On Track with Phoenix Early Head Start


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Phoenix Early Head Start

Executive Summary

Phoenix Early Head Start (EHS) is a program for first-time teen parents and their families. The 1998-99 project year marked the fourth year of a five-year research and demonstration grant for EHS and concluded the third full year of program implementation. The program was originally funded in 1995 by the Administration for Children, Youth, and Families as part of a national initiative 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 intended to provide early, continuous, intensive, and comprehensive child development and family support services for vulnerable families and their very young children.

Phoenix Early Head Start is operated by 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 at 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 description and analysis of the program’s structure and planning phase during Year One, and detailed program descriptions, methodology, and research findings from Years Two and Three, are available in previous project evaluation reports (Sandler & Heffernon, 1999; Sandler & Heffernon, 1998; Sandler & Kleinschmidt, 1996). The current report analyzes Year Four program services and outcomes for children, families, and staff. It also examines the program’s community linkages and efforts to build community capacity to serve very young children and their families.

Program Description

Phoenix Early Head Start recruits low-income teens ages 13 to 19 in central/south Phoenix who are pregnant with their first child or who have an infant under six months of age. Staff operate out of two program sites: 1) Hamilton Elementary School in west Phoenix, and 2) the Southwest Human Development Good Fit Center in central Phoenix. The program is designed to assist 120 families with services provided through a three-pronged approach: weekly home visits, site-based socialization and support activities, and “brokered” services that link families with high-quality community resources. Male involvement is also a major EHS program focus, with concentrated outreach efforts to engage young fathers with their children.

Program services are delivered by a primary staff of 12 family support specialists, guided by two site supervisors and overseen by a full-time project manager. These services are supported and enhanced by a resource staff that includes a family services manager, male involvement specialist, registered nurses, child development/disabilities specialists, mental health professionals, and a nutritionist. Transportation services are provided by a full-time van driver and part-time bus driver. Program components are designed to address the four original national Early Head Start cornerstones — child development, family development, staff development, and community building.

Child development is supported through ongoing home visits by the family support specialists, weekly parent-child play groups that promote positive parent-child interactions, and monthly site-based socialization activities focused on child development.
topics. Additional support is provided by the child development/disabilities specialists, who facilitate play groups, consult with families and staff, administer developmental assessments, and coordinate services for children with special needs. Positive child outcomes are also advanced through the nurses, who assess children’s developmental and physical progress during periodic home visits, facilitate health-related site-based activities, and consult with families and staff.

Family development services are coordinated by the family support specialists, who develop supportive relationships with parents to assist them in achieving their goals. Many families also receive services from the male involvement specialist, who helps engage fathers in the lives of their children. Additional services for families are provided by the family services manager and other resource staff.

Staff development is accomplished through a multi-disciplinary training approach designed to assist staff in working towards desired program outcomes. Training is provided by outside trainers and EHS resource staff, and through participation at national workshops and conferences. An expanded child development training agenda was implemented in 1998-99 with a range of training activities, including: monthly videotape reviews, monthly “brown-bag” lunch/workshops on child development, quarterly child development training sessions, more frequent interaction with the child development specialists, and training in developmentally-based curricula.

Community building is pursued on two levels: programmatically by linking and collaborating with other agencies to expand the breadth of services for young families, and on a broader level by increasing overall community capacity to serve young families and move the “birth to three” policy agenda forward. Program efforts generate linkages (e.g., with Crisis Nursery to offer EHS parents a quality child care option), and foster collaborations (e.g., the Young Fathers Network, a group of programs serving young fathers citywide). In addition, administrative level activities encourage broader-based coalitions, such as a SWHD agency partnership to develop a public-private model to support families and their children birth to three.

**Program Outcomes**

The continuous improvement program evaluation of Phoenix Early Head Start is designed to answer questions about program services, child development, family development, and staff development. It also examines progress towards the program’s desired community outcomes and policy outcomes of local interest. The evaluation provides EHS managers and administrators with ongoing feedback that helps them analyze program outcomes and enables them to make adjustments as the program evolves.

**Children and Families**

Child and family development issues continued to be the predominant focus during home visits in 1998-99; additional assistance for children and parents was provided through parent-child play groups, site-based activities, and parent support groups. Program services appear to be having a positive impact, with most indicators suggesting improvement in parent knowledge of child development, parent-child relationships, and family development. Most EHS children continue to live in nurturing and supportive home environments, and several families exhibited improvements in their home environment over the course of the year. Many parents have gained knowledge about raising infants and toddlers, and they are engaging in higher quality interactions with their children. Some parents, however, continue to have difficulty dealing with their children's transition from infant to toddler. Despite their increased knowledge of raising a child, some parents continue to hold developmentally inappropriate expectations for their toddlers and use inappropriate strategies to address noncompliant behavior.

Many parents have maintained relatively positive mental health, despite continuing life stressors. Parent self-reports indicate that they have continued to employ a moderate level of coping skills over time, with some increase in higher level coping strategies; their stress related to parenting has experienced a small decrease over time, and continues to be low to moderate overall; their sense of self-efficacy has grown; and, their self-esteem has steadily increased over time. Mental health concerns might, however, surface for one group of parents. Some mothers who had second pregnancies reported setbacks in their
self-esteem and interruptions in their progress towards personal goals.

Personal health care practices and efforts towards self-sufficiency have also shown signs of progress. A large majority of EHS parents reported using birth control consistently; more parents are practicing appropriate health prevention and treatment for themselves and their children; and, more are utilizing appropriate safety practices. Many parents indicated progress towards self-sufficiency by holding jobs or attending school or training programs, and several reported graduating or completing a program. There are, however, some remaining areas of concern. A large number of parents who enrolled in education or training programs did not complete them, and literacy levels for many parents remain low. And with regard to health, some parents still did not get prenatal or postnatal care, and several families do not have a regular source of health care (i.e., a “medical home”).

Staff Development
Phoenix Early Head Start implemented an expanded training agenda and adopted a child development curriculum, providing staff with more focused, hands-on training on child development and parent-child relationships. Staff felt the new training focus was helpful and responsive to their needs; however, outcomes of the training were mixed. While knowledge in these areas has improved and staff demonstrated higher-level understanding of some concepts, a number of concepts continue to elude them. Many of the results of staff training data reflect the continuing impact of staff turnover; staff who had been employed longer (and thus received more training) generally registered higher scores than their less experienced and less trained colleagues on both objective and subjective measures. The intensified emphasis on child development also resulted in other training areas receiving less attention. And while most indicators suggest that staff are continuing to work well with their families, some staff expressed the need for more training on understanding adolescents.

Community Building
As with any long-term, multi-faceted program, EHS has experienced fluctuating levels of community connections and an ebb and flow of relationships over time. The program has maintained strong partnerships with the City of Phoenix Step-Up program and other young father programs; solid connections with the state’s Developmental Disabilities Division, Early Intervention Program, and Division for Child Support Enforcement; and ongoing linkages with a wide range of community-based organizations. At the same time, relationships with education and child care resources (e.g., the Village charter school for teen parents) have fluctuated. In general, most program stakeholders felt that only limited progress had been made in terms of the evolution of linkages and collaboration during the 1998-99 program year. However, program administrators expect new linkages and activities to move things forward in the coming year, particularly in the areas of education and child care. These include a revitalized relationship with the Phoenix Union High School District, renewed activities with the Village charter school, and alliances with Crisis Nursery and the Osborn School District.

Administrative level activities have continued to focus on broader-based coalitions such as the “Smart Beginnings” SWHD agency partnership that resulted in the development of a public-private model to support families and their children birth to three. And, Phoenix Early Head Start has begun to lay groundwork for longer-term community change, building on its knowledge and experiences in three areas: 1) strategies to enhance the breadth and scope of male involvement programs throughout the community; 2) relevant training strategies for staff who work with children birth to three and their families; and, 3) community policies and services necessary to help teen parents succeed.
Summary

At the end of the 1998-99 project year, Phoenix Early Head Start continues to be on the right track. An array of direct services are in place to assist program families, an expanded staff training agenda on child development is helping family support specialists in their work with parents and children, and a range of community linkages and partnerships are helping expand resources and options for families.

As the program enters the final year of its current five-year program cycle some areas continue to warrant attention. These include: helping young parents as their children become toddlers; defining and clearly articulating the rules and regulations guiding the transition of families out of the EHS program; developing ways to retain long-term staff members and better orient new employees; and, conveying EHS knowledge and experience (and its relevance to public policy) to state and local decision-makers in a way that is both accessible and understandable to them.

Recommendations

The following recommendations are offered based on evaluation data gathered during the 1998-99 program year.

- Fortify strategies for helping parents understand and nurture their toddlers.
- Develop clear policies and practices for program transition.
- Improve orientation procedures for new EHS staff, and establish mechanisms for retaining and rewarding long-term staff.
- Implement solid strategies for communicating EHS knowledge and experience—and their implications for future public policy—to state and local decision-makers.