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ABSTRACT

Transition projects have emerged to address Head Start fade-out effects, that is, the disappearance of gains made by Head Start program children by the third grade. The Nebraska Transition Project is one of 31 across the United States providing Head Start-like services to families with children in public elementary school, kindergarten through third grade. The project addresses four needs of the children and their families: (1) education; (2) health; (3) social services; and (4) parent involvement. Lincoln Action Program (LAP), a local community action agency, developed and administers the Nebraska project. During the project's 4 years, nearly 1,000 individuals from over 250 families have participated. Members of the family system have a significant impact on the child's transition from one environment (cultural, relational, educational) to another. Family Outreach Workers work individually with each family to develop goals and to work toward achievement. Case workers refer to a Case Management Model that provides a step approach to working with families: (1) access, assessment, exploration, planning; (2) implementation and goal attainment; and (3) closure and evaluation. The project places special emphasis on the children's health and their relation to school success. Results of an informal evaluation indicated that children's health correlated to school success, especially in kindergarten; the Nebraska Project has resulted in increases in family income and self-sufficiency; and that this Transition project aids in reshaping and transforming children, families, schools, community, and society. (Contains 15 references.) (DL)

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The Nebraska Head Start/Public School Early Childhood *Transition* Demonstration Project

(Linda Hellerich-Tuttle, Eleanor Shirley-Kirkland, Helen Raikes)

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I. Introduction and Background of Head Start/Public Schools Transition Project

Head Start programs began during the Kennedy-Johnson era and the War on Poverty to address the needs of low income children and families in hopes of enhancing and perpetuating the attitude of learning-readiness when the child entered school (Berger, 1988). Originally funded through the Office of Economic Opportunity, "Operation Head Start" was a 6-8 week summer program to facilitate children's readiness for school in the fall. Head Start was generally a cooperative venture between local community action agencies and public schools. Some communities later expanded Head Start to year-long programs and also provided health and nutrition services to those children attending (DiNitto, 1991; Zigler & Muenchow, 1992). As of 1990, Head Start had served nearly 12 million children and their families (Federal Register, 1991). In order for children to be ready to learn, their needs were addressed within the context of their parents' needs. There was much debate in setting policy and appropriating additional funds for Head Start in the late 60's, but the program survives and thrives as a program of the federal government's Department of Health and Human Services.

Providing continuity for young children in preschool and other early childhood environments into public school has been researched and addressed by the U.S. Department of Education and U.S. Department of Health and Human Service Administration offices (Early Childhood Collaboration Network, 1993). The "transition" experiences of young children have been given considerable attention in more recent years. The Head Start/Early Childhood Transition Demonstration Project was implemented as one means to provide support to children

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and their families as well as to explore and research the impact of those supports with regard to the academic gains of children.

Early research demonstrated Head Start children were more advanced in cognitive and social development as well as having better health than non-participating children. However, research also showed those gains were "fading out" by the third grade. Today, within a systems framework, Head Start provides comprehensive family development, helping to strengthen parents in hopes that a reciprocal effect of socially, emotionally, and physically developed children will enter the classroom prepared for instruction and growth (Federal Register, 1991).

Transition, as we know it today, was implemented to address the fade-out effects of those children who were more likely to struggle as they worked to maintain those gains. Early childhood experts believed this was due to incongruencies, whether philosophical, methodological or other, between Head Start programs and public school environments. The Head Start/Public School Early Childhood Transition Demonstration Project, a comprehensive family-based service for children through the third grade, will ostensibly assist practitioners and policy-makers from arenas of education, health, human services, and government, in finding answers, possibly solutions, to this "fade-out" phenomena (Federal Register, 1991).

***Characteristics of the Lincoln, Nebraska Transition site**

The Nebraska Transition Project is one of 31 across the nation funded by the U.S. Department of Health and Human Services, through its Administration on Children, Youth and Families. The Project's focus is to demonstrate the impact of providing Head Start-like services to families with children in public elementary school, kindergarten through third grades. Based

upon the Head Start model, the project addresses needs of children and their families through a conveyance comprised of four major components: education, health, social services, and parent/family involvement. Activities and instruction in the classroom are centered upon developmentally appropriate practices and cultural inclusion. Health and social services support families in movement toward economic self-sufficiency and healthy family functioning. Parent/family involvement promotes and encourages the active participation of parents in the education of their young children both in the school setting and at home. Social and family health services are geared toward families of low-income in need, but the education, and parent/family involvement is generalized to all children within participating classrooms. The child's health is monitored partially through the school and further supported by a Home Health Educator who addresses holistically and systemically, the entire family's wellness.

The Nebraska Project was developed and is administered by the local community action agency, Lincoln Action Program (LAP) as grantee. LAP, also the grantee of the Lancaster and Saunders Counties Head Start programs, further provided a solid foundation for understanding general concepts and content for extending the Head Start prototype through Transition. Other consortium partners are Lincoln Public Schools (LPS) with five Title I elementary project schools and six comparison schools involved in the demonstration. Selection Research Institute, a non-profit division of The Gallup Organization in Lincoln, administers the local and national evaluation component. CIVITAN, based out of the University of Alabama, compiles and collects data from all 31 projects to provide evaluation for the entire national demonstration. During the last four years of Transition services and activities, nearly 1,000 individuals representing more than

250 families have participated directly while numerous other children in the Nebraska project classrooms received benefits in kind. The Project Governing Board is structured with 51% parent representation and remaining 49% membership chosen from the larger community. Three sub-committees monitor special issues of budget/finance, program, and personnel.

The concept of "Transition" was primarily intended to address the concerns and needs of children and families of pre-school and early childhood populations as they transitioned and moved from the home into the classroom and from one grade to another. For the Nebraska site, consortium partners recently articulated and confirmed its definition of "transition" to mean: "A child's passage from one context and environment (cultural, relational, and educational) to another during the years between pre-school and the end of third grade, and the accompanying effects on that child and his/her family during the transition processes." From a functionalist perspective, the members of the family system make a significant impact and have a major role in shaping the behavior of each other in order for the system to maintain itself. Children, therefore, are affected in their transitions as partially determined by the parents and other family members (Zastrow and Kirst-Ashman, 1990). In the social work and family-based services context, this reflects a systems theory in the approach to children, families, schools, and communities. Developing stronger communities is facilitated through the development of family structures as they are interconnected to agencies, services, institutions, customs and cultures (Rauch, 1993; Hartman and Laird, 1983; Bradshaw, 1988; Anderson and Stewart, 1983).

The "Transition Demonstration" is now in its final program year. The initial cohort of children and families completed their participation at the end of July 1996. The second cohort of children and families will end their involvement at the end of July 1997. Thus far, some of the

"promising practices" of the project include:

- Use of strengths and systems-based theory and ecological model for direct service
- Home-based services to families which meets the person(s) in their environment
- Fluid case management system providing comprehensive support to families
- Initial and periodic assessment using the Family Assessment Tool (FAT©)
- Collaboration with schools and other community agencies
- Early childhood educational philosophy using "The Primary Program" as developmentally appropriate practices framework
- Decentralization of Head Start center base and home-based sites throughout the school district
- School district adoption and progression of multi cultural plan and competencies
- Establishment of "Educational Facilitator" role to develop early childhood teachers
- Development and implementation of a developmentally-appropriate-practices self-assessment tool for teachers
- Introduction of Meisel's Work Sampling System for Head Start and Grades K-2
- Home visits by teachers
- Conferences between Head Start and primary teachers as well as between teachers at varying grade levels
- Ongoing staff development opportunities for educators and social services providers

All of these endeavors, supported by effective case management practices and school communication, reinforce the healthy functioning of the child and their family members. Case management also provides supportive measures for the maintenance, edification, and enhancement of family strengths.

The Lincoln Public Schools is somewhat unique in that each school building site individualizes its plans as determined by that site's administration and staff. Therefore, the actual implementation of Transition activities varies in style at each demonstration school while undergirded by the policies of the Lincoln Public Schools District. In addition, some schools offer multi-age classrooms which may include Transition-appropriate grade levels. Thus, teachers in these classrooms implement developmentally appropriate practices to the group as a whole with the teacher also receiving benefits from utilizing Transition materials and resources.

***Special Characteristics of Family Assessment**

Once Family Outreach Workers have completed the basic intake forms, they begin the assessment process. The Family Assessment Tool (FAT©, Lincoln Action Program copyright 1994) is an instrument used by case managers as they work with client families to help them achieve self-sufficiency and healthy family functioning. The tool's three primary uses are: planning (for the family and the worker); research (documenting trends and patterns in family progress); and program evaluation (formative for program development and summative for program effectiveness).

Based on the family interview responses, the Family Outreach Worker assesses 21 family functioning dimensions to create a profile of strengths and needs that identifies areas exhibiting barriers to self-sufficiency and healthy functioning. A "barrier" is defined as the point at which circumstances change from being a positive to a negative influence on the family. From the profile, the worker and the family jointly consider and develop a family goal plan which reflects

the family's desire to address some or all areas determined as barriers.

Future work with the family revolves around agreed-upon goals and the actual tasks involved in accomplishing change. Much time is spent on reinforcing family strengths and monitoring progress toward goal achievement. Periodic re-assessment occurs every nine months. Approximately 250 Transition project families have currently been assessed with between 9 and 45 months of case management services. Dimensions showing continuous positive change during that time include wages, income, increased hours in the work force, and increased wages with a reduction in the use of AFDC and food stamps assistance. Other dimensions that showed little change from baseline to the 9 and 18-month assessments were substance abuse and mental health; however, these dimensions began to show positive change after 27 and 36 months of case management (see charts 1 and 2).

Case management activities and interventions are progressive and remarkable in terms of outcomes as typified in the FAT barrier reduction charts (chart 2). Each Worker encourages and facilitates goal progress. They meet with families, at least monthly and often weekly, to help them access health services, connect with programs and agencies to assist with food, clothing, housing, and other basic needs. Many times they provide a safe environment to listen to the concerns of parents and their children and seek to bridge communication gaps between the family and the school. Workers help schools to address concerns of children who experience health and hygiene needs, absenteeism, behavioral problems, and other issues which prevent the child from being in the "ready to learn" state. FOW's are members of schools' family services or "core" teams to address the concerns of Transition children within the context of their family system (Hartman and Laird, 1983).

Each family poses a unique opportunity for the case manager's flexibility and unique style. All Family Outreach Workers are supervised by a Case Management Supervisor who provides technical assistance, materials, resources, and support in the area of strategies and interventions in social work and direct service, substance abuse, community organization, and professional ethics. In addition, the supervisor reviews cases and goal plans, case records and documentation practices, supports FOW's involvement and presence in the project school through routine meetings with school administrators, and coordinates staff meetings and training.

Specialists were added to the project in the third year to address the growing concern of Family Outreach Workers whose client families were struggling with issues of health, mental health, parenting, and employment. A Parent Resource Specialist, Home Health Educator, and Employment Resource Specialist are Transition ancillary providers who take referrals from the case managers to assist families directly in the home, through groups and workshops, or by providing the workers with information and resources regarding appropriate agencies and specialized services. This enhances the knowledge base and skills of case managers in their pivotal role as community collaborators and family advocates.

***Transition case management model and methods**

Case managers refer to a Case Management Model (chart 3) developed by the Case Management Supervisor which draws upon other similar models in the social services and human services delivery system. This model which is explained and offered to schools' family service teams, provides a fluid and flexible approach in working with families in three phases:

- ❑ Phase I: Access, Assessment, Exploration, Planning
- ❑ Phase II: Implementation & Goal Attainment
- ❑ Phase III: Closure & Evaluation

The level of service delivery may be short-, long-term, or crisis intervention, or a combination thereof. Case managers need to be flexible in practice, allowing for the needs and situations of the client to be addressed within a planned framework. In this way, goals, activities, strategies and interventions will parallel closely with the family's needs and/or current situation (Hepworth and Larsen, 1990). The time frames identified in the service delivery model, are merely suggestions for Workers to determine if their energies are targeted appropriately, realizing all families are diverse and dynamic in process, progress, and development (Klass, 1996).

The Family Assessment Tool profile (chart 4) further assists case managers in identifying and visualizing barriers to self-sufficiency and healthy family functioning relative only to concomitant, quintessential family strengths. According to Klass (1996), pointing out the family strengths based upon observations of specific behaviors along with follow through of goal plans further augments the system's positive development. This strategy is woven into the fabric of the case management process and framework as practiced by the Transition Family Outreach Workers.

***A focus on children's health as related to benefits of case management**

As part of the Nebraska Transition health component, the local evaluator recently focused on three questions:

- How important is children's perceived health to school success?
- Do parents and teachers have similar perceptions of children's health status?
- Did Transition Project services have an impact on children's health?

The research sample included: 1) Project children and families from the five Project schools; 2) the Comparison group children and families from the six comparison schools; and 3) "intense service families" who had received a minimum of 18 months case management services from the Family Outreach Worker (case manager). Dependent variables were obtained from a child health questionnaire administered to both teacher and parent responses to a question about the child's general health; the Peabody Picture Vocabulary test; the Woodcock Johnson Tests of Achievement; the Academic Competence Scale (teacher response); and "What I Think of School" questionnaire (children). Absences from school were also noted.

Results indicated that the teacher ratings of children's health significantly correlated to school success variables, especially in kindergarten. Parents were inclined to think their child's health was better than that indicated by teachers. Teachers' ratings of children's health became higher over time. Teachers perceived that Transition appeared to have had some effects on children's health.

Project children had higher percentage gains in teachers' perception of general health from kindergarten to later years than was true for comparison group children. Children whose families received intensive case management services had the greatest improvement in ratings of general health. Project children had fewer uncorrected visions and hearing problems at all grade levels.

***In Conclusion**

School administrators, teachers, counselors, health paras and professionals have supported and offered accolades regarding the case management services Transition families have received over the course of the project. Principals have stated the Family Outreach Worker has "made the

difference" for many families in maintaining some semblance of stability and particularly, in seeing that effect upon the child as they cross the threshold and engage in school activities. Schools everywhere are generally understaffed and overcrowded, primarily in urban areas. Schools also have grown in diversity--with many languages representative of the elementary schools--and in the number of low income families. Within their neighborhoods, schools are often seen as a connecting link to the community. Children and their families need the outside support of the greater community to help them meet their basic physical, social, and emotional needs. Transition Project Principals have expressed concern about school budget cutbacks, the cessation of Transition monies, and the lack of staff to help them address the needs of many children within the context of their family situations.

It is likely that long-term support through a comprehensive model of Head Start-like services and case management will be necessary to effect long-term, systemic change in the child, their family, and the community. The Nebraska Transition Project has thus far demonstrated and documented increases in family wages and income and movement toward self-sufficiency. Families have received many benefits in obtaining basic shelter, clothing, food and the caring support of a professional "friend". Even the more sensitive and chronic issues of parenting, substance abuse, domestic violence, sexual behaviors are amenable to change when families have ongoing and long term connections with a supportive, comprehensive family-based services program such as Transition. As the demonstration moves toward closure, the Transition "players" are concerned, yet hopeful, that case management services will remain an integral part of schools and community collaborations. In a societal and secular trend of declining economic equities and reduced budgets for social programs, the needs of children and families will increase

as the family unit strives to adjust and to maintain homeostasis. The present and potential strengths of children and their families are produced and measured in part by the responsiveness (i.e. investment, commitment, actions, and values) of community-builders (Weil, 1996). The reshaping and transformation of children, families, schools, community, and the larger society could likely be facilitated and fashioned by the support of programs such as Transition.

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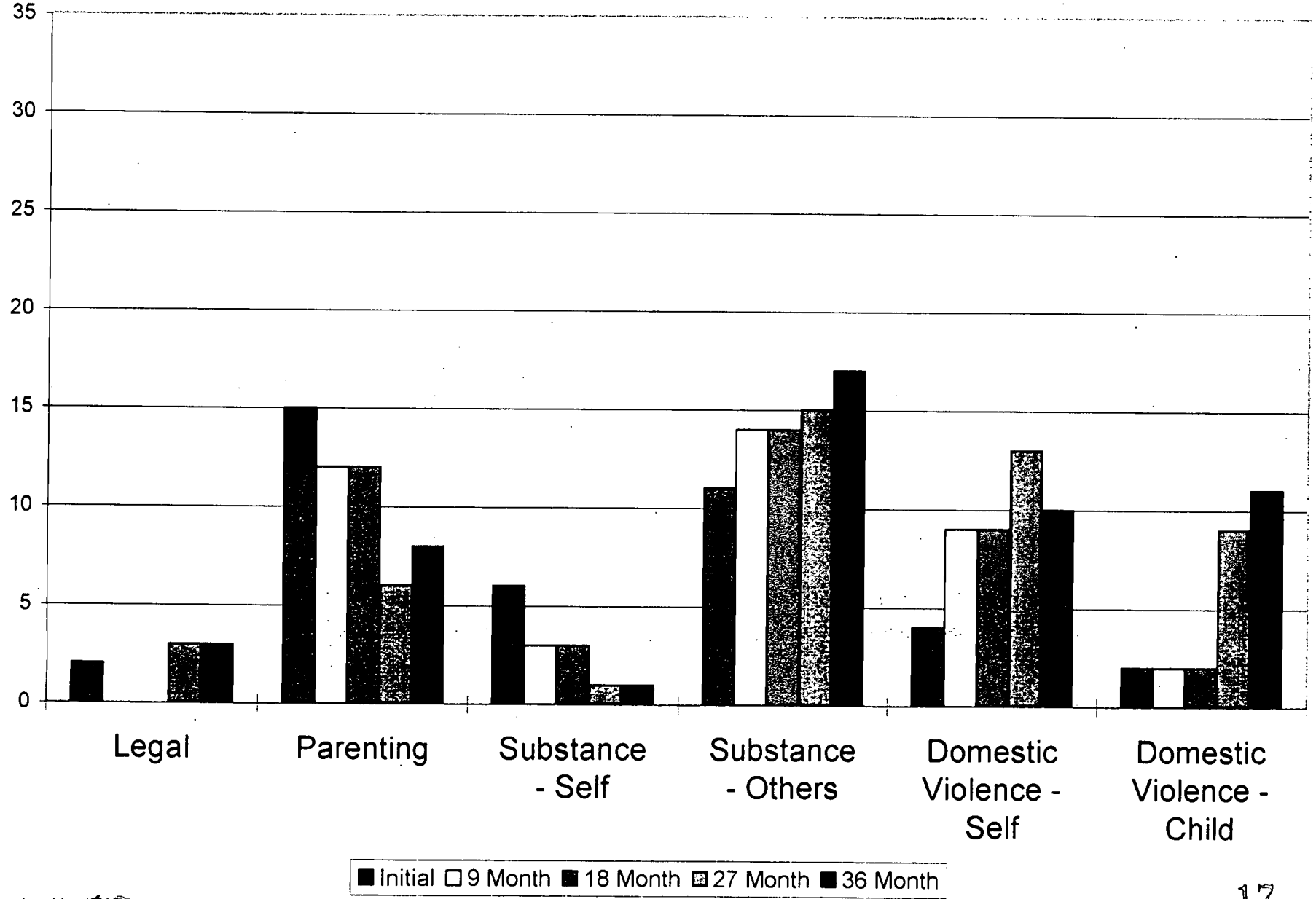
Nebraska Early Childhood Transition Project
Healthy Individual and Family Barrier Reduction: Tier 2



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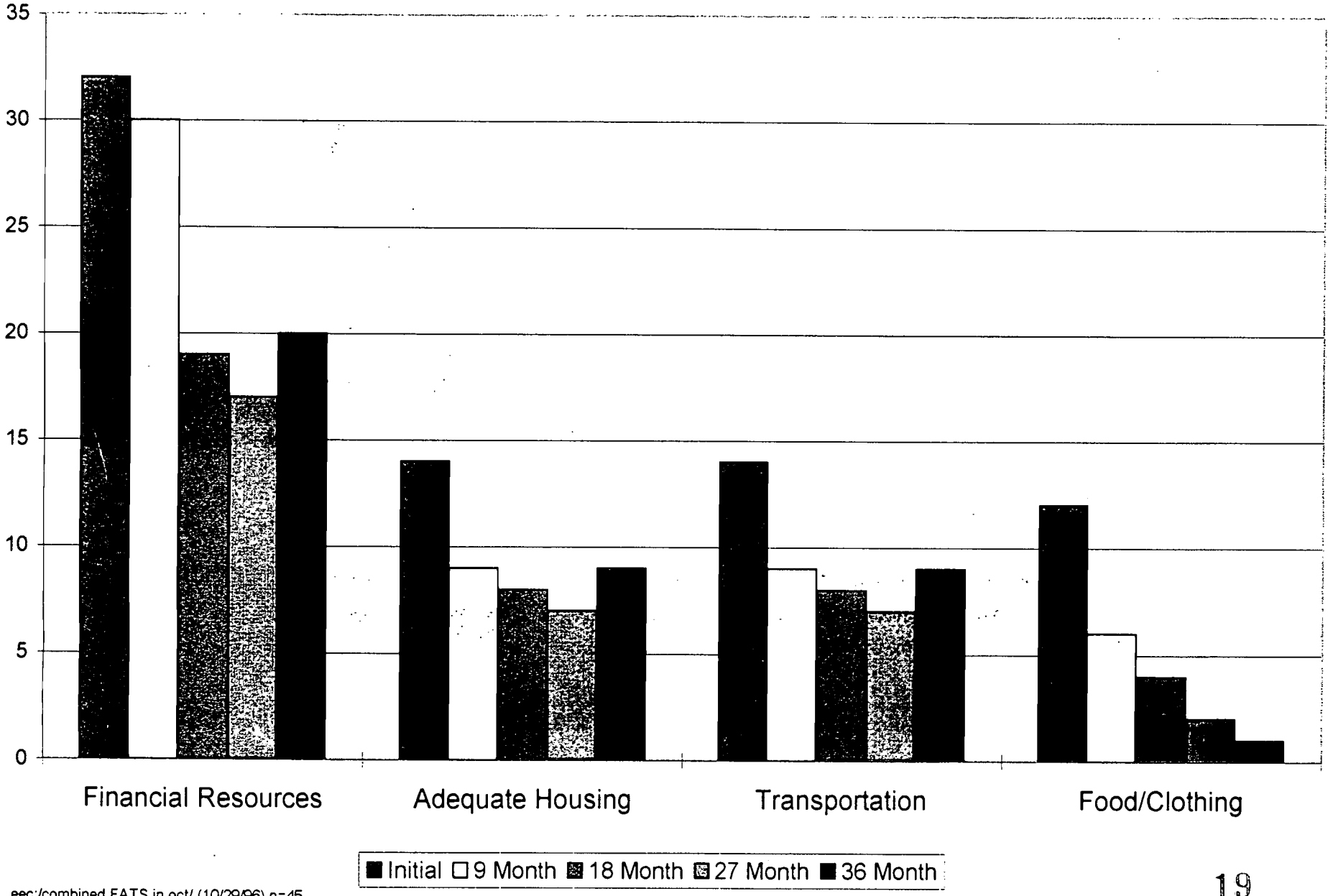
(#1)

Nebraska Early Childhood Transition Project
Basic Needs Barrier Reduction



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(#2)

Nebraska Early Childhood Transition Project

Lincoln Action Program

Social Services Component

Case Management Model

Phase I: Access, Assessment, Exploration, Planning

Establish eligibility
Enter program via:
- Referral, other
- Recruitment
- Self-referred
- Mandated
- Crisis/emergency

Program/Services Match
Intake
Case Mgr. assigned

Initial Assess. *Family Assessment Tool (F.A.T.)
Identify: Strengths, barriers to self-sufficiency & family functioning
Ecosystems (family in the environment) identify

Phase II: Implementation & Goal Attainment

Documentation

1. Establish Rapport & Build Relationship
2. Develop Goal Plan
3. Strategies & Interventions to achieve goals
4. Delegate Tasks
5. Provide Resources & Supports
6. Maintain Rapport
7. Monitor & Evaluate Progress
8. Modify Goal Plan (Based upon need)

Documentation

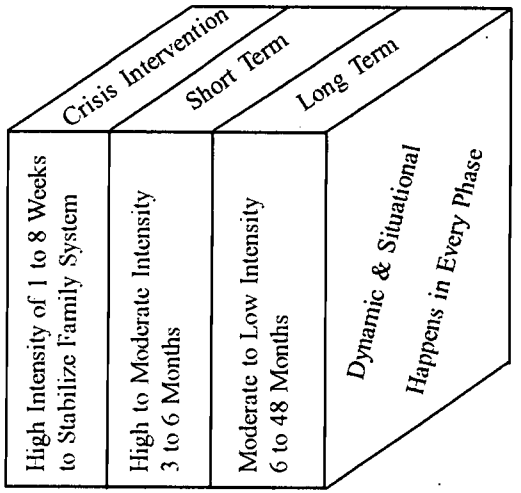
Phase III: Closure & Evaluation

Final Assess (*F.A.T.)
Outcomes.
Growth & Change in Children, Families

Closure
Summary of Participation

Follow-up Contact
30-60 Days

Level of Service Delivery Intensity/Duration:



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