

# Phoenix Early Head Start

## Executive Summary

The 1997-98 project year concluded the second full year of program implementation for Phoenix Early Head Start, one of 68 original programs funded nationwide in 1995 (nearly 300 as of May 1998) to provide services for low-income pregnant women and families with children ages birth to three. Early Head Start is a family-centered program that is designed to offer early, continuous, intensive, and comprehensive child development and family support services for vulnerable families and their very young children.

The Phoenix Early Head Start (EHS) grantee is Southwest Human Development (SWHD), a non-profit human services organization providing comprehensive services to young children and families who are at-risk or have special needs. Southwest Human Development contracted with the Morrison Institute for Public Policy, School of Public Affairs, Arizona State University, to conduct a formative, continuous improvement program evaluation to assist Phoenix Early Head Start in refining program practices on an ongoing basis.

A detailed report of the program structure and planning phase during Year One of the project can be found in *Phoenix Early Head Start: 1995-96 Evaluation Report* (Sandler & Kleinschmidt, 1996). For research findings and analysis from Year Two—the first full year of program implementation—readers are directed to *On Track with Phoenix Early Head Start: 1996-97 Evaluation Report* (Sandler & Heffernon, February 1998). The current report documents and analyzes program and participant data and program processes from Year Three, the second full year of implementation of the Phoenix Early Head Start program.

### Early Head Start Program Components

Phoenix Early Head Start recruits low-income teenagers 13 to 19 years old living primarily in central/south Phoenix who are pregnant with their first child or have an infant less than six months of age. The program has two sites: Hamilton Elementary School in west Phoenix, and the Southwest Human Development Good Fit Center in central Phoenix. Services to families are provided through three main program components: weekly home visits, site-based group activities, and “brokered” services linking families with high-quality community resources. Male involvement is a major program focus and involves concentrated outreach efforts to engage young fathers with their children. Parents also develop leadership and decision-making skills through participation in EHS parent policy committees as well as the more comprehensive Head Start Parent Policy Council.

Phoenix Early Head Start is designed to serve 120 families, with a primary staff of 12 family support specialists supported by two site supervisors and a resource staff that includes a family services manager, a male involvement specialist, two registered nurses, two half-time child development/disabilities specialists, a clinical psychologist, and mental health specialists. Program activities are also supported through the services of a van driver and part-time bus driver. Program components are intended to address the four original national Early Head Start cornerstones—child development, family development, staff development, and community building.

*Child development* is promoted through weekly home visits by the family support specialists, monthly site-based socialization activities centered around child development-related themes, and weekly play groups to encourage positive parent-child interactions. Additional support is provided by the child development/disabilities specialists who facilitate play groups, consult with families and staff on child development issues, and coordinate services for children with developmental delays or disabilities. Program nurses also assess the developmental and physical status of each child during periodic home visits, and provide consultation to EHS families and program staff.

*Family development* services are primarily provided by family support specialists who work with small caseloads of families in order to develop effective, supportive relationships with them. Family support specialists use videotapes made during home visits to help parents review and discuss their interactions with their children, and they work with parents on improving health care practices, family planning, education, and employment. Other family services are provided by the male involvement specialist who engages hard-to-reach fathers in the program, coordinates special events for fathers, and provides information and referral services in the areas of immigration, housing, and jobs. A full-time family services manager oversees all site-based activities, coordinates child care and transportation services, facilitates parent policy committee meetings, and links with community resources for volunteers and education activities. Program nurses conduct classes for EHS teens on childbirth, CPR/First Aid, and child care certification, and they also consult on adolescent health and development. Mental health specialists provide assessments, direct services, referrals, coordination of service delivery, and support groups in which parents can discuss commonly-shared issues and concerns. Family development is also enhanced through family-centered socialization activities and special events, and through leadership opportunities available through EHS parent committees and the Head Start Parent Policy Council.

*Staff development* occurs through a multi-disciplinary training approach that is reinforced by a relationship-based model of supervision. Training is provided both by outside trainers and by EHS resource staff (e.g., the psychologist, nurses, and male involvement specialist), who offer sessions covering a wide range of subjects aligned with the desired program outcomes for children and families. Staff also have opportunities to attend national workshops and conferences. In addition, they participate in agency-wide SWHD training sessions that relate to their work with children and families.

*Community building* and collaboration is intended to help provide comprehensive, integrated services to EHS families. While an original partnership plan between SWHD and the City of Phoenix Head Start was more narrowly focused during Year Three than initially planned, collaboration grew between EHS and the city's Step-Up program for young fathers, and new connections have been implemented with the city's Human Services Department and other family-focused initiatives and resources. Phoenix Early Head Start also focuses on program-level efforts to strengthen community support for families with young children, and on administrative-level efforts to increase community capacity for serving children and families and to move the larger "0-3" policy agenda forward. Program-specific efforts generate linkages such as partnering with an organization that provides classes in HIV/STD prevention. Administrative and management-level activities include work to broaden community support for young fathers, and a SWHD agency partnership to develop a statewide conception-to-age-three agenda and implementation model that will focus attention on the state's vulnerable young families.

## **Program Outcomes**

Phoenix Early Head Start is engaged in Year Three of a continuous improvement program evaluation that has been structured around the four original cornerstones of the national Early Head Start initiative and aligned with 1998 revised Head Start Program Performance Standards. The evaluation is

designed to answer questions about program services, child development, family development, staff development, and community building, as well as policy outcomes of local interest. A process evaluation during Year One examined program development and start-up, while a formative evaluation, begun in Year Two and extending through Year Five, will examine the effectiveness of program components, identify successes and challenges in achieving program objectives, and provide program managers with continuing feedback.

### **Children and Families**

Issues of child and family development were the topics addressed most frequently during EHS home visits, with play groups and socialization activities also focusing on these areas. Most indicators support the conclusion that this strategy has had a positive effect. There were several small but significant gains in these areas which, in the aggregate, suggest promising trends. Parent knowledge of raising a baby has increased; most children appear to be living in nurturing home environments; parents report more interactions with their children; and children show generally positive relationships with their parents. The transition of children from infant to toddler in the past year, however, may be causing parents some difficulties. While parents have more knowledge of raising a baby, some have inappropriate expectations for toddlers; and while parents report more interactions with their children, the tone of these interactions may be more negative than previously.

Parent mental health appears stable despite high numbers of stressful events in their lives and some difficulties adjusting to toddlers. Indicators of parenting stress, coping skills, and sense of control have stayed relatively positive over time. One possible explanation for this stability is that the EHS program has been serving as a “protective factor,” providing parents with support when they face emerging problems with their children. Parent mental health also appears to be positively correlated with the quality of parent-child relationships, and with knowledge of raising a baby: more frequent use of positive coping strategies by parents is related to higher reports of

parent-child activities and also to reports of a more nurturing home environment; lower parental stress is related to reports of a more nurturing home environment and also to observations of more positive interactions with children; and more knowledge of raising a baby is related to lower parental stress and also to more frequent use of positive coping strategies.

The program focus on health, safety, and educational and economic self sufficiency has also produced some positive results. Most parents for whom data were available had received medical services in the previous six months, and more than half had practiced preventive health care and used some form of family planning. Also, more than half had attended an educational or job training program in the previous six months, more than a third had worked a full-time job, and some had transitioned from job training programs into full-time jobs. Child health and home safety issues, however, continue to raise some concerns. While most parents have maintained appropriate health care practices, some have not kept up with well-baby/well-child checkups or kept their children’s immunizations current, and a large percentage of families for whom information was available were reportedly not providing a safe home environment, particularly in areas such as covering unused electrical outlets and knowing who to call in case of poisoning.

### **Staff Development**

The majority of staff training efforts in 1997-98 targeted child development and parent-child relationships, with the result that family support specialists paid more attention to these priority issues during home visits. Assessment of staff’s ability to apply their knowledge and skills in child development/parent-child relationships with families, however, highlighted wide ranges of ability and pointed out the need for more systematic concentration on these topics in the future. Following up on these results, program managers have made a decision to intensify training on child development and parent-child relationships during the upcoming year, and also to implement a child development curriculum that will assist family support specialists as they work with families.

In terms of their work with teen parents, family support specialists continue to show success. A trend in parent responses illustrates this point: the longer parents are in the program, the more positively they rate their relationships with family support specialists. By building strong relationships with parents, however, family support specialists can encounter difficulty in setting “professional boundaries.” Experience suggests that this topic will require ongoing staff training, discussion, and clarification throughout the life of the program.

### **Community Building**

Phoenix Early Head Start appears to be making appreciable progress toward building community capacity to assist young families. New linkages have been developed to connect participants with needs such as personal health care, and some earlier linkages have broadened into more collaborative relationships for coordinating and expanding community resources. Among these expanded relationships: connections with the City of Phoenix Step-Up program and other young father programs have grown into a broad-based community coalition that is increasing resources and pursuing new funding to support its agenda; EHS’s relationship with the Village charter school evolved into a larger SWHD agency collaboration with a commitment of both fiscal and human resources; an initial linkage with the state’s Developmental Disabilities Division has led to formation of a joint team to help coordinate state services for EHS children with disabilities, and may lead to joint staff training as well as a new support group for teen parents who have children with disabilities, available to any family in this situation.

The program has also begun to connect with some activities taking place in the City of Phoenix Enterprise Community (EC), within which EHS is located. These connections include collaboration on the young father initiative, as well as a beginning linkage with a program that connects EC residents with local jobs. In addition, EHS benefits from its synergistic relationship with its parent agency, SWHD, which is a provider of things such as infant mental health services, and is

currently in the process of developing a high quality child care facility in central Phoenix. The EHS program also benefits from SWHD’s active involvement in many projects and collaborations, one of the most promising of which is the agency’s recent involvement in the design of a statewide system to support families and their very young children.

Some EHS relationships, however, have moved toward less engagement. An existing partnership with City of Phoenix Head Start, which was expected to be a full collaboration that included “big picture” program advisement, has focused most recently on administrative-level discussions of specific issues and policies. Nevertheless, some joint planning is expected to occur in the next few years over how best to serve Phoenix’s 0-3 population.

### **Summary**

At the conclusion of the 1997-98 project year, Phoenix Early Head Start can best be characterized as a fully evolved program that is on the right track. Among the program’s successes are the launch of all planned child development activities, increased services by and access to the child development/disabilities specialists, and progress made through the male involvement component—not only in cultivating a network of resources for young fathers, but also in contributing to community leadership and development of young father initiatives. Staff have also maintained their previous success in working with teen parents and fostering healthier parent-child relationships.

The program continues to face challenges as it evolves. These include the challenge of continually increasing staff skills in the areas of child development and parent-child relationships; the challenge of helping young parents adjust to dealing with a toddler in their family; the challenge of reducing the disruptive effects of staff turnover; and the challenge of making the program and its participants visible and vital to other family-centered community endeavors and to policy makers.

## **Recommendations**

The following recommendations are offered based on evaluation data gathered during the 1997-98 program year.

- ∞ Implement a focused, cohesive training agenda to provide EHS staff with sustained, comprehensive opportunities to improve their child development skills and knowledge.
- ∞ Deal proactively with issues involving children's transition from infant to toddler.
- ∞ Institute a standardized "EHS new employee orientation" to clarify program values, goals, guidelines, and procedures.
- ∞ Develop and implement a strategy to increase awareness of EHS among service providers and policy makers.

