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ABSTRACT

Family needs assessment is mandated within Head Start programs. Cen-Clear Child Services, Inc., a Head Start program in Pennsylvania, set out to evaluate and revise its approach to information-gathering and to involve families in the planning process using plans based on family strengths and designed to meet family goals. Based on a model designed by Schulman (1982), a training module was developed for home visitors to address the issue of improving family needs assessment. The questions designed to elicit the same information were presented in two formats: an open-ended approach and specific closed-questions approach. Responses were then compared for completeness and accuracy. Following the training program, home visitors were encouraged to implement the procedure they found most comfortable. Results indicated that use of the conversational approach produced more accurate and useful information, mostly due to fact that the information comes directly from the parents rather than from home visitors' interpretations of limited information obtained using the direct-question format.  
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## Obtaining Information Through Basic Communication

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**Abstract:** The following is a paper presented at the 1996 National Head Start Training Conference. It describes a procedure used at Cen-Clear Child Services, Inc. to evaluate and revise an approach to information gathering and to involve the family in the planning process with plans based on family strengths and designed to meet family goals.

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## **Obtaining Information Through Basic Communication**

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The Problem

In Project Head Start, a family assessment, commonly called the family needs assessment, is mandated. Local Head Start Programs have adopted a variety of approaches for fulfilling this requirement. At Cen-Clear Child Services, Inc., as in numerous other Head Start Programs, the need for timely assessment became the overriding requirement, resulting in an assessment composed of structured questions. It was theorized that direct, preprinted questions would increase reliability and validity of the questionnaire and would provide the most detailed information. Unfortunately this did not prove to be the case.

One of the factors used to judge the validity of the tool in this case was the usefulness in subsequent program planning. It was found that, in many cases, the resulting family plans did not meet the families' needs. In investigating this phenomenon, it was found that the information gathered in direct questioning was either inaccurate or incomplete. In addition, it was inconsistent with family information that emerged as the home visitors became better acquainted with the families. More importantly, parents of Head Start children began to express dissatisfaction with the process, indicating the questions were invasive and made them feel as if they were being judged. Additionally, many home visitors, particularly those with several years of experience, indicated they were uncomfortable in completing this process, saying they felt they were being intrusive in their questioning.

As has been found in numerous circumstances with this type of interviewing technique, (Converse & Schuman, 1974, pp. 66 & 67) these factors combined to render the assessments were unusable. Because the information was not considered valid by Home Visitors and parents, the assessments were not viewed as a tool but instead were only completed to satisfy Head Start regulations and meet deadlines.

#### Review of the Literature

Because the previously described method of interviewing was based upon well researched, generally valid approaches to information gathering, this posed considerable difficulty in considering possible revisions. It was felt that those methods were not working, at least in this particular situation. Therefore, it was felt that it was important to review techniques that had worked in the past and to then adapt these techniques so that they could be used to meet the current needs.

In reviewing the literature, it was found that many authors had been advocating the use of open ended questions and an interviewing style built on mutual trust and free-flowing communication. Douglas (1985) indicated that intimacy and understanding of feelings were essential to obtaining accurate and useful information, and Schulman, (1982, pp. 207-208) strongly emphasized the need for empathic responses. Methods advocated included wide use of open-ended questions (Merton, Fiske & Kendall, 1956, p.71) followed by specific probes, and encouragement via empathic responses. McQuaid (1984) describes four types of communication situations, favoring a typology of active sender, active receiver in which there is a mutual give and take and sharing of trust as well as information.

After examining the literature related to various methods of interviewing, it was determined that revisions were required in order to gather information that was meaningful and useful for program planning.

## Method

Self Assessment---The initial step in revising the process was to conduct a self-assessment to confirm the need for changes in the approach. In order to complete this, a variety of techniques were utilized. An examination of current files was conducted to see if the family plans were closely correlated with expressed needs. In addition, home visitors and families were interviewed to determine comfort level and perceived utility of the process. Based on input from numerous reports, as well as file reviews, several salient factors emerged. It was the consensus that information obtained through the current initial interviews was incomplete and sometimes inaccurate. Plans did not correlate well with assessed needs. The widely reported reason for this was that the structure of interview was perceived by parents and Home Visitors as sterile and limiting. More importantly, however, the process was also reported as being intrusive, not parent friendly, limiting, threatening, and not conducive to rapport building. The model being used was found to be based on a medical model and was perceived as such. Those involved in service delivery as well as parents receiving the service viewed the family needs assessment as a method for pinpointing symptoms, diagnosing problems and designing an intervention or cure. For example, it was asked, "What methods of discipline do you use with your children?" If a parent had difficulty identifying methods that had been proven effective, it was often recommended to staff that parenting skills training should be recommended, even if the parent did not request such training.

Surprisingly, many of the family plans that were developed did seem to be consistent with family goals. In examining this phenomenon, it was discovered that families and home visitors were working together to design plans based on information that emerged after the home visitor had been in

the home for awhile and after rapport had been established. Using the example listed above, a home visitor may observe that a family was using very effective discipline techniques, but had simply been unable to articulate them. Therefore, they might point this out to the parents, who would then indicate their desire for more information on child development or teaching their children at home. Instead of the plan reflecting a goal of parenting skills, it would therefore designate a plan to visit a library and find information on appropriate learning games for four year olds.

This added impetus to the search for new methods, since it was felt that there was little need to subject a family to the humiliating process of a needs based assessment, when more effective methods utilized a strengths based, goal oriented approach. It was therefore determined that the more effective procedure would be to refine that approach and to train staff in its use.

Training--- Based on a model designed by Schulman (1982), a training module was designed to address the issue of improving information gathering techniques and to break the paradigm of the medical model. The model involved an initial exercise, using five questions. The questions, designed to elicit the same information were presented in two formats, an open-ended approach and specific closed questions. The group was divided into two groups with specific instructions to ask the questions exactly as worded. Responses were then compared for completeness and accuracy. In examining responses, participants discovered that not only did the open-ended questions yield more complete information, they also resulted in a higher degree of accuracy, not because respondents were necessarily misrepresenting themselves, but because the close ended questions were often misunderstood.

This exercise was followed by didactic instruction in benefits of rapport building and principles of good communication and demonstration of the process. During the demonstration, participants were asked to observe an actual interview. They were specifically instructed NOT to take notes. Following this interview, the participants developed a family plan with the full participation of the interviewee. The interviewee was one of the trainers. This was a deliberate choice to encourage the notion that this process is an advantageous one for all families and does not depict family needs, but instead is a mechanism for defining family goals and developing an action plan for reaching those goals(Merton, Fiske & Kendall 1956).

Implementation---Following the training program, home visitors were encouraged to implement the procedure. At this point in time, two steps were taken. The first step involved greatly simplifying the family assessment (dropping the word needs) and incorporating the use of all other information gathered in the development of the family plan. The second step was to allow home visitors to collect information using the method that was most comfortable for them. At this point in the process, it was discovered that although many home visitors had indicated discomfort with the structured approach, many staff, but most particularly new Home Visitors still tend to gravitate toward this process rather than the conversational approach because of the security offered by the pre-printed questions.

It was felt that if the procedure was to be truly effective, home visitors would need to move toward the less structured approach as their comfort level would allow. Therefore, instead of mandating this style of questioning, home visitors were challenged to base family plans on a broad range of information. To encourage this approach, Cen-Clear Child Services, Inc. implemented a yearly plan designed to demonstrate family growth, entitled Our Family Plan. In order to develop this plan, assessments can be based

on more narrative information rather than fragmented pieces data to be collected. This has resulted in families being able to see a comprehensive picture of their goals and progress as a family as opposed to compartmentalized services by Head Start component.

Field Observations and Feedback---The final step in the process toward revising the model and move toward a strengths based approach involves field observations and feedback. Members of a core team, comprised of four persons representing the four Head Start Components, periodically accompany the staff on home visits. It is their responsibility to offer ongoing training and technical assistance, not only in service delivery related to their respective components, but in effective use of procedures. This allows for staff to develop and refine their interviewing skills, with expert training and feedback on an ongoing basis. It is hoped as the value of conversational information gathering is demonstrated, more and more staff will be effectively trained in its use.

### Results and Discussion

Informal follow up assessment was completed to determine effectiveness of the new approach. Initial results appear to be promising. Home visitors who have begun using the conversational approach report that they are more comfortable with the process and have more confidence that the plans being developed reflect actual family goals. Unfortunately, results have been mixed because not all home visitors are using the conversational approach to the same degree. Many newer home visitors report that they often resort to using the limited items on the assessment in direct question form which yields limited information.

However, those who routinely feel comfortable enough in using the conversational approach have found this process to produce more accurate and useful information. In the conversational approach 90% of the



information comes directly from parents as opposed to the Home Visitor interpreting the limited information obtained in using the direct question format. For example, when examining a family's approach to meeting basic needs, many home visitors will ask, "Do you get food stamps?" If a parent would answer "No," home visitors have, in the past, interpreted this to mean the family needs food stamps.

Home visitors who are using the conversational approach are now finding that they were often incorrect in their assumptions, when they were using the limited information obtained on direct questioning. However when the majority of the information is non-directed (Merton, Fiske, and Kendall, 1956, p. 15) and is therefore volunteered by the parents there is little room for interpretation and the ownership reverts back to the parent, where it belongs.

Instead of the previously prescriptive medical model, this new model is viewed as a dynamic growth process, with emphasis on facilitation by a caring professional, but the process is owned by the family as opposed to an imposed cure.

### Summary

It should be recognized that this process is still in the developmental stages. Staff at Cen-Clear Child Services, Inc. are currently developing more refined methods for measuring family advancement. It is the intention to provide more on site training and feedback to allow inexperienced home visitors to develop more refined interviewing skills, as well as the confidence necessary to use these techniques. A decided need is to conduct empirical research to verify the validity and utility of this approach. A next very important step would be to design and complete research to determine if differences between approaches do in fact exist and if so are they statistically significant. Such research would examine accuracy of perceived needs

based on the two forms of interviewing techniques and would include measures of social validity and perceptions of role.

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