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SERVICE
INTEGRATION

Reinventing Common Sense

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Introduction by
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Table of Contents

Introduction	1
Oakland, California	5
Amherst, New Hampshire	16
CSIR, Colorado	24
Hartford, Connecticut	36
Cedar Rapids, Iowa	43
Conclusion	50

Introduction

Residents conducting door-to-door surveys in Oakland, California. A child care initiative in Amherst, New Hampshire. State agency program monitoring efforts for children with disabilities in the state of Colorado. Training of parents in civic involvement in the state of Connecticut. Families mentoring families in Cedar Rapids, Iowa.

These five initiatives might appear to have little in common with one another. Each was designed to address a fairly specific, and quite different, issue or need. Yet there is something that binds these discrete efforts together — a common sense approach that draws upon the strengths and assets that exist within all neighborhoods and communities.

Common in the rhetoric of systems reform is the need for services to be more community-based, consumer-driven, and linked to voluntary and natural support systems. Frequently, the rhetoric suggests greater inclusion of residents, families, and consumers in the planning, design, and implementation of services and strategies. This is based upon a growing recognition that experiential, as well as professional, expertise is needed to develop effective services and supports.

At the same time, however, systems reformers often have difficulty moving from rhetoric to reality. Sometimes, they simply do not know where to start. Little guidance is available on how residents, families, and consumers can be enlisted and supported for this work and what tangible results this produces.

Reinventing Common Sense showcases five different

programs which have moved from rhetoric to reality. Each draws upon the expertise and wisdom that consumers, residents, and neighborhoods possess. While the approaches are straightforward, they also represent new ways of doing business from more traditional and professional approaches to the same issues.

In Oakland, rather than commissioning a survey from a professional polling firm, residents were enlisted to interview their neighbors about their community's needs. This approach was successful in gathering a richer assessment of the community and its possibilities. It also created new leadership that is connected to and responsible to the grassroots and demonstrated the value of working with — not at or for — the community. It became a key part of Oakland's overall community-building strategy.

In Amherst, experiences in developing child care that served children with disabilities in an integrated setting uncovered the demand among parents for child care that did not segregate children with disabilities. The solution of providing additional supports to family day care providers willing and able to accept children with disabilities served to meet this demand. It also improved services and developmental supports those providers could offer for all children they served.

In Colorado, state agency personnel created a peer-to-peer community assessment system in meeting the requirements for monitoring under the federal Infants and Toddlers Act (originally 99-457 Part H, now Part C). The monitoring system incorporated parent and professional teams in conducting community assessments, so both professional and experiential expertise were offered. Moreover, communities undergoing assessment also provided teams for assessing other communities through

creating additional learning and peer-to-peer support opportunities.

In Connecticut, the Commission on Children sought advice from parents on how they might foster more parental involvement in communities. The result was the development of a Parent Leadership Training Institute providing a structured, twenty-week training course. Despite warnings by some outside experts that the course would be too rigorous for parents, Connecticut found that participants spent the time necessary to complete the course, because it met their needs and objectives. Training graduates have been successful in taking leadership roles in advisory committees, community collaboratives and neighborhood organizations.

In Cedar Rapids, Iowa, the child protective service system recognized that the proverb, “It takes a whole village to raise a child,” should not be translated in the public sector to read, “It takes a multi-disciplinary team of professionals to raise a child.” They worked within their most disinvested neighborhoods to recruit residents to serve as “neighborhood partners.” The partners serve as a bridge for families between the child protective service system that is needed to protect children from abuse and neglect and community support systems needed to keep them truly safe.

The purpose of *Reinventing Common Sense* is two-fold. First, there is a “devil in the details” in moving from rhetoric to reality. The case reports describe each of these efforts in detail. As different systems reform initiatives seek to broaden the engagement of residents, families, and consumers, they may wish to draw from these specific examples in developing specific approaches. These five efforts represent practical ways to address issues and

challenges faced in most communities and states in the country. They are worthy of replication in their own right.

Second, these efforts are illustrative of new, alternative and common sense approaches to issues in areas where traditional approaches have not met resident, family, or consumer needs. Hopefully, they will help reformers unblock their thinking and explore new ways of doing business with those residents, families, and consumers. Each case study exemplifies the willingness and ability of residents, families, and consumers to assume leadership roles. The challenge is not in finding people from within communities who can do the work; it is in designing strategies that draw upon that inherent leadership and expertise.

Charles Bruner
Child and Family Policy Center
January 1999

The City of Oakland: *Lessons In Neighbor-to-Neighbor Interviewing*

Oakland's Empowerment Zone Application

In 1994, several organizations in Oakland, California came together with city officials to establish a process for applying for empowerment zone funds, which the U.S. Department of Housing and Urban Development was making available to six distressed communities throughout the country. The empowerment zone program would provide \$100 million to each of the chosen cities over a ten year period. Through tax breaks, block grants, and federal waivers, the program was intended to give communities new tools and flexibility to rebuild themselves.

Oakland, an ethnically diverse city and the center of a metropolitan region with over two million residents, had been struggling to rebuild and revitalize its most troubled neighborhoods. The empowerment zones money was to be targeted to the lowest income areas in a city. The poorest populations in Oakland reside in East Oakland, San Antonio/Fruitvale, and West Oakland, and together they account for a little more than 12% of the city's population. Part of the empowerment zone application required an urban assessment including grassroots input into the planning process, and these three neighborhoods were the focus of Oakland's extensive grassroots assessment and community-building efforts.

The Urban Strategies Council in Oakland was one member of an initial partnership with local organizations which grew into the Empowerment Zone Coordinating Council, a group of over 70 organizations and representatives from

local government. This Coordinating Council, in which the Urban Strategies Council played a leading role, was responsible for devising the strategic planning process for the City of Oakland. In this description of Oakland's community-building efforts, the Coordinating Council will refer to the coordinating body for the entire empowerment zone strategic plan, which included the grassroots interviewing process. The Coordinating Council mobilized significant support during the application process from other community organizations and city agencies not participating in the Council.

Identifying Community Concerns and Needs

Oakland's Coordinating Council set out to obtain meaningful, authentic information from residents. The members wanted to involve neighborhood residents and existing community organizations in developing plans for the neighborhood, and they were prepared to negotiate commitments from government and other service providers. To accomplish these goals, they knew they would need to reach a broader variety of people than those who typically came to community meetings, and they didn't want participants to abbreviate their comments to accommodate the time limits of a traditional survey. They decided to hire people from the neighborhoods to obtain their neighbors' stories in one-on-one interviews. They wanted to focus on needs, resources, and solutions, by giving people a substantive opportunity to talk.

Early in 1994, the Coordinating Council held a public meeting to get input from other organizations in formulating the actual interview questions. There were many suggestions about the interview instrument, and it was decided that the questions would be open-ended but

that interviewers would use prompts to guide the discussion. The Coordinating Council distributed leaflets in the three neighborhoods, concentrating primarily in housing projects, asking for people interested in becoming community interviewers to come to an organized dinner. The dinner would be a chance to introduce people to the planning process, interview potential interviewers, and give participants a chance to get to know each other. A homeless food program offered to host the dinner with help from volunteers and the city's parks department (which provided tables and chairs). More than 100 people attended, and child care was provided.

The March 1994 kickoff dinner involved city officials and representatives from the Coordinating Council, who explained the project goals and logistics. The interviewers would be paid \$20 per interview, and the interviews might run as long as three hours. Interviewers would be required to attend a weekend of training as well as a "downloading" session to review each week's interviews. The program was to last six weeks. Interviewers were to interview only three people weekly, to ensure that interviews stayed fresh in their minds for the weekly sessions. At the end of the evening, 60 people had committed themselves to the project, and the two-day training weekend began the very next day.

The Coordinating Council hired two consultants to organize the training and weekly debriefing sessions. Training was held in the neighborhoods, and participants learned about empowerment zones, reviewed listening skills, discussed their feelings about their neighborhoods, practiced interviews, and were trained in how to operate tape recorders. Following the two-day training weekend, resident interviewers spent the next six weeks interviewing a wide array of community residents, including teens,

shopkeepers, and drug dealers. Every week, separate teams of interviewers met in each of the three neighborhoods to talk about their experiences. These meetings lasted between two and four hours. The interviewers soon began asking for changes in the questionnaire, and became increasingly inquisitive about how the information was to be used. They also expressed a desire for the process to continue beyond the six weeks. At the end of the interview period, they had collected over 800 interviews.

The interviewing process culminated in a final dinner, where the interviewers came together to talk about what the previous six weeks had been like. Interviewers spoke of the profound impact that the responsibility of interviewing neighbors had on their lives, and some felt it was the most important thing they'd ever done. Some talked about how they gained confidence and self-esteem with each completed interview, and others were surprised at the commonalities they shared with their neighbors. All agreed that they wanted to seek a venue for continuing community interviews after the project ended. Not only did the process yield valuable information about the community, it also contributed to the overall mobilization of residents within the community.

The community interviewing program became the basis for the Oakland's community-building strategy. It was successful not only in obtaining information from a diversity of residents whose opinions had not previously been solicited, but more importantly, it allowed participants to develop skills and to grow personally from their participation in the process. The experience also emphasized the need for relationships and links to services within the community — needs which outsiders would not have been able to discern. Finally, there were clear shifts

in the attitudes and levels of commitment of residents who became interviewers and organizers, as they began to take charge of the project in productive ways.

The Resulting Community-Building Strategy

The City of Oakland was informed in January of 1995 that it was not selected as an empowerment zone site. Oakland was instead designated as an “enhanced enterprise community,” a designation which would provide \$3 million for two years and \$22 million overall for ten years, primarily for economic development efforts. In 1995, the Coordinating Council adjusted their community-building plan, which was one of the three goals they had set out to achieve in their broad strategic plan. Their other two goals were to coordinate services and support sustainable economic development. The pursuit of these other goals, which was less dependent on empowerment zone funding, continued.

The empowerment vision for the City of Oakland shrank considerably. Nonetheless, in 1995, six community-building teams were established with funding for one year. The teams were each comprised of seven community residents and were based in the three target neighborhoods, involving a total of 42 community residents. The management of the teams was contracted out to a nonprofit group in Oakland. The teams had large areas to cover and were largely area-based rather than issue-based. Despite a hurried training and development period, the teams had several notable successes, including widespread neighborhood fire prevention efforts to install smoke detectors and to ensure that residents had easy access to fire escapes. The teams also helped to establish the first residence housing councils in the housing projects, as well

as an election process for those councils. Funding for the teams was suspended after one year, but Oakland has subsequently implemented a revised model for community-building teams with goals corresponding more specifically to the resident interviews findings.

The more than 800 interviews of people aged 14–85, conducted by neighborhood residents for the EZ/EC application, conveyed a wide range of information about neighborhood lifestyles, ambitions, concerns, and fears. Using questionnaires, interviewers also sought to characterize residents' knowledge of community organizations and services. There was an initial pervasive mistrust by those interviewed, who feared that information would be shared with the Alameda County Welfare Department, immigration authorities, or the Oakland Police Department. Those interviewed expressed a sense of despair and hopelessness about their neighborhoods but also strong feelings of community and mutual responsibility. The ten general concerns that emerged most frequently in interviews were:

- ◆ the poor quality of the City's education system;
- ◆ the lack of role models and after-school activities for young people;
- ◆ the need for more community-based job skills training programs;
- ◆ the importance of child development and parenting classes, especially for young parents;
- ◆ the need for coordination of health, education, and social services;
- ◆ the need to strengthen families and family morals;
- ◆ the isolation and constant fear of senior citizens, and their desire for more police protection;
- ◆ the anger, frustration and hostility of 15- to 25-year-

- olds, who felt harassed by police;
- ◆ the lack of employment and economic opportunities; and
- ◆ the high level of tolerance for drug use and drug dealers, which people felt was destructive to the community.

These issues, among others, became the springboard for the issue-based community-building teams now being designed.

Challenges and Lessons Learned

The most significant discovery realized through Oakland's community interviewing process was that it was possible to engage and mobilize residents and help them to develop skills to work toward community goals. Through the experience of these interviews, it was discovered that neighborhood residents could provide a tremendous, committed, ongoing resource for community action, and that they could be mobilized as a bridge to future projects. Ideally, these residents will involve their neighbors and ultimately form an infrastructure of people with the skills and capacities to address the problems facing the community.

Community involvement efforts also faced a number of challenges which provided lessons for future efforts. The funding for the community-building teams was suspended because of general difficulties in implementing the new program. These obstacles included: a shortage of funding; insufficient time to train team members; poor management of the teams by a nonprofit that did not possess the experience to guide and focus them; and a lack of follow-up by the City of Oakland.

In addition, in their efforts to empower their community, the leadership of the Collaborative Council came up against some less obvious problems.

The process of community building was predicated on an ability to form partnerships with many organizations in the community, as well as with city officials. These partnerships are delicate, since organizations are frequently effective at advocating their own agendas but are less likely to share a common vision. There must be trust among people in leadership positions which in turn must be conveyed to others in their organizations. Elisa Brown, the project manager for the City of Oakland, explained:

“A lot of people give lip service to empowerment but people find it threatening, and the focus was not always on working together. There’s a paradox when the city says that programs will be bottom-up and community-based, because the structure and funding all come from the top down.”

The planners learned that it is essential to confront issues of basic trust early on, to insure that people in positions of leadership are prepared to cooperate fully in rebuilding a community.

Henry Izumizaki of the Urban Strategies Council explained that despite the consensus around the community-building model, there were many competing interests and other problems, including: government resistance to community empowerment; the tendency of community residents to want to seize power from each other; the sometimes weak capacity of community organizations to provide and implement programs; and the creation of new jobs which in some instances led to cuts in other subsidies, thereby

making participants economically worse off. The more that leaders can anticipate conflicts, the more they can attempt to resolve problems before they become crises and continue to broaden the base of decision-making.

Finally, the leaders acknowledged the importance of identifying a focus or mission for the group, so that participants share an understanding of what they hope to achieve. Individuals have different ideas about the definition of “a strong community” and disagree about which issues are the most pressing. It is essential to reach an agreement on where to concentrate energy and resources.

Successes/Epilogue

In 1997, the City of Oakland contracted with the Institute for Advanced Study of Black Family Life and Culture to carry out the second year of community-building efforts. These efforts are a continuation of the plans originally drawn up by community groups and members of the original Coordinating Council, along with the City of Oakland. The Institute, which has existed since 1980, has formed six-member community-building teams which will concentrate their efforts in the three original distressed neighborhoods. Their programs will focus on four general areas, called “benchmarks”: 1) public safety; 2) economic development and entrepreneurship; 3) life enrichment (including education, job training and development; community outreach; and minority relationships); and 4) youth issues.

Each community-building team member is trained by the city of Oakland’s Enhanced Enterprise Community’s Community Projects Division. In preparation for the

teams, planners from the city and from non-profits participated in “collaboration training,” where people had an opportunity to share their goals and perspectives. In developing the plans, there was a major emphasis on partnering in an attempt to avoid narrow individual loyalties and work together. The Partner Program, a network of 160 nonprofit programs in the Oakland area, provides an extensive resource for referrals for the team members. Reliable evaluation of the effectiveness of these programs, however, continues to present problems.

Despite some of the problems outlined above, Oakland’s community-building process in general, and its neighbor-to-neighbor interviewing strategy in particular, offer strong examples of how planners and community leaders can engage residents, assist residents in developing new skills, solicit meaningful perspectives from residents about what changes they would like to see in their neighborhoods, and learn from those at the grassroots. Further, neighbors who had never met each other have had the opportunity to work effectively in groups and build a common identity. Oakland now has a valuable new resource of neighborhood residents eager to tackle community challenges.

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Amherst, New Hampshire *Programs for Children with Developmental Disabilities*

Inspiration for Sunrise Early Intervention The Sunrise Children Center

Joanna Bogin, the co-director and driving force behind the creation of the Sunrise Children's Center now in Amherst, New Hampshire, traces the beginning of the Center back to 1983 when she taught a self-contained program for preschool children with special needs. The program began with only six participants, drawing children with special needs from three area school districts. The participating children had a variety of needs including medical fragility, speech and language delays, muscular dystrophy, and spinal bifida. By 1988, the Sunrise Children's Center, under the auspices of the Regional Services & Education Center, Inc. (RSEC), began serving area children from five school districts. Its programs are predicated on the belief that children with disabilities thrive in settings where they are integrated with other children, and that self-contained programs tend to isolate and stigmatize children. Currently, 37 children identified with special needs and about 150 other children between the ages of two and six attend the Sunrise Center. The majority of the young children with identified disabilities living in the five nearby school districts attend Sunrise.

The Regional Services & Education Center, Inc. was created in the 1970s as a collaborative consortium among neighboring school districts. That organization has since grown to provide a variety of services and programs for children and teenagers with special needs, including the

Sunrise Children's Center and Sunrise Early Intervention. The early intervention program evolved in recognition of the need for more home-based services for very young children with special needs. It is based on an inclusionary model where special needs children are included in the same natural settings and participate in the same activities as typically-developing children.

A New Approach to Early Intervention Programs

In the early 1990s, Joanna and her colleagues began to explore the lack of options for parents of children with special needs from birth to age three, driven by the conviction that very young children are better off in home settings than in facilities. A grant was procured in 1992 to spearhead a new program for infants and toddlers, and these funds were combined with federal Part C (formerly called Part H) funds provided through New Hampshire's special education legislation, which were also earmarked to expand existing services for infants and toddlers. The purpose of the new effort was to: 1) develop and sustain integrated day care placements in family homes and centers; and 2) increase early intervention options and health care access for families. Parents of children with disabilities expressed a strong desire for day care for their children in integrated, as opposed to segregated, settings.

A group of coordinators, including parents, worked with the community to develop a shared vision and to increase collaboration among involved agencies. They also reached out to preexisting home-based caregivers through telephone calls and home visits to encourage them to accept children with disabilities and developmental delays into their homes. Through these efforts, community playgroups were started where children could play twice weekly with other kids. In

addition, home day care openings were identified in which children whose parents worked outside of the home could participate in day care in an integrated environment.

Prior to these initiatives, parents had few options for early intervention services. The local hospital-based early intervention program was the most common choice for parents. However, because of its isolating nature this setting could not encourage socialization with other children. As a result of the Sunrise coordinators' efforts, there are now about forty children involved in playgroups and approximately 20 children are cared for in home day care settings. Neighborhood children are able to receive care in inclusive family settings, rather than in specialized settings, and at a much lower cost. Other regions in New Hampshire are trying to replicate the success of the Sunrise Early Intervention program. So far, other communities, however, have not been able to recruit sufficient numbers of caregivers to succeed.

The Director of Early Intervention Programs at Sunrise, Jill Galvin, believes that hiring enthusiastic, positive coordinators is the most important component to the success of the program. Generating new locations and finding caregivers willing to accept developmentally disabled children takes time, and the coordinators must sell the idea to potential providers. Some outreach efforts have been as basic as answering newspaper advertisements from family day care providers seeking to care for children, then querying to determine if the providers offer a good match for children with disabilities. The work demands an open attitude, a lot of phone calls, and a great deal of leg work. The coordinators are upbeat and excited about the children they are helping. They emphasize the qualities the children share with other children rather than their differences. At the same time, the coordinators are understanding of the

provider's fears.

Once the provider meets a child, resistance to taking on children with special needs has been surprisingly limited. According to Jill Galvin, imagination and fear are replaced with the genuineness of a child who can simply benefit from socialization with peers in a natural setting. Caregivers frequently already have had experience caring for children with various delays, and they often recognize certain disabilities although they may not be familiar with their clinical label. When the term "developmentally disabled" is coupled with a real child, caregivers in the area have been found to be eager to help.

There are 16 staff members at Sunrise Early Intervention. Physical, occupational, speech, and social workers help the special needs child's family to develop an Individual Family Support Plan to articulate the family's goals and service plans over a six-month period. Therapists visit the child in the playgroup or day care setting to assess the child's progress and to provide support and guidance. Program coordinators maintain contact with the playgroup and day care providers and are able to link the caregivers with additional services, specialized instruction, and parent education. The services are designed to support the entire family. In instances where there are several service organizations involved in the care of a child, the coordinators will arrange meetings with involved providers to discuss "wraparound" services. Caregivers themselves also receive individualized training in their homes and attend monthly training workshops, where they are kept abreast of current strategies in early intervention and available resources.

Playgroups have offered providers unique and rewarding opportunities, including the chance to: witness real growth

in individual children, enhance the learning and acceptance of other children in the playgroup (often including the provider's own children), and increase the caregiver's level of understanding and patience. Jill reports that some providers who have been exposed to children with special needs through Sunrise's Early Intervention Program have gone on to become speech pathologists and therapists. Their work with the children raised their awareness of professional community service opportunities.

One Provider's Experience

Lee Ann Buyck of Deery, New Hampshire, decided to accept the responsibility for caring for two developmentally-delayed twin boys in the spring of 1997, after 11 years of experience as a day care provider. She had previously been interviewed as a possible caregiver for children with autism by Region 10 Community Support Services, Inc. in New Hampshire, but found the service professionals there to be disorganized. She was particularly impressed by Sunrise's goal of finding a setting to fit the best interests of the children, along with the needs of the parents.

Lee Ann explained that the caseworkers from Sunrise took the time to seek an excellent match for the twins. At the age of two and one-half, both twins were verbally delayed, with few communication skills. Part C pays for them to participate in three two-hour playgroup sessions per week at Lee Ann's home, where she also cares for four boys ages two through five. Before accepting the twins, the Sunrise Early Intervention caseworker was forthcoming about her search for a capable and talented provider, and Lee Ann found the caseworker to be extremely supportive. Lee Ann said that providers really have to love children and want to do this kind of work, because the financial rewards are

limited. The caseworker who worked with the twins and met with Lee Ann wanted to make sure that the children were in capable hands. She wanted the experience to be productive and successful from the perspective of the parents, the caregiver, and the twins.

Challenges

According to Judy Koch, director of RSEC, it is always a struggle to maintain quality, family-based services for as little money as possible. The Sunrise Children's Center, an inclusionary center with special facility design features, along with high quality staff, and a high staff-to-child ratio, is expensive to run and operate. Similarly, Sunrise Early Intervention faces financial challenges. Early intervention staff receive referrals from Area Agencies for Developmental Services, and when these agencies cut back it affects the programs.

There are also tensions between providing the best service and providing the service that is most likely to be reimbursed. Families might have health insurance that covers visits from licensed therapists but not home visits or tot groups, which may to the exposure and support from which children could benefit most. The Sunrise model, with its focus on family-based services, tries hard to connect families with the best service for them.

Professionals involved in the Sunrise Children's Center at Sunrise Early Intervention are interested in helping other communities adopt inclusionary models of care for children with disabilities. However, they are busy administering their own programs and have not yet determined an effective way to expand their success. These are the challenges they face as they continue on what they see as

the “cutting edge” of fostering individual children’s needs — in programs that are committed to helping children grow, discover, develop at their own pace , and enjoy childhood and discovery within natural environments.

Successes

Sunrise Early Intervention has demonstrated that many existing providers, with additional support, can be excellent caregivers for children with disabilities and learning delays. In some instances, this care is far less expensive than that provided in segregated environments. In many instances, the support given to the provider benefits all the children under care, not simply those with disabilities or developmental delays.

Sunrise Early Intervention also has shown that the demand for integrated settings is strong, that many parents and their children prefer integrated settings and family settings, as opposed to more institutional ones. Through networking, outreach, and support, it is possible to find quality settings for children with disabilities in child care centers and family day care settings that meet families’ desires.

Finally, this integration often can develop new advocates for children with disabilities. When one child with physical disabilities requiring the use of a wheel chair entered kindergarten, he had three classmates from his family day care home who introduced him to the other children at school. It helped ensure a real process of inclusion for the child as he started elementary school.

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Community Infant Services Review (CISR)

Peer and Parent Review Model, Colorado

Description of the Initiative

The Community Infant Services Review (CISR) is an initiative organized from within the Colorado Department of Education in a creative attempt to implement Part H of the federal special education act, Public Law 99-457. Part H of this law (now Part C) funds early intervention programs for infants and toddlers with disabilities, from birth to age two, and includes monitoring and evaluation requirements. In Colorado, the Colorado Interagency Coordinating Council, part of the Department of Education, is the lead agency in ensuring that “all communities in Colorado develop and implement a comprehensive, coordinated, multi-disciplinary, interagency program of early intervention services for infants and toddlers and their families,” as required by federal law. The intent of the law is to make sure that children with developmental delays, at risk of developmental delays, or with medical conditions associated with developmental delays, are appropriately served.

CISR is a unique program where professionals and parents come together to review the needs of individual communities and to explore how various agencies within those communities meet the special needs of infants and toddlers. Participating communities host a team of professionals and parents, and the team spends three days interviewing agencies and determining the effectiveness with which those agencies work together. During the three days of interviews, the CISR team keeps the community apprised of its preliminary findings and impressions. The

community agencies and team members act as partners in the process of evaluating and monitoring services. At the conclusion of the visits, the team produces a report to assess the community's strengths and weaknesses and to guide the community in planning for the future.

Background and History

In 1989, the Colorado Department of Education was looking at ways to implement Part H of the federal special education act. At that time, the Colorado Department of Education made a deliberate decision to focus its monitoring strategy on increasing the capacity of communities to serve young children with disabilities. It was decided that some sort of peer review initiative would better satisfy those goals than traditional monitoring activities typically performed by a central office, which often functions in settings removed from the particular needs and unique characteristics of the communities being monitored.

The first review team was comprised of service professionals from one community who visited a nearby community that was struggling to provide services for young children with disabilities. The review team did *not* include parents, and the team members spent three days visiting a limited number of traditional service providers, such as programs for the developmentally disabled, school systems, and the local health department.

Tom Patton, who served as the project coordinator for CISR, began working with the initiative as a result of the limited effectiveness of the first review team. Tom was recruited as the parent of a child with autism. Members of the initial review team recognized that they needed more input from parents, and that focus groups and interviews

involving parents with a personal stake in the quality of services could yield tremendously valuable information. Parents had a long-range view that differed from professionals' views, and many were already informally involved in the programs serving their children. Furthermore, parents could take leadership roles in helping to sustain the community's capacity to provide early intervention services for children.

According to Tom Patton, there was some initial resistance on the part of professionals who worked for state and local agencies to include parents in the process. A few people wanted to "professionalize" CISR, in order to increase the degree to which the host community had confidence in the findings of the interviewers. It was felt that some parents with limited education might offend those being interviewed. Tom and others felt strongly about the importance of including parents, both as valuable resources and as role models for the host community. He explained: "We were setting out to identify gaps in service and to increase community capacity at the frontline level. To achieve this we must include parents, who are consumers and are most likely to be involved in the long run."

Based on three years of experience, in 1992 the peer and parent review model evolved into a formal, structured program led by the Colorado Interagency Coordinating Council. The resulting model has been built around the following value statements, which serve as CISR's evaluation criteria:

- ◆ focus on the strengths of children and families;
- ◆ consider a child's needs within the context of the family;
- ◆ recognize parents as active and equal partners in making decisions;
- ◆ focus on providing choices and options of services;

- ◆ use existing resources in creative and flexible ways; and
- ◆ provide adequate funding for what is required.

Preparing for the CISR Team

Local communities (defined as areas which represent 1% of the State's birth population by Colorado's Part H funding formula) are required to host a CISR team as part of the criteria for receiving funding. In some instances, less densely populated areas might join to comprise a single "community" for the purpose of CISR. When a community is identified, the state provides funding for the CISR team visit, a local community organizer, and follow-up activities.

The standard CISR team is comprised of 15-20 parents and professionals from outside of the community. They visit 20-40 places involved to various degrees in the infant and toddler services system throughout that community. Some of the interviews are generally reserved for nontraditional stakeholders in the process. A different team is formed for every community visit, and some interviewers are people who are scheduled to host a CISR team in their communities in the near future. Typically, several team members have already participated in CISR visits, either as part of the team or as part of the host community. Prior to these visits, the community appoints a coordinator who organizes the visits and assembles a community-based group to conduct at least two parent focus groups. This community group gathers information regarding satisfaction among parents who have young children with disabilities to provide a framework for the CISR team visit. The CISR team uses the information to formulate interview questions which probe the community's strengths and weaknesses in providing

quality services.

In an effort to maximize benefits from the CISR team's visit, the local coordinator usually spends about eight weeks preparing for the team's visit. The host community forms an interagency committee or utilizes an existing group to plan for the visit, advise the coordinator, and organize and implement a plan following CISR's final report. It is particularly important for CISR to involve this group in all aspects of the process, in order to instill feelings of ownership and responsibility in creating the needed changes.

The CISR Three-Day Visit

The CISR relies on the local community coordinator, the state community consultant (the state employee who assists the community with Part H compliance and technical assistance), results from the parent focus groups, and other available resources to gather information about the community prior to the visit. This enables interviewers to devote their time to learning about how agencies perceive their roles, and to linking more agencies with the community effort. Organizations are called upon to help advertise the arrival of the CISR, and a conveniently-located temporary CISR headquarters is set up, staffed by the community coordinator. Publicity heightens community awareness and lends the initiative further credibility.

The local coordinator is responsible for scheduling the visits, each attended by two or three members of the CISR team. The interviews last about one and one-half hours. The CISR interviewers take time to describe the CISR process and then, through a series of questions, seek to

understand the role played by the individual or organization in identifying and referring families who need services; coordinating community services; involving parents; and articulating and advancing the values of the community service system.

Halfway through the three days of visits, the CISR team meets with the local lead agency to share information and emerging themes and to identify possible additions to the interview schedule. At the end of the third day, the CISR team joins the local coordinator and representatives from the lead agency to share findings and to articulate the major issues to be included in the final report.

The CISR sets out to provide a review of available services, supports, and community connections for families. The report outlines the goals of the community, suggests ways to use the information, and offers new strategies. Within the context of the report, the CISR structures recommendations for technical assistance planning and facilitates priority setting for a three-year administrative plan. According to Penny Ford, the overall director of the CISR initiative, the emphasis is upon identifying untapped potential, underutilized resources, and local and statewide networking opportunities. The report typically focuses on three areas:

Needs of the community that are not currently being met but that are necessary to ensure quality services to infants and their families;

Opportunities to improve services, while capitalizing on the strengths of individuals and organizations involved; and

Barriers which need to be resolved in order to create a fertile environment for the provision of quality services.

Drafts of the report are shared with members of the local lead agency. Members of the CISR often return to the community within a few weeks to present the draft in a community-wide setting. After gathering input, the CISR issues a final report to all participants.

Changing Perceptions to Embrace Resident Involvement

Although some of the professionals involved in CISR were initially reluctant to welcome the participation of parents, many communities had been involving parents to some extent in their planning activities for years. In Larimer County, which consists of Ft. Collins and a few outlying rural areas, families of children with developmental disabilities have been coming together since the late 1980s to discuss the lack of choices for services and programs. Barbara Stetsman of the Disability Connection in Ft. Collins has been chairperson of Colorado's Interagency Coordinating Council and a member of the Council since 1990. She explained that as a doctoral student in special education in the 1980s, she could not adequately access the services she needed for her daughter, despite her familiarity with organizations in the field of special education. She helped to form a group called Concerned Families, made up of families who were facing similar problems. The group implemented strategies for approaching professionals, emphasizing the need to partner with organizations to foster mutual respect. While some professionals were not responsive and would try to squelch the efforts of the group, Concerned Families prevailed through the use of informal contacts and persistence. In

the tightly-knit community of Ft. Collins, it was not unusual for a family to host dinners explicitly to cultivate relationships with professionals.

Barbara Stetsman believes that parents are the only ones who know what works and what doesn't work within services for developmentally disabled children. Professionals can examine systems and service delivery issues but only parents can truly evaluate the programs. Parents bring *values* with them and an ability to assess whether a program is family-driven. She doesn't hold that parents need any special training, other than some background information, self-confidence, and a place to turn for resources.

Tom Patton feels that resistance to parent involvement is never completely resolved. He reports that protests were voiced most by people in academia, and that evaluators and researchers were reluctant to take the opinions of parents seriously. He reiterates the innate value that parents bring to the process and dismisses the notion that parents' experiences negatively bias their involvement. All experiences bias the interviewers, regardless of whether interviewers are parents or professionals, and that's why CISR maintains a unique and constructive balance. Partnering parents with professionals during the interviews helps to capture a complete picture of the community's strengths. One of the goals of CISR is to move past the notion that parents need to have a certain level of knowledge and sophistication to insure that their children receive quality care. Typically, the parents of children in inclusionary programs in Colorado have had higher levels of education and significant time and energy to devote to their children's special programs, but all parents should be able to enroll their children in good, high-quality programs.

An Example — CISR in Action

Jefferson County, a large rural county west of Denver, received a CISR visit in October, 1996. At that time, the county had recently reorganized after the Colorado Department of Education (CDE) had determined that the county's existing lead agency was not meeting its obligations to ensure the provision of quality services to developmentally disabled children, and that parents were not sufficiently involved in planning and administering services. Two individuals from the county's lead agency (who were also the parents of children with developmental disabilities) took the lead in assembling a group of ten core parents to write a new grant, *without* the cooperation of several of the formerly involved agencies. The new grant was accepted by the CDE, and a nonprofit organization called Jeffco First Steps was created to administer and oversee the grant.

Christie Scott of Jeffco First Steps was one of the two leading individuals and is now a coordinator of Part H funds in Jefferson County. She explained that after CDE accepted their grant, the County's efforts to comply with the law were totally reorganized. An "all-parent" board was established, consisting of nine parents of children with special needs. At the time, there were a lot of "hard feelings" among professionals from agencies in the community who felt that their prior efforts were unappreciated and that parents couldn't possibly handle the administration of the \$270,000 grant that was being requested (despite the fact that many of the parents were professionals in their fields). The former lead agency had 17 people on its board and included only one or two parents. The most pressing task for Jeffco First Steps was to rebuild relationships with community agencies.

Christie reports that the CISR team that visited Jefferson County obtained a great deal of information about how the community felt about services for developmentally disabled children and how programs operated in that community. The team played an educational role by informing agencies about Jeffco's function in coordinating Part H funds for the county. The team was also able to gauge exactly how resentful agency professionals were in the aftermath of the reorganization. At the end of the third day, Jeffco received positive responses about its role and visibility in the community from CISR, along with feedback on the need to establish more and better links between agencies and suggestions for technical assistance.

About a month later, a few CISR representatives returned to Jefferson County to present the results of the three day visit to the board and the community. Every organization that participated in the interviews was invited to the meeting. After the presentation of the findings, a discussion ensued and a blueprint for future plans began to unfold. For example, the community learned that Jefferson County is the only county in Colorado where infants and toddlers with disabilities are segregated in schools, so increasing school options for parents became a priority. In addition to specific service issues, Christie explains that the information that CISR gathered confirmed what they had suspected — that there were still some hurt feelings remaining from the reorganization — feelings that needed to be addressed. Interrelations among agencies was the most pressing problem in Jefferson County, and the development of a shared vision emerged as the highest priority. Since that time, Jeffco has devoted significant effort to improving working relationships between organizations.

Unique Aspects of the Program

CISR is more than a creative approach to helping communities in Colorado identify service problems and improve services to developmentally-disabled children. A visit from CISR typically serves as a catalyst for needed changes. This is accomplished not only through the unique approach of the program, but through the sensitivity with which the program is administered. Careful attention is paid to matching up interviewers with organizations that the interviewers can help and appreciate. Individuals on the CISR who believe in inclusionary models of care for children are not assigned to interviews with proponents of segregated models, to avoid conflicts in philosophy which might color the outcome of the interview. If a family center in a rural area is struggling to make a connection with Part H funding in that area, the interviewer might be someone with numerous ideas on how to establish that connection.

The practice of sending people who are scheduled to host CISR to interview other communities also is unique. These individuals become familiar with the purpose of CISR and can promote the initiative based on their experiences. They can then gain support from others in the community who may be skeptical about the process. Frequently, individuals from the host community are invited to conduct interviews in subsequent communities, giving them a chance to apply what they've learned. People reportedly enjoy participating in the CISR teams and are eager to learn about what other communities are doing. Barbara Stetsman of the Disability Connection plans to participate in four out of eight or nine CISR visits in the coming year. The experience opens opportunities for peer-to-peer technical assistance and networking that can continue well beyond the CISR team visit.

Finally, although the involvement of parents in programs for children with developmental disabilities is growing nationally, Colorado's commitment to including parents with professionals remains noteworthy. CISR has found that the results have been predominantly positive. Parents lend a fresh perspective to programs, and agency professionals have been able to learn a great deal from the parents with whom they work. Some communities in Colorado are more willing to recognize and empower parents than others, as the Jefferson County example illustrates. The program strives to achieve a balance in the participation of parents and professionals both on the CISR team and in the community administration of Part H funding.

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Hartford, Connecticut ***The Parent Leadership*** ***Training Institute***

The Parent Leadership Training Institute (PLTI) in Hartford was the first parent leadership training course of its kind in the country. PLTI was conceived in 1990 by Elaine Zimmerman, Executive Director of the Connecticut Commission on Children, a state agency that promotes public policy in children's best interests. By 1993, the curriculum was developed for a 20-week civics skills course designed to help parents become meaningful leaders on a local, state and regional level. The course is held one evening a week in three-hour sessions. The Commission on Children now partners with eight local communities to facilitate courses around the state.

Background and Description

In 1990, staff from the Commission on Children traversed the state asking parents what skills or support they would need to become more involved in their communities. Parents explained : that they didn't have the tools to affect change; they didn't understand how government works; and they didn't feel they had the power to influence decisions in their communities. They often said, "we're just parents." As an outgrowth of those interviews, the Commission developed a five-pronged strategy. The following were goals of this comprehensive strategy:

- 1) Educate the public;
- 2) Provide technical assistance to municipal leaders;

- 3) Influence legislative policy;
- 4) Obtain support from a business advisory group; and
- 5) Create a Parent Leadership Training Institute.

In 1992, Elaine Zimmerman enlisted the help of the American Leadership Forum, an organization with experience in providing leadership skills classes to corporate and government leaders, to build a constituency of parents who would be involved in children's issues. One American Leadership Forum class expressed an interest in working with the community to help develop parent leaders. That class took on the task of developing the first PLTI curriculum. The initial curriculum was ten weeks long and focused on broad leadership skills. The Commission on Children's relationship with that group led to an unexpected rapport with Hartford's business community and ongoing support from local corporations.

The first PLTI class took place in 1993. By 1994, the class was expanded to twenty weeks in response to participants who wanted more. In addition to the existing training in group dynamics, working with diversity, and coalition-building, ten more weeks were added to learn about state government, public policy, understanding laws and budgets, and accountability. The original class was brought back to PLTI to make up the ten additional classes.

The program maintains a roster of a core group of twenty-five teachers who are available to teach PLTI. Typically, it has been easier for PLTI to find teachers for the early sections of the course, which focus on group dynamics, self-esteem, and coalition-building. It has been more difficult to find people qualified in teaching the nuts and bolts of state government and policy. PLTI conducts one training session annually to introduce new teachers to the program.

Funding

PLTI is now funded by a combination of national, corporate and local foundations, with the state providing staff for technical assistance, training, and leadership to local communities. Currently, the Hasbro and Surdna Foundations are supporting statewide expansion. Locally, the Aetna and Cigna companies fund PLTI Hartford. The financial backers of PLTI change from year to year and tend to be organizations that are interested in funding citizen education, democracy efforts, and child abuse prevention.

There is no state money available for the program, other than the in-kind staff time provided by the Commission on Children. Elaine Zimmerman spends about 25% of her time on PLTI. The program coordinator, Stacey Leeds, devotes half of her time to the program, and a VISTA volunteer works on PLTI full-time. It costs approximately \$8,100–\$14,000 (depending on local in-kind contributions) to operate the 20-week class.

Unique Aspects of the Program

From the beginning, PLTI was intent both on achieving diversity among participants and including children and families in the program. The Commission is selective and aims to include a thorough mix of ages, religions, races, and educational levels in each class. Organizers also felt that the whole family's needs had to be recognized and supported for families to succeed in the class. For example, child care and dinner are provided at all classes. The families share dinner before class begins, and children participate in a high quality child care program. At the end of the course, children take part in the ceremony and

receive a recognition diploma.

The leaders of PLTI encourage participants to identify and pursue their own individual paths following completion of the program. Stacey Leeds, the Hartford Site Coordinator, explains that PLTI's goal is to “unleash initiative.”

At around the fifth week of classes, participants select a “practicum” based on their areas of interest. Practicums might include projects such as attending a series of legislative sessions, writing an editorial for a newspaper, or working to set up a program. At around 10 weeks, participants devote significant time to working in their chosen areas. However, according to Stacey, if people ultimately do not pursue these areas but instead initiate changes in their personal or family lives, that's also considered success. Participants will naturally apply their newly acquired skills and information in some positive direction in their lives, and program staff laud any resulting changes in the lives of the parents involved.

PLTI's Values: Why Parents Participate

Stacey Leeds believes that, first and foremost, PLTI is committed to promoting specific values, and that it is these values that attract applicants. She explains:

“We offer respect to parents. Our outreach and selection are not targeted toward a certain population — we are intent on including *all* parents. We offer parents skills, information, and practice in taking on leadership roles, for themselves and their families. We offer an opportunity to connect them to real, meaningful changes. We don't

start from the viewpoint that says, ‘there’s something wrong here.’ Rather, we see parents as hugely valuable, and we offer them the skills and experiences to help them make a difference.“

Elaine Zimmerman explains that bolstering parent confidence and capacity to help them take on leadership roles and make changes is crucial in light of the trend towards devolution of social services. When the control of many social services is returned to communities, there must be people in those communities prepared and capable of taking responsibility for some of those programs. PLTI is consistent with the goal of increasing community capacity, thereby empowering communities to take charge and removing barriers to participation.

PLTI has devoted considerable time to fostering the involvement of new residents. When recruiting a new class of participants, staff sends letters to school groups, legislators, and churches, asking for nominations of people who would be interested in forming a class. They also use public service announcements, newspaper articles, and the radio to recruit new people. Perhaps their most successful strategy has been to ask alumni for nominations. As a state agency, the Commission on Children’s contact with individuals in the community prior to PLTI was limited, but through recruiting efforts it has now developed an admirable reputation for developing leadership skills. PLTI does not accept people on a first-come first-serve basis. Instead, the program is committed to creating a select group of people who will work well together.

Parents also have personal reasons for wanting to participate in the program. They may feel they lack the skills and knowledge to understand how government works

and how to relate to government officials. Or they may want to become involved in public life. When PLTI staff interview prospective participants, they look for the caring and commitment that people bring to parenting.

Pathways for Participation

For participants who want to apply their new skills but are not sure how to go about it, staff from the Commission on Children often help. Elaine Zimmerman might ask a parent to accompany her to state legislative hearings to offer testimony on a school issue or community concern. There may be other speaking opportunities for parents in conference and meeting forums. A radio show may ask for participation from parents who have completed PLTI. The application of new skills is left primarily in the hands of participants however, and PLTI has not yet done an evaluation of what people do following completion of the course. Anecdotal information and success stories are gathered and shared at ongoing alumni events.

Parents who have been through the PLTI program can now be found organizing groups in Connecticut, stopping library closings, writing newspaper editorials, serving on school boards, and running for office. One participant, after completing the program, spearheaded an effort to push for a solution to a serious roof problem at her children's school. The roof was caving in and the school had been closed, but there were no immediate plans for repair and no arrangements for the interim education of the children. The participant spoke before city hall about the gravity of the situation, learned about the bidding process, organized a group of parents who demanded an explanation, and was ultimately appointed to the school board.

Over time, PLTI has defied the standard public stereotype of parents. Elaine Zimmerman says that the stereotype is characterized by four statements which are totally **false**: 1) parents don't care; 2) parents are lazy; 3) parents are not influencing the schools their children attend; and 4) parents won't come to meetings at night. Instead, PLTI has found that even very poor parents will come out at night when their training is meaningful — linked to real change and linked to their children.

Future Plans

PLTI hopes to do an evaluation to quantify what participants do with their skills and where their areas of interest most commonly are concentrated. Unfortunately, staff efforts to facilitate, secure, and expand funding for the program have left little extra time for evaluation and for helping other communities to launch similar PLTI initiatives. Currently, PLTI programs based on the Connecticut Commission on Children's model have been created in Florida, Ohio, Illinois, Vermont, Minnesota, and Maine. Administrators of PLTIs and other parent leadership programs often share ideas through site visits and at conferences.

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Cedar Rapids, Iowa ***Neighborhood Partners***

As part of a multidimensional approach to innovations in neighborhood-based service delivery, the Edna McConnell Clark Foundation is currently providing three years of funding to Cedar Rapids, Iowa, to improve its child protective service (CPS) system by drawing upon community systems of support. The Community Partnerships for Protecting Children Initiative build upon a Patch (neighborhood) model of service delivery, providing both child protective services and family support services through family resource centers conveniently located within the neighborhoods they serve. In conjunction with Patch, an initiative called Neighborhood Partners is aimed at strengthening neighborhoods in Cedar Rapids by partnering with neighborhood residents.

The goal of Neighborhood Partners is to create stronger neighborhoods and reduce family isolation by establishing and reinforcing neighborhood support networks. Neighborhood Partners was launched in March of 1996. It is intended to serve primarily those who live in the Wellington Heights section of Cedar Rapids, where families have a disproportionately high rate of involvement with CPS. Levels of poverty and racial tensions are also notable in the area, with 45% of all minorities in Cedar Rapids living in Wellington Heights. Linda Winston, director of the Jane Boyd Community Center which serves the area, explains that despite the neighborhood's problems, strong networks exist — people count on each other for child care, phone messages when they don't have phones, and rides to the grocery store. When people move, they typically move within the neighborhood.

At the beginning of Neighborhood Partners, five social workers (called family support workers), who were working in family resource centers and were affiliated with Patch, set out to identify and recruit a total of 25 neighborhood partners. They were looking for people who had both a shared vision of what residents wanted their neighborhoods to look like and a natural inclination towards helping people. The family support workers were also seeking diversity among participants in terms of background, race, gender, age, and family status.

It took longer than expected for the family support workers to find people they felt were appropriate for the role of a neighborhood partner. “Professional” volunteers were easily identified — volunteers who were used to contributing their time to organizational causes. This program called for a different sort of neighborhood resident — people to whom neighbors naturally turned for help. After six weeks of looking in early 1996, 21 partners were identified and recruited.

In April and May of 1996, the neighborhood partners were trained in three sessions. Training emphasizes the vision of the program, safety issues, and how to maintain boundaries when helping families in need. The partners are asked to invest at least 20 hours monthly in their neighborhoods and are given a \$100 monthly stipend for expenses such as mileage and child care. They submit a summary of their hours and activities to the program coordinator. They meet monthly as a large group and additionally in smaller groups to discuss the program and to plan neighborhood activities. Partners also maintain an ongoing relationship with designated family support workers, who provide guidance and support.

Vision

In meetings, the volunteers spend a great deal of time discussing their vision for the program. The newness of the program has left a lot of room for creativity and experimentation. The program's primary leaders are Bill Hood, who directs the neighborhood satellite office of the Jane Boyd Community Center and serves as coordinator of Neighborhood Partners, and Ginger Hemmingsen, a program developer and trainer who designed the initiative. Bill and Ginger are very deliberate about the words they choose to describe their vision. They have set out to create an ongoing structure for people who are willing to reach out to their neighbors. They are developing natural partners who seek a family's involvement and input in resolving problems.

Neighborhood partners are expected to act as links between neighborhood and community resources while helping families to develop bonds with each other. They are expected to possess a basic knowledge of child development and to model appropriate parenting techniques. A non-judgmental attitude and an appreciation for a family's strengths and stresses are seen as essential. These qualities enable the volunteers to help build neighborhood support systems. According to Ginger, the formal system of public support programs requires that families who need help either have to ask for help or fail miserably in order to obtain services. In contrast, Neighborhood Partners is a preventive effort to establish primary connections with families and help them through difficult times, either with or without formal services.

What do Neighborhood Partners Actually Do?

Neighborhood partners have a broad mandate to provide practical support for families and help create opportunities for positive interactions. Initially, the new volunteers went door to door for a month, asking people what sorts of services and activities they desired in their neighborhood. At that time, answers ranged from sewing classes and programs for middle school students to parenting groups and social clubs. These conversations provided the foundation for further efforts to strengthen community life. Four neighborhood gardens have been established to involve children in planting and caring for gardens, and block parties are seen as important opportunities for the neighborhood to come together.

The support that volunteers provide varies depending on the interests and strengths of the partners, and volunteers sometimes vary their activities when they feel “burned out.” They share information about services and organizations, offer to assist families in accessing needed resources, and act as a family’s advocate when necessary. They occasionally give stressed parents a “time-out” in the evening by offering to care for their children. Some partners organize clothing drives or enlist their children’s help in setting aside clothing to give to neighbors. One partner opens up her home to her neighbors one evening a week. Another provides lunch for neighborhood children on Friday afternoons, and some take children to organized sports or school events in instances where small fees can be prohibitive to parents. They welcome new families to the neighborhood, attend local neighborhood association meetings, and accompany families to initial government office visits. Some neighborhood partners go periodically door to door to ask about the well-being of neighborhood residents.

The work of neighborhood partners to strengthen and

improve the community is illustrated by the following example. One volunteer recalls last summer when an eighteen-month-old child was running around in the middle of the street. The parents or caregivers could not be located. Someone called the police, and the police came. The incident opened doors for a day, as neighborhood partners became involved in trying to find the child's parents. The partners were able to determine that the child had wandered away from a daycare setting. In addition to finding the parents, the neighborhood partners increased awareness for the need for daycare oversight in the neighborhood.

What Kind of Resident Becomes a Neighborhood Partner?

To date, neighborhood partners have been successful in helping families build connections in their communities, both because they have been dedicated in their efforts and because they have strong roots in the neighborhoods they serve. Both Bill Hood and Ginger Hemmingsen speak of the neighborhood partners with admiration and respect. They are a diverse group with a range of backgrounds, and they have tremendous patience with each other. Many are poor themselves, many have struggled through difficult family circumstances, and most are raising children. One partner explained her reasons for wanting to be a partner:

“From my experience, I understand where family systems fall down. I am most committed to children, since I survived a terribly abusive situation myself. Most importantly, children and everyone have the right to be human. We are supporting that. We want people to know they have the right to make changes and make choices

in their neighborhood. As a neighborhood partner, we talk a lot about values, racial issues, and religion. It's a very understanding group. I enjoy my work most of the time, and try to encourage others to apply to be partners.”

Challenges for the Future

The creators, coordinators, and supporters of the program have spent a great deal of time planning and organizing the substance of the program — recruiting and replacing partners, creating a sense of unity and community among the partners, and clarifying roles and the purpose of the initiative. As the program continues, they are finding that the administrative aspects of Neighborhood Partners demand more attention: ongoing meetings require representation, and there is a need to ensure that all of the steps taken to create the program are properly documented. Record-keeping is particularly important in light of the limited duration of the grant. The Clark Foundation currently provides support, but has not yet committed to funding beyond the initial three year grant.

Another practical concern is that the Clark Foundation's volunteer stipend is taxed, leaving the volunteers with less than the \$100 promised. The program coordinators are trying to resolve this problem.

Another concern related to staffing and volunteer support is that the family support workers who were initially assigned to neighborhood partners are having difficulty maintaining the desired relationship with the volunteers while still handling their other responsibilities. To address this, Neighborhood Partners has hired a full-time family support liaison to facilitate the connection between

partners and family support workers.

A fourth challenge that the program faces is maintaining its informal, autonomous approach while becoming institutionalized. For example, now that the partners are more established in the neighborhood, they are finding it more important to be able to offer printed materials and other concrete resources to neighbors during informal conversations. The volunteers have created a brochure to distribute to neighbors. Unfortunately, the many players involved in establishing and supporting the Neighborhood Partners initiative were all required to approve the brochure, and tensions stemming from slightly different agendas delayed its approval. Because of the extensive nature of the Clark Foundation's investment in Cedar Rapids, there is thorough oversight of the program. This oversight is both supportive and time consuming.

Finally, sustaining and supporting the cadre of volunteers, while the individuals evolve in their roles, will take ongoing training and support. The group of neighborhood partners is hungry for information. They want to be kept abreast of policy changes that may impact the families with which they work. According to a volunteer, they want to participate in more activities to build cohesiveness within the group, allowing them to work more cooperatively with each other within the neighborhood. They are also continually looking for new ideas and ways to interact with their neighbors that will help lead to a stronger community.

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Conclusion

The five initiatives outlined in this paper provide ideas for how communities can partner with public efforts to create innovative, high-quality programs for children and families. It was our intention to highlight some of the details which led to new ways of thinking and the formulation of new initiatives by community leaders and professionals. We believe the case reports touch on the important themes in innovative, practical approaches to engaging residents, families, and consumers in reform initiatives.

In each instance, the involvement of parents or community residents was essential to the development and success of the effort. Some of the initiatives continue to evolve as professionals and families learn from each other and from implementing new strategies. In the process, they continue to fine-tune their reform initiatives. The professional and lay individuals interviewed for these case reports were, without exception, proud of their achievements. Please feel free to contact them as you seek to design strategies that draw upon the leadership and expertise in your programs and communities.