYSAP has designed a set of coordinated program activities which draws conceptually from several areas such as social competency,

empowerment, parenting skills, and community prevention; and provides a bicultural context. These program activities are targeted at four levels: individuals, families, communities, and institutional systems.

Targeting individuals means promoting Asian youths' positive personal and social development, and strengthening specific life skills. AYSAP provides services for families in order to support cultural strengths and promote effective parenting skills with the goal of increasing the Asian families' ability to foster the positive personal and social development of their children. AYSAP also seeks to involve the Asian community and community institutions in adopting non-use messages and activities and in supporting the needs of Asian families at risk. Finally, AYSAP works to increase the availability and accessibility of institutional services impacting high-risk Asian youths and their families. By targeting these four different levels, AYSAP ultimately envisions the establishment and institutionalization of culturally appropriate, comprehensive service strategies for Asian Americans, within the larger social service system.

- Life skills development program for Asian youth
- Youth empowerment program
- Culturally and linguistically responsive individual and family counseling services
- Parent and teen forums
- Parenting workshops
- Community-sponsored drug free recreational activities for high-risk youth
- Advocacy and self-help groups
- Training for human service providers
- AYSAP collaborates with institutional systems to ensure the provision of services for high-risk Asian youth and their families.
- Newsletter

Facilities are located within the target community and are accessible and culturally acceptable to Asian-Americans. Each location identifies the specific risk factors of its target group and designs a multilevel program which addresses these needs.

Participants

The target group is immigrant, refugee, and American-born Asian American youths aged 12 to 20, their families, and service providers. In the past year, over 2,600 youths and 2,000 family members received AYSAP services for the first time; and 1,200 school staff, criminal justice personnel, health and mental health care providers were trained in AYSAP's demonstration prevention program.

Staff

Program staff are hired who have the same cultural, linguistic, and ethnic background as target populations, and who know the community and families. AYSAP staff consists of bilingual and bicultural health educators and counselors who work in close collaboration with the executive directors and staff members of each of the six core agencies. The central administrative staff consists of a principal investigator, a program director, a prevention coordinator, an MIS specialist, a clinical director, and an administrative assistant. Asian American Recovery Services, Inc. serves as the fiscal agent for the consortium project.

Outreach

The component agencies produce and distribute a variety of bilingual brochures, resource booklets, and fact sheets aimed at Asian youths and their parents. Twenty-six public-service announcements and media presentations were made in the past six months. AYSAP has also established a network with schools, criminal justice agencies, community organizations, other human service care providers and local city departments. Areas of collaboration between the six core agencies include resource and information sharing, client referrals, assessment and treatment services, counseling, and training. The *Eye Opener* newsletter is sent to clients.

Evaluation

AYSAP evaluation consultants perform periodic monitoring by conducting site visits and attending consultation meetings with AYSAP staff. Prevention activities (and counseling) at each site are evaluated through the administration of culturally sensitive questionnaires. Both process and outcome data are analyzed and reported on a semipannual basis.

Replication

To its knowledge, this program has not been replicated.

Funding

AYSAP's annual budget is approximately \$1.4 million. AYSAP has been funded primarily by the federal Office for Substance Abuse Prevention (OSAP), and is currently in the process of transition to a mixed funding base.

Highlights

AYSAP is unique among social service organizations in that its efforts are aimed at acknowledging and preserving the differences between Asian communities while at the same time coordinating and collaborating program efforts. AYSAP was recognized by the National Association of State Alcohol and Drug Abuse Directors and the Federal Office for Substance Abuse Prevention as one of ten exemplary substance-abuse prevention programs in the country.

Suggestions

A successful program is owned by and located in the community it serves. Collaborate with established and respected organizations and institutions. For Asian families, the importance of embedding a program in a positive non-stigmatizing context cannot be overemphasized.

Publications

Brochures; culturally and linguistically appropriate prevention and education materials: resource booklets; fact sheets; and a newsletter, *Eye Opener*.

Families Matter!

Cooperative Extension
University of Delaware

125 Townsend Hall, Newark, DE 19717
302/831-2509

Patricia Tanner Nelson, Project Director

Overview

Families Matter! is a statewide substance-abuse prevention program which focuses on enhancing parents' use of effective strategies for preventing their children from abusing drugs or alcohol. These strategies include (1) monitoring youth's activities; (2) setting clear, reasonable limits; (3) creating linkages between the family and the local school; (4) strengthening family communication, conflict management skills, and praise and encouragement skills — especially as these relate to promoting strong self-concepts and social skills; and (5) increasing the amount of quality family time. Families Matter! also helps parents identify the strengths and resources they bring to parenting, and encourages their use of social support networks to strengthen family living.

History

In November 1987 planning began for Families Matter! a component of the Wilmington Cluster Against Substance Abuse (WCASA). Efforts to design and implement the program, funded as a demonstration project by the federal Office of Substance Abuse Prevention (OSAP), were spearheaded by the director of Delaware's Office of Prevention, with strong and active input from the directors of nine not-for-profit multiservice community agencies. After the program model proved successful in Wilmington, it was implemented through DECCASSA (Delaware Community Clusters Against Substance Abuse), in six rural communities in southern Delaware beginning in September 1990. An after-school and summer program for 8- to 15-year-olds (Youth Connection) was implemented first. The family component was initiated six months after the youth component began, and a

community component—building neighborhood coalitions—is currently underway.

Community

The greater Wilmington area has a population of about 80,000. The population of the six rural communities in DECCASSA's service area ranges from 3,000 in Laurel to 28,000 in Dover. Approximately 83% of program participants are African American; 11%, Caucasian; 2%, Hispanic; and 4%, other.

Program Components/Services

- Youth Connection is an after-school and summer program for youths aged 8 to 15. In addition to activities promoting physical well-being, youths participate in experiences to help them understand and communicate their feelings, handle peer pressure, make healthy decisions, and learn social skills.
- Weekly personal contacts between Families Matter! staff and parents of children participating in Youth Connection (via a home visit, telephone call, face-to-face chat, or personal letter)
- Parents interact with other parents in monthly discussions. These discussions focus on parenting skills and behaviors targeted for reinforcement. Topics for discussion have included: managing family stress, building family strengths, developing realistic expectations, arranging quality family time, building and maintaining social support, making healthy decisions, setting limits, and managing conflict.

- Monthly activities for parents and youth
- Monthly newsletter with customized age-tips
- In Wilmington, grassroots community empowerment efforts focus on fostering neighborhood coalitions.
- In the rural programs, each site has a full-time community prevention coordinator whose mission is to generate community support for substance-abuse prevention.

Participants

The Youth Connection is available to all 8- to 15-year-olds served by each community site. Youth are enrolled on a first-come, first-served basis until the capacity of each center is reached. Parents become automatically enrolled in Families Matter! when their children enroll in the Youth Connection.

Staff

One family coordinator is employed by each community site to work 20 hours per week with the families of children enrolled in the Youth Connection. Cooperative Extension provides an initial twelve-hour training for family coordinators and leadership for the monthly Family Coordinating Council (a mechanism for regular in-service education and support for family coordinators). In addition, Cooperative Extension's senior family coordinator provides individual weekly support and guidance for each of the family coordinators.

Outreach

Youth are recruited to the Youth Connection primarily by youth coordinators, who receive referrals from school personnel and recruit door-to-door in targeted areas. Family coordinators help youth coordinators by referring children of interested parents, and by helping with door-to-door recruitment.

Evaluation

Evaluation data for approximately 200 families in DECCASA will not be available until early next year. In telephone exit interviews, WCASA parents report that they have strengthened their ability to encourage healthy decisions (100%); reinforced the skills being learned by WCASA youth (96%); increased their use of praise and encouragement

(91%); increased their skills in communicating with their child (91%); and increased their amount of quality family time (91%).

Parents say they are feeling more self-confident (86%) and are doing a better job managing family stress (87%). When initial and exit interviews are compared, parents with the greatest sense of community (there is a very strong sense of alienation when parents begin the program) report better family relationships, less parenting stress, and fewer family hassles. The level of family contact with the program appears to be significantly related to the family's sense of community.

Replication

Families Matter! has not yet been replicated at sites outside Delaware.

Funding

Families Matter!'s annual budget is approximately \$400,000: 100%, through Delaware's Department of Services for Children, Youth, & Their Families, Drug-Free Schools money (WCASA), or U.S. Department of Substance Abuse Prevention (DECCASSA). Substantial in-kind contributions to the program are made at each community site.

Highlights

This multilevel program targeting youth, their parents, and their communities has been successfully implemented in urban and rural communities. Paraprofessional family coordinators are demonstrating that they can provide family support within a continuum of parental involvement.

Suggestions

Flexibility of program design is important for capitalizing on the strengths of individual program staff, available resources, and the needs of specific families. Paraprofessionals often surpass professionals in their ability to provide long-term, caring support for families with limited resources. Initial and in-service training and support is crucial for maintaining confidence and competence in paraprofessional family coordinators.

Publications

Families Matter! videotape and training manual; resource curriculum notebook; newsletter.

Reading Advances People Project

Delmarva Rural Ministries

26 Wyoming Ave., Dover, Delaware 19901
302/678-2000

Clemence Overall, Acculturation Coordinator/Project Director

Overview

Delmarva Rural Ministries established the Reading Advances People Project (Project RAP) in late 1990, to provide family literacy programs for Hispanic, Haitian, and African American migrant and rural farmworkers and their children. Project RAP provides classes and workshops at 15 migrant camps and rural settings. The ultimate goal of the program is to establish literacy as both a value and a socially significant force for the families. Efforts are being initiated to work with Laubach to provide a multistate referral system for migrant workers to continue their education. Project RAP has the potential to provide a family literacy model for migrant and rural workers, as well as an English as a Second Language (ESL) curriculum with integrated family literacy competencies.

History

Delmarva Rural Ministries (DRM) originated in 1972 through the efforts of the Delmarva Ecumenical Agency to address the needs of migrant and seasonal farmworkers. Originally supported by church donations and volunteers from Delaware and Maryland's Eastern Shore, DRM became a not-for-profit organization in 1979. It has expanded its services to reach over 7,000 agricultural workers annually in the tri-state Delmarva Peninsula. DRM is a primary provider of vital healthcare, community, educational, and legal aid services. Located in a new facility in downtown Dover, DRM houses a number of offices, conference rooms, and a health-care center.

Farmworkers and rural poor individuals with an inability to read, write, or speak English have consistently indicated that this lack of knowledge has locked them into isolated lives and low-income

jobs. Important healthcare information, community services, and state-funded occupational training is unavailable to them because of linguistic and cultural barriers. Project RAP was started with seed money from the Barbara Bush Foundation for Family Literacy in 1990 to eliminate these barriers.

Community

The migrant community in the Dover Area tends to be separated from the rest of the population, living in camps in relatively isolated rural settings. Long work hours and language barriers further limit interaction with the community. Camps vary considerably in terms of numbers of families and quality of life, but many migrant workers and camps share common features. Nationwide, the migrant population has been identified as approximately 75% Hispanic. Peak demand for migrant labor is during the harvest season, generally from June to October. Most migrant workers participating in Project RAP live and work in Texas during the months prior to arriving in the Dover area in June. Families generally come to the same camp to work each year. Thus, the families at each camp tend to know one another and are often related.

The camps are located on private farms and house an average of eight to fifteen families in facilities that generally consist of one or two unwinterized buildings with one-room apartments for each family. Common facilities include a central kitchen, bathrooms, and showers. Rooms are furnished with several chairs, one large bed, and a refrigerator. None of the facilities has more than one room per family regardless of the number or ages of children.

Project RAP provides instruction at approximately 15 migrant camps and rural settings. All project sites are within 20 miles of Dover.

Program Components/Services

- Family literacy workshops, sponsored in cooperation with Read Aloud Delaware, teach families to read together and to use public resources. Workshops provide opportunities for families to practice simple, hands-on reading activities and to celebrate family accomplishments. Each workshop is five weeks in length.
- English as a Second Language (ESL) instruction is specifically tailored to Hispanic and Haitian farmworkers. Literacy instruction is integrated with listening, speaking, reading, and writing skills in a whole language program. Family literacy competencies are also integrated into the ESL program. Classes are currently taught by volunteers. By using students' own experiences and values, instructors work to validate their knowledge as adults while building a tutor or teacher relationship that helps transcend cultural and linguistic differences.
- Teen club: Teens from the target community have been a vital bridge to establishing trust; reaching out to individuals, reading to the kids, helping with projects, and adding a sense of fun to the workshops.
- Migrant mobile library: In cooperation with the local public library, which has provided multicultural books, and Read Aloud Delaware, DRM volunteers loan books to migrant families on a weekly basis.
- Advocacy: DRM has worked to provide governmental recognition of the literacy needs of farmworkers and poultry-plant workers. DRM also works as an advocate for immigrant families in their integration into local schools.
- Family literacy/ESL volunteer training
- Resource library
- Access to DRM's in-house community services and health programs, as well as referral to local social services and health programs
- Immigration counseling, information, and referral services

- Special events such as national storytellers, family parties, and guest speakers
- Childcare is provided during classes.

Participants

Project RAP initially proposed reaching 100 individuals. In its first year of operation, staff members provided instruction to 155 families. Participants are Hispanic, Haitian, and African American migrant farmworkers and their children. Educational levels among the migrant population are generally low and the majority of the Hispanic migrants are quite limited in English. Most have not been in a class situation since they were young children. Most participants in family literacy workshops are mothers with young children. Both men and women participate in ESL classes.

Migration is disruptive to education and there are inherent problems, exacerbated by limited English-speaking abilities, associated with attending at least two schools a year. Therefore, it is not uncommon for migrant children to repeat a grade or drop out of school. Migrant drop-out rates run as high as 80-90 percent.

Staff

Part-time paid program staff consists of an acculturation coordinator with more than 15 years experience as a teacher and trainer, materials developer, and cultural liaison in Haiti, Central America, and Mexico. She developed the family literacy model, implements and directs the project, recruits and trains volunteers, and coordinates with community agencies for resources and consultants. The acculturation coordinator works with an ESL teacher and consultant (M.S. degree, graduate courses in adult and ESL education) with considerable experience in curriculum development and refugee work.

In addition, project support staff consists of a director of community resources and human development, a community resource and human development technician (Haitian), an outreach coordinator, a program operations manager, an office manager, and an accountant. Project staff are supported by other DRM bilingual staff and outreach and medical staff, who provide services to project families.

Volunteers have been trained to assist in family literacy workshops, ESL/Literacy classes and as Laubach tutors. When possible, workshop leaders are recruited from the target culture. DRM's materials are designed to be culturally appropriate.

Outreach

When workers arrive at the camps they are given a family literacy questionnaire which the project uses to introduce DRM staff and to discuss the concept of family literacy. As part of their advocacy efforts, DRM staff coordinate with area libraries, healthcare organizations, and other human service agencies. These efforts help to publicize Project RAP.

Evaluation

Written and oral participant interviews are used to evaluate Project RAP. DRM recognizes the importance of an evaluation component and is in the process of designing a model for evaluating Project RAP's three main components. A case-study approach is being considered as part of a comprehensive evaluation strategy.

Replication

The program is in place at approximately 15 sites in Delaware; to its knowledge, it has not been replicated outside of the state.

Funding

Project RAP's annual budget is approximately \$60,000: 60%, federal funds; 25%, state funds; 15%, church and private contributions. Delmarva Rural Ministries received a \$50,000 grant from the Barbara Bush Foundation for Family Literacy in 1990 to

establish Project RAP. Project RAP's first year was funded entirely by the Barbara Bush Foundation.

Highlights

In its first year of operation, Project RAP staff members have worked diligently to achieve their objectives in a difficult project, working with on-site classes and diverse ethnic groups. Significant strides have been made toward developing a culturally-relevant family literacy model and an ESL curriculum. Project RAP reached 155 families with family literacy and ESL instruction, coordinated with local libraries to bring bookmobiles to migrant camps, and initiated an effort with Laubach to create a multistate referral system that would enable farmworkers to continue their education as they migrate.

Suggestions

Those interested in starting a program such as Project RAP should know that working cooperatively with Read Aloud Delaware has created access to training, staff, and resources which otherwise would not have been available to either agency. The agencies have pooled volunteers, books, and transportation efforts. Visiting and contacting other agencies has been essential to the program's growth. The link with a public library has created access to books otherwise unavailable to farmworkers. Agencies such as ACBE, TESOL, International Reading Association, national clearinghouses, and the Library of Congress have provided useful information and networking.

Publications

Volunteer Teacher Training Manual; Curricula for farmworkers in ESL and Family Literacy are in the planning stages.

Bananas

6501 Telegraph Avenue, Oakland, CA 94609
415/658-7101

Betty Cohen, Executive Director

Overview

Bananas is a free childcare resource, referral, and support service for parents and childcare providers in northern Alameda county. Its main goals are to provide: (1) assistance to parents in locating and choosing childcare or other services appropriate for their children; (2) practical help to childcare providers; and (3) support and networking opportunities for parents. Bananas seeks to be a responsive agency whose growth is always tied directly to the needs of the people it serves.

History

Bananas was founded in 1973, by two forward-thinking mothers who felt that they were "going bananas" trying to deal with the challenge of finding appropriate childcare. They wanted parents to know by the name, Bananas, that this was an organization of people who listened, empathized, and helped. Bananas began as a network of parents interested in forming play groups and other types of cooperative childcare for their children. As more parents turned to Bananas with a widening variety of childcare questions, the center diversified its range of information and referral services. Today Bananas is a comprehensive family support and referral agency that serves both parents and childcare providers.

Community

Bananas serves northern Alameda County, an urban, low-income area of 584,094, with a high concentration of female-headed households. The community is ethnically diverse: according to the 1990 census, approximately 32% are African American; 44%, white; 15%, Asian; and 12%, Hispanic.

Program Components/Services

- Information and referral services: Bananas helps parents locate appropriate childcare by providing information about existing options. The organization also (1) disseminates information on alternatives such as play groups, baby-sitter shares, babysitting co-ops, and employer-supported childcare; (2) provides listings of existing cooperative childcare arrangements and of people interested in starting groups; (3) helps parents locate housing, employment, health and mental health counseling, support groups, workshops, and literature on child development; (4) assists childcare providers with information, workshops, support groups, toy-lending, and legal counseling; and (5) offers information and technical assistance to childcare providers on starting and maintaining a childcare facility.
- Support groups for providers and for parents
- Warmlines for providers and for parents
- CPR and child development courses for childcare providers and parents are offered in both English and Spanish.
- Workshops for parents on topics such as setting limits, living with ones and twos, choosing infant care, letting go, guardianship and wills
- Workshops for providers on topics such as marketing family day care, issues for special needs children, earthquake preparedness
- Newsletter

Participants

Bananas serves anyone who deals with children. A high percentage of the 53,000 calls received each year are made by heads of single-parent families. Bananas' staffpersons do not tabulate a more detailed descriptive profile of their clients. The services offered are available to all residents of northern Alameda County.

Staff

The paid staff at Bananas consists of 15 employees, including a director, a social worker, two other professionals, and seven paraprofessionals. The part-time volunteer staff consists of five clerical workers, two paraprofessionals, and five professionals. Staff members learn counseling techniques during a six-month training period. In-service training is occasionally provided on such subjects as special needs referrals, counseling for battered women, teenage parents, different families (Ethiopian, Iranian, Chinese, African American, Vietnamese, Filipino, and Hispanic), and substance abuse. Bananas has a culturally diverse and multilingual staff.

Outreach

Bananas publicizes its services and special events through the media, brochures, newsletters, and flyers. The public also learns about the program through word-of-mouth and referrals made by physicians, teachers, and public and community agency staff. Bananas works closely with a wide variety of community agencies.

Evaluation

The program has not been formally evaluated.

Replication

Seventy-two state-funded resource and referral services in California have been patterned in part after the Bananas model.

Funding

The annual budget is approximately \$1,119,000: 83.3%, state government; 11.6%, foundations; 4.6%, local government and the United Way; and .5%, donations.

For three and one-half years, Bananas and a consortium of other area non-profits, operated a profitable but extremely labor intensive Friday-night BINGO game. This fundraising adventure was labor-intensive, but provided funds that unlike grants, could be used for operating expenses and did not necessitate adding program components.

Highlights

Operating for over eighteen years, Bananas is widely recognized as a respected and well-utilized community resource.

Suggestions

Start small; listen to what people are really asking for instead of holding on to preconceptions about what people need; start with a specific task and then branch out; and strive to serve people rather than to build an organization. Know who you plan to serve and hire staff who understand the community and can help design programs to meet its needs.

Publications

Bananas' newsletter is published five times a year and is distributed to over 9000 individuals and organizations. Bananas publishes 73 free handouts and 18 for-sale publications. Many of the handouts are available in several languages including Chinese, Vietnamese, and Spanish.

Lower East Side Family Resource Center, Inc.

137 East 2nd Street, New York, NY 10009
212/677-6602

Barbara Stern, Executive Director

Overview

Based on the belief that the best way to meet the needs of children is to support their parents and caregivers, Lower East Side Family Resource Center offers a comprehensive array of childcare and parent support programs. Its main goals are (1) to relieve the stress normally associated with child-rearing and exacerbated by poor economic conditions; (2) to expand childcare options for parents who work or attend school; and (3) to expand family day care as the most viable option for infants and toddlers.

History

The Family Resource Center was founded by its former program director, Roni Eldridge, in 1978. Her immediate concern was helping parents find and maintain high-quality, affordable, and stable childcare. She also wanted to set up a community gathering place where parents could socialize and support one another, and so avoided a traditional casework approach, instead focusing on the strengths and skills most parents possess. The center relied on donated space, telephones, postage, and staff time until funding was secured in 1980. Over the years, the center has grown in types of services offered and geographic area served.

Community

The Lower East Side Family Resource Center is located in the Lower East Side of New York City, which is a low-income, ethnically diverse community.

Program Components/Services

- **Childcare consulting and referral services** provide information on available childcare options and referrals to centers or family day-care providers best suited to a family's needs. Parents receive written information and guidelines for selecting a day-care provider, and forms to be used with providers.
- **Family Day Care Network and Provider Support:** The center recruits and screens prospective day-care providers, offers them orientation workshops, and guides them through licensing procedures. Training, counseling, and referrals of parents seeking childcare are provided.
- **Parenting counseling**
- **Warmline**
- **Weekly self-help support groups for single parents and parents of infants or toddlers**
- **East Side Children's and Parents' Education about Drugs and Alcohol (ESCAPADA)** stresses the impact of alcohol and drugs on women and children, and is open to parent, family day-care providers, and childcare workers in local day-care centers. The program offers individual counseling, support groups, informational workshops on alcohol and drug use, and referrals to treatment programs
- **Family Room for parents, day-care providers, and children**

- Bilingual (English/Spanish) newsletter informs and educates the community on issues concerning parenting and childcare.
- Thrift shop

Participants

Most participants are parents of children under age five and day-care providers who care for young children. The majority are women, and at least 40% are single mothers. Participants are usually low- or middle-income, and reflect the ethnic diversity of the neighborhood. Since many participants are Hispanic, all services are offered in English and Spanish. Each year the Center serves approximately 1,200 families.

Staff

The agency has four paid, part-time staff members: an executive director, a childcare counselor, an administrative assistant, and a fundraiser. The center is also staffed by three VISTA volunteers whose job titles are: family day-care coordinator, grassroots fundraising coordinator, and thrift shop coordinator. The staff is intentionally multiethnic: Hispanic, African American, and white.

Outreach

The Center's newsletter serves as an effective outreach tool and is supplemented by flyers and advertising for new services or special events. Networking with other community and citywide organizations is also effective in reaching new clients.

Evaluation

The center is in the process of conducting a survey of current and past service users, community agencies, and funding sources to assess the effectiveness of its programming. Simultaneously, the Board of Directors is re-examining the agency's mission and setting three-year objectives.

Replication

The center's Family Day Care Network, which was the first in New York City, has been widely replicated. Its model of integrating family support and day-care services was recently presented at a national conference; and it is hoped that this, too, will be replicated.

Funding

The Lower East Side Family Resource Center's annual budget is approximately \$119,000: 15%, New York State Department of Social Services; 15%, grassroots fundraising and fees for services; 70%, private foundation grants. For ten years, the center survived on private foundation grants, supplemented by grassroots fundraising including special events, a thrift shop, and individual contributions.

Highlights

The close, trusting relationships that staff establish with parents and day-care providers are by far the center's greatest asset. Parents and providers often remain connected to the center long after the time when their children are young enough to benefit from its services. They prove their commitment by making donations, volunteering time, and attending fundraising events.

Suggestions

Do what you do well and don't try to be everything for everyone. Get to know staff at other agencies so you can make effective referrals. Don't go after funding for projects that are outside the scope of your services. Choose staff very carefully.

Publications

Bilingual newsletter, *Parents Only*; *Sharing in the Caring*, an information packet for parents using family day care.

Parent Services Project, Inc.

Fairfax-San Anselmo Children's Center

199 Porteous Avenue, Fairfax, CA 94930
415/454-1811

Ethel Seiderman, Director

Overview

Parent Services Project (PSP) was launched in the San Francisco Bay Area in 1980 as an experiment in childcare that would be regional, culturally diverse, and programmatically flexible. PSP expands the role of the childcare center to include services for parents so that childcare centers become family-care centers. As a prevention program, PSP conserves public resources by building social support systems for low-income families. The direct service goals of the Parent Service Project are (1) to raise parents' sense of importance; (2) to diminish feelings of isolation; (3) to enhance parenting skills; (4) to assist parents in securing needed resources for themselves and their children; and (5) to add enjoyment to family events. Direct service components are provided in a variety of geographic (urban and suburban) and cultural settings. These family-care centers serve as models after which policymakers can pattern legislation and standards for childcare programs and family support.

History

In 1980, the Primary Prevention Advisory Committee of the Zellerbach Family Fund initiated the Parent Services Project. Committee members felt that if parents gained confidence and competence—as people and as parents—the whole family would benefit. PSP was established as a collaborative effort between the public and private sectors. Participating agencies were selected from among state-funded child development centers. County mental health staff were made available to PSP parents. Zellerbach and the San Francisco Foundation covered additional staff costs and expanded program needs. Four childcare agencies initiated the Parent Services Project in 1981. Since then, four childcare

agencies in the Bay Area and 25 agencies serving over 3000 families in California, Florida and Georgia have joined PSP. In 1988, PSP incorporated in order to provide training, disseminate information, educate conference and forum participants, and impact public and institutional policies. PSP's central coordinating office is at the Fairfax-San Anselmo Children's Center in Fairfax, California.

Community

PSP is located in many, diverse areas, effectively serving African American, Hispanic, Chinese, and Southeast Asian, as well as Caucasian families. Centers are usually near a major city, and therefore, both urban and suburban lifestyles are served. Immigrant families are increasingly represented in the populations served, as are parents employed in small businesses and as migrant farm workers.

Program Components/Services

Parents are seen on a daily basis when they drop off or pick up their children. This consistent contact is a natural entry point for parent services to be implemented during a child's early years. The range, and regularity, of the services creates a presence for PSP at the centers; PSP offers parents enough support to make a positive difference in their lives.

- **Family fun events:** Parents enjoy good times with their children and interact with other families, diminishing loneliness, guilt, isolation and stress, and enhancing physical and mental well-being.
- **Parenting classes** are designed with sensitivity to the particular parent population, and recog-

nizing that all parents want to do the best job they can in raising their children.

- Adults-only activities offer opportunities for parents to take valuable time to nurture themselves while childcare is provided. These may include workshops on good health and nutrition, an exercise program, or the Mother's Club where women cook, dance, and enjoy social activities with others.
- Childcare for mildly ill children
- Mental health workshops
- Men's breakfast
- Peer support groups
- Job training skills, and community service referrals
- Parent Option Fund for parent-determined expenditures
- Parent Action groups develop program policy and determine activities
- Training
- Advocacy

Participants

Presently, there are 25 agencies serving over 3,000 families in California, Florida, and Georgia. Large numbers of non-English-speaking refugee and immigrant families who participate. Family incomes are low to moderate. Many parents are working outside the home and are raising children alone, without the assistance of an extended family.

Staff

Each agency integrates staff consistent with its own ethnic population and organizational structure. Some agencies have employed parent services coordinators while others have added this responsi-

bility to appropriate persons already on the staff. Agencies that have several sites place some responsibility on parent leaders to act as liaisons and to organize parent groups. These leaders are paid a small stipend. Other agencies utilize a parent-volunteer committee to assist in implementing program activities.

At PSP headquarters, administrative support is provided by a director and an administrative assistant.

Outreach

Interest in the Parent Services Project is very broad throughout local communities, and on the state and national levels. PSP has responded to requests for information and technical assistance by mailing information packets, giving testimony before government agencies, organizing presentations and workshops for interested groups and at conferences, writing articles that have appeared in several national newspapers, and increasing PSP's capacity for training and implementation.

Evaluation

Evaluation has been integral to PSP from its inception. Qualitative evaluation reports are prepared annually. A study on PSP's cost-effectiveness was conducted in 1985 by an outside evaluator. A major evaluation effort directed by Alan Stein over a three-year period has been completed. Evaluations are an essential part of the training cycle.

Replication

The Parent Services Project model has been replicated by many childcare programs, with adaptations influenced by funding and program type. PSP is currently responding to requests which will result in more widespread national replication as funds become available. As a result of PSP, legislation continues to be considered that would integrate the Parent Services Project model into other state-funded childcare programs. Current California legislation, if passed, will allow PSP to serve 2,000 more families statewide.

Funding

PSP, Inc. estimates that it costs \$300 to \$400 per family annually for a childcare center to become a family-care center. Many centers are operating on much less.

PSP, Inc.'s annual budget for training, education, and advocacy is approximately \$191,000: 100%, private foundation grants including: the Walter S. Johnson Foundation, the Zellerbach Family Fund, Mervyn's, the Ford Foundation, the Haigh Scatena Foundation, the San Francisco Foundation, and the Marin Community Foundation.

Highlights

When a childcare center becomes a family-care center, the focus is clearly placed on promoting the well-being of the whole family. Issues such as financial pressures, housing, marital problems, custody conflicts, as well as more obvious parenting and child health issues receive the attention they need. The childcare center becomes an environment where parents feel comfortable and included.

Suggestions

A stronger local, state, and national commitment to the needs of families is critical. A partnership of professionals, government and business leaders, and parents should spearhead a groundswell of education, public policy forums, and ultimately legislative hearings that place a greater value on family social support systems. PSP sees resources for families as critical to its work with children. Family support services must become a national priority if we are to have healthy, happy, productive, and zestful children and families.

Publications

Parent Services Project has combined its own materials with articles from various publications to create a complete package of information about parent support services, from concepts and goals to how to develop a program; brochure; *Program Evaluation of the Parent Services Project* (findings of a three-year longitudinal study of PSP's impact on participating parents).

The Work and Family Resource Center

Community College of Denver

1391 North Speer Blvd., #400, Denver, CO 80204
303/534-3789

Joan V. Hoskins, Director

Overview

The Work and Family Resource Center (WFRC) is a not-for-profit program of the Community College of Denver, Division of Continuing Education, that provides services to parents, employers, and childcare providers. Its goals are: (1) to develop programs and promote policies that support families and children; and (2) to provide an interrelated array of resources to employers to assist them in supporting working families and attracting, developing, and retaining a highly productive work force.

History

The Community College of Denver established the Work and Family Resource Center in September 1990 as a continuation of the services of the Work and Family Consortium which had been in service in the Denver metropolitan community for over ten years. WFRC has continued to provide referral services to the community and enhanced childcare services to over 118 companies in the Denver metropolitan area.

Community

The WFRC serves the five county Denver metropolitan area, which has a population exceeding 1.7 million in the city and outlying suburban areas.

Program Components/Services

- Childcare resource and referral services for corporations
- Workplace needs assessments and employer consulting services

- Parent education seminars
- Advocacy
- Recruitment, training, and support services: Training programs for childcare providers are offered in collaboration with the Colorado Association of Family Child Care (CAFCC); mentors assist and support prospective providers throughout the process of obtaining a license for infant and toddler or basic care.
- Telephone counseling to assist parents in finding childcare.
- Fully computerized 9 county database of over 5,000 childcare providers. This database contains a 52-item provider profile on each caregiver, as well as 250 resources such as day trips, team sports, and recreation centers for schoolage children.
- Schoolage Pilot Program includes an activity fair (with Children's Museum), a guide to activities and programs for schoolage children, self-care seminars, and database development for schoolage resources.
- 4 Parents Helpline, a collaborative effort of the WFRC, KCNC TV-Channel 4, and the Governor's Initiative on Families and Children began receiving calls in January 1992.
- KIDSLINE, which will become part of the 4 Parents Helpline, is currently on the drawing board.

- **Provider Assistance Line (PAL), a one-to-one telephone response and consulting service for childcare providers**

Participants

Enhanced corporate childcare resource and referral services are provided to employees of corporations that contract with the WFRC. All WFRC services are available to all employers, parents, and childcare providers in the Denver metropolitan area.

Staff

The center's staff of thirteen (equivalent to eight full-time employees) consists of the director, four corporate childcare referral specialists, a childcare provider recruitment specialist, a contract administrator, four work/study students and two graduate interns.

Outreach

As a part of the center's strong community-based mission and contract commitments, the WFRC develops active recruitment campaigns to increase the supply of high-quality, affordable childcare. WFRC staff is in contact with corporations and businesses to keep abreast of current trends in childcare policies and employer needs. It is also actively involved in local and national organizations which promote the welfare of children and families. The Center does mass mailings to childcare providers and provides informational material and brochures to community callers. Local media will promote the 4 Parents Helpline.

Evaluation

High standards for service quality are maintained and assured by evaluation and follow-up for each program. The satisfaction of parents using the referral service is determined not only by written

requests from the corporate offices of the national contracts, but also through follow-up telephone calls made by WFRC personnel to parents. Regular and periodic evaluations of program success are conducted by the director as well as advisory councils for individual programs.

Funding

WFRC's annual budget is approximately \$200,000: 25%, from the Community College of Denver; 45%, corporate contracts; 8%, grants from the state, Department of Policy Initiatives; 10%, federal government, Department of Human Services; and 12%, private foundations.

Highlights

Resource and referral services are available throughout the state, but WFRC is unique in providing a computerized database and a wide variety of services to meet the needs of families, childcare providers, and employers.

Suggestions

Through the Community College of Denver the WFRC is able to offer college credit for provider training classes to obtain in-kind resources, assistance in fundraising, administrative and fiscal management, institutional support, and greater visibility. Collaborative efforts with other agencies and groups provide excellent opportunities for better and more efficient service delivery to providers, employers, and parents.

Publications

Brochures on choosing childcare, childcare licensing requirements, and tip sheets. A WFRC brochure is being developed.

Working Parent Resource Center

Town Square, North Central Life Tower, #520, 445 Minnesota Street, St. Paul, Minnesota 55101
612/293-5330

Marcie Brooke, Program Director/Work & Family Specialist
Beth Cutting, Program Coordinator

Overview

The Working Parent Resource Center (WPRC) is a family education program that operates as a partnership between the St. Paul Schools and the St. Paul business community. Its mission is to support and empower working families by enhancing their quality of life and promoting personal development and interpersonal effectiveness; WPRC pursues this mission by offering seminars for working parents.

History

In 1974, the Minnesota Legislature began funding early childhood family education programs through the public school system. However, these programs did not adequately reach parents who worked outside their homes. In 1980, the Vocational Education Work and Family Institute was established to bring work and family seminars to the work site. In 1985, Northwest Foundation provided a grant to St. Paul Public Schools Community Education/Vocational Education to develop noontime seminars for parents working downtown. The seminar sites were provided by the City of St. Paul, other public agencies, and downtown businesses. Private resources for parents were available through the St. Paul schools but had to be brought to the seminar sites each week by the parent educators who led the seminar groups. In 1986, the Working Parent Resource Center was established in donated office space in the downtown area. The resource center and noontime seminars are now a cooperative effort between the St. Paul public schools' Community Education-Early Childhood/Family Education Program, the St. Paul Technical College, and St. Paul area businesses. The center is a division of Vocational Education Work and Family Institute.

Community

The community served by the Working Parent Resource Center includes downtown St. Paul and businesses, agencies, churches, and other groups in the Twin Cities metropolitan area that contract for services.

Program Components/Services

- **Seminars:** The WPRC offers noontime seminars at locations throughout the downtown St. Paul area. Seminars are also available at other convenient times for parents unable to leave work to attend a noontime seminar. The WPRC also brings seminars to the workplace through its customized Service Training Program. Complete training programs or individual modules can be selected. Seminars can take these forms: (1) single events, primarily to offer information about a specific topic. Group size ranges from 10 to 300. (2) seminars on personal and employee development, parenting, or consumer/family life issues. Group size ranges from 10 to 15.
- **Resource library**
- **Individual consultations with a parent educator about specific issues.** These often result in referral to other agencies or to WPRC seminars.

Participants

The center is open to any individual interested in work and family issues. Participation in the parenting classes has shown a steady increase between 1986 and 1991, particularly in the work and family seminars. Over 158 classes have been held at work sites. Participants range from clerical

to professional employees, with a ratio of 70% female to 30% male.

Staff

The program operates with a full-time program director, a half-time program coordinator, and a full-time secretary. Licensed parent educators are hired on an hourly basis as needed to teach seminars, develop curricula, or consult with parents on individual concerns. Teachers have special areas of expertise such as family life, single-parenting, fathering, early childhood development, school-age children, adolescents, balancing work and family, and elder issues.

Outreach

Outreach efforts that have produced the most favorable results have included distributing flyers at the workplace and setting up information booths in high traffic areas during lunch hours. Word-of-mouth continues to bring in new participants. Increased class registration and use of the resource center seem to generate further usage by new parents. Development of an extensive mailing list of working parents in the area has been invaluable.

Evaluation

Statistics on inquiries, class enrollment and attendance, and resource library usage are kept as a means of internal evaluation and assessment. Formative evaluations and feedback are used as bases for decisions about materials, seminar topics, and new directions. Focus groups were used to assess the feasibility of a permanent resource center.

Replication

The Working Parent Resource Center has been partially replicated in Minneapolis and Duluth in cooperation with Vocational Education, Community Education, and Early Childhood Family Education. Funding is currently being sought to develop a replication packet and manual.

Funding

The annual budget is approximately \$171,000: 40%, from area businesses and participant fees; and 60%, from the school district (Community Education and Vocational Education). A two-year grant of \$66,000 from the Northwest Area Foundation covered many start-up costs.

Highlights

The WPRC has gathered a task force of corporations in the Twin Cities metropolitan area to collaborate on a training module (with workbook), designed for use in teaching a three-hour workshop on merging business and family issues. The workshop includes an executive briefing and process training for managers and supervisors on work and family issues.

Suggestions

Identify the movers and shakers in the community; visit them and get their support. Meet with representatives of other programs and agencies to exchange information. Seek publicity through newspapers, radio, and television, and use exhibits in high-traffic areas.

Successful seminars require parent educators who are able both to provide new information and to adapt to individual and group needs for discussing their concerns. Sensitivity and flexibility are necessary. Space for the program must be attractive, comfortable, and located where there is a high density of working parents. Location is a primary factor in attendance. Bringing seminars into companies and agencies works extremely well.

Noon is a good time for working parents and the noontime seminars have been the exceptionally popular. Working parents find that they lack the time and energy to attend programs after work or on weekends and generally prefer to spend those hours with their families.

Publications

Program description; staffing pattern and job descriptions; primary awareness materials (flyers, etc.); forms and procedures; seminar topics; list of resource materials. A replication packet and a training manual are being developed.

Armed Services YMCA/Hawaii

810 Richards Street, #719, Honolulu, HI 96813
808/524-5600

Martha Burchell, Executive Director

Overview

The Armed Services YMCA (ASYMCA) is recognized as an effective and necessary private agency that addresses the social and mental health problems of young military families in Hawaii. It operates as a subsidized not-for-profit organization that has, in addition, fixed-bid federal contracts to provide services. The primary objective of its family support program is to prevent various forms of family breakdown and abuse caused by isolation, low income, loneliness, frustration, and lack of maturity. The program has the following specific goals for participants: (1) reduced social isolation; (2) increased coping and survival skills; (3) enhanced parenting skills and knowledge of child growth and development; and (4) opportunities to expand self-help skills.

History

In 1917, the Armed Services YMCA purchased a tract of land upon which it built a hotel to serve sailors and soldiers stationed in or visiting Hawaii. Because the Armed Services YMCA recognized the increasing number of married service members, it decided to restructure programming to include family members. In 1973, the first outreach branch was opened; its primary mission was to serve young military families. Since then, four outreach branches have opened around the island, and eight military contracts have been established. Additionally, in 1987, the ASYMCA hotel was sold in order to place a higher priority on supporting families.

Community

Presently, the Armed Services YMCA serves single and married military service personnel and their families who live or work at Aliamanu Military Reservation, Barbers Point Naval Air Station,

Wheeler Air Force Base/Schofield Barracks, Kaneohe Marine Air Corps Station, Pearl Harbor and Sand Island Coast Guard, and the outlying areas.

Program Components/Services

- Educational and recreational classes include parenting, prenatal and Lamaze, infant stimulation, women's awareness and self-esteem classes—self-esteem, assertiveness training, couples' communication, budgeting, single parents support group, and craft and cooking classes.
- Educational programs for international wives include English as a Second Language (ESL), GED, citizenship, drivers' education, and American cooking classes.
- Transportation
- Childcare is available during classes.
- The Welcome Baby Home Visitor Program offers assistance to families before and after a baby is born. A home visitor, who has already had the experience of being a mother, is assigned to each family to answer questions, help find equipment, refer the family to other resources for special needs, and to be a "friend-in-need."
- Playmorning: A portable preschool contained in a van for parents and their children aged one to five, travels through military neighborhoods. Art projects, science lessons, free-play, sand and water activities, and singing are some of the activities available to the parents and children. Information on discipline, toilet training, nutrition, and other topics is also provided.

- **Community Mediation Service** works with families in solving neighborhood disputes. Disputes concern children, noise, common-ground areas, and pets. Mediators are neutral third parties who do not have the power to render decisions, force people into agreements, or judge right and wrong. They use a variety of techniques to help people communicate, negotiate and formulate agreements that by the disputants' own definitions are fair. The program is coordinated with the Neighborhood Justice Program.
- **Two drop-in centers** for single Navy and Coast Guard personnel
- **The Family Day Care Program** at Pearl Harbor certifies in-home day-care workers.
- **Military spouse abuse shelter**
- **Family assistance, information and referral hotline**
- **The Three and Four Program** prepares three- and four-year-olds for kindergarten by teaching them socialization skills.
- **Consumer education counseling**
- **Financial Counseling**

Participants

All Armed Services YMCA programs are open to retired and active military personnel from all services and their families in Oahu. Participants include those of military pay grade E1 to E5 earning \$8000 to \$11,000 annually. The ethnic and racial composition includes whites, African Americans, Hispanics, and Asians.

Staff

Paid staff consists of 96 outreach and contract personnel. Additionally, a large volunteer force complements the staff.

Outreach

Word-of-mouth is the most effective means of advertising Armed Services YMCA programs. Articles are regularly submitted for publication in the numerous newspapers around the island. Jointly sponsored programs with military and civilian agencies, as well as frequent referrals from other social service groups, provide additional publicity.

Evaluation

Participants routinely evaluate programs.

Replication

The Armed Services YMCA in Hawaii is part of a network of Armed Services Y's across the country. 25 branches and units are now operating.

Funding

The annual budget is approximately \$2.6 million: 55%, government contracts through the Department of Defense; 45%, from a variety of sources including Intra Y allocations, Aloha United Way, partner memberships, grants, and corporate gifts. In-kind services totalling \$500,000 are contributed annually.

Highlights

This program reduces social isolation among young enlisted dependents (primarily wives of enlisted men). The response and support of the military to the Armed Services Y testifies to the program's success.

Suggestions

Know and understand the military system and work within that system to enhance it. Do not duplicate what is already there.

Publications

Newsletters; brochures; monthly calendars. Curricula for "Welcome Baby" and "Playmorning" are available on a limited basis.

Early Childhood Program

Boston Children's Museum

300 Congress Street, Boston, MA 02210
617/426-6500

Jeri Robinson, Program Director

Linda Braun, Families First Director

Overview

An integral part of the Boston Children's Museum, the Early Childhood Program is designed to create environments, materials, and programs to promote positive childcare, parenting, and interaction with children. Program staff try to identify the major developmental issues facing caregivers of children who use the museum and to develop programs that address these needs. They are also developing a model that can be easily replicated in other public gathering places such as clinics, libraries, and shopping centers.

History

In January, 1981, the Children's Museum received a three-year \$300,000 grant from the Carnegie Corporation to incorporate parent education activities into the museum setting. The grant enabled the museum to expand its existing services and to develop new programs for children under the age of five. Until 1988, the Early Childhood Program consisted of a permanent exhibition space for children under the age of four called "Playspace," a parent resource room, a support group for new parents, and monthly workshops for both children and parents. In 1988, the museum collaborated with Wheelock College to develop a more extensive family support program called "Families First." Families First was designed to serve as a model for community-based, family-centered organizations across the country.

Community

The city of Boston has 573,000 residents. The population is 62% white, 24% African American, 9% Hispanic, and 5% Asian.

Program Components/Services

- **Playspace**, an indoor drop-in play environment for infants and children under age four, is a permanent museum exhibit. Playspace features areas for fantasy play, art, music, large motor activity, and group activity. Here parents learn about themselves and their children in an informal way by interacting with child development staff and other parents, and by observing their children at play with other children.
- **Parent Resource Room and Library**: Staffed by a qualified parent educator, this area contains a carefully selected collection of current books, periodicals, and articles about child development, parenting, childcare, creative activities, and special family issues.

Families First offers varied opportunities that focus on child development, family relationships and their implications for successful child rearing. These include:

- **Parent-child activities**: Opportunities for parents to interact with their children in a structured setting designed for fun. Under the guidance of an experienced leader, parents can both participate in and observe their children's play, explore ideas for appropriate learning activities, and gain insights into their children's development.
- **Parent education seminars** held at work sites, churches, hospitals, nursery schools, and family gathering places, and at the museum
- **Parent interest groups** for parents who have similar life situations, e.g. new mothers, single

parents, and parents in multiracial, interfaith, or dual-career families

- Parenting group for homeless mothers is offered for women in transitional housing at the Family House Shelter in Dorchester, MA. Participants in this program learn effective strategies for improving relationships between parents and children and listening and communication skills. Parents also learn how to set limits for children, and how to discipline without anger or violence.
- Childcare is available for children aged one to five during parenting seminars.
- Parent counselors are available to any parent who wishes to discuss specific child-rearing dilemmas or educational issues.

Participants

Approximately 477,000 visitors come to the Children's Museum each year from around the world; 55% of these are children. More than half the children of museum members are under five. The museum also hosts groups of children with special needs on a weekly basis. Families First programs target and are attended by a broad cross-section of families, including corporate professionals, at-home mothers, and homeless mothers living in transitional housing. More than 300 families per quarter participate in Families First programs. About 25% of Families First participants are museum members.

Staff

The Early Childhood Program has five paid program staff with backgrounds in early childhood development, psychology, art, and education. In addition to department staff, the program greatly benefits from community volunteers and from student workers from area colleges and universities. Volunteers work with children and families in Playspace and the Parent Resource Room, and with the Early Childhood Program staff on special projects of interest to both themselves and the program. The Families First program has a paid staff of three: a director, an administrative assistant, and a program manager. Families First contracts with and trains area parent educators to provide workshops and seminars.

Outreach

People learn about the Early Childhood Program from an information line, museum public relations, newspapers, television, and by word-of-mouth. The Early Childhood Program works closely with community institutions such as day-care centers, early childhood programs and advocacy groups, hospitals, and homeless shelters, as well as national early childhood and family organizations. The Early Childhood Program acts as participant, support, and co-sponsor to special events and projects. Staff members are exploring ways to make the program more culturally sensitive and to increase the diversity of the population served.

Evaluation

The first year of the Early Childhood Program was evaluated by members of a local college's evaluation and research group. The task was divided into four areas: case studies, space evaluation, staff, and special programs. Information for the report came from interviews with staff, interns, volunteers, and visitors; observation and documentation from reports; the parent "talk-back" bulletin board; and printed and published materials. The content and quality of Families First programs are routinely evaluated by participants.

Replication

The Playspace exhibit has been replicated in the Framingham Women's Prison, Boston Logan Airport, and the Ontario Science Center. In addition, many children's museums around the country have started programs based on the Playspace model. Staff regularly consult with a wide variety of programs wishing to design a Playspace.

Funding

The 1991-2 budget is approximately \$150,000: 20% from program fees; 80% from private foundations (including The Brown Family Fund of Houston, Texas, the Amelia Peabody Foundation, Carlisle Services, Inc., The Irving Foundation of New Hampshire, and an anonymous foundation); and 10-15% from the museum's operating budget.

Planning for Families First was made possible by a grant from the Charles Englehard Foundation.

Highlights

Although Families First is less than two years old, it was honored with the Massachusetts Children's Trust Fund Award for strengthening and preserving families in the community.

Suggestions

Prepare your institution for the impact and needs of families with young children.

Publications

Brochures; flyers for special events; kits; resource files; monthly activities calendar; and a book: *Playspace, Creating Family Spaces in Public Places*.

Family Services

Minnesota Citizens Council on Crime and Justice

822 South Third Street, Minneapolis, MN 55415
612/340-5432

Sharon Moeller, Director

Overview

Family Services is a program of the Minnesota Citizens Council on Crime and Justice, a not-for-profit agency in Minneapolis. Family Services is designed to strengthen the families of correctional facility inmates to cope with severe emotional, financial, and physical stresses that often occur with incarceration of a family member. Prompt intervention stabilizes family functioning, interrupts the cycle of continued victimization and criminality among children of offenders, and increases the likelihood of the offender's successful parole. Specific objectives are: (1) to provide basic services to families of inmates; (2) to maintain reliable weekly transportation to several correctional facilities, and (3) to provide intensive parenting education for incarcerated fathers, mothers, and "on the outside."

History

For 32 years, the Minnesota Citizens Council on Crime and Justice has been developing a nationally recognized continuum of services for people who might otherwise fall through the cracks of the criminal justice and social service systems, such as crime victims and families of correctional facility inmates. In 1978, the Citizens Council began SOLOS (Sharing Our Lives of Separation) to address the needs of inmates' families. During the last 11 years SOLOS, now called Family Services, has served a steadily growing number of clients. No other organization in the state provides services to families of inmates as they attempt to cope with the crisis of incarceration. By first establishing itself as a source of reliable low-cost transportation for prison visits, Family Services builds a foundation of client trust which enables them to help with other personal and practical family needs.

Community

The Twin Cities metropolitan area has a population of 2,289,000: 8.5%, African American, Native American, and Asian American; 1.6%, Hispanic. The prison population in Minnesota is 3,300.

Program Components/Services

- Dependable, regularly scheduled transportation by bus and van to state and county institutions and by individual arrangement to other institutions
- Advocacy
- Information and referral services
- Counseling
- Support groups
- Parenting education for incarcerated men and women held in correctional institutions
- Family education for juvenile inmates
- Parenting education for mothers of inmates' children, and other family members "on the outside"
- Classes for children of parents in the program to help develop skills for coping with past or present substance abuse, family violence, and other stressful situations
- Post-release transition information and support groups
- Bimonthly newsletter

All classes are designed to build self-esteem and encourage self-discovery. Topics have included: positive discipline; talking with your child or parent; getting cooperation from your child or parent; and dealing with anger.

Participants

Anyone with a personal relationship with a prison inmate may participate. Clients are generally self-referred or referred by inmates. Correctional facility staff, parole officers, and staff of other community agencies including the United Way and churches also refer families to the program. Over 1,000 families received some type of service last year.

Staff

Staff consists of a three-quarters-time program director, a full-time family educator, a children's teacher, a part-time counselor/advocate, and part-time program aides, interns, and volunteers—most of whom are undergraduate students.

Outreach

The programs are introduced to new inmates at weekly orientation sessions at one correctional facility. Similar orientation programs are given occasionally for inmate groups at other facilities. Over 2,000 program brochures are distributed annually. Family Services (SOLOS) newsletters are given bimonthly to clients. Family Services is listed with First Call for Help and makes reciprocal referrals with other community programs serving offenders, such as Amicus, Prison Fellowship, and Zion Baptist Church. Upon request program staff will speak publicly at businesses, correctional institutions, and schools. Although severely limited by lack of outreach staff, Family Services participates in local, state, and national networking activities whenever possible.

Evaluation

Base program components are evaluated quarterly by participants. Parent education classes are evaluated at the end of each class and each complete series. The entire program is evaluated annually by the United Way.

Replication

Programs are designed to be easily replicated in other areas. The parent education component is now available in five correctional institutions and associated communities.

Funding

Family Services' annual budget is approximately \$142,000: 17%, the United Way; 19%, Minnesota Department of Corrections; 57%, foundations; 1.5%, general contributions; and 5.5%, miscellaneous revenue including contracts.

Highlights

Family education for incarcerated fathers has been extremely popular and successful. A number of class participants have requested longer class periods, and asked to take the class a second time to gain more parenting information. Therefore, Family Services has developed programs for incarcerated mothers and juveniles and is currently in the process of expanding its services to reach a larger segment of the correctional facility-related population.

Suggestions

Being associated with an established agency helps to secure permanent funding. Working with other community agencies allows for expansion of services. Visiting other programs is helpful in determining the type of program to establish. Ask "What worked?" and "What didn't work?" Working with correctional institutions requires careful attention to rules and details. Programs for special family populations require thoughtful crafting to meet both community and institutional standards.

Publications

Brochures; information sheets; schedules; sample materials.

Women's Activities and Learning Center

Kansas Department of Corrections
Topeka Correctional Facility—Central Unit

815 S.E. Rice Road, Topeka, KS 60607
913/296-2956

Gloria Logan, Coordinator

Overview

The Women's Activities and Learning Center (WALC) develops, implements, and coordinates a broad range of services and workshops that enhance the Kansas Department of Corrections' efforts to increase the chances of positive reintegration of female offenders into their families and society upon their release. WALC is designed to help strengthen and maintain the inmate mother's relationship with her children during her incarceration. The purpose of WALC is to give each inmate the opportunity to increase her ability to function assertively and effectively in her family and in social situations, while incarcerated and upon her release.

History

The Kansas Department of Corrections wanted to help maintain female offenders' bonds with their children during their separation. Toward this end, the WALC program was initiated with a grant from the federal government. The basement at the Topeka Correctional Facility—Central Unit was renovated into seven visiting rooms, two conference rooms, a recreation room, two bathrooms, a kitchen, and a playground area.

Community

The Topeka Corrections Facility—Central Unit houses approximately 190 female inmates.

Program Components/Services

- The Parent Education program, sponsored by the United Methodist Church, includes classes on parenting, prenatal care, child development, enhancing self-esteem, anger management, nutrition, and offenders' attitudes and issues.
- After completing the Parent Education program, the mother and her children are eligible to go on a three-day retreat at Camp Chippewa in Ottawa, Kansas.
- Family visits
- Crafts
- Support and study groups
- Special events

Participants

All inmates at Topeka Correctional Facility—Central Unit, with or without children, are eligible to participate in this program.

Staff

The program's staff consists of one full-time employee. Volunteers are an integral part of the program. They teach classes, supervise visits, serve on the Advisory Board, and organize special events.

Outreach

Networking within the community and throughout the state of Kansas brings the WALC program to the attention of the general public and policymakers. The public learns about WALC through word-of-mouth, newsletters, newspaper articles, guest speeches by WALC staff and volunteers, and conference workshops.

Evaluation

Program evaluations are conducted routinely. A survey of the inmate population is conducted annually to identify their needs and evaluate programs.

Replication

Requests for information about the program come from all parts of the country. WALC has not been replicated in its entirety.

Funding

WALC was funded until January 1991 by a federal grant. Since then, the Kansas Department of Corrections has financed the program. A substantial

amount of money and time is contributed by volunteers throughout the state.

Highlights

Toys, games, furniture, food, and playground equipment are all donated. In-kind contributions have been received from the United Methodist Women, Kiwanis, Johnson County Children's Project, the Fraternal Order of Police, and several private citizens and attorneys.

Suggestions

Inmates and volunteers should feel that they are an integral part of the program. By giving ideas and suggestions, assessing what worked and what did not work, they feel a sense of "ownership" of the program—they are the ones that make it happen.

Publications

Videos; program schedules; newsletters; policy and procedures manuals; newspaper articles.

The Parent/Child Workshop and Early Education Room

Middle Country Public Library

101 Eastwood Boulevard, Centereach, NY 11720
516/585-9393

Sandra Feinberg, Director, Middle Country Public Library
Barbara Jordan, Head of Parents and Children's Reference Services

Overview

The Parent/Child Workshop and Early Childhood Room of the Middle Country Public Library in Centereach, New York, is a unique facility and program within a public library setting which (1) increases awareness of library services and materials; (2) helps parents become familiar with community agencies and identify available advice and support; (3) reduces feelings of parental isolation; (4) expands parents' knowledge of child development; and (5) encourages parent and child interaction through reading and play. Middle Country Public Library has a commitment to children and their families and strives to be a comfortable place for parents and their children.

History

In the fall of 1979, the Children's Services Department of the Middle Country Public Library organized and conducted an experimental program for parents and babies—the Parent/Child Workshop. This workshop was designed to serve the whole family and to assist parents in their role as primary educators of their children. The five-week workshops are now offered year-round. In 1984, the library acquired a newly closed elementary school, and designated a room for programming for parents and children under the age of five. The Early Childhood Room was designed by a team of librarians, early childhood educators, and community residents to include play areas and display space for books and agency resource materials.

Community

The programs serve 58,000 residents of the hamlets of Lake Grove, Centereach, Selden, and Coram on Long Island, New York. Most residents are middle- to low-income homeowners.

Program Components/Services

- **Parent/Child Workshops:** Hour-long workshops are held weekly for parents and children. Community resource people—educators, social service, and museum personnel—are often featured at these sessions. Families participate in three simultaneously functioning activity areas: (1) the resource materials area contains free handouts; materials that focus specific aspects of parenting; and records, books, and puzzles specifically for infants and toddlers; (2) the craft and activity area for coloring, pasting, painting, and other craft activities; and (3) the toy and play area with manipulative toys, dolls, puppets, and gross motor equipment.

During the workshop, parents and children move from one area to another, at their own pace, enjoying each other, talking with other parents and professionals and becoming life-long library friends.

- **Suffolk Family Education Clearinghouse:** A specialized, library-based resource center for professionals working with families, providing

access to books, periodicals, and audio-visual materials as well as personalized reference and program planning assistance.

- A Parents Anonymous group
- Companion program for the preschool children of Parents Anonymous group members
- Summer programs including: "Infant Movement" and "Reading Readiness"
- Lectures on topics of interest to local early childhood educators
- New Mothers' Discussion Group for mothers and infants

Participants

Parents and children under the age of three may register and participate in the Parent/Child Workshops. Families with children under the age of five in the Middle Country Public Library district and who have attended the Parent/Child Workshop may register for programs in the Early Childhood Room.

Staff

Part-time staff consists of librarians, teachers, and paraprofessionals who coordinate and implement the programs and workshops. Community resource volunteers interact with program participants and provide information in their area of expertise.

Outreach

The Suffolk Coalition for Parents and Children, a loosely organized group of community professionals, has been an invaluable resource, keeping library staff abreast of area resources for families and helping to locate and reach new community residents who might wish to participate in library programs.

Evaluation

An evaluation form is distributed to Parent/Child Workshop participants, asking for reactions to the

program and comments on professional resource people, activities, and use of library materials; and for suggestions for future programs.

Replication

The Parent/Child Workshop has been replicated in 21 libraries on Long Island, New York. This workshop is also being conducted in a library upstate, in New Jersey, and in several branches of the Queens, New York public library system. The Early Childhood Room has not been replicated.

Funding

Annual budget for the Parent/Child Workshop is approximately \$5,500. The cost to the library is \$14 per family. In addition, approximately \$20,000 is budgeted annually to cover staff, materials, equipment, and fees for resource professionals for the Early Childhood room. The library is supported by local taxes. All funding for these programs comes from the library's regular operating budget.

Highlights

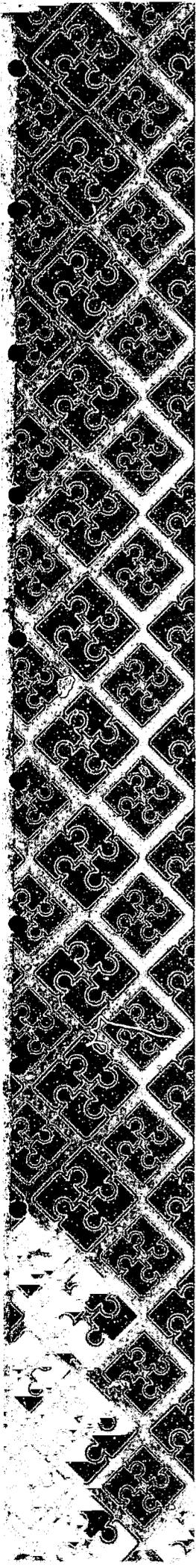
Institutional support, has been consistent and the community, overwhelmingly responsive. The outlook for new initiatives in the Early Childhood Room is extremely positive.

Suggestions

The development and continued operation of an Early Childhood Room requires strong institutional backing and a sufficiently large staff to plan and implement programs.

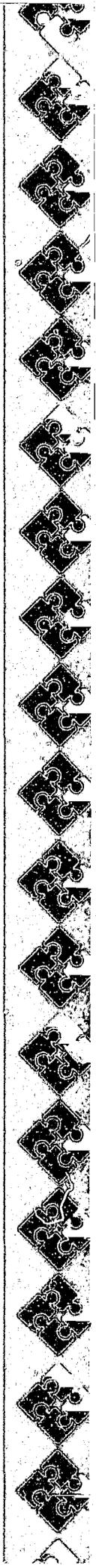
Publications

Bibliographies: *Infant Kit* (for new and expectant parents), *Parents Collection* consisting of thousands of books and periodicals; a countywide *Child Care Directory*, newsletter, *Parentips*.



V. STATE INITIATIVES

This section details five state initiatives to provide family support services. The states included represent different strategies for funding and administering a family support initiative.



Connecticut

State of Connecticut Department of Children and Youth Services

170 Sigourney Street, Hartford, CT 06105
203/566-2149

Carol LaLiberte, Family School Services Coordinator

Background

In the summer of 1986, the Connecticut Department of Children and Youth Services (DCYS) issued a request for proposals and budgeted \$300,000 to establish ten Parent Education and Support Centers, two per DCYS service region. When the ten programs selected began offering services on January 1, 1987, Connecticut became the first state to provide family support services including parent education to a non-targeted population. Each program was set up to operate in a manner consistent with the guidelines set forth in the RFP, and services were designed according to the J. David Hawkins and Joseph G. Weis Social Development Model of Positive Youth Development—which stresses the relationships between children and their family, school, peers, and community—and the family support movement. There are fifteen family support centers statewide.

Description of Program

Program guidelines have provided the framework for all of the Parent Education and Support Centers since their inception. All DCYS-funded centers are required to sponsor:

- Parent Education and Training Services which are multi-session training programs designed to encourage good family management and communication practices. Programs assist children in curtailing undesirable behaviors and teach parents how to set behavioral limits, how to establish rules, and how to be consistent. Some programs teach parents structured approaches to family problem-solving and decision-making. Many programs have specific components for dealing with the issue of substance abuse. Curricula are developed or revised so as to be appropriate to targeted populations.
- Parent Support Services which are designed to reduce the isolation and stress of parenthood while building confidence in parenting abilities through formal or informal meetings of peers and professionals. Among the support services offered are: parent support groups, drop-in programs, warmlines, individual consultations with families, home visits, parent-child activities, and social and recreational activities for the family.
- Information and Coordination: Centers provide parents with referral services that link them to other community services. To effectively provide information, a center must have a clear methodology for identifying and storing information about community programs and a plan for follow-up on referrals. Important referral linkages are in the areas of health care, education, and employment systems. Centers also provide informational programs and services which may include seminars and lectures, resource booklets, newsletters, cable programs, regular newspaper columns, and lending libraries.
- Technical Assistance, Consultation and Training: Centers are required to act as resources for professionals and service providers in the community. The goal of these services is to affect organizational policies, practices, and procedures so that they provide additional support to parents and families. Examples of

activities include in-service training for teachers on how to foster parent and school communication, consultation with employers on how to develop more supportive work policies, and technical assistance to day-care providers or health professionals.

In addition to providing services in each of these four categories, center services must be accessible; programs are encouraged to collaborate with other agencies to provide services; and parents should be involved in planning, governing, and operating center activities. Also beginning in the FY 90-91, all programs must convene an advisory group whose sole charge is to advise the planning and implementation of the Parent Education and Support Center. At least 51% of the advisory group's members must be parents eligible for center services and representative of the community being served. The other 49% might be representatives from schools, community-based agencies, funding sources, etc.

DCYS provides training and technical assistance to all of the centers, conducts site visit, and reviews quarterly reporting forms to assess the development of each center.

Participants

Centers serve all parents of children ages birth to seventeen with priority given to those parents in the community who are underserved. Selection criteria for participation in center programs is non-valuative and not based on any negative criteria.

Centers are located throughout the state, in urban, suburban, and rural areas.

The agencies that receive funding for Parent Education and Support Centers include youth service bureaus, mental health agencies, a substance abuse treatment agency, and a board of education.

Staff

Each of the parent centers is staffed differently. The majority of centers have full-time coordinators who oversee the centers' operations and provide direct services. Typically, coordinators subcontract with individuals to provide workshops and training

sessions or hire a part-time staff person to facilitate groups.

The majority of center coordinators have graduate degrees. Backgrounds of other staff members include experience in one of the following fields: teaching, nursing, social work, adolescent substance abuse prevention, counseling, or protective services. Most parent center coordinators are parents.

A primary prevention services coordinator at DCYS is responsible for the Parent Education and Support Center initiative. Staff from the centers meet quarterly to exchange resources, share information, and participate in training.

Outreach

Centers conduct their own outreach efforts. Some utilize local cable television stations to advertise activities as well as to provide information on parenting. Local newspapers also feature information on parenting written by center staff. Center coordinators send flyers to other local service providers and post them throughout the community. Social service agencies may refer parents to the program. Large, community-wide recreational events are sponsored by the centers in an attempt to draw parents who might not otherwise be aware of the center. Center coordinators provide informational seminars, training, and technical assistance sessions at schools, workplaces, and elsewhere throughout their communities. Newsletters are distributed throughout the communities where centers are located. A packet of materials is sent to all new parents listed in the birth announcements section of the local newspaper.

Evaluation

In the fall of 1987, an evaluation of the Parent Education and Support Centers began with the University of Southern Maine. The evaluation instruments developed included an enrollment form, demographic survey, and pre- and post- tests. Preliminary results from the University of Southern Maine's three year study of the PESC demonstrate that parents participating in center activities express an increase in confidence with regard to their own

parenting. Parents also reported assigning appropriate consequences to negative behavior after joining the parent center (and a reduction in family conflicts).

Program Development

Because the Parent Education and Support Centers are designed as primary prevention programs serving general populations, their administrators made efforts to avoid becoming stigmatized by narrowly focusing on services to high priority populations. The end result was that largely middle-income families were taking advantage of center services. With the ever-growing need for parent center services for high-need families, center coordinators have begun to work in conjunction with local providers serving this population, offering services at WIC (Women, Infant & Children) offices, Head Start centers, and housing projects.

Replication

Ten centers were originally funded in 1986. Currently, there are fifteen parent centers statewide. The three newest programs (called Family Support Centers), which began operating July 1, 1991, differ in program design from the other sites in several significant ways.

First, the Family Support Centers are located in high-need communities. Two of the three centers are located in low-income housing projects. As a result, these programs provide intensive outreach and support services to engage families in center activities. These three centers must also provide comprehensive health and safety education. A variety of health services will be available at these centers.

Finally, these three centers are funded at slightly more than twice the level of most of the other Parent Education and Support Centers.

Legislation

In 1990, legislation was passed maintaining the development of Parent Education and Support Centers within the Department of Children and Youth Services (Public Act No. 90-287, An Act Concerning Family Preservation).

Funding

In FY 91-92, \$855,822 was allocated to fund the Parent Education and Support Centers from the Community Preventive Services account within DCYS. Some of the centers have also sought and received federal funding, as well as funding from other state departments and foundations, to expand their program capacity.

Lessons Learned

The demand for quality parenting services continues to grow. However, the challenge facing all the centers is how to effectively provide services to general populations while still attracting at-risk parents to the center.

For many centers beginning their fifth year of operation, another challenge lies in empowering parents to assume greater responsibility and ownership towards the program than they currently are, resulting in true parent-driven programs. In many centers, involved parents are still most often service recipients rather than catalysts for program change.

More funding is needed to maintain effective, responsive centers that provide services addressing the needs of their communities. Parent center coordinators' salaries have begun to outpace the level of state funding (centers have not received an increase in funding since FY 88-89), and therefore, less money is available for overall services. This poses a dilemma with regard to continuity of staff and the quality of service delivery over time.

Suggestions

Make program guidelines general enough to allow individual centers to tailor specific components to their communities' needs. Attempt to develop a supportive local constituency. Plan for a balanced and controlled process of expansion, and diversify your funding base.

Publications

Program description packet; brochure; center-produced newsletters and resource booklets.

Maryland

Friends of the Family, Inc.

1001 Eastern Avenue 2nd floor, Baltimore, Maryland 21202
410/659-7701

Margaret E. Williams, Director

Background

In 1985, Maryland's Department of Human Resources allocated \$300,000 to start four community-based drop-in centers to provide support to adolescent parents and their families. Friends of the Family, was created as an independent entity to administer the centers with state funding, augmented by a \$100,000 grant from the Goldseker and Straus Foundations. By FY 1991, 13 Family Support Centers were providing services to more than 3,000 individuals per year.

Description of Program

Friends of the Family is a private, not-for-profit organization responsible for the coordination and development of Maryland's Family Support Initiative, a statewide preventive effort to strengthen families with children from birth to age three. Friends of the Family (1) develops education and center-based support services in partnership with the governor, public agencies, communities, and private foundations; (2) advocates programs and policies at the state and national levels to improve services to families with young children; (3) coordinates community-based family support centers throughout the state of Maryland; (4) provides the centers with technical assistance, funding support, staff training, and evaluation. These centers provide the following preventive, comprehensive family support services including:

- Adult education
- Parent support
- Child development assessments and activities
- Programs to prevent early parenthood and keep teens in school

- Counseling, health education,
- Employment programs,
- Referral to other community services.

Friends of the Family, Inc. is also responsible for

- U.S. Health and Human Services Comprehensive Child Development Programs
- Family Start, which works intensively with 120 low-income Baltimore City families during the first five years of a child's life to help the children develop their full potential and to help the parents become economically independent.
- Seminars, workshops, and training on issues pertaining to family matters, early childhood education, and program administration in order to promote professional excellence in family support programs.

Participants

Friends of the Family develops and coordinates family support programs that serve parents and their children up to three years of age in communities at high risk for the often interrelated problems associated with teen parenting, school drop-out, unemployment, poor health, poverty, and lack of parenting skills. Non-parent adolescents are also targeted for pregnancy prevention programs. Participants represent the ethnic and socio-economic characteristics of the communities where the centers are located. Some are located in inner-city public housing projects, others in small rural towns, and still others draw at-risk participants from a broader,

suburban community. The average age of adult participants is 19.

Staff

Friends of the Family administrative staff consists of an executive director, deputy director, finance and development directors, a training coordinator, and support staff. The remaining FOF staff provides technical assistance, training, and evaluation for all the community-based programs. Six staff members provide full-time support. All administrative and technical assistance staff have undergraduate or graduate degrees in early childhood, sociology, psychology, or administration.

Center directors and Family Start staff have similar backgrounds. All community-based programs have counselors, childcare workers, community outreach workers, clerical and administrative staff, a van driver, parent aides, and volunteers. Most staff members have prior experience in direct-service, community-based programs.

Outreach

Outreach is viewed as a responsibility of every staff person. Family Support Center participants hear about the program from a variety of sources: agency referrals; word-of-mouth; direct outreach by staff on the street, in homes and in community organizations; or promotional materials. There are no eligibility requirements for participation in center programs. Family Start participants enter the program through an interview process facilitated by community outreach workers. When recruited, Family Start families must have included a pregnant woman or a child under the age of six months. These families must also meet federal poverty income guidelines.

Evaluation

The Regional Center for Infants and Young Children conducted an evaluation of Maryland's eight Family Support Centers in August 1988. The purpose of the evaluation was to describe who used these programs, the characteristics of each center,

what services were offered, and the degree to which the participants benefited.

The Ford Foundation has funded the development of a computerized evaluation system for the family support centers which has been operational in all centers since November 1990. Reports are prepared semiannually and contain both subjective and objective program analyses.

The federally funded Family Start project has a separate evaluation component.

Program Development

The public/private partnership that is the foundation of this initiative continues to evolve. This partnership has grown to include nine foundations, four state agencies, one federal department and numerous community sponsors. Initially, in 1986, four family support centers were established; there are now 12 centers in addition to the Family Start project. Center programs that primarily targeted teen parents now offer programs for a broader range of parents. To promote pregnancy prevention, center programs now include adolescents. The education and training component has grown to meet a demand for professional training greater than originally estimated. FOF's leadership and expertise is now sought on task forces, boards, councils, and policy groups throughout the state and the nation.

Funding

The annual budget is approximately \$4 million: 70%, public; 30% foundation grants, and corporate and individual donations.

Friends of the Family still depends upon state funding for family support programs and technical assistance staff. Additional funding is provided by private foundations. All state and federal funding is program- or staff-restricted. Some private foundations fund specific grants while others provide unrestricted funds. Individual and corporate support is unrestricted. The base of support has broadened over time to include individual, corporate, public, and foundation support.

Replication

Friends of the Family's programs are designed to be replicated as part of an effort to reform service delivery to families. In fact, at least 10 jurisdictions have developed programs modeled after FOF programs.

There are several factors to consider before the model can be replicated. The role of the intermediary is crucial to the growth and development of this type of initiative, particularly the partnership component. The intermediary role allows each partner to make a unique contribution and receive credit for it, without sacrificing the integrity of the program. As intermediary, FOF has been able to secure many services for center participants that funding from only one source would not have permitted.

Legislation

The only legislative action needed to establish this initiative was nonpartisan effort to fund the original four family support centers.

Lessons Learned

There are three critical variables that are largely responsible for the success of this initiative: (1) maintaining the principles of family support — partnership in decision-making and flexibility—throughout the process. These principles were influential in the developmental stages of the program and are still operating at all levels of implementation. Flexibility permits the incorporation of ideas from all stakeholders. Never say "We have planned it all" because as families change, the program should change as well; (2) establishing a separate entity, in

this case, Friends of the Family, to administer the programs. This allows for flexibility and responsiveness to the needs of families and nourishes the partnership between the public and private sectors. (3) incorporating a strong technical assistance component. Centers, like families, need to be part of a larger network. That is how relationships that support the program are built. And, although it is comparatively easier to obtain funding for a programmatic idea, it is essential to obtain a financial commitment for technical assistance and training.

Suggestions

Consider the availability of private sector funding needed to complement public funding and provide a balance of support. It is important to provide family services in community-based programs. Programs should emphasize the potential of families to build on strengths to minimize problems. Program development and operations need to fully involve participants and community leaders as equal partners. It is also crucial that program initiators collaborate with other family service providers to maximize the cost-effectiveness of services. Choose staff who understand the philosophy of family support, feel comfortable in this different way of relating to people, and have adequate formal training in infant and toddler development. Build evaluation into the program. Information on outcomes cuts down on wasted energy spent on interventions that don't work.

Publications

Brochure; video; two-year status report.

Minnesota

Minnesota Department of Education

9th floor, Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101

Betty Cooke, Specialist, Early Childhood Family Education

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Background

Planning for Minnesota's Early Childhood Family Education program began in 1971. There was a ten-year pilot stage of the project prior to legislation in 1984 that allowed for statewide implementation. ECFE was piloted by the State Department of Education through the Council on Quality Education. Between 1984 and 1991, the program expanded from 34 pilot projects to 380 programs statewide.

Description of Program

Early Childhood Family Education is a program for all Minnesota families with children between the ages of birth and kindergarten enrollment. It recognizes that families provide the children's first and most important learning environments and that parents are children's first and most significant teachers. The mission of Early Childhood Family Education is to strengthen families and support the ability of all parents to provide the best possible environment for the growth and development of their children.

The three main components of ECFE are:

- Parent education
- Parent-child interaction
- Early childhood education

These components are provided in various formats as the most common type of direct service offered by ECFE programs.

Other components include:

- Special events such as lectures, one-day work-

shops, drop-in activities, gym nights, family events, field trips

- Home visits
- Parents-only series, work-site, prison site, women's shelter
- Parent-child-together series, infant classes
- Toy, book, and learning materials lending library
- Information and referral services

Participants

ECFE is for *all* Minnesota families with children between the ages of birth and kindergarten enrollment. Expectant parents, grandparents, siblings, foster parents, and others who have substantial family involvement and responsibility for young children are also eligible. Approximately 185,000 children and parents, representing one-third of the eligible population of children, participated in ECFE in 380 school districts during 1990-91. This program involves more young children and their families than any other publicly sponsored early childhood program or service in Minnesota.

Staff

ECFE is administered by two state-level professional staff and one clerical person. Based on the ECFE Annual Reports for the 1989-90 school year, the following numbers of individuals were employed as either administrative or instructional part-time or full-time licensed staff:

Administrative Instructional

Part-time licensed	200	1101
Full-time licensed	45	118

In addition, a number of administrative and instructional staff members were working on completing licensure requirements and held some type of provisional or temporary license. Over 900 paraprofessionals were employed in ECFE programs statewide and over 1000 unpaid volunteers provided service in the programs.

All teachers and program coordinators are required to have either a parent education or an early childhood education teaching license. Staff development has been an important part of ECFE and helps maintain program quality and to support new programs.

Outreach

As the program has grown, extensive outreach strategies have been implemented for contacting eligible families, particularly those who are hardest to reach. Newsletters and program brochures are used in all programs. Personal contact and word-of-mouth are often the most effective means of outreach, especially with hard-to-reach families. Local programs are very creative in using a wide array of outreach techniques designed with the needs of community families in mind.

Evaluation

Evaluation of ECFE has been a priority since the first six pilot programs began in 1975. Many different methods of evaluation have been used as the program has grown and developed. Most of these evaluations have been formative in nature. In 1986 the Minnesota Department of Education, Division of School Management and Support Services prepared a report to the legislature which summarized previous evaluation efforts and outlined a future evaluation strategy. A statewide committee was established to make recommendations and guide efforts related to program evaluation. Recently the committee adapted the "Five-Tiered Approach to Evaluation" developed by Francine Jacobs and

described in *Evaluating Family Programs* by Weiss and Jacobs (1988) to use in determining statewide evaluation priorities for ECFE. The committee found this framework to be an extremely helpful tool for developing a comprehensive, long-range plan for program evaluation.

A study of parent change after a year of program participation was recently completed. Changes were found in parent knowledge about child development, expectations about their children and themselves as parents, and in behaviors and interactions with their children. Parents also reported development of a strong sense of support from others and observation of increased social skills in their children after program participation.

Program Development

Implementation of the core program components—parent education, parent-child interaction, and early childhood education—has become more varied as programs adapt service delivery to the needs of the families in their communities. The types of direct service have evolved and been defined as the program has grown and expanded.

Replication

The program has grown from six pilot programs to programs in 380 school districts that encompass more than 98% of state's birth-to-age-four population.

Legislation

As of June 1991, there are the three early childhood family education statutes in effect: (1) 121.882 Early Childhood Family Education Programs which describes program establishment, program characteristics, which constitute substantial parent involvement, funding methods, coordination with other agencies, district advisory councils, teachers as staff, and available assistance from the Department of Education. (2) 124.2711 Early Childhood Family Education Aid, which concerns program revenue, and (3) 275.125 Tax Levy, School Districts.

Funding

In 1984, the legislature adopted a statewide funding formula which provides guaranteed equalized revenue from the combination of a local tax levy and state aid based on a district's population under five years of age.

For school year 1991-2, for a district with a community education program that offers ECFE, the guaranteed maximum ECFE revenue is an amount equal to the product of \$96.50 times the greater of 150 or the number of children in the district under five years of age, as determined by the school census of the previous year.

The formula used to calculate ECFE revenue for school districts is maximum guaranteed revenue (0-4 population x \$96.50) minus maximum levy (.54% x local property tax base) divided by state aid. That is, a district may levy .54% times the adjusted net tax capacity for ECFE, but the amount raised by that levy is limited so as not to exceed the guaranteed maximum ECFE revenue amount. State aid is maximum revenue minus levy.

For the 380 school districts offering ECFE in 1991-2, the formula generated an estimated \$14,620,000 in local levy and \$12,370,000 in state aid for a total of \$26,990,000 statewide. In addition to tax revenues, programs may charge fees and receive funding from other sources.

Direct funding sources include local tax levy; state aid; parent fees; school district contributions in addition to the levy, e.g. collaboration with special education, vocational education, community education; non-school district contribution for services; income from fundraising; and federal, private foundation, and other grant money, if any.

Lessons Learned/Suggestions

The following list of important lessons learned through the growth and development of Early Childhood Family Education might also serve as suggestions to policymakers in other states who are considering a similar initiative:

- Begin slowly on a small scale and carefully evaluate the process before extending the program statewide.

- Encourage creation of permissive legislation that emphasizes community-based programs with options for local implementation within a clearly stated philosophy.
- Offer choices to parents in program delivery; make classes and other offerings available that integrate all participants as well as those designed for specific groups, e.g., single parents, parents of disabled children, teen parents, etc.
- Assume that all families have strengths and work with them in an atmosphere of mutual respect and responsibility.
- Make the program available to all families with young children to avoid the potential segregation, stigma, and labeling frequently associated with targeted populations.
- Provide strong statewide coordination and leadership.
- Provide for statewide training and evaluation.
- Collaborate with other programs and resources in the community that serve families with young children.
- Form strong relationships with school personnel and policymakers within the K-12 portion of the school system to provide a continuum of learning and parent involvement.

Publications

Brochure; ten-minute video tape, *Highlights and Evaluation*, provides an overview of several program sites and discusses, via an interview with evaluation consultant Irving Lazar, the benefits of providing this type of program for young children and their parents; (additional videotapes of local programs are available on a free loan basis from the ECFE office.) ECFE was highlighted in *Community Education Journal* (January 1988) and *Empowerment and Family Support Networking Bulletin* (March 1991). A summary of the recently completed study, "Changing Parenting: Minnesota Early Childhood Family Education Parent Outcome Interview Study," is also available upon request from the state ECFE office.

Oklahoma

Child Development and Parent Education Program Prevention and Parent Education Division Child Guidance Service

Oklahoma State Department of Health, 1000 N.E. 10th St., Oklahoma City, Oklahoma 73152
405/271-4477

Linda C. Passmark, Ph.D., Director

Background

Oklahoma's Child Development and Parent Education Program, administered through the Oklahoma State Department of Health, began with the hiring of a program administrator and three child development specialists in 1974. The program was conceived and implemented as a primary prevention effort to reach children birth to five years of age and families who had no identified problems or pathology and who could make use of child development and parenting skills information. Over the past seventeen years, the program has expanded to include 40 child development specialists. In addition, 28 child guidance specialists have been added to provide services to families of handicapped children up to three years of age. Although the goals and initial components of the program have remained the same, additional components have been added.

Description of Program

The Child Development and Parent Education Program is administered by the director of the division of Prevention and Parent Education, Child Guidance Service, Oklahoma State Department of Health. The Child Guidance Service is a multidisciplinary service delivery model which adheres to the health department's philosophy of prevention, early detection, and short-term treatment services for children and their families. Services are designed to produce effective child-rearing practices, to reduce stress in parent and child interactions, and to prevent environmental deficits in the home. They also provide early detection, diagnosis, and intervention for developmental, behav-

ioral, emotional, social, lingual, audial, oral, and intellectual problems.

The Child Development and Parent Education Program focuses on the primary prevention of developmental and behavioral problems by providing assessment, education, and intervention services to infants, toddlers, preschoolers, and their parents. Child development specialists administer developmental screening and assessments to children aged birth through six years; provide parent consultation in regard to their child's growth, development, and behavior; and teach parent study groups and workshops to enhance parenting skills and strengthen family interaction.

Program components are as follows:

- **Parent-Child Enrichment Program** is designed to enhance parent-child relationships, to reduce developmental lags of children, and to help parents enrich and stimulate their children's environment. Parents of children aged birth through five years are invited to have periodic developmental assessments of their children in the areas of personal, social, linguistic, and fine and gross motor development. Staff members discuss results and conclusions with parents, including parental expectations and age-appropriate activities. Depending on individual family needs, parents and children may be seen weekly for a limited number of weeks, monthly, or only as particular needs or problems arise. Parents and children are encouraged to return every three to six months for developmental assessment and individual consultation in order to evalu-

ate the child's progress. Parent conferences to find solutions to specific problems and concerns in child-rearing. Early intervention services focus on children with disabilities, aged birth to three years, and their families.

- Regular groups support parents by providing the means to share similar interests, problems, and frustrations. Children are frequently involved in group sessions
- Parenting Skills Training, a six to ten week series, increases parental understanding of behavior, parent and child communication, effective disciplinary techniques, and methods to enhance self-esteem and teach responsible behavior.
- Postnatal Education, a six to ten week early intervention program for parents and newborns, often follows the regular community prenatal program. This group focuses on promoting early parent and infant attachment and teaching parents about infant behavior and development. Mothers and fathers are supported and encouraged in their early parenting skills and are taught to be careful observers of infant behavior. Parents also become aware of their own infant's skills, and how to strengthen and support their children. Other issues addressed are parental communication over child-rearing issues, early discipline, sibling adjustment to the newborn, and working mothers.
- Age-appropriate groups—several different series are provided to discuss developmentally similar issues occurring at certain ages.
- Special issue groups meet the needs of parents who have to deal with additional complexities in parenting. These include classes in strengthening stepfamilies, children and divorce, adolescent parenting, single parenting, etc.
- Community workshops and presentations are provided for groups of parents and community organizations.
- Consulting services may be provided through

contractual arrangements with Head Start agencies, day-care centers, preschools, and other community organizations.

In addition, child development and guidance specialists offer:

- Individual and group preventive mental health services for families which improve and enrich the development of children, promote child-rearing skills, and strengthen family relationships
- Consulting services to health clinics in preventive mental health programs
- Parent study-groups, including course outlines, performance objectives, methodology, and evaluations
- Case management services for parents and children receiving primary intervention services including intake, assessment, staffing, goals and strategies for intervention, process notes, periodic re-evaluation, termination summaries, and follow-up
- Developmental screening, and parent and child interaction assessments

Participants

All parents in Oklahoma are eligible to receive services through the Child Development and Parent Education Program. The program targets families with children up to three years of age. The program's early intervention services component focuses on children with disabilities, aged birth to three years, and their families.

Recent statistics indicate that 43,346 clients utilized child development and parent education services: 11,049 infants, toddlers, preschoolers, and their parents completed individual or family services; 1,311 clients enrolled in prevention or education groups; 9,839 children were screened or assessed; and 21,147 persons participated in short-term parent education workshops.

Staff

Forty child development specialists with masters degrees in child development, early childhood education, or developmental psychology provide services in forty two Oklahoma counties. Preference is given to hiring child development specialists who have experience in conducting parent education programs and have skills in completing developmental assessments of young children. A solid understanding of community resources is also beneficial; so, too, is skill in networking with other service agencies.

Currently there are 28 child guidance specialists who are required to have master's degrees in child development, early childhood education, developmental psychology, or special education. Preference is given to hiring child guidance specialists who have experience working with young children with disabilities and have a solid understanding of community resources available for special-needs children and their families.

A statewide network of professional child guidance clinicians, (including child development specialists, child guidance specialists, psychologists, social workers, speech-language pathologists, and audiologists) collaborates with medical professionals, nutritionists, and family planning specialists in county health departments to deliver comprehensive physical, behavioral, and developmental services to children and families.

In addition to the division director, six child development supervisors provide consultation and technical support for child development specialists and child guidance specialists throughout the state.

Outreach

Referral sources for the program are: 32%, self, family, and friends; 25%, other health department programs; 15%, education or childcare programs; 8%, welfare department; 20%, therapists (including physicians, hospitals, attorneys, ministers, family service agencies, and mental health programs). As part of a multidisciplinary team, child development specialists often refer families to other services.

Child development and guidance specialists recruit clients for parent study-groups, and individual and family parent education services, with agencies, community organizations, hospitals, schools, and the news media.

Evaluation

Through the Client Abstract Record, a statistical reporting form, data is kept on the number of clients and client contacts; client age, sex, and race; and services provided. However, specific program evaluation data is limited.

A collaborative evaluation project of the Department of Mental Health and Substance Abuse Services, Oklahoma State University Extension Service, and the Oklahoma State Department of Health was funded by the National Institute of Mental Health. The project completed an evaluation of parent education group services offered to at-risk parents through child guidance clinics and area vocational technical schools from spring of 1987 through fall of 1990. Among the findings of this evaluation that participants in a parent education program who had high scores on the Child Abuse Potential Inventory had reduced these scores after successful completion of the program.

Program Development

In response to the Oklahoma Child Abuse Prevention Act, the program has expanded services to include more specific child abuse prevention activities for at-risk families where stress in the family environment affects the development of the child or the parent and child relationship.

The Oklahoma Early Intervention Act (1989) broadened the range of services to include child development and early intervention services for children with disabilities, aged birth to three years, and their families. Early intervention services are often delivered in the family's home, a different service delivery mode than the program had used in the past.

The funding vehicle of Early Periodic Screening Diagnosis and Treatment through Title XIX has also influenced service delivery modes. EPSDT Services

has required child development specialists to work more closely with the medical staff of county health departments. Child development specialists have become an integral part of health department clinics.

Replication

The program has been replicated in 42 Oklahoma counties.

Legislation

Although no legislation required the establishment of the Child Development and Parent Education Program, the mandates of the Child Abuse Prevention Act (1984) and the Oklahoma Early Intervention Act (1989) have expanded the services of the program and increased the number of staff statewide.

The Child Abuse Prevention Act created a Child Abuse Prevention Fund, whose money is specifically designated to fund community-based prevention programs. The majority of these funded programs have included parent education and support programs. Some of these services are offered through the Child Development Program.

The Oklahoma Early Intervention Act created a system of early intervention services for handicapped children and their families, using a multidisciplinary approach. Child development and parent education and support services are an integral part of this program. As a result of this legislative initiative, 28 child guidance positions have been added to the Child Development Program.

Funding

Primary funding for the Child Development and Parent Education Program comes from state appropriations to the State Department of Health. Other funds are derived from county revenues and from fees generated by child guidance clinic services. Fees collected include payment for EPSDT (Early Periodic Screening Diagnosis and Treatment) through federal Title XIX funds. The ratio of funding for state, county, and fees is 6/2/1.

Funding for child abuse prevention activities through the Child Development and Parent Education Program comes from the Oklahoma Child Abuse Preven-

tion Fund and Federal Challenge Grant Funds, National Center for Child Abuse and Neglect, U.S. Department of Health and Human Services.

Lessons Learned

Involving parents and children together is the most important characteristic of the program. The child is the parent's primary motivation to learn and to try new parenting methods.

No academic institution prepares professionals to do this unique work, which combines knowledge of child development, family dynamics, adult education, group dynamics, and community development. Therefore, a well-developed plan for in-service training and supervision is essential from the beginning of employment.

Services such as a toy-lending library may attract some initial attention but do not pay off in the long run in creating behavioral change in children and parents. Usually these gimmicks are not cost-effective and often drain professional resources. Parents respond to a personal relationship with a caring, knowledgeable professional.

Suggestions

To reach a broad-based population, it is important to be integrated into established, recognized services for children and families, such as immunization clinics or pediatric practices. Parents today have limited time available and are more likely to make use of child development and parent education services if they are a part of a comprehensive, convenient service delivery system.

Publications

Brochures; newsletter; paper: "A Model for Community-based Parent Education and Child Development An Oklahoma Public Health Initiative"; *The Oklahoma State Plan for the Prevention of Child Abuse: The 1992 Review; Child Abuse Prevention State Grant Program: Project Descriptions Fiscal Year 1991.*

Vermont

Agency of Human Services

103 South Main Street, Waterbury, VT 05676
802/241-2220

Ted J. Mable, Director of Planning

Background

The Vermont State Legislature first appropriated funds for Parent/Child Centers (PCCs) in FY 1988. The funds, administered by the Agency of Human Services (AHS), were initially allocated to eight Parent/Child Centers throughout the state. The goal was to empower families and communities to be able to deal effectively with problems before they became crises. Vermont plans to have a Parent/Child Center in each of its fifteen counties and catchment areas by the end of FY 1992.

Description of Program

A Parent/Child Center is a community-based private, not-for-profit organization dedicated to meeting the needs of parents, children, and families. Fourteen Parent/Child Centers currently provide statewide coverage. At these centers, parents receive support and education, referral to appropriate sources of help, and the chance to participate in self-esteem-raising activities. Perhaps most importantly, parents meet other parents and establish ties with their communities. Their children receive quality childcare, educational opportunities, and the chance to socialize and learn appropriate patterns of behavior with other children. In sum, although the services offered by each center vary, all are committed to providing or facilitating services in eight core areas:

- Childcare
- Parent education
- Parent support groups
- Drop-in services

- Home-based services
- Play groups
- Resource and referral services
- Community development

Participants

Services are available to children and families regardless of socioeconomic or educational level. Catchment areas of the current fourteen centers include all of Vermont although services do not yet extend into all towns and villages in these catchment areas. Funding limits the number of people who can be served in many areas.

Staff

There is still wide variation around the state in PCC programs. The size and credentials of staff are determined by the requirements of a center and the number of families it serves. Centers also rely on community volunteers.

Outreach

Generally PCCs are well-known in their communities; this has been accomplished by visibility of staff and programs, close ties with Head Start programs, preschools, childcare centers, schools, and state and private human service providers. Educators, legislators, and a majority of Department of Health district managers serve on PCC boards, often in leadership roles. A brochure describes the program, mission, and services.

Evaluation

A peer review process has been the main evaluation component of PCCs. The Peer Review Committee, composed of AHS staff and the Executive Committee of the Vermont Parent Child Center Network (VPCNN), meets annually with the executive director and the board chair of each PCC. At this time, the center's representatives review their five year plan, discussing progress in developing the eight core services, services to the birth-to-three population, and coverage of their catchment area. The Peer Review Committee commends each PCC on its accomplishments and points out areas that need to be addressed. If necessary, the committee recommends that AHS withhold funding from a center. Peer review sessions provide invaluable qualitative information and assessment. Centers are acquiring computers to assist in compiling quantitative data (previously gathered manually) and a subcommittee of the PCCN is developing performance standards for program evaluation.

Program Development

Changes have been minimal. PCCs continue to offer eight core services.

Replication

In FY 1988, eight PCCs were awarded state funds. The following year, two additional centers were designated for allocations. There are now fourteen centers in existence, with planning underway for a fifteenth.

Legislation

A bill was enacted by the 1989 legislature that established Parent/Child Centers, determined eligibility, flexibility of design to meet local needs, funding, the peer review process, and created an

advisory committee to review grant applications and make funding recommendations.

Funding

Vermont has a line-item of \$612,000 to fund Parent/Child Centers in each county of the state. This money is allocated according to a funding formula, which is under review. Currently, centers receive \$25,000 their first two years; funding increases in subsequent years according to program requirement. Many Parent/Child Centers are affiliated with local United Ways. Some are part of larger community social service organizations. Centers depend on other private contributions as well, with more than 25 different funding sources statewide. Individual center budgets range from under \$100,000 to \$900,000.

Lessons Learned

It is advantageous to build local support for an initiative before implementing it. Educating politicians and other community leaders about the centers' benefits builds support that may result in their request for state funds for the program. At the state level, it is useful to build a statewide network early to provide policy guidelines and technical assistance to the new programs.

Suggestions

Politicians and community leaders should be educated about the benefits of Parent/Child Centers by visiting successful program sites and observing participation.

Publications

Brochure.

Wisconsin

Children's Trust Fund

110 East Main Street, Madison, WI 53703
608/266-6871

Mary Anne M. Snyder, Family Resource Centers Director

Background

A large interdisciplinary ad hoc committee started meeting in the fall of 1988 to develop a legislative proposal for parenting education and support programs that would be universally available to all Wisconsin parents. The committee included University of Wisconsin faculty, health and human service providers, Head Start staff, parents, legislators, and representatives of various state agencies including the Departments of Public Instruction and Health and Social Services. Wisconsin lawmakers appropriated \$725,000 over the 1989-91 biennium to develop eight Early Childhood Family Education Centers, also known as Family Resource Centers. While the proposal that ultimately passed the legislature differed significantly from the recommendations of the committee, two key features were retained and are an integral part of the Wisconsin initiative: 1) centers are available to all parents within their communities; and 2) emphasis is on providing prevention-oriented services directed primarily at parents with children from birth to age three.

Centers are administered by The Child Abuse and Neglect Prevention Board—also called Children's Trust Fund—a state agency with a strong, successful six-year history of grants administration for parenting education. The Child Abuse and Neglect Prevention Board/Children's Trust Fund is attached to the Department of Health and Social Services for administrative purposes, but is independently run by a governor-appointed board. The legislative intent is to provide funding for the existing centers and to expand the number of Family Resource Centers to reach more Wisconsin families. Funding for the centers is in addition to an annual grants program for the prevention of child abuse and neglect.

Description of Program

Children's Trust Fund oversees the development of Family Resource Centers and provides training, technical assistance and close monitoring.

Wisconsin's Family Resource Centers are community- and neighborhood-based prevention programs that provide parent education and support services to families.

The Child Abuse and Neglect Prevention Board awarded Early Childhood Family Education grants by utilizing the request for proposal (RFP) process. Announcement of the availability of funds was widely distributed among public and private not-for-profit organizations. Initially, 35 proposals were received, and 8 were selected for funding.

The board selected centers that were able to offer a range of services directed at all parents with children from birth to age three. Proposals were required to show evidence of strong community planning and coordination among existing agencies that already offer the required service components. In an effort to ensure collaboration, the board required that a minimum of two agencies work together and submit a joint application.

Centers build on the strengths found in all families, helping them to use their existing skills and to learn new ones. Through center programs, families learn how to prevent some of the crises that traditional social service agencies must address.

Parent education and support are being provided through a combination of core services which include the following:

- Group- and home-based parent education courses
- Workshops
- Support groups
- Drop-in programs
- Childcare while parents use the center
- Play groups
- Home visits
- Resource and referral services
- Toy and book libraries
- Transportation
- Special events for families
- Outreach
- Advocacy

In addition to the core parenting skills and support services listed above, many centers have formed direct links to public and private health agencies. Some have adopted a "one-stop shopping" model that also provides direct economic self-sufficiency programs, such as job training, tutoring, and GED courses. In this way, centers reduce duplication and maximize collaboration between existing agencies.

Each center adapts its programs to meet the specific needs of young families in their respective communities.

Participants

The target population includes all young parents and their children birth through age three. Family Resource Centers encourage preparation for parenting at the most essential and teachable time—the birth of a child.

Staff

Most centers operate with a small core staff of

between three and five paid professionals who work directly with parents and young children. They also subcontract with agencies or individuals to facilitate additional classes, workshops, and support groups beyond what the core staff can provide. Specialized consultants frequently serve as resources. Additionally, volunteers are often recruited from participants and the local neighborhood, as well as from the larger community. Most Family Resource Centers utilize a variety of volunteers who come from many different disciplines; i.e., teachers, nurses, physicians, and members of service organizations.

Outreach

Participation is ensured by aggressive outreach in both traditional and nontraditional ways. Approaches include the standard methods of agency referral, but also incorporate the use of staff and community people for door-to-door recruitment and presentations at local neighborhood organizations, agencies, and functions. All families with newborn children are contacted by phone or mail and are encouraged to visit the Family Resource Center. Transportation and childcare are provided. Regularly scheduled staff and volunteer times are allocated for this critical function.

Evaluation

A uniform data collection system which contains sociodemographic information on participants and their utilization of center services, was designed as part of the evaluation component of this initiative. Information collected will be used for monitoring the number of services offered, the number of people reached, and for feedback on outreach effectiveness.

A quarterly direct services data form provides information on the number of service units provided, the average length of time for each service unit, and the average number of parents reached by the various components.

In addition to collecting utilization data, Family Resource Centers are required to submit quarterly and year-end narrative reports outlining achievement towards goals and objectives. A minimum of four on-site visits are made annually by the Board staff person overseeing this initiative. Quarterly

project directors meetings are also held at the various centers.

The information gathered from these activities is used to provide feedback about the development and quality of local program services. An annual peer review process which will provide for further program sharing and qualitative assessment is anticipated for FY 92. Programs ask participants to complete satisfaction surveys.

Validated outcome test instruments are being utilized at the Family Resource Centers. They include *The Adult-Adolescent Parenting Inventory*, *The Parenting Stress Index*, *The Child Abuse Potential Inventory*, or *The Family Hardiness Scale*. These instruments are designed to monitor changes in the following: knowledge regarding child development and various parenting tasks, awareness and use of both formal and informal supports; attitudes toward and use of corporal punishment; participant's level of stress and use of positive stress management skills; potential for child abuse; and family strengths.

Program Development

Recognizing that all parents need help at some time, but that not all families need the same support, has led centers to develop a wide range of programs to serve parents of children from birth to age three. Parents access Family Resource Center services for the first time through a variety of offerings; i.e., drop-ins, one-night presentations, four-week mini-workshops, 15-week parent education programs, or home visits. When targeting new and first-time parents, constant outreach is essential. All parents with newborns are contacted via mail or phone to acquaint them with the center.

Family Resource Centers are telling the Board that \$75,000 is not adequate to fully operate the desired model. The present statutes do not allow the awarding of grants beyond \$75,000. Increases in costs to continue base operations are not being addressed. Requests for expansion to serve more families, coupled with the need for at least one additional full-time staff member to meet original goals, has led centers to the time-consuming process of seeking additional funds. Although necessary, this diverts staff attention away from direct service and program

planning. Currently the Child Abuse and Neglect Prevention Board/Children's Trust Fund is the only stable funding source for these centers.

Replication

The initiative began with funding for eight Family Resource Centers. Three of the centers were operating on less than the \$75,000 maximum annual grant. On July 1, 1991, funding was secured for all eight centers at \$75,000 each. Two additional center models were partially funded at \$20,000 through a traditional grants program. The board receives weekly inquiries from communities throughout Wisconsin that are ready to establish centers and are seeking financial support. Interest is high; however, no new monies are currently available through the Board.

Legislation

No legislation, other than funding legislation, was necessary to begin or continue this initiative.

Funding

Each center is funded at a maximum of \$75,000 annually. The legislative intent is to provide funding for the existing centers and to expand the number of Family Resource Centers. The 1991-93 budget switched the *source* of funding for the original eight centers to program revenue. (The Board historically received a \$3.00 surcharge on duplicate birth certificates. The surcharge is now \$5.00 and the additional revenue will fund the existing eight Family Resource Centers.) The legislature also passed a request for \$900,000 over the biennium new General Purpose Revenue to fund six additional centers. This request was vetoed by the governor.

Lessons Learned

During their first full year of operation, the Family Resource Centers have delivered high quality programs with good utilization rates. Turning this comprehensive model into operational centers required more time than had been anticipated. It took some communities four to six months to hire qualified staff, find an appropriate site, create an

environment of community acceptance and support, and procure the necessary resources and materials.

A tremendous amount of hard work from dedicated staff and volunteers was also necessary to open the centers. Centers are well known and have become rapidly accepted as community resources. In fact, communities are requesting a rate of service expansion that often exceeds the centers' capacity to provide it. Collaboration and local support from other community agencies are essential for success.

Many referring agencies want the Family Resource Centers to work with seriously troubled families who are already on human service caseloads. The board's aim is to have the centers function as the front-end prevention component of a community's social service delivery system. Given that the treatment needs for multidysfunctional families are so great, it is especially challenging to keep the focus of centers on prevention. Without constant attention to this issue, they could easily become nothing more than replications of the Department of Social Services.

Suggestions

Programs need to be fun and should be marketed as such. Staff and location should be nonthreatening.

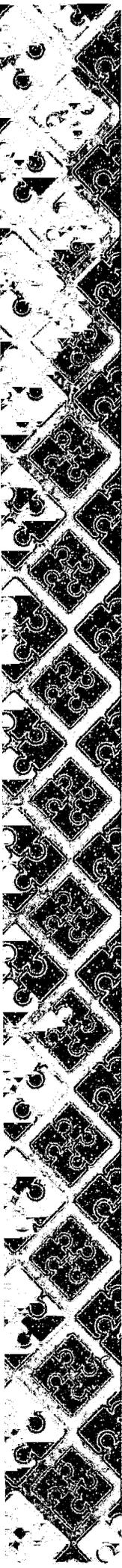
Parents who use the center should be involved in decision-making—both on administrative and programmatic issues. The provision of childcare and transportation assistance allows many parents to participate in programs who otherwise could not.

It is important to provide centers with strong state level technical assistance and facilitate support and information exchange through regular project directors meetings. As centers receive additional "outside" money, the Board is concerned that the original philosophy, design, and goals may change as funding sources expand.

The eight pilot programs provide a strong foundation on which to build a successful and uniform prevention delivery system. If allowed to expand in a manageable way, centers can deliver carefully designed and implemented programs that will enhance the capacity of parents to care for their children.

Publications

Brochure.



VI. APPENDICES



State-by-State Listing

Arizona

Family Support Network for Native American Families (Phoenix)
Pilot Parent Partnerships (Phoenix)

California

Asian Youth Substance Abuse Project (San Francisco)
Bananas (Oakland)
Child Rearing, Education and Counseling Program (Palo Alto)
Friends of the Family (Van Nuys)
Parent Services Project (Fairfax)
Parents Place (San Francisco)
Postpartum Education for Parents (Santa Barbara)

Colorado

Work and Family Resource Center (Denver)

Connecticut

New Haven Family Alliance (New Haven)

Delaware

Families Matter! (Newark)
Reading Advances People Project/Delmarva Rural Ministries (Dover)

District of Columbia

Family Place

Hawaii

Armed Services YMCA (Honolulu)

Illinois

Family Focus (Chicago)
Elgin School District Project FIESTA (Elgin)
Providing a Sure Start (PASS) (E. St. Louis)

Indiana

Kid's Place (Scottsburg)
Parent Support Program/Developmental Services (Columbus)

Iowa

Mid-Iowa Community Action (Marshallton)

Kansas

Women's Activities and Learning Center/Topeka Correctional Facilities-Central Unit (Topeka)

Kentucky

Parent and Child Education (PACE) Family Literacy Program (Frankfort)

Louisiana

Family Tree Parenting Center and Counseling Service (Lafayette)
Parenting Center at Children's Hospital (New Orleans)

Massachusetts

Early Childhood Program/Families First/Boston Children's Museum (Boston)
Family Union Network/Family Center (Somerville)

Michigan

Detroit Family Project (Detroit)
Neighborhood Family Resource Centers (Detroit)

Minnesota

Family Services/Minnesota Citizens Council (Minneapolis)
Working Parent Resource Center (St. Paul)
Way to Grow (Minneapolis)

Missouri

Family Center (Clayton)

New Mexico

Family Development Program/UNM (Albuquerque)
New Futures, Inc. (Albuquerque)

New York

92nd St. Y Parenting Center (NYC)
Center for Family Life in Sunset Park (Brooklyn)
Delaware Opportunities (Delhi)
Effective Parenting Information for Children (Buffalo)
Family Exchange Center (Syosset)
Family Resource Center on Webster Avenue (Rochester)
Lower East Side Family Resource Center (NYC)
Mothers' Center and National Association of Mothers' Centers (Hempstead)
Parent/Child Workshop and Early Education Room/Middle County Public Library (Centereach)
Single Parent Resource Center (NYC)

North Carolina

Family, Infant and Preschool Program (Morganton)
Pathway Program (Charlotte)
Project Enlightenment (Raleigh)
Uplift, Inc. (Greensboro)

Ohio

Family Development Project/Cleveland Works
(Cleveland)
Family Development Program/Cleveland Housing
Network (Cleveland)
Parent-Child Education Centers/Canton City
Schools (Canton)

Oregon

Birth To Three (Eugene)

Pennsylvania

Family-Child Resources (York)
Department of Family and Parenting Services/
Hospital of Philadelphia College of Osteopathic
Medicine (Philadelphia)
Family Support Services (Upper Darby)

South Dakota

Rural America Initiatives (Rapid City)

Tennessee

Tennessee CARES (Nashville)

Texas

Avance Educational Programs for Parents and
Children (San Antonio)
CEDEN Family Resource Center (Austin)

Virginia

Parents' Place/YMCA of Roanoke Valley (Roanoke)

Washington

Kitsap County Project Family (Bremerton)

Wisconsin

Family Enhancement Centers (Madison)
Silver Spring Neighborhood Center/Family Resource
Center (Milwaukee)
Families and Schools Together (Madison)

Demographic Listing

urban	suburban	rural	
X			92nd St. Y Parenting Center (NY)
X		X	Armed Services YMCA (HI)
X			Asian Youth Substance Abuse Project (CA)
X			Avance (TX)
X	X		Bananas (CA)
X			Birth To Three (OR)
	X		CEDEN Family Resource Center (TX)
	X		Child Rearing Education & Counseling (CA)
X			Center for Family Life in Sunset Park (NY)
		X	Delaware Opportunities Inc. (NY)
X			Department of Family & Parenting (PA)
X			Detroit Family Project (MI)
X			Early Childhood Program/Families First (MA)
X	X	X	Effective Parenting Information for Children (NY)
X	X	X	Families and Schools Together (WI)
X	X	X	Families Matter! (DE)
		X	Family-Child Resources (PA)
	X		Family Center (MO)
X			Family Development Program (OH)
X			Family Development Program (NM)
X			Family Development Project (OH)
X		X	Family Enhancement (WI)
	X		Family Exchange Center (NY)
		X	Family, Infant and Preschool Program (NC)
X	X	X	Family Focus (IL)
X			Family Place (Washington, D.C.)
X			FRC on Webster Avenue (NY)
X	X	X	Family Services/Citizens Council (MN)
X			Family Support Services (PA)
X		X	Family Tree Parenting Center & Counseling
X			Family Union Network/Family Center (MA)
X	X	X	Friends of the Family (CA)
X			Kid's Place (IN)

urban	suburban	rural	
	x	x	Kitsap County Project Family (WA)
x			Lower East Side FRC (NY)
x	x	x	Mothers' Center & NAMC (NY)
x	x	x	Mid-Iowa Community Action (MICA)
x			Neighborhood Family Resource Ctrs (MI)
x			New Futures, Inc.
x			New Haven Family Alliance (CT)
		x	Parent and Child Education (KY)
x			Parent-Child Education Center/Canton City Schools (OH)
	x		Parent-Child/Middle County Library (NY)
x	x	x	Parent Services Project, Inc. (CA)
x		x	Parent Support Network for Native (AZ)
	x		Parent Support Program/Developmental Services (IN)
x	x		Parenting Center at Children's Hosp (LA)
x			Parents Place (CA)
		x	Parents Place (VA)
x			Pathway Program (NC)
x	x	x	Pilot Parent Partnerships (AZ)
x	x	x	Postpartum Education for Parents (CA)
x			Project Enlightenment (NC)
x	x		Project FIESTA (IL)
x			Providing a Sure Start (IL)
		x	Reading Advances People Project (DE)
		x	Rural America Initiatives (SD)
x			Silver Spring Neighborhood Center (WI)
x			Single Parent Resource Center (NY)
		x	Tennessee Cares Project (TN)
x	x		Uplift, Inc. (NC)
x			Way to Grow (MN)
		x	Women's Activities & Learning Center (KS)
x			Work and Family Resource Center (CO)
x			Working Parent Resource Center (MN)

Settings

Most of the programs listed in this book are either free-standing, community-based family resource centers or are family support components of neighborhood social service organizations. Some of the programs are the result of a different kind of collaboration or are entirely or partially held in unusual settings.

School

Elgin School District Project FIESTA (Elgin, IL)
Parent and Child Education (PACE) Family Literacy Program (Frankfort, KY)
Family Life/Canton City Schools (Canton, OH)
New Futures Inc. (Albuquerque, NM)
Family Center (Clayton, Missouri)
Variety Pre-schoolers Workshop (Syosset, New York)
Project Enlightenment (Raleigh, NC)
EPIC (Buffalo, NY)
Family Focus—one of five resource centers is a school partnership (Chicago, IL)

Public Housing Project

Family Union Network/Family Center (Cambridge, MA)
Pathway Program/Charlotte Mecklenburg Housing Partnership/ (Charlotte, NC)
Uplift, Inc. (Greensboro, NC)
Family Development Program/Cleveland Housing Network (Cleveland, OH)

Library

Middle County Public Library (Centereach, NY)

Museum

Early Childhood Program/Families First/Boston Children's Museum (Boston, MA)

Indian Reservation

Parent Support Network for Native American Families (Phoenix, AZ)

Migrant Farmworkers' Camp

Reading Advances People Project (RAP)/Delmarva Rural Ministries (Dover, DE)

YMCA or YMHA

Parents Place of Roanoke Valley (Roanoke, VA)
92nd St. Y Parenting Center (New York, NY)
Armed Services YMCA (Honolulu, HI)

Military Base

Armed Services YMCA (Honolulu, HI)

Health Care: Hospital/Public Health Department/ Medical Clinic

Family Union Network/The Family Center (Cambridge, MA)
Department of Family and Parenting Services/ (Philadelphia, PA)
Parenting Center at Children's Hospital (New Orleans, LA)
Child Rearing, Education and Counseling Program (Palo Alto, CA)
Detroit Family Project (Detroit, MI)
Kids Place (Scottsburg, IN)

Counseling Center

Friends of the Family (Van Nuys, CA)

Day Care /Preschool

Parent Support Project/Fairfax-San Anselmo Children's Center (Fairfax, CA)
Family Development Program/Cleveland Works (Cleveland, OH)

Worksite

Friends of the Family (Van Nuys, CA)
Work and Family Resource Center (Denver, CO)
Working Parent Resource Center (Minneapolis, MN)

Employment Program for AFDC Recipients

Family Development Program/Cleveland Works (Cleveland, OH)

Prison

Family Services/Minnesota Citizens' Council (Minneapolis, MN)
Women's Activities and Learning Center/Topeka Correctional Facilities—Central Unit (Topeka, KS)
Bridge Transition Parenting Program/Single Parent Resource Center (New York, NY)

SERVICES

	Page #	Developmental screening	Drop-in center	Library	Newsletters	Crisis intervention	Social/recreational	Employment assistance	Health services	Alternative education	Parent ed./Parent support	Parent-child activities	Counseling	Childcare	Day care/Preschool	Info & Referral	Advocacy	Family literacy	Life skills	Transportation	Emergency services	Home-based services	Substance abuse prevention	Bilingual	Housing assistance	Svcs. for special needs	Teen parent/Preg. prev.	Consumer counseling	Training	Warmline/Hotline	Svcs. for providers/pros	Mentor programs	After-school	Thrift shop	Summer camp			
92nd Street Y Parenting Center	63									x	x																											
Armed Services YMCA	151	x			x					x	x			x	x	x					x	x						x										
Asian Youth Substance...(AYSAP)	132						x			x	x	x				x			x				x	x											x			
Avance	35				x	x		x	x	x	x			x		x			x		x	x	x	x					x									
Bananas	140									x						x								x						x	x							
Birth to Three	65			x	x	x				x				x		x						x					x											
CEDEN Family Resource Center	68	x	x							x	x										x	x		x			x											
Child Rearing Education...	71	x								x		x	x															x		x								
Center for Family Life in Sunset Park	3	x				x	x	x		x		x	x			x					x												x	x	x			
Delaware Opportunities	6			x	x	x			x	x						x				x	x	x			x													
Dept. of Family and Parenting Services	74			x				x		x		x	x									x							x									
Detroit Family Project	76									x						x						x					x											
Early Childhood Program	153				x					x	x	x	x	x																								
Effective Parenting Info...	38				x					x				x										x					x									
Families and Schools Together (FAST)	40									x	x					x					x						x											
Families Matter!	135				x					x	x												x												x	x		
Family-Child Resources	78	x			x					x				x								x							x									
Family Center	43	x			x					x	x	x	x			x						x																
Family Development Program (CHN)	8						x			x						x						x																
Family Development Program (UNM)	80	x				x				x		x		x	x									x														
Family Development Project (CW)	10				x					x	x			x	x																							
Family Enhancement Center	83	x	x							x				x									x															
Family Exchange Center/Variety	123						x			x				x								x																
Family, Infant and Preschool...	125	x								x	x			x	x	x						x																
Family Focus	86	x				x	x			x	x			x		x																						
Family Place	89							x		x	x			x	x							x																
FRC on Webster Avenue	91						x	x		x				x																								
Family Services/Citizens Council	156									x						x																						
Family Support Services	94				x					x	x	x	x	x	x							x																
Family Tree Parenting and Counseling	96			x						x				x	x																							
Family Union Network/Family Center	12									x						x																						
Friends of the Family	98									x						x																						
Kids Place	14	x								x	x			x	x																							

	Page #	Developmental screening	Drop-in center	Library	Newsletters	Crisis intervention	Social/recreational	Employment assistance	Health services	Alternative education	Parent ed./Parent support	Parent-child activities	Counseling	Childcare	Day care/Preschool	Info & Referral	Advocacy	Family literacy	Life skills	Transportation	Emergency services	Home-based services	Substance abuse prevention	Bilingual	Housing assistance	Svcs. for special needs	Teen parent/Preg. prev.	Consumer counseling	Training	Warmline/hotline	Svcs. for providers/pros	Mentor programs	After-school	Thrift shop	Summer camp			
Kitsap County Project Family	101				x						x															x				x								
Lower East Side FRC	142				x						x	x																		x	x				x			
Mother's Center and NAMC	103				x						x		x		x													x										
Mid-Iowa Community Action (MICA)	16							x	x		x						x				x	x			x											x		
Neighborhood FRCs	105										x	x	x			x				x							x					x						
New Futures, Inc.	45	x						x	x	x	x	x	x	x														x										
New Haven Family Alliance	19						x				x					x							x															
Parent and Child Education	48									x	x	x	x					x			x																	
Parent-Child Educ. Center	51			x							x	x					x						x				x											
Parent/Child Workshop	160			x							x	x				x																						
Parent Services Project	144						x	x			x	x	x	x	x	x													x									
Parent Support Network for N.A.	107										x			x		x																				x		
Parent Support Program/Dev. Svcs.	128										x					x							x				x											
Parenting Center at Children's Hosp.	109		x	x	x						x		x	x																						x		
Parents Place (CA)	111			x							x		x			x																				x	x	
Parents Place (VA)	113			x							x	x				x													x									
Pathway Program	21						x			x	x			x		x	x						x												x	x		
Pilot Parent Partnerships	130			x	x						x					x	x											x								x		
Postpartum Ed. for Parents	115										x																											
Project Enlightenment	54	x									x		x		x	x												x								x	x	
Project FIESTA	57		x	x	x						x	x							x						x													
Providing a Sure Start	57		x	x	x		x				x	x	x	x						x	x		x															
Reading Advances People Project	137			x			x		x	x				x		x	x	x																			x	
Rural America Initiatives	23				x						x	x	x	x		x								x				x										
Silver Spring Neighborhood Center	25	x		x			x	x	x	x	x	x	x	x	x	x	x										x										x	
Single Parent Resource Center	117						x				x					x																						x
Tennessee CARES	28							x	x	x	x		x														x											
Uplift, Inc.	30	x									x					x	x		x																			
Way to Grow	119	x			x			x	x		x					x	x																					
Women's Activities and Learning Ctr.	158						x				x																											
Work and Family Resource Center	147										x					x	x																				x	x
Working Parent Resource Center	149			x							x					x																						