

NATIONAL
CENTER FOR
SERVICE
INTEGRATION

RESOURCE
BRIEF



CHILD AND FAMILY POLICY CENTER

Wise Counsel: Redefining the Role of Consumers, Professionals, and Community Workers in the Helping Process

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NATIONAL CENTER FOR SERVICE INTEGRATION

The National Center for Service Integration (NCSI), established in 1991 with grants from the U.S. Department of Health and Human Services and private foundations, was a collaboration of six organizations—Mathtech, Inc., Child and Family Policy Center, the National Center for Children in Poverty at Columbia University, National Governor's Association, Policy Studies Associates, Inc., and the Bush Center on Child Development and Social Policy at Yale University. NCSI's mission is to stimulate and actively support service integration efforts across the country by serving as an information clearinghouse for documents, programs, and organizations.

The operating philosophy of NCSI, consistent with its mission, is to collaborate with and complement, rather than attempt to replace other clearinghouses, consortia, and institutions working in similar and related activities.

In June, 1995, the Child and Family Policy Center assumed responsibility to disseminate the publications produced by NCSI. Although federal funding for NCSI has ended, NCSI will continue to produce resource briefs, guidebooks, and other publications on issues communities and states face in developing more comprehensive, community-based service systems.

Visit the www.cfpciowa.org website for a current list of NCSI publications.

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CHAPTER 1

Introduction

Strength-based. Consumer-driven. Working with natural neighborhood support systems and networks.

These phrases recur as responses to questions of how public service systems can better serve children and families, particularly those residing in disinvested neighborhoods and communities. Community collaboratives and state initiatives frequently incorporate such phrases into their mission statements. They often establish new services, usually of a more preventive nature, designed to work with children and families in these new ways.

Reform efforts also exist within and across public service systems to incorporate these principles into professional practice. They are found in new approaches in health, education, child welfare, juvenile justice, youth development, mental health, substance abuse, public welfare, and workforce development. Most frequently, however, these reforms focus primarily upon how public systems can effectively refer children and families to other community supports, rather than how professional practice itself can change and can be extended and improved by the direct experience of community residents.

This Resource Brief begins a discussion of the how direct experience needs to be incorporated into helping strategies and how the role of the professional is different as a result. It offers a diverse set of readings that challenge many current assumptions about the role of professional as expert. Implicitly or explicitly, the readings contend that professional expertise is only one form of knowledge and the experience of the consumer and the community also must be recognized and valued. They explore the implications to professional practice of partnering with consumer and community. In some instances, they suggest relying upon the expertise within the community for service provision and administration.

Although they redefine the role of professional, they also acknowledge the need for professional expertise. Professional expertise provides proven tools and systematic knowledge that can offer a diagnosis, standards of practice, and accountability. Alone, however, professional expertise cannot create solutions or be a substitute for the direct experience and insight of those who are doing the coping. New partnerships are needed that blend both professional and experiential expertise, formal and informal systems of support, and public and private response.

While varied, the readings all suggest that a reconstruction of the role of professionals and of existing professional practice is needed that:

- ▲ recognizes and values experiential expertise as fundamental to growth and development,
- ▲ uses this experiential expertise to inform and change professional practice and not to impose professional hegemony,
- ▲ critically examines the role of credentialing to assure it is not used in an exclusionary way to define competence, especially when doing so precludes the involvement of those closest to the lives of the people being served, and
- ▲ recognizes self-help, mutual support, and self-actualization as core to most true helping, with professional helping's role to do as little as needed and recognize its own potential to breed dependency.

Of course, many professionals within and across professional systems do connect their practice with their community. Many draw upon

and value the wealth of experiences and resources within their clients, students, and consumers. Yet it is also true that these professionals typically are not rewarded or valued for such work. They often face institutional barriers in taking the actions they believe they need to take. They often practice according to these principles in spite of, rather than in accordance with, institutional policies and norms. Moreover, they have few guideposts in furthering their own practice and drawing from others' experiences in this work.

These readings provide several guideposts, touching upon different issues and drawing from different experiences. They include reviews of specific programs, articulations of new conceptual approaches, and observations from practitioners who have been doing the work. They are diverse, but they all speak, in some way, to the role of direct experience and community practice and their implications to professional practice.

Two readings speak directly to the use of community workers, rather than professionally-credentialed staff, for this helping work. It frequently is assumed that, in disinvested neighborhoods, expertise must be imported from the outside to help families succeed. Doing so, however, both sends a message to a community that it does not have the indigenous capacity to rebuild itself and denies that community of the employment opportunities that would accrue if community members were hired.

Janice Nittoli and Robert Giloth's review of the experiences across a variety of service professions in hiring natural helpers, dating from the New Careers programs of the sixties, provides strong evidence for the ability and the merits of paraprofessional workers providing frontline services. From in-home health services to child care to education, Nittoli and Giloth present research and evaluation indicating that paraprofessionals can provide quality services, are accepted by their clients, and often can serve as

effective community bridges to other support systems, a role professionals have more difficulty assuming. In all these service areas, however, Nittoli and Giloth note that paraprofessional career advancement is foreshortened by academic credentialing requirements that few community workers can obtain.

Charles Bruner's analysis of an experiment in Allegheny County, Pennsylvania involving three Family Centers suggests the potential and power of an explicit community hiring emphases. As a result of community decisions, the three Centers sought to hire staff from within their low-income communities—from the Center Director through frontline supervisors through van drivers. All three Centers were successful in building staff truly representative of the communities they served, which added to the economic base of the community and created strong staff and community ownership of the Centers.

Nittoli and Giloth's and Bruner's reviews indicate the value, and the ability, to enlist community workers as part of publicly-supported community helping systems.

Two readings speak to the additional value and benefits that emanate from a much broader formulation of the concept of helping. They extend the discussion beyond traditionally defined services to activities that often are closer and more immediate to people's real lives.

Audrey Gartner and Frank Riessman describe the role of self-help and mutual aid in supporting children and families. They stress the value of sharing experiential understanding and knowledge as a part of the helping process. While self-help and mutual aid have existed for centuries and occur in many forms and structures throughout the country, they often fail to be recognized and supported by professional systems. Gartner and Riessman describe ways that professionals can promote self-help and play facilitative and resource roles to self help groups, rather

This set of readings represents different, exploratory adventures in reconstructing the role of professionals and connecting them with community workers.

than assume hierarchical authority positions.

Edgar Cahn describes the current failure of public systems to recognize many of the uncompensated efforts people undertake on behalf of one another and toward self-sufficiency, particularly in disinvested neighborhoods where traditional opportunities for economic compensation are limited. First developing exchange systems based upon valuing resident contributions of time and effort in "time dollars," Cahn has moved to a more basic formulation of the importance of "co-production," that helping systems require the contributions of the end user to succeed. Cahn describes how communities and systems can foster this co-production and establish appropriate compensation for that co-production.

Three readings are from practitioners working at the grassroots level in fashioning new relationships between professionals and communities, families and workers. They represent transformations within helping professions that move toward community building as well as individual growth, through recognizing the assets and contributions that families bring to the table.

Jill Kinney and Margaret Trent draw from their experiences working as a professional and community worker team providing services to stressed families in Tacoma, Washington. Their team represents a real partnership, building both upon professional and natural helper expertise. They describe the need for both natural helpers and professionals, the ways each can help the other, and the skills and tools each needs to develop.

Toby Herr and Suzanne Wagner discuss their work assisting families on welfare achieve self-sufficiency through employment. Herr's program, Project Match, is nationally recognized and continually developing. Herr and Wagner describe the efforts to adapt this program to the realities of the larger welfare system with limited resources for case management, through

a Pathways program that involves group activities in helping families set and reach goals. The result is an illustration of one way informal self help and mutual aid approaches can be incorporated into public systems.

Yoland Trevino describes her experiences in serving as Executive Director of the Vaughn Family Center and nurturing the innate abilities of those who participated in the Center and within the community. She successfully transitioned herself out of a job by supporting the community and developing new leadership. She speaks both the language of the heart and of the mind in describing the power of a program that takes an approach to people neither as "recipients" of service nor solely as "participants" in their own growth and development, but rather as "assets" and "contributors" to the community.

This set of readings represents different, exploratory adventures in reconstructing the role of professionals and connecting them with community workers. Although diverse, they share a common belief in the ability of people, with appropriate help and support, to take control of their lives and contribute to their communities. They recognize that, too often, public systems ignore or devalue the contributions people make. They recognize the need for professional expertise, but for new roles and boundaries for the use of that expertise.

They provide some practical tools and strategies for changing professional practice, but they also speak to fundamental changes in the way public systems and the professionals they employ view consumers and the communities in which they reside. This change in perspective, more than any new tools or strategies, is fundamental to reform.

CHAPTER 2

New Careers Revisited: Paraprofessional Job Creation for Low-Income Communities

Janice M. Nittoli and Robert P. Giloth

A perennially attractive strategy for improving the economic self-sufficiency of poor communities is using the skills and capacities of the very people in these communities to deliver social, educational, and health services. These individuals are referred to by many names, including paraprofessionals, outreach workers, and lay advisers. Not surprisingly, this approach is still relevant as cities and states gear up for changes in welfare, with a premium placed on work. Yet the track record of paraprofessional programs in creating careers and family-supporting jobs for low-income residents raises many questions.

Interest in moving low-income residents into paraprofessional occupations has at least three rationales. First, millions of dollars are spent annually in low-income communities to solve “human service” problems—child welfare, juvenile justice, health, housing, and income supports, to name a few. Few of these dollars employ residents of these same communities, however. A recent study of the Grand Boulevard neighborhood in Chicago, home to the Robert Taylor Public Housing Project and encompassing some of the poorest census tracts in the country, estimated that \$167 million was spent in 1994 in a community of 36,000 residents. The magnitude of this public investment raises the question of whether these dollars could be spent to create jobs and economic opportunity while contributing to the solution of human service problems—what some call “double social utility.” Analysts have calculated that this Grand Boulevard investment translated into 634 jobs, more than one-third of them aide jobs and 41 jobs at higher skill levels (Bush, Ortiz, and Maxwell 1995).

The second reason for supporting paraprofessional programs is that they make human services more effective. Those millions of dollars spent

in low-income communities seldom solve the problems for which they are intended because the programs they fund are often fragmented, bureaucratic, disempowering, or culturally incompetent. Indigenous workers, it is believed, are better able to reach community residents, communicate and empathize within specific contexts, and deliver services in a manner that is likely to be better understood (Kinney et al. 1994; Lerner and Halpern 1987; Lerner, Halpern, and Harkavy 1992b; Bruner 1996).

The third rationale is that paraprofessional jobs place a premium on local rather than certified professional knowledge. Hence these jobs are accessible to people with few formal skills and do not have insurmountable barriers to entry. They take advantage of informal skills and life experiences. Yet these jobs also have the potential to serve as entry points into careers that, in the long run, offer higher levels of compensation and responsibility (Pearl and Riessman 1965).

Today, there are two more reasons for renewed interest in paraprofessional jobs. As mentioned, changes in welfare put a premium on work and are the responsibility of states that also fund many human services. In many cities and rural areas, lack of jobs in the right locations is giving impetus to the creation of community-service jobs of various kinds, many of them delivered by paraprofessionals (Center on Budget and Policy Priorities 1997). At the same time, the immense transformation of our health-care system, including Medicaid, to managed care has increased the use of community outreach workers (or paraprofessionals) for recruitment, disease prevention, public health functions, and chronic disease management (SEEDCO 1996; U.S. Department of Health and Human Services 1994a, 1994b; Rosenthal

This chapter was adapted from a chapter in *Jobs and Economic Development: Strategies and Practice*, Robert P. Giloth, ed. Thousand Oaks, CA: Sage Publications, 1998.

1996; Harrison Institute for Public Law 1997).

The renewed contemporary interest in paraprofessionals recalls a bold War on Poverty experience of 30 years ago—the New Careers movement, one of the most thoughtful, comprehensive, and controversial efforts to launch public employment labor force planning. There are many lessons from the New Careers movement that are applicable today.

New Careers: Theory and Practice

New Careers advocates effectively built a movement to support paraprofessional jobs in the human services upon several strong policy currents of the late 1950s and early 1960s. An opportunity to pull these strands together into a politically marketable and multifaceted program for action occurred with the development and passage of the federal War on Poverty program in 1964 and subsequent anti-poverty legislation. The aspirations and design tenets of the New Careers movement are best captured in the 1965 book by Arthur Pearl and Frank Riessman, *New Careers for the Poor*.

A primary policy current of the time was the perception that the velocity of automation and technological change was destroying jobs and outpacing private-sector job creation. Jobs reduction of that type particularly affected people of color, many of whom had recently migrated to northern central cities. Related to this process of economic change was the understanding that, despite overall economic growth, social and economic barriers still prevented low-income, workers in inner-city neighborhoods and rural regions from obtaining jobs. At the same time, projections showed that human service jobs would be growing in the ensuing decades because of population growth and policy directions, in part as a response to the effects of poverty. Finally, policy responses aimed at alleviating poverty and its effects on youth and

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families, stretching back to settlement houses early in the century, were based on the belief that the employment and leadership development of indigenous residents was a key to changing the social structure of poor communities and transforming their external relations with public systems and institutional service providers. Programs such as Mobilization for Youth on Manhattan's Lower East Side and Lincoln Hospital's mental health program in Harlem became models for hiring local people to perform valuable services as a part of community and formal system change.

The basic premise of the New Careers movement was that poor people could be hired, trained, and placed in entry-level jobs to provide valuable social services that took advantage of and relied upon their geographic, cultural, and functional similarities to low-income residents (Pearl and Riessman 1965; Cohen 1975). In addition, New Careers advocates believed that the tasks performed by paraprofessionals could be distinguished from and made compatible with those of human service professionals while bringing social services closer to the neighborhoods and residents for which they were intended. Perhaps the most important aspect of New Careers thinking from a jobs perspective was that advocates believed that entry-level training and on-the-job work experience in paraprofessional positions could, when combined with appropriate skill training, credentialing, and long-term job security, lead to career ladders into the professions. This would provide a route out of poverty for low-income workers, meet the labor demand of human services, and dramatically change how human services were delivered.

The Economic Opportunity Act of 1964 served as the initial vehicle for a broader demonstration of the New Careers approach. The Scheuer Amendments to this Act in 1966 provided \$33 million to develop training and employment projects using paraprofessionals (Pickett 1994). Other legislation and

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amendments, including the Public Employment Service Act of 1970, expanded the reach of “New Careerists” during the next decade to the areas of health, education, crime control, and community beautification. In the 1970s, the Comprehensive Employment and Training Act became an additional vehicle for launching paraprofessional careers for the poor, as federal human resources policy devolved authority to states and localities. By one estimate, there were 20,000 New Careerist paraprofessionals in 1970, with 250,000 to 400,000 others working in human service agencies. By the mid-1970s, the number was 1.5 million (Pickett 1994; Cohen 1975).

Frank Riessman, one of the early and key advocates of the training of paraprofessionals, summarized in 1984 many of the achievements of the movement. Jobs were created. Low-income people with few skills received training to perform important human services. Contractual representation by unions and credentialing through community colleges helped to institutionalize the paraprofessional position, as well as increase compensation and career options. Riessman concluded, however, that paraprofessionals had become absorbed by the traditional human service paradigm rather than serving as change agents for human service reform.

Another concern about New Careers initiatives was that low-income residents and people of color obtained fewer and fewer of the paraprofessional positions over time. Higher-skilled people displacing low-income, lesser-skilled people was in part a function of the economic downturn and rising unemployment rates of the 1970s. The labor market became more competitive. In general, the important career ladder component of the New Careers vision performed badly as well—paraprofessionals were not able to sustain participation in these activities even in the few cases where they were available (Cohen 1975).

Paraprofessional Job Creation Today

Since the 1980s, there has been renewed interest in the deployment of paraprofessionals as a strategy of both good practice and economic development, if not full-scale reform. Our definition of paraprofessional is similar to the one used by the New Careers movement:

a staff member working in the field of human services who: may or may not have a formal academic degree in the field in which s/he is working, but has received specific training to do so; works semi-autonomously to provide direct services to clients; receives a salary and possibly other benefits to compensate for the work performed; receives direction and supervision from a professional colleague; and is likely to be indigenous to the population served (Wong 1995).

In the 30 years since New Careers, the number of paraprofessionals hired in the health and human services fields has grown steadily, though the pace is likely to slow with contemporary reductions in government services (U.S. Department of Labor 1994a, 1994b). The ways in which paraprofessionals are deployed are likely to continue expanding, however, because of both government cost cutting, which contributes to the displacement of professionals, and the efforts of reformers to come up with new responses to intractable social problems.

There is a fugitive quality to the data on paraprofessionals, and that feature, combined with numerous variable job titles and descriptors, makes it nearly impossible to count the number of human service paraprofessionals in the workforce today (Wong 1995). Many paraprofessional titles are not recognized in the U.S. Department of Labor literature, and many DOL

titles combine professional and paraprofessionals. Reliable estimates of the number of paraprofessionals working in schools and child care converge at 600,000 (Pickett 1995a). It is not unreasonable to assume that another 200,000 paraprofessionals are working in health care, mental health, family support services, and juvenile justice.

Although there are limited data on absolute numbers of paraprofessional workers, a review of the human service literature suggests consensus on their key roles.

outreach	identifying and engaging hard-to-reach clients
education and training	teaching skills to adults and children
emotional support	responding with empathy to often isolated clients
mentoring and role modeling	using self as an example of desired behavior
concrete services	brokering services from formal service systems, providing /securing transportation, providing housing assistance, helping shop for and prepare food, etc.
surveillance	observing client compliance with medical regimen or other behavioral goals
clerical	record keeping, case documentation, financial reporting

Paraprofessionals in Health

Perhaps the most recognizable paraprofessionals in health care are nurse's aides and home-care workers. We focus here on the people who make up another large sector of the paraprofessional health-care workforce—those who operate as community health outreach workers.

Known by many titles, these community health community health advisers (CHAs)—the term we will use to refer to all community health outreach staff—are lay staff hired more often for their knowledge of and credibility in particular target communities than for their particular substantive health expertise (U.S. Department of Health and Human Services 1994a, 1994b). CHAs combine all of the core activities described above, with an emphasis on education, emotional support, modeling, and service brokering. They tend to be employed in the low-income urban and rural communities in which they live. Many of their assignments focus on linking poor families to formal services and supporting them in their efforts to cope with poverty and its stresses. Although this role has antecedents in the 19th century's wealthy "friendly visitors" and in the public health nurses affiliated with settlement houses in the early part of the 20th century, it is only since the time of the New Careers movement that lay residents of target communities have served in this role (Larner and Halpern 1987).

More than 400 programs employ approximately 15,000 CHAs in a variety of health programs. A recent Centers for Disease Control survey found that about 60% are involved in mental health and nutrition services, half in substance abuse, HIV/AIDS, and violence prevention, and one-third in chronic disease management and injury prevention (U.S. Department of Health and Human Services 1994a, 1994b). Although they often are expected to know a little about a lot of fields, most get minimal training. CHAs usually receive about 40 hours of training from a nurse or social worker before starting their jobs, followed by

CHAs are more effective in getting information from clients, allaying fears about professional medical help, conveying information credibly, and providing social support.

in-service training every two to four months on general disease prevention, communication skills, and community resources. On average, CHAs work fewer than ten hours a week, and are paid \$5.00 to \$9.00 per hour (Brownstein 1996). In fact, only about three-quarters of CHAs are paid for their services (Zielenbach 1995). The fact that volunteers and paid paraprofessionals perform much the same work reflects a debate in this field about whether wages compromise CHAs' accountability to their communities.

Many CHAs find employment directly or indirectly through three federally funded programs: the Indian Health Service, the Cooperative Extension Service System, and Healthy Start. The Community Health Representative Program of the Indian Health Service, which employs 1,500 CHAs, is the only CHA program directly funded and authorized by the federal government (Harrison Institute for Public Law 1997). This program differs from most CHA programs in that staff members are paid better, about \$11.00 an hour, and some hold professional degrees. The U.S. Department of Agriculture's Cooperative Extension Service operates the Expanded Food and Nutrition Education Program, which uses 3,000 part-time paraprofessionals and 50,000 volunteers at schools, work sites, and other locations to provide nutritional education and teach basic budgeting and parenting skills (U.S. Department of Health and Human Services 1994b). Healthy Start, a six-year program whose first round of federal funding ended in September 1997, is a 15-city demonstration with the ambitious goal of reducing infant mortality by 50%. Most of the Healthy Start sites hired indigenous paraprofessionals, frequently former welfare recipients, for part-time CHA jobs that pay an average of \$6.00 an hour (McDermott 1995; Squires 1997; Grier 1995).

Effectiveness. Although comprehensive data are limited to only a few programs, CHAs are widely

regarded as improving the quality of health care in low-income neighborhoods. Data from Baltimore's Healthy Start program and a similar model in Oregon suggest that they are successful in reducing the incidence of premature births and low-birth-weight babies, as well reducing health care costs by decreasing use of emergency rooms and the incidence of births requiring special care (Baltimore City Healthy Start 1997, n.d.; Healthy Start n.d.; Poland *et al.* 1991). Findings on effectiveness and cost savings have also been documented in programs using CHAs for chronic disease management (Chaulk *et al.* 1995; Moore *et al.* 1996). CHAs are generally considered to be more readily accepted by families and community members than are professionals, and for this reason are more effective in getting information from clients, allaying fears about professional medical help, conveying information credibly, and providing social support (Larner and Halpern 1987; Wasik and Roberts 1994; Watkins *et al.* 1994).

Barriers to Growth. Many of the impediments to wider use of CHAs or the improvement of CHA jobs are related to systemic issues of limited training and credentialing and virtually no cross-sector recognition of either. Career ladders are currently nonexistent. It seems that when CHAs move up, it is often out of their fields. Some Healthy Start programs were able to help CHAs find jobs paying \$7.50 per hour in marketing, office management, and technology by focusing on the development of particular related skills (Grier 1995).

Other barriers have more to do with conflicts inherent in the job. Although community know-how is frequently cited as a factor in CHAs' success, some clients do not want neighbors knowing the details of their family lives, and others dismiss the capacities of lay workers. Some difficulties stem from the life conditions of CHAs themselves. Hired because they share some of the experiences of their clients, CHAs

often share their clients' problems as well. Another key impediment is the resistance of CHAs' family members who feel threatened by the increased independence that comes with work.

CHAs and Managed Care. Managed care companies, particularly those serving Medicaid clients, are trying to establish relationships with CHA programs because CHA outreach and education appear to be cost-effective in reducing emergency care among their Medicaid clients. Emergency room care and subsequent hospitalization represent 40% to 60% of medical costs for managed care companies, and Medicaid clients are three times more likely than other patients to use emergency rooms and to be hospitalized as a result (SEEDCO 1996). Low birth weight and premature babies, though only seven percent of all births, occur disproportionately among Medicaid patients and consume 60% of all health funds for newborns (Harrison Institute for Public Law 1997).

Many CHA agencies are interested in entering into contracts with managed care companies, particularly to replace revenue lost by the winding down of federal programs such as Healthy Start. Many CHA agencies currently receive income from managed care companies, but most contracts are small, experimental, and more akin to grants. Barriers to expansion of these relationships can be found on both sides. Managed care companies are hesitant to engage with CHA providers that cannot document their outcomes or cost savings, or clearly define the services they provide and their prices (SEEDCO 1996; Orbovich 1996). CHA agencies question the market mentality of managed care companies and are wary that their outreach services will be reduced to enrolling new plan members.

As an attempt to position CHA services better in a managed care market, SEEDCO, an economic development intermediary, is developing a model CHA agency that seeks to expand employment for CHAs

Paraprofessionals working in schools and child care centers form perhaps the single largest pool of paraprofessionals working today.

by designing new services, contracting with managed care companies, and documenting cost and health benefits of their program (SEEDCO 1996). It is exploring whether a CHA intermediary organization can be formed and sustained from managed care revenues and public health dollars that will more efficiently organize CHAs; provide a focus on CHA training, compensation, and careers; and ensure public health functions. Because CHAs are an emerging job category and Medicaid managed care is in transition in many states, SEEDCO's strategy is to use this time as an opportunity to affect the definition of CHA work, establish career paths, and influence job structures, wages, and benefits.

Paraprofessionals in Education and Child Care

Paraprofessionals working in schools and child care centers form perhaps the single largest pool of paraprofessionals working today, numbering roughly 600,000 full-time workers. They also have the most institutionalized jobs, with continuous if not stable federal funding, recognized career ladders in education, and an infrastructure of training and credentialing programs. They are also working in a growth industry. The number of paraprofessionals in schools has grown by 100,000 in the past five years, and there is a national shortage of bilingual teachers (Pickett 1995b). An adequate supply of child care is a linchpin for successful welfare-to-work efforts, and there is growing interest in expanding the number and capacity of child care centers for working parents (National Center for the Early Childhood Workforce 1996a; "Working and Welfare Parents" 1997).

Much of the relative stability of paraprofessional work in education and child care has its foundation in the federal legislation of the 1960s and 1970s that

Although it is hard for paraprofessionals in education to make the jump to teaching jobs, eleven states have established criteria for hiring, training, and advancement within the paraprofessional ranks.

established Head Start and Title I early childhood development and education programs. These programs made federal funds available to schools and community organizations specifically for the hiring of paraprofessionals. With passage of the Individuals With Disabilities Act in 1974, paraprofessionals increasingly assured the availability of individualized programs for students and preschoolers with disabilities (Pickett 1995c). Demand for Head Start teachers also increased when the program expanded to include low-income or disabled 4- and 5-year-olds.

Training. Training for paraprofessional work in schools and child care centers, though different in structure and content, shares similar features but also illustrates the frustrations of institutionalizing decent-paying jobs and standards of practice recognized within and across human service systems. Both education and child care support a network of training programs that produces graduates shown to deliver better service, stay in their jobs longer, and fill specific skills shortages in their field. However, in education there is no consensus on the skills paraprofessionals should have, nor is there any standardized set of training or professional development opportunities (Pickett 1995a).

In large part because of collective bargaining, paraprofessionals in education have some limited career ladder opportunities and enjoy relatively higher wages (Ginsburg 1996; Gould 1996; Brandick 1994; Pickett 1997). In child care, the federal government has established and supports a credential for paraprofessional child care workers that is often cited as a model for other fields. Still, many states do not require credentialing for child-care workers, and wages in the field are at the poverty level (Whitebrook, Phillips, and Howes 1989).

School Staff. There are almost 150 college- and

university-based training programs nationally that enroll more than 9,000 paraprofessionals. Participants in these programs meet workforce needs in several ways. First, more than three-fourths are minority members, compared with thirteen percent of teachers and one-third of all students. Second, they specialize in fields in which there are labor shortages such as special education, bilingual programs, and urban school systems. Finally, they stay in their jobs longer and report relatively low attrition rates, averaging seven percent (Recruiting New Teachers 1996).

These trainees are a small minority of the paraprofessionals entering school-based jobs. Of all new paraprofessional hires, 70% to 90% have no prior training (Pickett 1994). Both trained and untrained new hires enter a system independent of any comprehensive system of career development. Most school systems have no in-service or on-the-job training for paraprofessionals and no connection between post secondary education for paraprofessionals and the credentials required for a professional teaching job. As a consequence, paraprofessionals have limited access to the one million new teacher jobs projected for the next five years. At the same time, school districts hire 50,000 unlicensed teachers each year, many without any recent classroom experience or any such experience at all (Recruiting New Teachers 1996). Although it is hard for paraprofessionals in education to make the jump to teaching jobs, eleven states have established criteria for hiring, training, and advancement within the paraprofessional ranks (Pickett 1994).

Effectiveness. The literature on the relative effectiveness of paraprofessionals in education is limited, and what exists in the early childhood development field mostly provides comparisons between credentialed and less-trained paraprofessionals. A recent assessment of the nation's

leading accreditation system for child care centers found that centers most likely to provide high quality care are those that pay higher-than-average salaries as well as receive accreditation (National Center for the Early Childhood Workforce 1997b). Other analyses support the conclusion that key indicators of quality care are the combined factors of higher wages, more training for workers, and more staff per child, as well as accreditation, higher overall program spending, and funding sources other than parent fees (Helburn et al. 1995). Although the early childhood development field has made strides in credentialing and raising the quality of paraprofessional work, as well as expanding job access to low-income people, once hired and trained, workers stay poor.

In education, where there is virtually no documentation of outcomes, many consider paraprofessionals to be a key to rethinking schools as community-based institutions, because they are often the only school staff members who live in the same neighborhoods as the students. In addition to their classroom roles, these paraprofessionals also function as combined security force, guidance counselors, academic prods, and moral compasses for children (Cipollone 1995).

In early childhood development, studies of Child Development Associate-credentialed staff suggest that they are more likely to contribute to improved outcomes for children and to stay longer in their jobs. Because of their longer tenure, the enhanced training is more cost-efficient than continually orienting new staff (Howes and Galinsky 1995; Whitebrook, Phillips, and Howes 1989).

Strategies for reducing turnover are key, given the link between positive child outcomes and a stable workforce, and the fact that one-third of all child care teachers leave their centers each year (National Center for the Early Childhood Workforce 1994, 1997b). Head Start and other federal funding programs offer limited incentives to states to provide career ladders

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for experienced early education teachers. The steps to a senior teacher title within early childhood education do not translate into significant increases in wages.

Barriers. The challenges for paraprofessionals in education and early childhood education have less to do with increasing the number of jobs for low-income residents—that seems to be happening already—than with improving the quality of available jobs. In education, unions have developed some career ladder programs that lead to teaching positions, and collective bargaining has brought relatively higher wages for paraprofessionals in schools. The career ladder programs operate on a small scale and only in sectors experiencing labor shortages, however. Even in markets with labor shortages, a more common way to fill teacher slots is with paraprofessionals working at lower title and salary. Nationally, twenty percent of teacher's aides funded by federal compensatory education programs (Title I) instruct students without any teacher supervision. In California, forty percent of bilingual instructors are aides (Recruiting New Teachers 1996).

Using paraprofessionals in schools as direct replacements for teachers exacerbates tensions between the two. This competition combines with three other factors to hinder the upgrading of paraprofessionals' jobs in schools and their upward mobility: a low rate of transfer by education students from community colleges to senior colleges; no uniformity of standards across states; and a system for financing community colleges that provides more funds for technical training programs than for those in human services (Pickett 1995c). Recent shifts in federal policy, however, suggest a promising new direction. The 1997 reauthorization of the Individuals With Disabilities Act calls on states and locales to ensure that paraprofessionals in schools receive appropriate training and supervision. Although the provisions do

Unlike school paraprofessionals, who are covered by collective bargaining in 35 states, only four percent of child care teachers belong to unions.

not require states to establish standards of practice or training, the legislation helps bolster the efforts of those working for policy changes locally.

There have been some activities taking place in the field of early childhood development that indirectly address low compensation for teachers, and recent efforts have focused specifically on wages and working conditions. A range of financing programs for nonprofit child care facilities are funding the improvement, expansion, or start up of child care centers (Center for Policy Alternatives 1996; North Carolina Facilities Fund n.d.). State loans and loan guarantees, the work of financial intermediaries, and micro-lending programs for child care centers can indirectly improve the quantity and quality of jobs for child care teachers. Activities in this area are expected to receive a boost because the 1996 Community Reinvestment Act regulations have been amended to include child care as a viable community lending option (Center for Policy Alternatives 1996). For example, Childspace, Inc., is a worker-owned child care network in Philadelphia that combines child care provider ownership and participation with investments in training and career ladders (Pitegoff 1993).

Unlike school paraprofessionals, who are covered by collective bargaining in 35 states, only four percent of child care teachers belong to unions (AFL-CIO Public Employee Department 1995; National Center for the Early Childhood Workforce 1996b). Although unionized child care programs have higher wages and lower turnover, the typically small staff size at child care centers, high employee turnover, and limited funds available for better pay make it a challenging field in which to organize collective bargaining units (National Center for the Early Childhood Workforce 1997a). There are signs that this may be changing, however. Several labor unions, including the American Federation of State, County and Municipal Employees, the American Federation of Teachers, the National

Education Association, Service Employees International Union, and the United Auto Workers, have shown a growing interest in representing lower wage service sector employees.

Other recent efforts to raise the wages of child care workers have been undertaken in Massachusetts and North Carolina, both of which have increased reimbursement rates specifically for worker wages and provide additional compensation to workers who complete additional training (National Center for the Early Childhood Workforce 1997a). The federal Head Start program also has allocated additional funds to boost wages of staff by an average of \$1,500 per year. States also have access to funds through the federal Child Care and Development Block Grant designated for quality improvements. This quality set-aside has resulted in initiatives in training, licensing, and compensation in more than a third of states (Azer, Caparo, and Elliott 1996).

Cross-Sector Policy Issues

Although paraprofessional services in health care, education, family support, and juvenile justice developed largely independent of each other and continue to operate separately, the policy issues they raise are similar. Family support is a relatively new field, built upon a New Careers hypothesis that paraprofessionals can provide effective bridges for disadvantaged communities by drawing upon informal support systems—kin, neighbors, self-help groups—to aid family coping and promote well-being (Halpern 1986; Family Resource Coalition 1996; Dawson et al. 1991; Weiss and Jacobs 1988; U.S. General Accounting Office 1997; National Economic Development and Law Center 1996).

Mental health paraprofessional positions also derive, in part, from the New Careers experience, but

Poorly defined roles engender tension between professionals and paraprofessionals not only because professionals fear displacement, but also because neither understands fully what the other is capable of doing.

their history is rooted in the emergence of self-help and mutual aid groups in the late 1970s as well (Van Tosh et al. 1993; Wells, Anderson, and Popper 1993). Although there have been a number of experiments in the use of paraprofessionals in the juvenile justice arena since the 1960s, paraprofessional workers have been less well received there than in other sectors (Allen et al. 1985; Borduin 1994; Gordon and Arbuthrot 1988; Krisberg and Austin 1993). Today, paraprofessionals in the juvenile justice system, often called trackers, assume roles not unlike CHAs or family support and mental health workers, although surveillance is a higher priority.

The use of paraprofessionals and career ladder expansion in all these human service sectors face four crosscutting challenges:

- ▲ lack of clarity about paraprofessional roles
- ▲ fragmented training, credentialing, and standards of practice
- ▲ uneven and inadequate supervision
- ▲ low wages.

Lack of Clarity About Paraprofessional Roles

In all human service sectors where paraprofessionals are deployed, ambiguity exists about their responsibilities. Professionals and paraprofessionals are deployed interchangeably in the same jobs. In some cases, as in education, this can be part of an effort to displace professionals or to cope with staff shortages. In other cases, such as in mental health, it is more symptomatic of the overly generalized job descriptions often used for paraprofessional work.

Another reason human service systems are unclear about paraprofessional roles is that there is uncertainty about the jobs professionals should do. It is by no means clear to what extent professional training and credentials are necessary to perform particular health,

education, and social service functions (Kinney et al. 1997). This is particularly notable in the evaluation literature for mental health services, which suggests that in some cases there is no difference between professional and paraprofessional care, or in CHA programs, where similar interventions variously deploy nurses, paraprofessionals, and volunteers (Hattie, Sharply, and Rogers 1989; Aiken et al. 1989; Koroloff et al. 1994).

Poorly defined roles engender tension between professionals and paraprofessionals not only because professionals fear displacement, but also because neither understands fully what the other is capable of doing. Professionals are reluctant to risk their liability by giving paraprofessionals too much authority in program decisions, and paraprofessionals do not learn when to turn to professionals for guidance. As a consequence, paraprofessionals do not learn either their limits or their potential and are locked out of opportunities for advancement. Professionals, for their part, lose opportunities to delegate responsibility that would free them for tasks that truly require professional skills.

Fragmented Training, Credentialing, and Standards of Practice

Community health outreach, school-based and early childhood education, and family support all have model training programs, but they are few and far between. Most agencies develop their own training and practice guidelines that may or may not compare with those of other programs in the same field. With the exception of training for the CDA credential, which qualifies individuals for some school-based positions, no training is recognized by more than one sector.

Even when there are proven training approaches or national or regional credentials, as in the case of early childhood education and family support, their success in improving the quality of jobs and care

Paraprofessionals with scant prior work experience and little more than a high school equivalency diploma, employed in largely unstructured human service jobs, are expected to plan the use of their time for meetings with clients and keeping records.

depends on state licensing and financial aid policies. If states do not require credentials, subsidize regulated child care, or reimburse school tuition, standards of training or practice will not become prevailing policy.

Without a hierarchy of core knowledge and skills, it is impossible to describe a pathway that can lead paraprofessionals to higher-level jobs. To the extent that career ladders exist in human services for paraprofessionals, they tend to be levels within paraprofessional occupations, not between paraprofessional and professional jobs. They also tend to be in those fields in education and early childhood most influenced by statutory federal funding.

There is also the risk that more extensive credentialing structures will inflate the formal skills necessary for paraprofessional jobs and limit access to these jobs for low-income residents with primarily indigenous skills. Paraprofessional jobs in education, for example, attracted greater numbers of middle-class workers in the 1970s and 1980s as the jobs became more structured and better compensated. The entry point for paraprofessional jobs tends to shift as the jobs improve, unless there are deliberate, systemic efforts to preserve a community orientation. The Indian Health Service, for example, funds some of the highest-quality community health adviser jobs, but because of an institutional priority placed on community know-how, these jobs are still accessible to residents. College- and university-based training programs for paraprofessionals in education often specialize in bilingual and urban education, and consequently train higher numbers of indigenous paraprofessionals.

Uneven and Inadequate Supervision

Supervision is the most overlooked core element of successful paraprofessional work. Paraprofessionals with scant prior work experience and little more than a high school equivalency diploma, employed in largely unstructured human service jobs, are expected to plan

the use of their time for meetings with clients and keeping records. Their orientation training gives them a limited repertoire of observation and assessment skills that they need to apply to a wide variety of client situations. They are isolated, working away from any "central office," often under great stress, and at some risk to their personal safety.

The task of supervising such workers is more educational than administrative. An evaluation of family support programs funded by the Ford Foundation found that supervisors' success depended on their ability to motivate, teach, nurture, and evaluate lay workers (Larner, Halpern, and Harkavy 1992b). Yet the limitations of paraprofessional training programs are exceeded only by those of their supervisors. Many professionals have never worked with paraprofessionals before receiving the responsibility of supervising such workers. As a result, they often are ignorant of their needs and ambivalent about their value.

Low Wages

One thing that CHAs, community mental health workers, teacher's aides, trackers, and family support paraprofessionals have in common is low wages. For many human service paraprofessionals, the issue is not whether wages are family supporting, but whether those wages will endanger their eligibility for public assistance or put them in competition with welfare recipients required to find work (Milgram 1995; Holzer 1996; Mishel and Schmitt 1996; "Welfare Recipients" 1997). Low wages predominate even where there are established training and credentials, as in child care, or where there are labor shortages, as in education. The only factor associated with improved compensation is the presence of a union or other collective bargaining arrangement, as is the case in several state education systems (Bluestone 1995).

Conclusion

More than 30 years ago, federal legislation provided the impetus for expansion and institutionalization of a New Careers approach to human services. Today, federal and state policy remains a key factor, but less in direct job creation and more in reimbursement and regulation standards that set requirements for funding and practice. Recognition of this government oversight role in health care, child care, and other human services as a *de facto* jobs policy for paraprofessionals is the best opportunity for a new New Careers initiative. How can government policy foster more and better paraprofessional jobs?

There are two primary levers government can use to foster more and better paraprofessional jobs. The first is the definition of reimbursable services or allowable activities under regulation or statute. In health care, for example, the states of Ohio and Wisconsin are negotiating contracts with managed care organizations that require community health outreach as a reimbursable service in Medicaid-funded maternal and child-health programs. In child care, the federal reauthorization of the Community Reinvestment Act specifies the construction of child care centers as an eligible activity. In each case, government policy defines a new market niche for paraprofessional services.

Government policy also influences who can be hired for paraprofessional jobs that are publicly funded or regulated, as well as how those workers are to be trained and supervised. Federal Head Start legislation has been used to encourage the employment of parents in child care programs, to specify standards of practice, and to provide incentives for investment in training. In the case of training, some states have followed suit by offering additional and substantial financial support for staff development, with Massachusetts and North Carolina the most notable examples. Although the

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federal government has a far more limited role in education, the 1997 Individuals With Disabilities Act represents a first step in requiring, albeit without enforcement, that states provide appropriate training and supervision of paraprofessionals in schools.

In most instances, state and federal policies that define the design and delivery of human services lack a jobs focus. Above are a few examples in the fields of child care, education, and community health care of how more strategic regulation and reimbursement policies can help build a structure for better paraprofessional jobs that are still accessible to community residents. Other human services areas such as mental health and child welfare present other opportunities, because these sectors offer similar roles for paraprofessional work and involve significant government oversight. Considering that government policy now affects approximately 700,000 paraprofessional jobs in human services, this strategy could make a difference on a scale that has not been matched since the New Careers initiative.

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CHAPTER 3

From Community-Based to Community-Staffed: Hiring from Within

Charles Bruner

Introduction

In 1994 and 1995, three new Family Centers—in Duquesne, Homewood, and Wilkinsburg—opened their doors in Allegheny County, Pennsylvania. What distinguished these three Centers from most of the thousands of other family resource centers funded through public and foundation sources around the country was that each, in addition to being neighborhood-based, was staffed almost exclusively by neighborhood residents.

The choice to hire staff for these Family Centers from within the community was made by community residents. County leaders funded and supported the development of the Family Centers, but gave community residents the ability to make key decisions regarding their structure and operation. County leaders would decide:

- ▲ whether to have a family support center
- ▲ the scope of the family support center
- ▲ the process for choosing a host agency [to provide fiscal and personnel management]
- ▲ the recommendation for the host agency
- ▲ the appointment of the lead staff person for the center
- ▲ the hiring practices
- ▲ the location of the family support center
- ▲ the days and hours of operation
- ▲ the center's services and supports.

The Family Centers themselves were designed to

provide services and supports to families with young children, with a particular emphasis upon parent involvement and early childhood education. They also were designed to offer services and supports according to a set of family support principles: community-based, family-centered, comprehensive, preventive, flexible and individualized, and partnering with families. The decision made by community residents to staff the Centers with residents of the communities certainly was consistent with these principles and goals. One of the proofs of the strength of the community hiring approach undertaken in these Centers is that, after three years of operation, all three continue to embrace community hiring as essential to achieving their mission.

Strategy and Chronology

Starting in 1993, Bob Nelkin, then-Director of the County Department of Human Services, worked with Chris Groark, Co-Director of the Office of Child Development at the University of Pittsburgh, Laurie Mulvey, Director of Family Foundations (a federally-funded comprehensive child development program), and Phil Pappas, a long-time community organizer, to establish the structure for community involvement in the development of new Family Centers. These leaders envisioned that the Centers, while based upon the Family Center concept established by the state of Pennsylvania, also would be in the settlement house tradition. They would be truly responsive to and driven by resident interests and needs.

At the outset, the county and other funders developed a structure and a process that would provide

This chapter is a condensed version of the publication: *From Community-Based to Community Staffed: The Experiences of Three Allegheny County Family Centers in Community Hiring*, a publication of Starting Points - Pittsburgh, supported by grants from the Howard Heinz Endowment and the Carnegie Corporation of New York. Copies of the full article can be obtained through the Office of Child Development at the University of Pittsburgh.

In addition to providing family support services to families in the communities, the Centers also have been a source of employment and economic activity in these low-income neighborhoods.

for community decision-making. The county provided financial support for community organizers to convene community groups for planning. The county also established an organization, Partnerships for Family Support, to provide technical assistance and administrative support to the Centers. The Partnerships for Family Support, together with Host Agencies providing financial and personnel management, represented a structure the county believed would provide the needed managerial expertise for each of the Center's \$250,000 annual budgets.

In each of the three communities, residents took their responsibilities very seriously. They convened frequently during the planning period to submit a proposal to the county for funding, deliberating on each of the questions posed to them by the county. They sought to address issues of broad-based inclusion in their own decision-making. They worked to insure that participants did not have conflicts of interest when making decisions. They developed a process to evaluate and select both a Host Agency and a Center Director. They created guidelines to insure confidentiality issues were adequately addressed. In the end, each of the three Community Councils also endorsed a community hiring policy that placed emphasis upon hiring workers from within the neighborhoods they would serve.

As a result, most of the staff at each of the Centers both lives and works in the community being served. Since 1994, fifty-one of the sixty-two staff who have worked at the three Centers resided within the community, including all Center Directors and community organizers. Moreover, new staff increasingly have been hired from program participants. Overall, nine of the current staff at the Centers began as program participants and moved into staff positions working directly with families.

In addition to providing family support services

to families in the communities, the Centers also have been a source of employment and economic activity in these low-income neighborhoods. Each of the three neighborhoods served by the Centers is considered a high risk neighborhood in Allegheny County, with much lower per capita incomes and much higher rates of unemployment than the county as a whole. The Family Centers have contributed to the economy of the neighborhoods and employment of their residents through their emphasis upon community staffing.

Staff and Family Perspectives—Performance and Impact

Interviews with staff at the three Centers and a survey of Center participants offer two important perspectives on the performance and impact of family centers on the families served and on the community itself. In both instances, the perspectives suggest that, because of community staffing, the Centers were different from other services available in the community.

Staff at all the Centers cited a number of reasons for seeking employment, including the need for a job. Inevitably, however, staff were drawn by the opportunity the work presented. Many indicated they relished the chance to be “on the ground floor” of a new initiative; others saw the work as an extension of their prior community activism and volunteerism. Staff generally saw their work as “mission driven” rather than “money driven.” At one Center, staff were unanimous in defining their work as a “24-7-365” commitment.

Either through recruitment and selection or through orientation and training, staff expressed strong and deep support for the family support model, both its programmatic components (home visiting, intensive work with selected families, parent and child development) and its philosophical approach (partnering with families, building on strengths, being

Staff stressed that being from the community is a distinct advantage because they are accepted as “authentic” and do not have to “prove themselves.”

holistic in response). Directors of the Centers saw community staff often as being more able to partner with families than staff who were professionally trained and credentialed and therefore often assumed an authority role in relationships with families.

Staff were universal in believing that living in the community was an asset, if not a necessity, for this work. Staff stressed that being from the community is a distinct advantage because they are accepted as “authentic” and do not have to “prove themselves.” Staff also recognized the challenge this presents to confidentiality, as “many of the people who are clients are people we grew up with.” While a legitimate concern, staff felt they could deal with it professionally and their position in the community opened many doors that otherwise would be closed. Several male workers also volunteered that their jobs provided them the opportunity to serve as role models for community youth.

Completed surveys of families participating in Center activities showed overwhelming support for the Centers and for employing people from the community. Of those responding, 94% felt that employing people from the community made the Center feel more representative. Almost all felt that they had been treated fairly by staff. The vast majority, 86%, expressed no difficulty in working with someone from the community as staff to the center; while 13% described it as “a little difficult” and only 1% described it as “very hard.”

Respondents gave very high marks to the staff members themselves, frequently writing comments praising staff sensitivity and warmth and the immediacy of attention and response. Representative of these responses were: “caring and understanding to my immediate needs,” “always with concern and quickly,” “fast and with great concern,” “better than other agencies,” and “they try to help in every aspect of your life.”

Participant Comments Responses Regarding Community Hiring

- ▲ “They are aware of the environment and know daily activities in the community.”
- ▲ “They know what’s going on.”
- ▲ “It’s their insight to the problems in the community that can help them be sensitive to an individual’s needs.”
- ▲ “They understand my economic situation.”
- ▲ “You do not have staff rushing to get home because they do not want to be in your community after dark.”
- ▲ “People from the community can relate to your problems; they have been there before themselves.”
- ▲ “It’s really good to have people you know instead of trying to talk with a stranger.”
- ▲ “It’s a lot easier to come to them with your needs.”
- ▲ “Helps the economy of the community.”
“I think the fact that the jobs are offered to people in the community first is good; they need more jobs.”
- ▲ “They want to see their neighbors better themselves and therefore better the community in which they, staff and people, live.”
- ▲ “These people have the best interests of their community at heart.”
- ▲ “Helps to involve residents directly in the community.”
- ▲ “It allows the community to feel that their input is important; community should be a part of what goes on in the community.”

The most basic “lesson learned” is that community hiring and staffing is possible, even within very distressed neighborhoods.

Respondents also provided strong support to the community hiring approach, with 74% citing at least one benefit from community hiring. The most commonly cited benefits were: knowledge of the community (resources and needs) and the approachability and familiarity of community staff. Also indicated as benefits were: understanding of residents and their needs, ability to relate and empathize, jobs and economic benefit to community, staff having a stake in community, and greater community ownership of the Center. Some specific comments are in the shaded box below.

Overall, responses showed that families have extremely positive views of the Centers. Respondents expressed high regard for the staff and believed that the Center served as a welcoming and approachable place that was a part of the community, rather than an outside agency coming into the community.

Lessons Learned

The community hiring within the three Family Centers was the result of a commitment made and honored by the Center’s planners and funders at the county level to give decision-making control over the organization and operation of the Centers to community residents. From the perspective of the staff at the Centers and the families served, the Centers play an important role in supporting families in these low-income communities. Community hiring was seen to have many advantages and to help the Centers fulfill their missions, in large part because staff have a stake in community development and view their job as part of their life’s work.

The most basic “lesson learned” is that community hiring and staffing is possible, even within very distressed neighborhoods. The Centers have established themselves; structures have been

accountability; staff from within the communities have been recruited, trained, and retained; and families are satisfied with the services they receive and are enthusiastic about the Center.

A number of factors or elements contributed to making community hiring a reality, which represent additional important lessons learned.

First, there was leadership at the county level willing to relinquish control to the community over a variety of decision-making aspects regarding the Centers. This leadership was willing and able to back up that decision at points where it was being challenged. For instance, when one of the Host Agencies made a hiring decision that the community had not recommended, the planners exerted their influence to change that decision. Up front, this county leadership articulated what decisions the community would make, and it lived up to these promises.

Second, there was a financially supported strategy to assist the community in its decision-making role, while recognizing limitations on the organizational or technical expertise and management infrastructure needed to operate the Centers. County leaders supported community organizers to create Community Councils to plan for the Centers and establish community awareness about the Centers. County leaders also required Community Councils to select Host Agencies to house the Centers within institutions capable of providing needed fiscal and personnel oversight. Finally, County leaders supported a separate technical assistance and management arm for the three Centers, the Partnerships for Family Support. All were important to operationalizing the Centers.

Third, community hiring required innovative recruitment and selection strategies. Advertisements in community newspapers, posting of positions at local business sites, and word-of-mouth proved to be more effective ways of identifying candidates than advertising in metropolitan newspapers or posting in

These Centers have become points of congregation in their neighborhoods, with staff serving as initiators and supporting links for new relationships among families for the common good.

universities and schools of social work.

Most importantly, the selection process required different criteria for selection than ones based upon education or credentialing. It was not so much that Family Centers found it impossible to find sufficient master's and baccalaureate-level people to fill all their positions from within their own communities. Instead, they found that these credentials did not correspond to the type of work they envisioned at the Center. They had to devise other screening tools to ensure workers had the skills and qualities they desired: patience, ability to listen and empathize and partner with families, knowledge of community resources and supports, and problem-solving expertise.

Fourth, community hiring reduced the distance between the staff and the families being served, producing both benefits and challenges. Many staff grew up with the parents they now were expected to serve. Parents cited this familiarity and approachability as a value of the Center and what made it different from other agencies. At the same time, this also raised issues of confidentiality and separation that the Centers had to address.

Fifth, the Centers provided additional employment for community residents. Economists could calculate the "multiplier effect" to estimate the overall economic benefit to the community, but it is clear that community hiring has economic as well as social benefits to the community.

At the same time, because the Centers had relatively flat organizational structures, workers did not feel there were sufficient career advancement opportunities. Creating avenues for upward mobility that allow the experiences and skills acquired on the job to substitute for academic credentialing remains one of the major challenges to community hiring strategies in all service fields.

Sixth, community hiring created a different dynamic within the Family Centers and the community.

This extended beyond the feelings of individual families that the Center supported them and met their personal needs. In effect, staff and the families they served felt they were building a resource for the community. One of the proofs of the strength of the approach is that all three Centers continue to embrace community hiring as essential to meeting their mission.

In the community building literature, there is much discussion of the importance of "social capital" in rebuilding neighborhoods and communities. Social capital includes civic involvement, leaders committed to a vision of the community and the common good, and strong networks and voluntary programs that bind people together.

Allegheny County's community hiring experience provides field-based evidence of one way to build this social capital. These Centers have become points of congregation in their neighborhoods, with staff serving as initiators and supporting links for new relationships among families for the common good. They have created institutions that are more owned by and reflective of the aspirations of the community than other agencies and organizations in those same communities. While community hiring may not be the sole strategy for building "social capital," it may prove to be an essential one for reform efforts which are truly serious about building community capacity to improve results for children and families and for the neighborhoods in which they live.

CHAPTER 4

Professionals and Self-Help

Audrey Gartner and Frank Riessman

Introduction

The last two decades have witnessed a vast expansion of groups devoted to self-help and mutual aid. A recent study of self-help group membership, based on a national survey, found over 25 million Americans are estimated to have participated in a self-help group at some time in their lives; over 10 million in the past 12 months. Interestingly, the researchers also found that those who participate in self-help groups are more likely to seek out professional help than those who do not participate. This effect is a result, in part, of the awareness and motivation that self-help cultivates in its members to use professional services. The growth in self-help coincides with the search for new strategies to tackle society's problems, as well as to meet individual needs.

At the same time, professional involvement in self-help groups has risen to an unprecedented degree. A 1995 study, investigating roles professionals played with self-help support groups in California, found that 83 percent of groups surveyed in the state reported that one or more professionals had been involved with them in ways other than regular group members. The highest ranking roles were referral source, speaker, consultant, co-leader, and resource person. As self-help gains increasing acceptance as an authentic helping methodology among the helping professions, the potential exists for the emergence of a new caring design combining the strengths that both self-helpers and professionals bring to the helping process. In collaborative efforts between self-helpers and professionals, however, there is a need to recognize and deal with two distinct ways of providing help. The power of self-help is both subjective and experiential; it comes from personal encounters with the problem at hand. The professional approach is based on learned rather than experiential understanding and is rooted in research, controlled observations, and the analysis

of other people's experience. Even given these differences, the tension between the two can be a positive, creative force. It can encourage self-helpers to perceive the subjectivity of their system more clearly and allow professionals to break through the formalism that may distance them from the consumers with whom they work.

Historically, the grand daddy of self-help groups, Alcoholics Anonymous, began with a consciously nonprofessional orientation. Many other groups follow this model. Indeed, groups exist that were founded specifically because members were skeptical of, or did not adequately receive, the help they sought from professional service providers. Another strand of groups, however, aligned themselves with professionals by having them play key roles within the group. One of the earliest examples is Recovery, Inc., a self-help method of will training for people suffering from nervous symptoms, anxiety, and anger, founded by Chicago psychiatrist Abraham Low in 1937. Today there are over 800 chapters of Recovery, Inc. in the US.

Parents Anonymous, a non-12-Step program, provides a community-based resource, in its 1,500 groups nationwide, for abusive parents who need education and support for effective parenting. PA offers a model of self-help/professional shared leadership, with each group co-led by a professionally trained facilitator and a parent group member. PA does not consider itself a self-help group, but rather a support group—a term that is increasingly being used to denote a group of people who share a common problem or concern and who come together to help themselves and each other, with or without professional involvement.

Cooperation with professionals can bring added value to self-help activities. For example, professionals can refer people to self-help groups, start groups, participate in groups, facilitate groups, and train group

members to assume leadership roles. They can also provide groups with resources ranging from meeting space and telephones to education, research materials, funding sources, networks and political contacts. Facilitators may be social workers, nurses, health educators, psychologists, or counselors. Settings include health agencies such as the Arthritis Foundation and Multiple Sclerosis Society, hospitals and clinics, mental health agencies, and schools. Professional facilitation can bring together external resources with the inner resources of self-help. Professional facilitators of mutual support groups are in a pivotal and bridging position, requiring sensitive understanding of both worlds and the different helping paradigms involved.

As facilitators, professionals, as well as lay leaders, need to: 1) allow the group to make its own decisions; 2) pass on to members any skills they may need; 3) demystify the system so that the group gains access to services; and 4) empower people to take control over their own lives and the life of the group. If they are to work effectively with self-help groups, professionals need to have respect for the group members, the way they perceive and understand their problems, and the strengths they bring to the process. One way to prepare professionals to work with groups is to have them form their own mutual aid groups, where they can deal with their own issues of burnout, unwieldy case load, antagonism toward a bureaucratic agency structure, and balancing work and home responsibilities. By participating in their own group, professionals can not only explore their own concerns, but personally experience self-help in action.

Professional vs. Self-Help Model

In order to consider the ways that professionals can contribute to self-help and how self-help can contribute

If they are to work effectively with self-help groups, professionals need to have respect for the group members, the way they perceive and understand their problems, and the strengths they bring to the process.

to professional practice, we need first to understand the differences between the two approaches. Professional practice is based on systematic knowledge and scientific methodology within the context of a market economy; the help provided is a commodity to be sold by the professional and bought by the consumer. It tends to understand experience not directly as in empathy or identification, but indirectly or conceptually. Professionals' strengths include:

- ▲ systematic understanding and analysis;
- ▲ a concern for accountability;
- ▲ traditional service-related values such as "do no harm";
- ▲ a desire for autonomy that is relevant for the flexible application of theory.

The help provided by mutual aid groups, by contrast, is given free of charge and is generally based less on systematic knowledge and conscious use of methodology. Rather, it is rooted in the experience of people who have the problem or concern and who have developed ways of giving each other help. Simple

Professional Model	Self-Help Model
▲ value is placed on objective, specialized knowledge	▲ value is placed on experiential knowledge
▲ services are a commodity; time is money	▲ services are free and reciprocal
▲ giver and receiver of services are separate roles	▲ the giver and receiver are equals / peers
▲ knowledge and information are protected and controlled	▲ knowledge is open and shared

Although the methods practiced by professionals and self-help groups differ in form and philosophy, they are not mutually exclusive and often supplement each other.

and self-evident as this concept may be, its implications are important for understanding the essence or ethos of self-help.

The help is not subject to the constraints of time, place, or format. It can be a 24-hour-a-day hotline, a buddy on call at any time, or a two-hour meeting. It can provide immediate concrete assistance as well as emotional support. It can take place in a home, on a street corner, in a community center, a church, or a hospital.

Although the methods practiced by professionals and self-help groups differ in form and philosophy, they are not mutually exclusive and often supplement each other. The relationship of AAers with professional services is a case in point. A number of rehabilitation centers staffed by physicians and other personnel have incorporated the 12-Step philosophy into their treatment strategy, hired sober alcoholics as instructors, and encouraged patients to participate in AA meetings as part of their treatment.

Examples of Professional and Self-Help Cooperation

Professionals who encourage or adopt community-centered practice can replace a good part of their activities as exclusive providers of services by interventions that consist of providing help to the natural support systems which, in turn, can take on a greater role as providers of services. This is not to say that self-help would usurp the role of professionals, but that both would benefit from closer cooperation. The goal is to build mutual confidence and understanding between self-help and professional service delivery.

Consumer-Led Mental Health Services. The National Institute of Mental Health sponsors the

Community Support Program, where ex-mental patients are employed to provide services to current psychiatric patients. For example, in Philadelphia, Project SHARE employs former patients as paid case managers who are on call 24 hours a day. Clinical supervision is provided by a director, a mental health clinician, and a former consumer of mental health services. The Community Support Program's emphasis on autonomy and self-determination serves as a counterbalance to exclusive dependence on professional caregivers. Studies confirm that these programs are of substantial benefit in increasing work productivity and in lengthening the time that patients are able to live on their own without requiring hospitalization.

Self-Help for Women with Breast or Ovarian Cancer. SHARE is a self-help group founded over 20 years ago by a breast surgeon, in New York City. Realizing that he was not able to provide the emotional care and support necessary for post-mastectomy patients, he helped launch SHARE along with a group of his patients. He stayed involved until, ultimately, the group became totally member run. As SHARE grew, volunteer staff began to provide a variety of services to breast cancer survivors. Support groups were organized; wellness programs were begun; educational seminars were conducted by professionals on topics such as chemotherapy, nutrition, and reconstruction; and telephone hotlines were set up. In 1994, 6,000 women participated in SHARE's activities. Today, SHARE has become a major service organization and a leading advocate for increased funding for breast and ovarian cancer research.

School-Centered Peer Groups. Some of the most successful interventions in schools today are one-to-one or small-group systems of peer helping, where students counsel, tutor, or mentor other youngsters their

own age or younger. The peer group acts as a socializing agent in developing positive behaviors and attitudes. A critical element in the success of peer programs is the sense of connectedness from participating in meaningful activities and empowerment from the assumption of responsibility that youth experience in helping others.

Anti-Drug Abuse Program. An innovative anti-substance abuse program at Lincoln Hospital, in the Bronx, New York City, uses acupuncture therapy to treat severe addictions to heroin, Valium, PCP, and cocaine. As part of the program, participants are urged to join Narcotics Anonymous or Alcoholics Anonymous. Meetings are held for patients in the hospital itself. A three-month follow-up of young mothers of "crack babies" who were referred to the Lincoln Hospital Clinic by the New York Department of Social Services found that 55 percent were attending NA meetings on a regular basis. This program has been replicated in 30 other cities.

Self-Help and Managed Care

The advent of managed care holds the potential for the development of a new relationship between self-help and professional services. Since clients are restricted in terms of professional visits as part of managed care's bottom-line focus on cost-containment, self-help may become a major element in the continuum of care. Although a reduction in services has cast an adversarial dimension into the relationship between service providers and consumers, there is mounting evidence regarding the ways in which active consumers may expand and improve services and, ultimately, add significantly to the productivity of the health-care system, while also contributing to their own health and empowerment. This is happening, for example, when

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diabetics monitor their own blood sugar, hypertensive patients take their own blood pressure, and it also includes the 43 million people who have quit smoking on their own.

Beyond self-care, participation in self-help support groups has been shown to have considerable impact on a variety of disorders.

- ▲ Dean Ornish, M.D., a California specialist in heart disease, found that patients who participated in a support group in his treatment program had significant positive outcomes: chest pains diminished or disappeared, severe blockages in coronary arteries reversed, and patients became more energetic. He has noted that, "At first I viewed our support groups simply as a way to motivate patients to stay on the other aspects of the program that I considered most important—diet, exercise, stress management. Over time, I began to realize that the group support itself was one of the most powerful interventions."
- ▲ David Spiegel, M.D., found that women suffering from metastasized breast cancer who participated in professionally facilitated support groups survived 12 to 18 months longer than women with no group affiliation and had an improved quality of life.
- ▲ Psychiatric patients discharged from a state hospital who were randomly assigned to participate in self-help groups required one-half as much rehospitalization ten months after discharge, as a comparable group of nonparticipating ex-patients.
- ▲ Among African Americans who were members of self-help groups for sickle-cell anemia, those who

Active consumer participation produces better patient outcomes, better management of illness, and a more productive health system.

had been involved the longest reported the fewest psychological symptoms and the fewest psychosocial interferences from the disease, particularly in work and relationship areas.

In light of these findings, it is troubling to discover that HMOs and other managed care organizations' awareness of these far-reaching potential benefits is essentially absent. Considering that self-help group members are more likely to use professional services than those who do not participate, consumer involvement used appropriately could be good for the consumer, as well as benefitting the HMO. The issue in managed care would seem to be a struggle between consumers who want and need quality care and agencies that are trying to cut costs. Consumer involvement in producing a more cost-effective service is a non-zero-sum game, allowing each partner to benefit in multiple ways. The consumer gets better service and is increasingly empowered; management improves service delivery, adds new services at practically no cost, and reduces antagonism.

Active consumer participation produces better patient outcomes, better management of illness, and a more productive health system. Many major illnesses today are chronic conditions such as heart disease, stroke, diabetes, hypertension and arthritis, which require far less medical intervention than do acute illnesses. What they do require are emotional support, concrete help, and coping skills. These are provided in self-help groups.

Training Professionals

Groups with professionals in leadership roles can be considered "quasi" self-help, sharing many attributes of lay-led groups—particularly an emphasis on members' inner strengths, rather than a reliance on

external professional help. Nevertheless, if professionals are to maximize their potential effectiveness in working with support groups, training is crucial. Agency staff who provide services need to gain an understanding of what self-help is, how it works, and what it feels like to be part of a self-help group. They need to examine their own attitudes toward self-help groups and their role in the group. For example, do they have a high regard for self-help and its caring, cooperative ethos? Do they see themselves as facilitators and not leaders who dominate the group? Do they protect and mystify professional knowledge or do they share it with lay leaders? Are they able to learn from the self-helpers' experiential knowledge base?

Most of the principles for working with self-help groups apply to both lay people and professionals. There is, however, one specific issue pertinent to the professionals role: allowing the group to develop autonomy, independence, and its own power. Since there is very little formal self-help education in professional schools or agencies available to human service workers, the following are suggestions for training professionals to work with self-help groups.

- ▲ Encourage the professional to join a self-help group and to reflect on this participation or to form a group to deal with issues such as burnout, bureaucracy, or some other common problem.
- ▲ Simulate self-help groups in the training process.
- ▲ Contrast the "self-help way" with the professional way.
- ▲ Move professionals away from the need to control the group.
- ▲ Present case studies of professionals working with

self-help groups, with particular emphasis on critical decision points such as entry into the group or dealing with a group that is stuck.

- ▲ Help the professional accept that there is a natural, useful tension between self-help groups and professionals.
- ▲ Help the professional learn to spot lay leadership and encourage it.
- ▲ Conduct training in an experiential fashion with a minimum of didactic presentation.
- ▲ Review the many ways in which professionals relate to self-help groups and provide various examples, e.g., widows' groups, Families of the Mentally Ill, The Compassionate Friends, the Fortune Society.
- ▲ Have professionals attend open meetings of existing self-help groups.
- ▲ During training, include presentations by members of self-help groups.

In addition to gaining an understanding of what self-help is, how it works, and what it feels like to be part of a self-help group, professionals also need to know the characteristics of effective groups, in order to encourage their growth and development.

- ▲ Groups that have a strong norm of giving help.
- ▲ Groups that have a shared commitment and cohesiveness.

- ▲ Groups that add new members, giving older members the opportunity to be role models.
- ▲ Groups that have an advocacy orientation, which allows for commitment to institutional as well as personal change.
- ▲ Groups in which there is shared leadership, both formal and informal.
- ▲ Groups that provide extra motivation for participating such as recognition and publicity.
- ▲ Groups that have an ideology or rationale that explains the problem they are addressing and the methodology for coping with the problem.
- ▲ Groups that have built traditions and structure.
- ▲ Groups that develop a strong experiential knowledge base.
- ▲ Groups that have a balance between the informal, open ethos and the structure needed for continuity and group maintenance.
- ▲ Groups that provide not only mutual support, but related activities such as stress-reducing techniques for health-oriented groups.
- ▲ Groups that deal realistically with problems or relapse or regression.
- ▲ Groups that believe they are effective in dealing with the problems and needs of members.

There are encouraging signs that the relationship between the self-help movement and professionals continues to grow, and the potential exists for considerably wider use of self-help approaches.

- ▲ Groups that are composed of people with similar backgrounds, age level, education and interests.
- ▲ Groups that have access to resources such as meeting space, phone, and mailing facilities.
- ▲ Groups that use a variety of behavioral and cognitive principles, either knowingly or not.
- ▲ Groups that meet in settings that are reinforcing such as a senior center or workplace.
- ▲ Groups that have at least one or two “energy” people.
- ▲ Groups that add a social aspect at meetings and outside of meetings such as parties and trips.
- ▲ Groups that are related to a national organization, although the relationship may be loose and informal.

Conclusion

Forty years ago, human service professionals were often critical of the self-help approach. The support of former Surgeon General C. Everett Koop demonstrates the changing climate and professional acceptance of self-help. At a national workshop held in 1987 to develop recommendations and strategies related to promoting a partnership between health care and self-help mutual support for improving public health, he stated:

“I believe in self-help as an effective way of dealing with

problems, stress, hardship and pain....Curing and repairing are no longer enough. They are only part of the total health care that most people require.”

Koop, himself, had benefitted from participation in The Compassionate Friends following his son’s death in an avalanche while mountain climbing.

One of the recommendations that came out of the workshop was to incorporate information and experiential learning about self-help in the training and practices of professionals in the human services. Although progress has been slow on this front, there are encouraging signs that the relationship between the self-help movement and professionals continues to grow, and the potential exists for considerably wider use of self-help approaches.

And, the need for self-help is greater than ever. Ten million widows are essentially without mutual support, as are 14 million diabetics and six million drug addicts. There are an estimated 14.7 million alcoholics in the United States, but only a little over one million are in Alcoholics Anonymous. Many more resources for massive numbers of human service problems are needed. Two trends are worthy of note: more and more people seem to be using self-help and professional services simultaneously, and many professionals now view participation in self-help as an integral part of overall treatment. With increased understanding of the role that each approach brings, the helping resources of the society not only can multiply, but improve qualitatively as well.

CHAPTER 5

Rebuilding Community: The Co-Production Imperative

Edgar S. Cahn

Introduction

There have been missing elements in what foundations and government programs fund when they seek to rebuild community or, for that matter, address any social problem. Robert Putnam's work on social capital exposes a first piece of the puzzle. He makes us aware that there is a social infrastructure built on trust, reciprocity, and civic engagement which supplies the foundation on which all else rests. But he leaves us without a game plan, ending his book with the observation: "Building social capital will not be easy, but it is the key to making democracy work."¹

Nonetheless, the "discovery" of social capital has set the stage for major initiatives seeking to rebuild community through a variety of strategies: transferring service delivery functions to neighborhood-based organizations; creating partnerships and collaboratives to eliminate fragmentation of services; investing in organizational capacity-building; funding community development corporations; and supporting community economic development initiatives.

John McKnight supplies a second critical piece when he lashes out at the deficiency mentality of professionals and calls upon us to undertake a Capacity Inventory that maps both individual and community assets as the starting point for building community.²

He is less clear on what to do with that inventory once we have it—but he is surely right in urging that we cease being preoccupied with what we lack and begin building with what we have.

Time Dollars add a third piece. Time Dollars are a currency to record, store and reward transactions where neighbors help neighbors. People earn Time Dollars by using their skills and resources to help others (by providing child or elder care, transportation, cooking, home improvement). People spend time dollars to get help for themselves or their families, or to join a club that gives them discounts on food or health care. Time Dollars enable human beings for whom the market economy has no use to redefine themselves as contributors. They give society a way to value activities the market economy does not. Because they drive an information system about what neighbors can do and what neighbors need, they provide a mechanism for converting the latent capacity that McKnight asks us to inventory into a kinetic force for meeting need and building community. Time Dollars empower any person to convert personal time into purchasing power, stretching limited cash dollars further. Time Dollars reinforce reciprocity and trust, and they reward civic engagement and acts of decency in a way that generates social capital, one hour at a time.

In the process of developing applications for this new medium of exchange, the Time Dollar Institute has seized upon a fourth piece—one that is even more basic, more fundamental than Time Dollars. We call it Co-Production.

What is Co-Production? Co-Production is the essential contribution needed from the ultimate consumer in his or her capacity as student, client, recipient, patient, tenant, beneficiary, neighbor, resident, or citizen. From experience in launching and managing Time Dollar programs, we have arrived at

¹ Putnam, Robert. *The American prospect* (Spring: 1993); and *Making Democracy Work: Civic Traditions in Modern Italy*, "The Prosperous Community: Social Capital and Public Life" (Princeton University Press: Princeton, NJ: 1993).

² McKnight, John and John Kretzmann. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University, 1993.

Without Co-Production, nothing that professionals, organizations or programs do can succeed. With Co-Production, the impossible comes within reach.

an hypothesis: *Without Co-Production, nothing that professionals, organizations or programs do can succeed. With Co-Production, the impossible comes within reach.*

If this hypothesis is true, we must persuade community-based groups, policy makers, and human service agencies of the indispensability of that contribution, and they must begin to intentionally generate Co-Production from the recipients, targets, or consumers of their efforts. Reciprocity must be central to achieve social change. This is the Co-Production Imperative.

Co-Production is not simply a euphemism for expanding or enhancing specialized social services with free labor contributed by the consumer. Its function and its power are far more fundamental. If undertaken as a priority and with intentionality, Co-Production can yield new and more effective services and outcomes. It triggers processes and interactions that foster new behaviors. It alters conventional distinctions between producers and consumers, professionals and clients, providers and recipients, givers and takers, investors and managers. By creating parity for individuals and communities in their relationships with professional helpers, it achieves systemic change.

While Co-Production values what professionals have to offer, it also poses a challenge to prevailing notions of “best practice” to the extent that “our best thinking” has led us to where we are—paralyzed or frustrated by our inability to make inroads on major social problems because we have failed to incorporate Co-Production as a pervasive strategy that redefines roles, relationships, processes, and outcomes.

Yet as critical as it is, Co-Production—the essential labor needed from the ultimate consumer—is never fully funded and rarely directly funded. Instead, we fund specialized programs, professionals, outreach workers, and local organizations—paying staff while the extensive and essential labor from the

individual, the household or the community goes uncompensated. We rarely lay out this inequity so explicitly. In part, that is because the cost of actually purchasing that labor at market prices, even at minimum wage, would be prohibitive. So we tiptoe around the issue, calling for “community involvement,” requiring “citizen participation”—without insisting on it too directly lest somebody ask us to pick up the real cost.

To the extent that Co-Production emerges as an essential element of any human service, human development or community development program, it is also a funding strategy—a way to secure ongoing financial support for all forms of participatory initiatives which otherwise struggle to survive. If essential to effectiveness, it follows that no human service organization should hold itself out as able to produce desired results if it cannot demonstrate that it has made adequate provision to generate Co-Production in its structure, its staffing, its programs—and its budget. In this context, Time Dollars emerge as a readily implementable mechanism for generating Co-Production by rewarding reciprocity and by converting that essential contribution into compensated labor.

Time Dollar Institute Experiments With Co-Production

This past year, the Time Dollar Institute undertook to design and directly operate cutting-edge programs to understand and showcase the many dimensions of Co-Production, the dynamics it creates, and the reshaping of roles, processes and outcomes that result. The following illustrations convey some of what we have seen.

▲ In a cross-age peer tutoring program in Chicago,

Time Dollars are not the only means of securing Co-Production.

1,000 older students tutored younger students and earned time dollars with which they could buy a refurbished computer. Co-Production meant that students were eliminating a key barrier to learning, fear of peer rejection, and replacing it with something more powerful, peer approval earned by learning. In the Chicago sites, attendance went up on tutoring days. Students came to school in order to stay after school to tutor or be tutored. Bullying after school stopped. And, 400 children earned sufficient Time Dollars to purchase recycled computers to take home at the end of the school year.

- ▲ In Washington, D.C., a Time Dollar Youth Court brings juvenile first offenders charged with nonviolent offenses before a jury of teenagers. Sentences imposed typically include community service, restitution, an apology, and jury duty. The community service assignments are designed to enable the offender to feel needed and valued in their neighborhoods. The jury earns Time Dollars by Co-Producing what the juvenile justice system lacks: relevant peer approval and community acceptance. Teen participants gain status by reasoning, by urging responsible, decent behavior and by calling for prudent risk avoidance. In the past year, there have been only 8 rearrests in more than 140 cases; job offers are coming in for offenders who have completed their community service sentences. Jurors spend the Time Dollars they earn on recycled computers.
- ▲ In order to secure high-powered legal work needed to get rid of crack houses, fight police corruption, and secure the release of funds for the renovation of a local playground, a community development corporation in the Shaw neighborhood of Washington, D.C. entered into a retainer agreement

with a major law firm. For each hour of billable legal work, residents working on a community-building initiative donated one Time Dollar (one hour of community work). Last year, the firm billed \$234,979 in legal services benefitting the community, and community volunteers have paid that bill with Time Dollars earned cleaning up trash, planting flowers, taking down license plate numbers of drug dealers, providing safe escort to seniors, tutoring at school, and a variety of neighbor-to-neighbor tasks.

- ▲ To find out what a shift from unilateral beneficence to reciprocity might yield, the Institute worked with public housing residents in Washington, D.C. to start a Time Dollar Food Bank. There were many other places where residents could get free food—more and possibly better than what the Time Dollar Food Bank could make available. Nonetheless, with the Food Bank as a catalyst, 296 residents of eight public housing complexes have generated 78,540 hours of service (measured in Time Dollars) during the past eleven months.

While these are successful examples, it is important to note that Time Dollars are not a panacea, nor are they the only means of securing Co-Production. Volunteer programs, charismatic leadership, block clubs, neighborhood associations, social movements, employee ownership, changes in professional practice that insist upon greater patient or client autonomy, religious exhortation or spiritual inspiration, neighbor-to-neighbor help, resident-owned and managed enterprises, peer counseling and peer support programs, twelve-step programs, the entire self-help movement—all generate Co-Production.

Production provides an opportunity to restructure the relationship between service providers, clients and communities.

New Strategies For Generating Co-Production

Conventional efforts by human service programs to mobilize a community are labor intensive and tend to tax organizational capacity. In the end, the level of commitment is often unpredictable. However, if human service organizations or programs are to take a new approach and embrace Co-Production in their organizational mission, structure and budget, two questions arise: 1) how do you shift from a service providing mode, a largesse mode, a unilateral mode, a professional treatment mode and a traditional volunteer-recruitment mode into a Co-Production mode? 2) How do you do it without prohibitive cost and an excessive diversion of scarce resources?

Following are examples of opportunities and mechanisms to move away from a “volunteer recruitment mode” to incorporating Co-Production as an operational norm for communities, organizations, neighborhoods, membership groups, professionals, and even government agencies.

▲ **Redefining Work through the New Welfare Work Requirement.** The new welfare law requires 20 hours work but includes “community service” as one way to fulfill that obligation. The Institute wishes to convert that into an historic opportunity to redefine work so as to include a broad range of social contributions which the market does not value but which generate the social capital essential to rebuilding community, revitalizing neighborhoods, and strengthening families. Accordingly, the Institute is assisting community groups to establish Time Dollar Community Service Employment Agencies to enable TANF recipients to retain their benefits while earning Time Dollars in community building activities that create a work record, impart work

readiness habits, generate references, and provide an informal support system that can be critical to job retention.

- ▲ **Redefining Professional Roles By Charging A Fee-for-Service in Time Dollars.** Co-Production provides an opportunity to restructure the relationship between service providers, clients and communities. Charging in Time Dollars for services rendered sends a message: We need your help as badly as you need ours. The professional’s role changes from one who doles out scarce services and resources to that of catalyst generating reciprocal self-help and being there as resource to supply essential expertise and intervention as needed. Time Dollar fees could be charged for a range of professional services offered in communities: mental and physical health, legal services, etc.
- ▲ **Converting grants into Time Dollar loans.** Community Development Block Grants and other neighborhood development grants can be turned into Time Dollar loans.
- ▲ **Changing Procurement Regulations Governing Competitive Bidding By Requiring or Rewarding In-Kind Matches.** It is not uncommon now for government agencies issuing Requests for Proposals to include in the specified rating sheets a request for “hard” matches (meaning dollars) or “soft” matches (meaning contributions in-kind). Provision could be made in Requests For Proposals for an award of points for binding commitments to generate contributions in-kind in the form of Time Dollars or for the establishment of a Time Dollar joint venture or subsidiary which would use a combination of labor

A college tuition package could include a Time Dollar option that enabled students to secure a discount with Time Dollars and to convert loans into Time Dollar loans.

paid in dollars and labor paid in Time Dollars to undertake a project, a contract, or a specific task.

▲ **Vesting Time Dollar Self-Taxing Power in Neighborhood Improvement Districts.**

Numerous Municipalities have created Business Improvement Districts (BIDS) which permit 51% of local businesses to levy a tax on themselves for specific, limited purposes that enhance the attractiveness of that district. A community could create a special taxing district option modeled on Business Improvement Districts, through which a neighborhood improvement tax with the option of paying in dollars or Time Dollars to improve local services, schools, and facilities. Similarly residential complexes could levy on themselves a monthly service fee to pay for improved services, maintenance, security and amenities. All household members (including school-age children) could be included as co-signors. Where neighborhood improvements result in higher valuation and assessment, tax credits can be offered in return for Time Dollars earned creating the appreciated value.

▲ **A Two-Tier Mortgage to Advance Home Ownership and Community Building.**

buyers seeking to secure affordable housing and renovation funds through subsidies and other government programs could be offered Time Dollar loans which would be repaid through work helping to maintain neighborhoods, provide social services, staff neighborhood facilities, augment Head Start capacity, or provide community-based care for the elderly. Habitat has already popularized a limited version of this, waiving a down payment and interest with 500 hours of work helping to build Habitat homes for others. A Time

Dollar mortgage would simply broaden the range of services, extend the time commitment involved in the payback, and link home-ownership to community-building.

▲ **Education.** Training programs could begin to institute a Time Dollar tuition fee or link the conferring of a credit or certificate to a Time Dollar project. A college tuition package could include a Time Dollar option that enabled students to secure a discount with Time Dollars and to convert loans into Time Dollar loans. Similarly, student activity fees, lab fees or equipment fees for the use of computers could incorporate a Time Dollar option. Adjunct faculty and guest lecturers could receive compensation in Time Dollars coupled with “faculty” privileges.

▲ **Membership clubs with Time Dollar dues and schedules of benefits at different levels (bronze, silver, gold, platinum).** Membership dues constitute a way of mobilizing sustained effort without reliance on constant new recruitment drives. Membership can then confer certain benefits—discounts or a subscription to certain events. Discounted goods and services might be one of the benefits of a Time Dollar dues-paying membership in a Time Dollar Club, just as AAA and AARP membership confers benefits. In Washington, D.C., a Time Dollar Food Bank and Clothing Bank are being operated by residents of public housing. Dues are ten Time Dollars per month and entitle members up to two bags of groceries.

▲ **Addressing health care costs and hospital discharge planning needs.** Hospital discharge planners desperately need informal support

Changing unilateral acts of largesse to reciprocity turns decency, caring, and altruism into a catalyst for contribution and self-validation by the recipient.

systems. Managed health care systems save money if they can secure the earliest possible, medically sound release. Hospitals can be called upon to take cost and managerial responsibility for setting up a Time Dollar “welcome home” service by providing for discounts on fees, eligibility for a different “sliding scale” fee schedule, or by giving premium discounts or other benefits to health care insurance policy holders who elect to participate.

Clearly, new applications of Time Dollars and Co-Production are only bounded by the limits of creativity. In any application, Time Dollars and Co-Production operationalize a dramatic shift in the service delivery relationship, with important results.

The Broader Implications of Co-Production

Co-Production provides a frame within which it is possible to see currently separate forces converging in a movement that can take this nation and perhaps this planet to a whole new level.

The first force is to be found in a range of developments that replace unilateral giving of various kinds with relationships that incorporate a norm of reciprocity. Changing unilateral acts of largesse—by volunteers, by government, by helping professionals, by social service agencies, by community development corporations—to reciprocity turns decency, caring, and altruism into a catalyst for contribution and self-validation by the recipient. It redefines work. It expands our notion of compensation beyond what money can buy and substantiates a definition of value beyond that to which the market accords recognition. It says we need each other.

The shift to reciprocity comes with an increasing recognition that simply giving things away—whether

goods, services or money—does not yield intended results and benefits. Unwittingly, largesse can send a message to recipients that if they have no money, they have nothing anyone needs, wants, or values. The message we need to send is quite different. We need each other. We cannot realize our own desire to make a contribution if that attempted contribution does not enlist and engender a response from others. ***Reciprocity is a moral norm. Unleashed it becomes a normative force for social change.***

The second force arises out of multiple developments operating to transform our concept of work to the more fundamental concept of contribution. Time Dollars provide a currency that confers value on social contribution in a way that money cannot simply because of characteristics built the global monetary system. There is increasing realization that we must redefine work if we are to:

- ▲ Tap human resources for which the market presently has no use.
- ▲ Move from a deficit-model to an asset-based model by harnessing underutilized human resources to help address critical social problems.
- ▲ Develop human capital so that disadvantaged persons can find paths out of poverty and avoid being shunted for life into dead-end jobs.
- ▲ Rebuild the non-market economy of family, neighborhood and community.
- ▲ Generate social capital in communities habituated to redlining and disinvestment.
- ▲ Revitalize the work ethic by rewarding social

The movement we seek to unleash using Time Dollars calls for a shift from rights to powers, from entitlements as we have known them to entitlements earned by contribution.

contribution as authentic work.

- ▲ Seek contribution and reciprocity from at-risk groups now treated as objects of unilateral beneficence or as useless “slackers” and parasites.

The third force is a shift from rights to powers, from entitlements based on status to earned entitlements based on contribution. An entitlement is a right. A right is a claim, expectation, or demand already protected by law. It comes vested by virtue of characteristics embedded in the elements of that claim. A power in jurisprudential terms is different. A power is the capacity to create new rights and duties by taking action. Examples include the power to enter into a contract or to enact legislation that generates reciprocal legal obligations.

One can debate whether or not entitlements are good or bad, whether or not entitlements that flow from doing nothing (but just being poor or “eligible”) reward dependency. Powers to create new right-duty relationships and new reciprocal obligations by virtue of one’s actions and contribution do not suffer from the same infirmity. The Earned Income Tax Credit, for example, is not an entitlement—until one has exercised the power to get it by working.

The movement we seek to unleash using Time Dollars calls for a shift from rights to powers, from entitlements as we have known them to entitlements earned by contribution. Once we redefine work, once we expand that definition to include all socially valuable contribution, each and every one of us has a choice, the choice to exercise an inalienable power to work by contributing to the well-being of others. The exercise of that power, at the very least, triggers a moral norm of reciprocity. That norm of reciprocity operates with increased potency to create a claim on a society as affluent as ours—a claim to a minimally decent standard of living together with the opportunity

to grow, to learn, to develop, and to give our children the opportunity to grow, learn, and develop.

There is a gap between a moral norm and a legal norm in the conventional sense. In theory, only a legal norm is obligatory and enforceable—so that it is conceivable that the end result of what we are seeking will ultimately find authoritative formulation in laws that authorize:

- ▲ The use of Time Dollars to buy extensions of public assistance where there are no jobs.
- ▲ Expansion of the 20% limit on waivers states can grant to the five-year time limits in “surplus labor” districts where unemployment reaches certain designated percentages.
- ▲ Expanded discretionary authority vested in states to permit TANF recipients to earn Time Dollars rather than seek employment where appropriate authorities determine that to be in the public interest based on critical social needs or problems.

While a legal “right” to buy extensions of welfare might be desirable, we should not fixate on legal rights or overstate their importance. It is likely that as we come to value contribution more explicitly, other options will open up. Some may be modeled on the GI Bill conferring on persons earning Time Dollars preferred access to VISTA or AmeriCorps slots or to federal financial aid for college, vocational, or technical school.

Moral norms and legal norms are not the only options available. Between the two lies a vast expanse of possibility. We know from customary law and anthropological studies of “gift societies” that cultural norms of reciprocity can be far more binding than legal norms. Moral suasion itself is powerful. It is simply

unacceptable for a society to put people out on the street and to subject children to starvation and poverty when the sole breadwinner is doing everything within his or her power to contribute to the well-being of others and to find a job in the market economy. The reward for contribution ought, at least, to be adequate sustenance.

These three forces—legal, moral, and cultural norms of recipients—can become an unstoppable movement, a movement that takes us beyond our present fixation on permitting work, as defined by the market economy and money to define who is morally worthy to share in the abundance we have the capacity to produce.

When reciprocity is combined with a redefinition of work, the shift from rights to powers operates as a catalyst. It takes each act of contribution, confers on such acts the moral power of reciprocity, and then harnesses that power to give rise to an earned and justified expectation to which the social, political and legal order must fashion responses. In one form or another, we believe that response will find expression in a recognized and protected claim to enjoy a decent standard of living, to fulfill oneself, and to enable one's children to fulfill their potential.

In short, we think Co-Production supplies the elements needed to bring fruition to a vision:

To put within our reach the power to create a world where any person willing to contribute by helping another will be able to earn the purchasing power and status needed to enjoy a decent standard of living and the opportunity to learn and to grow.

CHAPTER 6

Walking Our Talk in the Neighborhoods: Building Professional / Natural Helper Partnerships

Jill Kinney and Margaret Trent¹

Introduction—The Need to Rethink Human Services

The late 1990s are difficult times in human services. Both workers and recipients are dissatisfied with the processes and outcomes of many of the models used to deliver services. Programs are too expensive. They don't seem culturally relevant. They focus upon individual problems and are categorically driven, rather than responding to family needs. All too often, they cannot document that they achieve the results they claim. Taxpayers are frustrated. Human service workers are discouraged. Sometimes, workers feel overwhelmed by the problems they face.

At the same time, we have an emerging consensus on promising directions to do better. These include such concepts as "neighborhood transformation," and "enhancing capacity." New principles of effective practice have been described: building on strengths, taking a holistic approach, individual tailoring, decision making partnerships, setting short term specific goals, and emphasizing certain worker characteristics such as capacity and congruence. Moreover, there is a growing research base that these practice principles are more than "buzzwords" and, in fact, produce better results.²

Incorporating these principles into practice,

¹ While listed as co-authors, this is really a collective effort of ourselves, our other partners, and other friends in the field: Kim Apple, Sue Bernstein, Katrina Fogg, Larrie Fogg, David Haapala, Edith Johnson, Robert Johnson, Janice Nittoli, Daniele Price, Keith Roberts, Tasha Steele, Kathy Strand, Edwin Trent, Venessa Trent, Robert Smith, and Ron Vignec. The Annie E. Casey Foundations supported this work, and Charles Bruner and the staff at the Child and Family Policy Center assisted in editing and combining text and materials from several different papers into this chapter.

however, has implications to how we organize our work. It requires rethinking the role of professionals and capitalizing upon the existing strengths of neighborhood residents to become involved in self-help, mutual aid, and mutual support. Pioneers like Frank Riessman have been operationalizing these concepts for decades, but most of us are struggling to figure out how to bring them alive in our work.

This chapter describes our efforts in Tacoma, Washington, to establish professional and natural helper partnerships to work with families involved in the child protective service system. It uses our experiences to describe the ways that natural helpers and professionals can help one another in getting better results for families.

The Beginnings of Our Natural Helper and Professional Partnership

In the 1970s, the Homebuilders model developed as a new response to families in crisis, a well-defined family preservation program serving families at imminent risk of placement of a child into out-of-home care. Building upon family strengths, taking a hands-on problem solving approach to "do what it takes" to remove the risk in the family without removing the child, and being there when a family needed support are hallmarks of the Homebuilders' model.

Homebuilders had substantial success with families that traditional child welfare services systems

² The clinical evidence and theoretical roots for these practice principles are described in: Kinney, Jill, Kathy Strand, Marge Hagerup, and Charles Bruner. *Beyond the Buzzwords: Key Principles in Effective Frontline Practice*. NCSI Working Paper (NCSI Clearinghouse: Des Moines, IA: 1994).

Natural helpers; and that they, and professionals need to take the time and make the commitment to find, value, and learn from each other if they are to establish partnerships.

have given up on or failed to reach, because it incorporated the principles of working with families described above. Four weeks of Homebuilders' professional involvement often could achieve successes that months or even years of counseling, supervision, or other interventions failed to produce—in many instances because Homebuilders started from where the family was and validated the family's own views and hopes. Still, Homebuilders could not, and never was designed to, address all family needs. Specifically, Homebuilders' workers were not substitutes for friends and support systems that all families need to thrive, although it could help the family make re-connections or reach closure on important issues.

In the late 1980's, the context for family preservation work changed, as more and more families referred to Child Protective Services involved parental addiction to crack cocaine. The powerfully addictive character of crack cocaine placed new challenges on working with families. Experiences practicing within a very disinvested neighborhood showed the need to pay much more attention to addressing the environment around the family, if any personal family gains provided through Homebuilders or other family services were to be sustained. The four- to six-week Homebuilders' time frame was not suited to the longer-term needs of families living in often hostile environments, unless substantial supplemental and follow-up resources were available. Financial resources to pay for these services were not forthcoming.

At the same time, several friends living on the East Side of Tacoma, Washington, in the largest housing development west of the Mississippi were helping one another and other neighbors, with no time limits. When we (Jill Kinney, psychologist, long involved with Homebuilders and Family Preservation Services,) and Margaret Trent (Chair of the Resident Management Council) met, we recognized each other as co-

conspirators to come up with better ways of helping families. We talked in each others' kitchens for months, with each other and each of our family and friends, about how social services were not really helping families as much as we would like. As we talked, a cohesive group formed. We realized that talking about how things should be was much more difficult than talking about what is wrong with the way things are.

We realized that every neighborhood has natural helpers; and that they, and professionals need to take the time and make the commitment to find, value, and learn from each other if they are to establish partnerships.

These conversations and this sharing of information and both professional and experiential expertise led to developing a new practice model involving a partnership of natural helper and professional, a team that builds upon both experiential and professional expertise. People Helping People received funding from several foundations and from the Washington State Division of Child and Family Services to serve families in the Hilltop and Eastside neighborhoods of Tacoma who were directly or indirectly referred from child protective services.

Under People Helping People, a professional and natural helper pair conduct initial visits with families to conduct an assessment, clarify the needs and wants of the family and how these relate to the those of the child protective service system. After this initial visit, which occurs within 48 hours of referral, a primary mentor or coach is assigned to the family, with access to other People Helping People team members for any specialized services and backup. Depending upon the needs, and the wishes, of the family, the primary mentor or coach could be either a professional or a natural helper. Natural helpers are not volunteers, but are paid for their work and recognized for their skill and expertise.

Current practices place unnecessary constraints on roles, making both professionals and natural helpers less effective than possible.

Our professional and natural helper teams drew upon each others' assets in this work with families, often developing solutions that worked but that fell far outside conventional professional practice lines. These teams almost always responded in a way that was more connected with people's day-to-day lives and therefore more effective than professional practice alone. This new practice also required a profound shift in the way each of us saw ourselves and sought out help when we needed it.

As we have worked together, we have deepened our own understanding of why this partnering is so essential to success, particularly in working in disinvested neighborhoods and communities. The following are our reflections on the importance of developing new services and practice based upon such partnerships, some examples of how these partnerships can work, and some reflections on the importance of taking the time to bridge the distance between these two worlds.

What We've Learned—Tools We Can Share

Limitations of the Current Professional and Bureaucratic Model and Rationale for Forming Natural Helper/Professional Partnerships. Professionals and bureaucrats alone have not been able to solve problems facing our families. We must include more people, more skills, and more resolve at more levels if we are going to make the difference we would like. We also must include more people in ways that do not segment them into separate and fragmented roles. This requires building new relationships between professionals and natural helpers. People Helping People is a conscious strategy to involve more people and to build upon the strengths that already exist in the neighborhoods, fashioning new partnerships that do not artificially separate the help that professionals

and natural helpers offer.

As we worked together, and began to gain the credibility to work with "The System," the problems we had discussed in our kitchens were manifest in our environment. We struggled to cope with many practices and biases.

Dangers of an over-reliance upon professional help. Over-reliance on professional helpers and formal agency and system solutions can fail to create strategies that are fully relevant to and congruent with the needs of the specific neighborhoods, because those in charge lack information and understanding.

This over-reliance is too expensive. Professionals' salaries are higher than we can afford, if an adequate amount of help is provided. Dollars that are spent for professionals usually end up increasing the financial stability of people and organizations outside the community, rather than adding to local economic development.

Over-reliance on professionals can send the message to community people that they cannot help themselves, and must be rescued, thus attacking rather than enhancing their sense of self-efficacy. It can give people in the community implicit permission to wait until the professional provides the service, or until there is money for the professional. The strategy can also create the belief that if help is successful, it is because the professional is good, and if the help doesn't work, it is because the recipient is inadequate, further demeaning the sense of self-efficacy of the recipient.

Dangers of separating natural helper and professional roles. Current practices place unnecessary constraints on roles, making both professionals and natural helpers less effective than possible. We usually think of professionals as addressing intrapsychic problems. Neighborhood workers have been assigned to "prevention," or

We will all be more effective if we can share our perspectives and expertise to develop new strategies that will be far more creative than any we could develop solely within our own frameworks.

problems that aren't too severe. They are thought of as appropriate for concrete issues, like building speed bumps or getting street lights installed, or getting drug houses closed. Agency staff also have had limited roles. If an individual is out of control, professionals are called. If family problems go beyond the norm, they are referred for help. Professionals have dealt with intra and interpersonal problems. Community workers and residents have dealt with community problems.

In fact, all the problems are interrelated. Residents and community workers and agency staff all have different perspectives on both the causes and resolutions for difficulties.

Professional efforts to solve intrapsychic problems are often hampered by inconveniences such as poverty and homelessness. Lay people often counsel one another on everything from marital problems and child rearing to thoughts of suicide. Just as we currently learn about the irrevocable linkages between physical and mental health, we need to come to terms with the facts that the distinctions we make about prevention and intervention are artificial. The distinctions we make about concrete services and psychological services are also artificial. And, the distinctions about what types of help require graduate degrees, and which can be done by friends and neighbors, are, in many cases, arbitrary.

We will all be more effective if we can share our perspectives and expertise to develop new strategies that will be far more creative than any we could develop solely within our own frameworks.

Reasons We Need Natural Helpers

As our work proceeded, the reasons for involving natural helpers as an essential part of our work became even more clear. It also became clearer that natural

helpers could help professionals become more effective.

The human services "system" and our community need natural helpers, because natural helpers know things most professionals don't know about helping, because they can help professionals to learn to do better, and because, with natural helper support, they, also can achieve more than they can without it.

Strengths of Natural Helpers. Natural helpers understand their neighborhoods. They usually understand their own culture and generally more about other cultures in the neighborhood than people who don't live there. They are usually more committed to resolving the issues because the challenges affect them personally. They usually have more trust and status within the neighborhood than most outsiders do.

Natural helpers are more likely to hear about problems before they become so severe that intensive intervention is the only option. They are more likely to be available 24 hours a day to those they support. This can decrease the possibility of people being harmed. They are in a better position than professionals to provide ongoing long term support.

They may provide successful role models. If they are paid for their work, it will help the economic status of the neighborhood.

They have different and necessary skills for helping. They are often more familiar with the intricacies of public bureaucracies than many professionals, because their personal welfare has often depended upon this understanding. They know which strategies work and which do not within their neighborhoods. They often know the needs of the community. They have mastered the ability to function in conditions which are physically and emotionally scary to professionals, sometimes to the degree that professionals refuse to enter, sometimes to the degree that they cannot function well.

Natural helpers are more likely to provide support

Professionals also would benefit from trying to understand the cultural context.

in the recipient's environment. They can support families who have been or would be unable or unwilling to receive services in more traditional settings. This allows for more effective and comprehensive monitoring regarding child safety. It is more likely to include all family members and possibly members of their support networks. Observation of participants in their natural environment allows for a more accurate and complete assessment. Family members, caseworkers and other service providers know that helpers have the opportunity for first-hand observations of family situations, problems and progress on goals. This can serve to increase their credibility. The helper has ongoing opportunities to model the use of new skills in real situations and eliminates the need for transfer of learning from one setting, such as an office, to another such as a home.

Common activities of natural helpers. As policy makers begin considering a shift to neighborhood transformation from office based talk therapy, we can easily present the idea of natural helpers, or indigenous workers as new ideas. In fact, people have been helping one another since people existed, before college degrees existed, before licensing boards existed. Throughout time, even people with few resources have reached out to one another. And helped. Table One shows a list of common natural helper activities going on in most of our communities now, usually off the radar screen and separate from the formal helping system.

Ways Natural Helpers Can Help Professionals. Some natural helpers wish to work more closely with professionals. At the same time, they would like to raise the professionals' awareness regarding the best ways to be helpful. The following are some of their ideas.

Professionals need to keep thinking about communication, cooperation, and service to people in the community. They need to build long-term positive

relationships with kids and families if they are going to have a positive impact in the larger neighborhood. To build these relationships, they will need to value the gifts and resources that community members have and think of ways to encourage, support, recognize and utilize them.

Being genuine and earnest is worth a lot. Professionals' good intentions can go a long way. They need to remember, though, that it will take time to develop those relationships. They can't assume that once they have made a few relationships that they don't need to maintain those relationships. Professionals would be better off if they didn't talk about other people in the community.

It would really help if professionals would stop putting themselves above other people, and work on building connections between/among us all. They need to realize the context for all our behavior, and really be being present with us. If they get invited to peoples' homes, they should go.

Professionals need to do more of looking at an individual or family within the larger context of other people and the physical community. (Some families move around but may still retain connections within the community so it is important to realize that they may still be considered part of the community.) If they are helping a family, they should seek suggestions from the family about who else might help the family.

Professionals also would benefit from trying to understand the cultural context and try to use that information to make culturally appropriate suggestions when they offer advice. They can't assume that one way of doing things will work for everyone. Also, things change all the time. No one can let their perceptions of the community and individuals within it freeze in time. The situation changes and people change as well.

People in the community often need "translators" of how formal society systems work - such as schools, child protective services and courts. Professionals can

Table One
What Natural Helpers Can Provide

Natural helpers can provide many types of help. Arbitrarily, we have categorized this helping into five areas: skill building, emotional support, community leadership and networking, resource acquisition, and concrete help.

Some natural helpers (and some professionals) have assets in all five areas, but people who are strong in only one or two areas still can make important contributions. These examples are presented to help people think outside the box of traditional service delivery and to recognize the wealth of resources that can be drawn upon to help families help themselves.

Examples of Skill Building

- ▲ Helping others recognize their strengths, see a future, and set and reach measurable goals
- ▲ Helping others keep family members safe
- ▲ Helping others strengthen relationships with others
- ▲ Helping others learn to get and keep goods and services: transportation, housing, legal assistance, child care/baby-sitting, employment, food and clothing, financial aid, furniture and household goods, medical and dental services, toys, recreational equipment, and recreational opportunities
- ▲ Serving as a role model
- ▲ Helping others exercise their rights and responsibilities
- ▲ Teaching professionals how better to help

Examples of Providing Emotional Support

- ▲ Listening, being available, spending time
- ▲ Providing positive regard, without judgment
- ▲ Avoiding gossip and manipulation
- ▲ Addressing issues of isolation by going bridges and confidants

Examples of Community Leadership and Networking

- ▲ Organizing activities that help families form positive relationships with each other and meet interests and needs: support groups, arts and crafts classes, tutoring sessions, GED study sessions, etc.

- ▲ Setting up skill and resource exchanges that draw upon each others' resource: child care cooperatives, peer-to-peer volunteering, time dollar banks
- ▲ Acting as a role model for professionals on how to engage and work with residents, hold meetings and training sessions, make themselves accessible in comfortable settings for families
- ▲ Helping residents organize community activities: weekly storytelling, plays by local artists, celebrations and cultural events, job fairs, neighborhood watch programs, self-defense classes, community awareness days, etc.
- ▲ Serving on community coalitions and activities and speaking for family and neighborhood needs

Resource Acquisition

- ▲ Providing information about where to find transportation and housing
- ▲ Providing help in dealing with landlords, installment sellers, and loan sharks
- ▲ Providing help in getting good deals on items: trading-junk dealers, hock shops, informal foods and clothing banks, etc.

Concrete Help

- ▲ Baby-sitting
- ▲ Fixing Things
- ▲ Cleaning up junk
- ▲ Braiding hair
- ▲ Gardening

Professionals need to view their role as a partner with, rather than supervisor of, natural helpers to be effective.

try to function as a translator. This may mean having to learn for themselves how things work, keeping in mind that even larger systems have variations that need to be understood and explained.

When trying to become familiar with a neighborhood or community, professionals should get to know “bridge people.” Bridge people are individuals who can introduce a new professional helper to those key members of the neighborhood who have substantial influence with other community members. They often are not easy to recognize. You could start identifying bridge people by asking local church people, grocery store people, neighborhood centers, food banks and community resident groups. Respect the relationship you have with the bridge person. Also, don’t take one person’s view of the community/family/individual as necessarily the single and absolute truth.

Professionals need to recognize that the families/individual we work with are key informants who can educate us. We should remember to be careful about asking too much information on certain issues for their safety or your safety (gangs or drug selling, for example).

Professionals shouldn’t assume that they have to, or that it is wise to do all the work of community development in a neighborhood. Professionals should share resources with others to build a sense of positive partnership and to have a larger effect on the community. They should recognize others who have made a contribution to your success. They should acknowledge their input and let people know that you consider yourself a part of the larger group. They shouldn’t let their own individual or agency group vision interfere with the needs of the larger group/community.

Reasons We Still Need Professionals

Advocates for neighborhood transformation calling for increased reliance upon natural helpers often are misinterpreted as saying that professionals are not necessary. In fact, professionals are needed in many capacities, bringing strengths that can help natural helpers become more effective. Still, this represents a major role change from how professionals are traditionally viewed and often view themselves. Professionals need to view their role as a partner with, rather than supervisor of, natural helpers to be effective.

Strengths of Professionals. Although some of the things professionals do could be done (and, indeed, are being done) by natural helpers, many of their skills are invaluable in the change process. They are as relevant for neighborhood transformation as they might have been for the fifty minute hour. Some that are particularly valued by natural helpers include the following:

Conceptualizing issues. Professionals have some conceptual frameworks which can help us and others to understand and address issues. Professionals have detailed knowledge of different frameworks by which to assess and help resolve individual and family issues. Helpers can benefit from these frameworks in terms of organizing potentially overwhelming information, and in setting and monitoring goals.

Training and problem solving. Professionals know lots of ways to solve problems. Some are relevant for natural helpers and neighborhoods; some are not. Over time, it becomes easier to tell which methods professionals know will be relevant to natural helpers, and which are not. Professionals can educate natural helpers to assume more responsibilities, such as training, mentoring, and direct help than they are already providing. They can help natural helpers learn to provide training. This training and problem solving help also can help professionals learn new tools, which

When one looks closely at the specific activities of professionals, it is possible to translate most of those activities into regular English that can be understood by us all.

they can, in turn, conceptualize for others.

Mentoring and identification of strengths.

Professionals can help natural helpers to become aware of just how much they do know and can encourage them to follow through on their own beliefs. Professionals can help natural helpers to learn to provide training and work with them to adapt existing materials and develop new ones. They can help natural helpers and others learn to develop, fund, operate, and evaluate their own strategies.

Evaluation. Professionals often have been trained to specify outcomes and to collect and analyze information. They have a systematic orientation and can understand controlled observation. Although natural helpers are sometimes annoyed with the system's insistence on written documentation, they can usually accept it and continue to do it if they know how it can be used to improve their own practice.

Fund-raising and grants management.

Professionals usually can write. They know the language most funding sources use. They know people who make decisions about funding. They can help others learn these skills. Some professionals also have experience in budgeting and monitoring both financial and program goals and objectives, that are increasingly important in securing funding.

Advocacy. Professionals can speak out on behalf of natural helpers. If professionals have spent time in neighborhoods, they sometimes can translate those realities to policy makers and other professionals who have not spent that time.

Service delivery. Professionals can provide services themselves, when necessary. They have professional knowledge to make some diagnoses and meet some clinical needs that natural helpers do not have. Professionals can help natural helpers know when they need the help of a professional to diagnose or treat particular conditions.

Ways Professionals Might Help Natural Helpers.

Some skills of professionals are hard won through years of study and experience. Some skills commonly thought to be the purview of professionals alone are inaccessible to lay people only because of the jargon, however. We often talk of professionals' activities in special languages involving terms like borderline personality, resistance, denial and attention deficit disorder. Not everyone understands these professional languages, and when we think of professional activities in broad categories, it is easy for us to become intimidated. We may believe a person must have a special degree and a special language in order to be helpful.

When one looks closely at the specific activities of professionals, it is possible to translate most of those activities into regular English that can be understood by us all. If we look at these activities, we can think about lay people learning many of them, one by one, even if they don't have a particular degree. Some examples of activities that professionals can teach or share with natural helpers, described in regular English, are shown in Table Two.

Table Two
How Professionals Can Help Natural Helpers

Professionals have a lot of knowledge that natural helpers can use. The following provides some of the practical help that natural helpers (and professionals) need to work effectively with people. These are written in plain language, not professional jargon. If professionals do not know how to do these things, they should seek to learn them.

Conceptualizing helping and understanding different approaches to helping

▲ Knowing about different ways to approach problems and provide help: systems approaches, learning approaches, cognitive approaches, environmental approaches, philosophical and spiritual approaches, psychodynamic approaches

- ▲ Finding out what hurts and why
- ▲ Using these approaches to design supports and solutions to what hurts

Helping, first and foremost, to keep people safe

- ▲ Structuring the situation before the helper arrives
- ▲ Structuring the situation when the helper is there
- ▲ Structuring the situation between times the helper is there
- ▲ Helping people learn to assess the potential for violence (assault, homicide, suicide, child abuse, domestic violence)
- ▲ Helping people learn not to trigger each other and to break the chain when triggering starts to occur
- ▲ Helping people learn to get help and to safety immediately, when situations start to get out of control
- ▲ Child-proofing the home

Making contact and engaging the family

- ▲ Meeting people when and where they prefer to be met, are comfortable
- ▲ Greeting people in ways that show respect and put them at ease

- ▲ Engaging in culturally appropriate initial conversations
- ▲ Communicating that you understand the meaning as well as the words, and restating when needed so people know you understand
- ▲ Responding to people's requests
- ▲ Listening without judging
- ▲ Affirming people's strengths, successes and potential

Working with the family to assess the situation

- ▲ Exercises and tools to help people assess their values
- ▲ Exercises and tools to help people identify their strengths and resources
- ▲ Exercises and tools to help people identify their support systems
- ▲ Exercises and tools to help people clarify and prioritize their goals and set realistic objectives
- ▲ Ways to tell what happens before a particular problem occurs, that might trigger that problem
- ▲ Ways to tell what happens after a particular problem occurs, that might reward or reinforce it
- ▲ Helping people use journals and other devices to tell what is going on

Helping to prevent problems from occurring

- ▲ Helping people figure out how they spend their time
- ▲ Helping people figure out which times cause them trouble

(continued)

Table Two
How Professionals Can Help Natural Helpers
 continued

- ▲ Ways to help people think of other ways to spend their time
- ▲ Ways to help people to actually avoid doing the other things
- ▲ Ways to help people to avoid danger

Helping people to motivate themselves toward positive change

- ▲ Showing people you understand what they are trying to tell you and showing you hear the words and the feelings and meanings behind them
- ▲ Helping people find their strengths and values and ground themselves
- ▲ Helping people feel important (treating them with respect, spending time with them, noticing the good things about them)
- ▲ Helping people feel more hopeful and more in charge
- ▲ Helping people see a positive vision of the future (imagining it, drawing a picture, making a collage, writing a letter)
- ▲ Helping people see the difference between what they want and where they are headed
- ▲ Helping people feel more confident about being able to change (seeing others have problems and struggles too)
- ▲ Helping people see that we can feel two ways about change and knowing where they are in terms of wanting to change
- ▲ Helping people see why change might be good (noticing why change would help them with their values and goals, rewarding little steps)

- ▲ Helping people see why not changing might be bad (noticing how not changing will not help them meet their goals and can produce bad things, providing consequences when they don't try)

- ▲ Helping people remember times when they made changes

- ▲ Helping people identify people like themselves who have made changes

- ▲ Helping people understand the process of change, and that it doesn't usually happen immediately and that there are steps forward and background

Helping people make changes in specific areas, such as:

- ▲ Parenting
 - Learning to tell what is really happening and who does what to whom
 - Noticing and rewarding kids doing the right thing
 - Knowing when to ignore, distract, reward, and discipline kids for what they do
 - Setting up the house so kids won't get in trouble
 - Getting clear what you expect from kids and what will happen if they do or do not meet expectations
 - Having family meetings
 - Knowing how much supervision kids need
 - Giving kids choices
 - Knowing what to do when kids fight with one another
 - Showing kids how you want them to be

▲ Managing feelings

Helping people figure out how they are feeling and what their feelings are (feeling thermometer, faces chart)

Helping people figure out what might be causing it, how thinking can cause feelings, how eating can cause feelings

Helping people figure out what to do if they start to get angry (crisis cards, changing thinking, doing something else, solving the problem, calling someone)

Helping people figure out things that are causing depression and things to do to stop feeling depressed (doing different things, giving credit for small steps, looking at things that made you happy in the past, stop criticizing self)

Helping people do things to stop being anxious (learning not to get anxious in the first place, learning to tolerate being uncomfortable)

▲ Getting along with other people

Helping people learn social skills

Helping people learn problem-solving

Helping people learn to: be assertive, listen, negotiate, make decisions, say "no"

Helping people learn to tell others what is bothering them

Helping people learn when to take criticism

Helping people learn to control impulses

Helping people to resist pressures

Helping people to accept "no"

Helping people maintain changes they have made

▲ Helping people learn to predict when they might slip, and planning to prevent those slips

▲ Helping people have a plan to get back on track if they do slip

▲ Considering all the possibilities to prevent slips, including: exercise, nutrition, prayer, meditation, acupuncture

Diagnosing conditions or issues that require specialized care

▲ Knowing when to call in a health specialist for a medical concern that needs treatment

▲ Knowing when people are unsafe and in harm's way for violence and stronger action needs to be taken

▲ Knowing when to call in a law enforcement person or child protection worker to re-establish order and safety

▲ Knowing when there is a psychological condition (loss of touch with reality, bizarre behavior that is related to a mental disorder) that requires specialized care

▲ Knowing when children are being endangered by lack of attention and more forceful attention than the natural helper can provide is needed

▲ Knowing when something is going on the helper can't figure out and needs the help of a professional to figure out (diagnose)

Natural helpers are likely to be particularly suspicious of the motives of the professional at the outset, with some justification, while the professional may believe that their background should make them worthy of trust from the outset.

Developing Natural Helper and Professional Relationships

We have pointed out many potential, and real, advantages of professionals working with natural helpers. We also need to point out the many challenges in developing these relationships. We learned by doing, by talking and working through a variety of issues and experiences in getting to trust and know each other. We must remind ourselves that neither professionals nor natural helpers are homogenous groups. Each relationship is unique. In developing good relationships, both natural helpers and professionals must overcome skepticism, learn new languages, and be both teachers and learners.

We have found that the following issues are ones that must be addressed to develop these relationships.

Meeting One Another. Although it is possible that professionals may meet natural helpers as clients, it is very rare that they run into each other on equal grounds. They usually do not live in the same neighborhoods, attend the same churches, or participate in the same leisure time activities. Professionals usually have more doors open to them than natural helpers, and it therefore is important for professionals to seek out and meet natural helpers in the neighborhoods helpers live.

Recognizing cultural differences. When they do meet, professionals and natural helpers often are doing different dances, and they begin treading on each others' toes immediately. Professionals have a fairly formalized way of greeting each other, making a few neutral comments about the weather or some news event, and then diving into a very linear agenda. Natural helpers do not separate their helping role from themselves as people. They are more likely to either plunge into an informality and warmth that is bewildering to professionals, or to withdraw

completely or react aggressively in response to conversations that seem forced, impersonal, and indirect. The key for both natural helper and professional is to suspend disbelief, and seek to be open and flexible.

Recognizing prior experiences and personal histories. Natural helpers and professionals usually begin their relationships with stereotypes about one another. Most have had some prior experiences and all have heard about either hopeless clients or uppity professionals who have done damage to others.

Natural helpers may have had many experiences with the "system" that have been bad. They may react very negatively to "system" requirements and rules and see the professional as supporting those rules, even when the professional cannot change them. Natural helpers are likely to be particularly suspicious of the motives of the professional at the outset, with some justification, while the professional may believe that their background should make them worthy of trust from the outset. These stereotypes can be overcome, but it takes honest discussion about them for this to occur.

Understanding the worries and fears of professionals. In any new activity, anxiety, frustration, and confusion are likely. Some examples of particular triggers professionals may encounter include the following:

- ▲ Professionals may not be able to understand the language, or the accent, of some of the phrases used by natural helpers. Differences in greeting behaviors, eye contact, formality, touch, and ways of expressing emotions can produce anxiety or anger when professionals are not aware that many are cultural differences and not meant to cause discomfort.

- ▲ Professionals will have to go into neighborhoods, and situations in those neighborhoods, where they do not feel safe. Things can happen while they are there that can frighten them and make them very defensive.
- ▲ Some professionals may worry that natural helpers will usurp their roles and endanger their job security. It is hard to feel great about someone who might leave you unemployed. They also may risk credibility with their peers for acting “unprofessionally.”
- ▲ Professionals may fear that natural helpers may act in ways that do harm, instead of helping, and that they will be blamed or must assume the blame for letting it happen.
- ▲ Professionals may find that natural helpers do not keep the same schedules and take offense at missed meetings or lateness, not recognizing it as a cultural difference and not an insult. They also may find natural helpers expecting help as the needs arise and at all hours of the day, even though they have schedules they keep.
- ▲ Because they have fewer financial resources, natural helpers have fewer options in emergencies. Cars are more likely to break down, and when they do, professionals are likely to become entangled in and become frustrated by efforts to resolve those situations, which seem simple matters to professionals but are more complex for natural helpers in low-income neighborhoods.

Each of these is also an opportunity for the professional to take a step back, look at the situation, and seek to see it from the natural helper’s perspective.

This can produce greater understanding of how to partner with the natural helper and how to work with people in the neighborhood, as well as reduce the frustration and anxiety the professional feels.

Understanding the worries and fears of natural helpers. Natural helpers also are likely to have their feelings triggered by beginning interactions with professionals. Many of these are the reverse side of the fears and worries professionals have:

- ▲ Natural helpers risk interacting with someone who is frequently impossible for them to understand. Professional jargon, acronyms, and concepts are not only foreign, but also insulting to those who believe they are used to maintain professional control while professionals have absolutely no idea what it is like to survive under difficult conditions.
- ▲ Inadvertently, and sometimes intentionally, professionals shut natural helpers out of decision-making processes. This can be done through lack of eye contact, a raised eyebrow, and polite nods, but no real understanding, when natural helpers speak. It also can be through failure to invite to meetings or maintaining control over all administrative actions that then dictate what professionals say can be done.
- ▲ Professionals may fail to understand the importance of a personal and long-term commitment to natural helpers and the neighborhoods in which they work. Natural helpers are aware of the importance of relationships, and the preciousness of finding professionals with whom they can relate. Those relationships have meaning beyond “business.” If they end when a grant is over, or when someone

Working together, over time, can smooth out some of these tensions, but both natural helpers and professionals must be clear about what they really mean about their relationship.

gets promoted and leaves the work, it can be seen as another betrayal.

- ▲ Many natural helpers have had personal experience with state public assistance, child welfare agencies, and housing authorities, either on behalf of themselves or a close friend. They may have felt humiliated and powerless in their interactions. They may see many people in these systems as controlling and hostile. Professionals usually do not view these systems in this way and present the workers in these systems as well-meaning, which may come across as being unsupportive of natural workers and their experiences.

Reconciling differences in expectations and beliefs. Even when professionals and natural helpers use the same words, there can be misunderstandings about what they mean. One of the most important words around misunderstandings and resentments can arise is the word “partner.”

Natural helpers may see the partnership as finally having an equal voice with professionals, with a suspicion that professionals will at some point pull rank. Natural helpers see partnering making half of the decisions and are likely to test professionals to see if they are really serious.

Professionals, on the other hand, often view it as a partnership when they consider natural helpers in their plans, draw upon them for advice or information, or invite them to some of their meetings and put them on advisory boards. They see partnership with respect to “nonprofessional” issues, but they believe they should call the shots when issues of professional judgment must be made.

Working together, over time, can smooth out some of these tensions, but both natural helpers and professionals must be clear about what they really

mean about their relationship. It is particularly damaging for professionals to suggest that they will go farther than they actually are ready to go.

The approaches, and the language related to those approaches, that professionals have learned often are very different from those of natural helpers. Eventually, these differences must be reconciled, if professionals and natural helpers are to work together smoothly.

Table Three provides a contrast between the way some professionals and some natural helpers view the world of helping. Every natural helper and professional partnership will have its differences. The key to success is understanding the differences and changing, when a particular approach doesn't make sense or doesn't work. Developing partner relationships between professional and natural helper does not come overnight. It comes from hard work together, listening to each other, and trying out new approaches. In the end, it produces results that are better than those achieved by either natural helper or professional acting alone.

Conclusion

In this chapter, we have discussed reasons new approaches to social services are necessary and the advantages and challenges of developing natural helper/professional partnerships. We have described the strengths of each, and some possible ways partnerships may evolve. In joining together, we believe we have the opportunity to forge new alternatives that will allow us to combine knowledge from many perspectives, creating deeper insights and higher quality life.

We know many others are traveling similar roads on this journey. We need to share our learnings and insights. We encourage those who have yet to begin to start now, because the current turmoil of our times

provides us all with an enormous opportunity to surge ahead together by acknowledging our mutual resources and talents.

Table Three
A Comparison of Professional and Natural Helper Approaches to Helping

Some Professionals

Some Natural Helpers

Types of Help Provided

therapy
evaluation
treatment
counseling
aftercare

support
education
healing
moral and spiritual guidance
advocacy

Who Decides What Help is Provided

federal government
state government
rules and regulations
therapist
multi-disciplinary team

residents
neighborhoods
communities
people agreeing to help
partnership

How Help is Provided

the fifty-minute hour
group therapy
psycho-social evaluations
medications
conditions

kitchen table conversations
self-help groups
problem solving sessions
changing neighborhood

Who Needs Help

dysfunctional people
people with diagnoses

all of us, at some time
people who ask

Where Help Occurs

in the office

in life, wherever it is happening

CHAPTER 7

Moving from Welfare to Work

as Part of a Group:

How Pathways Makes Caseload Connections

Toby Herr and Suzanne L. Wagner¹

Introduction

Our goal for this chapter is an ambitious one, since we are telling two separate but interwoven stories. One is the description of Project Match's Pathways System for welfare recipients, particularly the benefits of its group format. This is the story we were asked to write. We thought that this story alone could be misleading, however. We feared that you would get hooked on Pathways—its nontraditional, developmental, family-friendly approach to interacting with welfare recipients—but be unaware of the high level of systems change required of agencies implementing it. Because of this, we decided to tell a second story as well—the story of what “scaling up” entails in the context of a government bureaucracy. By scaling up, we mean not only serving larger numbers of people, but also integrating new ideas and protocols into the general day-to-day operations of an agency. The failure to recognize program design and implementation as two sides of the same coin has contributed to the dismal history of scaling-up efforts in the human services.² A program model cannot be separated from the institutional

context in which it is being implemented—whether it is Pathways or any other innovation—and that reality is reflected in the way we have written this chapter.

Scaling Up and Project Match's Incremental Ladder

We created Pathways as a way to scale up the welfare-to-work model developed in Project Match's small community-based program in Chicago, operating since 1985. We were never particularly interested in replication per se—a bunch of little Project Matches sprouting up all over the place. For us, scaling up meant figuring out how Project Match principles could operate inside large government welfare agencies.

One of our first steps was to create a visual representation of what we had learned about how people move from welfare to work. We refer to this diagram as the Incremental Ladder to Economic Independence (page 58). The Ladder reflects the fact that, for most welfare recipients, leaving the rolls is an uneven, back-and-forth process, *not* a single, discrete event. It is about jobs found and lost, and then found and lost again before one sticks. It's about GED exams failed once, twice, maybe three times before they're finally passed. It's about promotions deserved but not received and families cycling through periods of stability and crisis. It's about personal growth and family change.

On the Ladder, the “upper rungs” include employment, both part- and full-time. The “middle rungs” include the standard work-prep activities offered by most government programs, such as GED

¹ We thank the staff at each site for taking on the challenges and risks of introducing new ideas and practices into their existing operation and for allowing us to get an inside view of the implementation process. Individual staff at the sites who were particularly helpful in the writing of this chapter include: Joyce Jackson of Chicago, Marcia Blize from Iowa, Linda Cymrot and Becki Sander in Baltimore, and Dennis McKay and Karen Blanchard in Ohio. Additionally, this chapter is the result of contributions from many Project Match staff: Cheryl Stoneking, Eileen Rhodes, Robert Halpern, Ria Majeske, and Warrine Pace. We also owe a debt of gratitude to Janice Nittoli of the Annie E. Casey Foundation: first, for her belief in Pathways and willingness to stand by it before it had a proven record; and second, for insisting that we write this chapter and then extending the deadline to make it possible.

² See Lisbeth B. Schorr, *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America* (New York: Doubleday, 1997).

Monthly contact is central to the success of Pathways.

classes, vocational training, and community work experience. The “lower rungs” include activities that the welfare-to-work field traditionally has not viewed as work prep. At Project Match, we have broadened the definition of work prep to include volunteer activities (e.g., volunteering at a Head Start, serving on a community advisory board), activities with children (e.g., serving as a Scout leader, getting children to extracurricular activities and medical appointments), and self-improvement activities (e.g., substance abuse treatment, exercise classes). Through experience, we have found that when properly structured, these lower-rung activities can serve a work-prep function and be stepping-stones to employment. In *Making the Shoe Fit: Creating a Work-Prep System for a Large and Diverse Welfare Population* (Project Match, 1996), we provided detailed arguments for pulling these types of activities into the policy framework. We also described how many of these lower-rung activities, particularly community volunteering, are “countable” under the Temporary Assistance for Needy Families (TANF) Program.

The basic principles embedded in the Ladder have been well received over the years by policymakers and practitioners (see Table One for a list of the basic principles), yet they have never found their way into large government agencies. Government program designers and administrators have been either unable or unwilling to do the R&D needed to translate the Ladder into practice in their agencies. At Project Match, we realized that if we wanted to see our model scaled up, we’d have to take on the R&D ourselves. With Pathways, we turned the principles of the Ladder into a set of concrete tools and protocols that could be purchased, for a modest cost, by a government agency. With training from us and experience using Pathways themselves, we hoped caseworkers would change the way they think about their clients and interact with

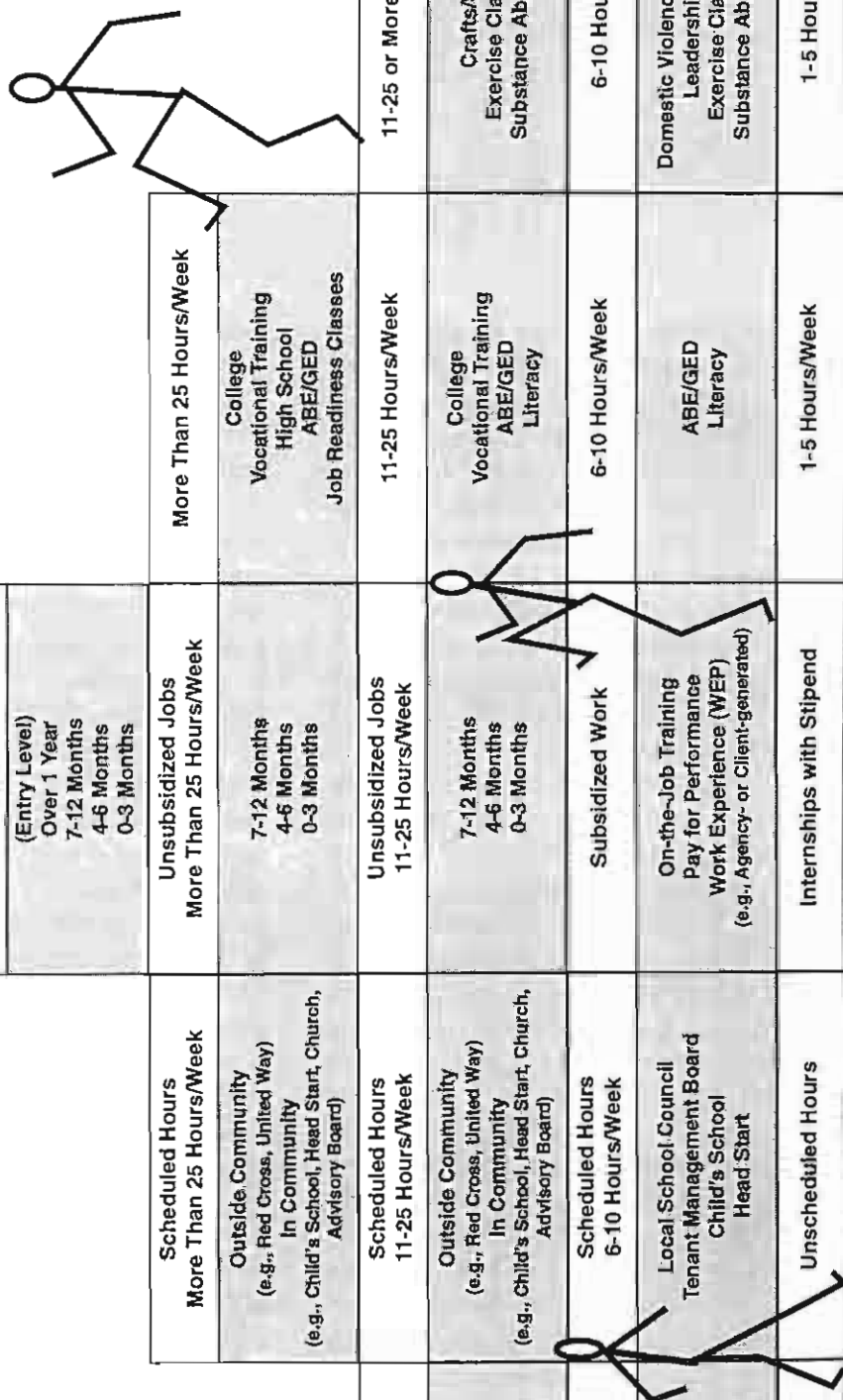
them. And that, in turn, would put more welfare recipients on the right track.

The Four Components of Pathways

Pathways was designed for government welfare agencies running mandatory programs, although we thought that voluntary programs would be able to use it as well. We also envisioned that Pathways would be used with every welfare recipient in an agency—from the most to the least job-ready, from those without jobs to those working and receiving a partial grant—although we realized that for many administrators Pathways would be seen as most useful for “hard-to-serve” welfare recipients. On these two issues, and many others, we believed that flexibility was the key. One issue that was not negotiable, however, was the level of contact with participants. Monthly contact is central to the success of Pathways. It was this fact that, during the initial field test in Chicago, led us to add a fourth component—the monthly group meeting—to the original three: the monthly activity diary, the computerized tracking system, and a set of rules and procedures. These four components are briefly described in this section.

The Monthly Activity Diary. The diary is an eight-page booklet that participants complete each month and return to their caseworker. Each participant gets a new diary every month and the color changes from month to month. Some parts of the diary are standardized and some are customized according to a site’s needs. Every site’s diary has a place for the participant’s monthly employability plan, for example, and also contains an activity menu and activity verification logs. Within these sections, however, there can be a fair amount of customization: for example, we advise that all employability plans have space for

The Incremental Ladder to Economic Independence



Unsubsidized Jobs 40 Hours/Week		(Family Supporting Wage) Over 5 Years 4-5 Years 1-3 Years		Unsubsidized Jobs 40 Hours/Week		(Entry Level) Over 1 Year 7-12 Months 4-6 Months 0-3 Months		Unsubsidized Jobs More Than 25 Hours/Week		Unsubsidized Jobs More Than 25 Hours/Week		Unsubsidized Jobs 11-25 Hours/Week		Subsidized Work		On-the-Job Training Pay for Performance Work Experience (WEP) (e.g., Agency- or Client-generated)		Internships with Stipend		Structured Activities w/ Stipends (e.g., WIC Clerk, Head Start Aide) 7-12 Months 4-6 Months 0-3 Months	
Scheduled Hours More Than 25 Hours/Week		Scheduled Hours 11-25 Hours/Week		Scheduled Hours 6-10 Hours/Week		Unscheduled Hours		Scheduled Hours 11-25 Hours/Week		Scheduled Hours 11-25 Hours/Week		Scheduled Hours 11-25 Hours/Week		Scheduled Hours 6-10 Hours/Week		Scheduled Hours 6-10 Hours/Week		Scheduled Hours 6-10 Hours/Week		Scheduled Hours 6-10 Hours/Week	
School-based Activities (e.g., Homework Mother) Take Children to Extracurricular Activities (e.g., Scouts, Little League, Music)		Outside Community (e.g., Red Cross, United Way) In Community (e.g., Child's School, Head Start, Church, Advisory Board)		Local School Council Tenant Management Board Child's School Head Start		Food Pantry Church Child's School Head Start		College Vocational Training High School ABE/GED Job Readiness Classes		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy	
11-25 or More Hours/Week		11-25 or More Hours/Week		6-10 Hours/Week		1-5 Hours/Week		11-25 or More Hours/Week		11-25 or More Hours/Week		11-25 or More Hours/Week		6-10 Hours/Week		6-10 Hours/Week		6-10 Hours/Week		1-5 Hours/Week	
Family Literacy Programs Family Support Programs Take Children to Extracurricular Activities (e.g., Scouts, Little League, Music)		Local School Council Tenant Management Board Child's School Head Start		Local School Council Tenant Management Board Child's School Head Start		Local School Council Tenant Management Board Child's School Head Start		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy	
1-5 Hours/Week		Unscheduled Hours		Unscheduled Hours		Unscheduled Hours		11-25 or More Hours/Week		11-25 or More Hours/Week		11-25 or More Hours/Week		6-10 Hours/Week		6-10 Hours/Week		6-10 Hours/Week		1-5 Hours/Week	
Take Children to Appointments (e.g., Medical, Tutoring, Speech Therapy) Act on Referrals in a Timely Manner Get Child to School on Time		Food Pantry Church Child's School Head Start		Local School Council Tenant Management Board Child's School Head Start		Local School Council Tenant Management Board Child's School Head Start		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy	
Activities with Children		Volunteer Work/ Advisory Boards (Community, Business)		Local School Council Tenant Management Board Child's School Head Start		Local School Council Tenant Management Board Child's School Head Start		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		College Vocational Training ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy		ABE/GED Literacy	
Self and Family Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities		Education/Training Activities	

Table One
Basic Principles Underlying Project Match's
Incremental Ladder to Economic Independence

- ▲ All welfare recipients can make progress toward becoming a steady worker and/or improving the well-being of their families and communities; therefore, all welfare recipients should be required to do something every month they are receiving any portion of a welfare grant.
- ▲ There are a variety of pathways off welfare, but each welfare recipient must be encouraged and supported to find the pathway that best fits her needs and capabilities.
- ▲ It is impossible to determine definitively through an up-front assessment who has problems that might prevent them from meeting a participation requirement or working and who is able to participate or work *despite* their problems; a more equitable and strength-based approach to assessment is to give people choices at the outset and allow them to "sort" themselves based on their actual performance.
- ▲ Many welfare recipients will eventually become steady workers; to do so, however, most will need several jobs and a variety of services after they enter the workforce—for example, retention, reemployment, and advancement assistance.
- ▲ To ensure that people make progress each month, welfare-to-work programs must:
 - 1 Define work prep in a broad and flexible manner with regard to types of countable activities (e.g., include volunteering and parent/child activities);
 - 2 Be flexible around time commitments (e.g., accept fewer than twenty hours per week initially);
 - 3 Allow people to combine activities;
 - 4 Monitor everyone's progress each month in order to modify employability plans and expectations based on what each person accomplished the previous month, as well as on changing circumstances (e.g., homelessness, domestic violence); and
 - 5 Have sufficient staff, in number and ability, to support people as they move from step to step.

Each month, the caseworker and participant together choose from the activity menu to create an individualized employability plan.

at least three activities, but some sites include more spaces. The place where the most customization occurs is on the activity menu. The menu must include activities from each category on the Incremental Ladder, but the specific activities in each category are likely to differ somewhat from site to site, depending on what is available in a particular area and what the agency views as most important. Also, some sites have added categories, such as court-ordered activities and Head Start activities.

Each month, the caseworker and participant together choose from the activity menu to create an individualized employability plan, in many cases with input from other participants in the group. By revising the plan each month, a participant is never “standing still”: if she is doing well, the plan may become more challenging; if she did not meet the terms of the plan, the reasons would be discussed and a new plan drawn up to address them.

The Computerized Tracking System. The tracking system captures all the information in a completed diary, including the activities the participant agreed to for the month (the employability plan); what the participant actually did during the month (the verification logs); any benchmarks reached (e.g., started a job); and any actions taken by the caseworker (e.g., reduced a grant because of earnings, sent a conciliation letter). The system generates a series of monthly reports: one for the caseworker (summary and individual reports), one for each participant (individual reports only), and one for administrators (summary reports only). The reports are invaluable because they are cumulative and therefore provide a running record of activities and progress over time, both for groups and individuals.

Rules and Procedures. There are some rules and procedures for Pathways that are fixed (e.g.,

caseworkers must have monthly contact with participants). Since the key to successful *widespread* adoption of any program or model is flexibility, however, we left lots of room for agencies to customize rules and procedures to fit their needs and circumstances. During the initial implementation phase of Pathways, we work with site administrators to establish policies about participation requirements (e.g., how long a participant can organize a plan around activities like going to medical appointments before adding more worklike ones); activity verification (e.g., how local programs where people are engaged in activities will record participation for the government agency); caseworker actions (e.g., what will constitute a sanction, reasons for sanctioning); and other issues related to the operation of Pathways.

The Monthly Group Meeting. In designing Pathways, we envisioned monthly contact occurring one-on-one. In places where caseloads are high, of course, one-on-one monthly contact is impossible. We didn’t think about this, however, until we went to pilot Pathways in a public aid office in Chicago. It is hard to believe we could have ignored the caseload factor. Our solution was to have participants be assigned to groups that would meet monthly, though we weren’t sure how this would work. It didn’t take long for us to realize the benefits of the groups, however, for both the agency and the participants (these benefits are detailed later in this chapter). In fact, the groups proved so powerful we decided to make them an actual component of Pathways, an essential element of the package.

As with most aspects of Pathways, the groups are done a bit differently from site to site, but there are a few standard protocols we’ve developed. Participants should be assigned to a “permanent” group as early as possible in the process, and assignment to a group should be based on practical factors, such as

While the explicit goal of the monthly meeting is to review, revise, and fine-tune employability plans, there are many implicit goals: providing peer support and peer pressure, coordinating services for participants.

people's schedules or where they live, and not on more subjective factors, such as how job-ready a person appears to be. Each group should meet once a month on the same day each month (e.g., the last Tuesday), although participants should have a choice of two different sessions on that day to accommodate their schedules (e.g., a morning or afternoon session, an afternoon or evening session). Sites can assign fifty or sixty people to a group. Though this may seem like a large number, in practice it is manageable, since some people come to the first session and some to the second and since inevitably some people don't come at all, for both legitimate and illegitimate reasons. Anyone who leaves welfare and then returns should be reassigned to the same group and we also recommend that agencies give people the option of remaining in the group even after they leave welfare.

Staffing for the group meeting needs to be done in pairs, although the staffing pattern can differ: for example, two caseworkers; a caseworker and a supervisor; a caseworker and a staff member from another agency. Each month, each group should have the same two facilitators.

During the monthly meeting, each participant takes a turn "presenting" her diary: telling the group what she accomplished during the month and getting input from staff and fellow participants to create a new plan for the next month. While the explicit goal of the monthly meeting is to review, revise, and fine-tune employability plans, there are many implicit goals: providing peer support and peer pressure, coordinating services for participants, and more.

The Four Original Pathways Sites

As we said at the outset, a goal of this chapter is to show how program design and implementation are

really one story; it is impossible to describe Pathways without describing the different places it is operating and how the unique implementation approach at each site has affected the model and normal site operations. For each of the four original sites—in Chicago, Illinois; Des Moines, Iowa; Baltimore, Maryland; and Wauseon, Ohio—we briefly summarize how administrators heard about Pathways, what the most marked characteristics of the site are, and where the site falls on the scaling-up continuum. While Pathways is a particular initiative, the experiences of the different sites can provide lessons that apply to the dissemination of any innovation with the aim of going to scale.

Chicago, Illinois: The Illinois Department of Human Services

How the Site Administrators Heard About Pathways. By spring 1995, Pathways was ready for a field test. We approached a top-level administrator at the Illinois Department of Human Services (IDHS) and asked to pilot Pathways at a public aid office in Chicago.³ In disseminating Pathways, our general policy is not to market it. Instead, we write about it and make presentations and then we wait for people who are truly interested to come to us. We believe that successful implementation of a new project depends on someone in the agency who fully understands the underlying concepts and is deeply committed to them. At this early stage in the development of Pathways, however, we had to disregard our own policy and approach IDHS, since no one had yet heard about the project. In negotiating

³ IDHS (formerly the Illinois Department of Public Aid) has been a funder of Project Match's direct-service division since the program began in 1985. This long-standing relationship predisposed IDHS to consider our request to field test Pathways.

The IDHS field test convinced us that monthly group meetings were more than just a seat-of-the-pants solution to the dilemma of large caseloads and the need for regular contact.

with IDHS, we emphasized that the field test would be an important step in the development of Pathways but that we could not guarantee positive outcomes. Given the risks, we said we would take on the lion's share of the work: raise the funds, conduct the group meetings, manage the tracking system. In exchange, we wanted to hold the meetings at a public aid office and have one IDHS caseworker assigned to the project. IDHS agreed to the field test and Pathways was launched at a welfare office on Chicago's South Side in May 1995.

A Profile of the Site. The IDHS office for the field test is a rather stereotypical public aid office: large caseloads and a tendency to focus on income-maintenance tasks. We asked the caseworker assigned by IDHS to the project—a warm, caring, but sometimes overwhelmed veteran—to select the fifty most difficult people from her caseload of two hundred for the field test: those who continually ignored participation mandates and those who were in activities such as GED classes or job search but going nowhere.⁴ We reasoned that if Pathways could succeed in this setting and with this group of welfare recipients, it could work anywhere and with anyone.

Of the fifty welfare recipients selected, thirty-three ended up in the Pathways pilot. Two Project Match staff members facilitated the group meetings, but the IDHS caseworker was always present and actively

involved. She also continued to handle her typical IDHS duties for the Pathways group. Technically, the participants could be sanctioned for not fulfilling their basic Pathways requirements (i.e., filling out their diaries, attending the monthly meetings), but sanctioning procedures were somewhat inconsistent in the beginning, so the participation mandate was weakened to a degree.

We introduced Pathways to our first group of participants with a lot of unanswered questions. Would the diary be too difficult to fill out? Would the tracking system printouts be useful to participants as well as to the caseworker and administrators? How could we structure the group meetings so that we could help each person review the past month's employability plan and develop one for the next month, while still engaging everyone else in the room? How could the meetings allow for spontaneity without turning into a free-for-all?

An engaging and challenging group of participants helped us answer these questions, and many more. At the meetings, we asked for feedback, but we also learned a lot just by watching. We made many modifications to the diary, tracking system, and administrative procedures, but the meetings themselves were where the action was. They were always spirited, often fun, sometimes frustrating or heartrending. They were a powerful and efficient mechanism for nudging many of the least job-ready participants up the Ladder to work. As we've noted, the IDHS field test convinced us that monthly group meetings were more than just a seat-of-the-pants solution to the dilemma of large caseloads and the need for regular contact. They were clearly the heart of the project. It was at this point that we made the group format an "official" Pathways component.

The Site and Scaling Up. From an R&D perspective, the field test was a huge success. We pinpointed

⁴ One of the important goals of Pathways is to change the way caseworkers think about and interact with their clients. Thus, it is not a good idea to have part of a worker's caseload in Pathways and the rest receiving the standard services: the worker's new behaviors and attitudes stemming from Pathways tend not to get internalized, since they are not generalized to the entire caseload. For the field test, however, the terms of our agreement with IDHS required our assigned caseworker to have a "split" caseload.

important issues for successful implementation and refined the components. Best of all, we saw real progress among many of the participants. At the end of the first year of the field test, fourteen people were employed and nine were participating regularly in work-prep activities, including education/training and community volunteering. The other ten people were inactive by that time, either because they had been exempted by IDHS, moved out of the area, been transferred by IDHS to another program, or never participated.

From a scaling-up perspective, however, the field test has yet to yield real results. IDHS was extremely pleased with the initial outcomes and did assign another one hundred people to Pathways. Nevertheless, the number participating in Pathways is still minuscule compared to the number of welfare recipients in Chicago. Also, Project Match is still running the show at the site—providing the funding, conducting the meetings, and doing the tracking. In other words, Pathways has not been integrated into the normal operations of the public aid office, perhaps because there is still no real champion for it at IDHS, despite the agency's general support. If this integration had happened, even if the number served remained small, we would have seen the field test as a successful example of scaling up.

Des Moines, Iowa: Polk County Family Enrichment Center

How the Site Administrators Heard About Pathways. In 1988, Iowa created the Family Development and Self-Sufficiency (FaDSS) Program. The premise underlying FaDSS is that welfare recipients need to be stable in all the domains of their life—parenting, health, housing, interpersonal relationships—before they are able to go to work. They also need to have the literacy and vocational skills to

earn a family-supporting wage.

In Polk County, the Family Enrichment Center (FEC) is home to the local FaDSS program. In 1989, FEC's director visited Project Match and returned to Des Moines with some new ideas based on the Ladder, as well as the software for our original program tracking system. We continued to be in contact and, in 1996, feeling the pressure of welfare reform to be more employment-focused, the director decided to implement Pathways. To her, Pathways represented a tool to move people more quickly into the workforce, but without losing the family-stability goals at the heart of FaDSS. To get Pathways off the ground in Iowa, we agreed to underwrite the start-up costs and the Family Enrichment Center began implementation in January 1997.

A Profile of the Site. Welfare recipients in Iowa requiring intensive services are referred by the welfare department to FaDSS. The Family Enrichment Center assigned only part of its FaDSS caseload to Pathways. It started with two caseworkers and about forty participants. In the beginning, Project Match staff flew to Iowa monthly to train the caseworkers and help facilitate the group meetings. FEC staff are now operating Pathways on their own. Our role is simply to provide them with monthly diaries, for which they pay.

Technically, FaDSS is not mandatory, although failure to participate can result in being sent back to Iowa's regular welfare-to-work program. Combined with FaDSS' family focus, the fact that the program is voluntary makes Polk County's Pathways feel quite different from the original Pathways field test in Chicago. Because FEC cannot rely on the threat of a financial sanction to motivate people to participate, it must use incentives, such as transportation to and from the monthly meetings, on-site child care, and dinner during meetings scheduled in the evening. There is

even a grab bag for people who attend and submit their diaries.

Since FaDSS' goal is long-term family stability, people can continue to participate in FEC activities for up to a year after their welfare grant is canceled. For Pathways, this means that there are more people working than at some of the other sites. In contrast to some of the other group meetings, Pathways meetings in Iowa often include a lot of discussion about handling on-the-job pressures, budgeting paychecks, and juggling the demands of work and family. In Polk County, in fact, Pathways meetings sometimes look more like a job-retention support group.

The Site and Scaling Up. In implementing Pathways, FEC had a head start compared to the other sites, since it was already using Project Match's original tracking system, on which the Pathways tracking system is based. The original tracking system does not include the full range of ladder activities, from activities with children and community volunteering to education/training and employment. At FEC, administrators made the decision to upgrade the tracking system not only for Pathways staff but for all staff there. As a consequence, although all FaDSS participants at FEC are not officially in Pathways, some of the underlying concepts of Pathways are bubbling up through the entire agency, since all staff are now tracking not only employment and education/training outcomes but also volunteering, taking children to regularly scheduled extracurricular activities and appointments, and other lower-rung activities. This is a big step toward accepting these types of activities as serving a legitimate work-prep function. Everyone knows that what gets tracked is what gets reported to government administrators, and what gets reported to government administrators is what staff promote and spend time on. So, although it is unclear whether FEC is going to increase the number of actual Pathways participants,

it has gotten closer than the Chicago site to scaling up, since some major Pathways ideas and procedures have been integrated into the agency as a whole. If FEC does decide to expand Pathways, the infrastructure is pretty much in place to do so.

Baltimore, Maryland: Baltimore City Head Start

How the Site Administrators Heard About Pathways. For years, many Head Starts have thought about how they could help parents of enrolled children move toward economic self-sufficiency, but few have found ways to create a two-generation program that supports positive child development and adult economic growth. Welfare reform and the revised Head Start performance standards have increased the pressure to do so, however, and this is what brought Baltimore City Head Start to Project Match.⁵

In the spring of 1997, a supervisor of one of the city's Head Starts called us. She had read our paper *Bridging the Worlds of Head Start and Welfare-to-Work* (Project Match, 1993), which includes a detailed discussion of the Ladder. Around the same time, two Head Start programs received a grant from the Maryland State Department of Social Services to operate mandatory welfare-to-work programs. Through our conversations, Head Start administrators in Baltimore became convinced that Pathways could

⁵ We believe that Head Starts are a promising place for Pathways, particularly in light of the new mandate to implement the family partnership agreement. The one hurdle for implementing Pathways in Head Start programs is that parent participation is voluntary. To automatically pull all parents into Pathways, whether or not they are actively involved at the Head Start, administrators should structure Pathways around a one-on-one format or offer both the one-on-one and group formats.

We confirmed our experience in Iowa that even when voluntary, Pathways can succeed, although incentives to participate are important.

help shape these two welfare-to-work programs. They also decided to offer Pathways to other Head Starts, many of which were interested in integrating the goals of Head Start and welfare-to-work without actually running a mandatory welfare-to-work program. A contract was signed and training began in July 1997. Baltimore City Head Start was our first full-paying client; we did not subsidize any of the costs of the tracking system, monthly diaries, training, or related expenses.

A Profile of the Site. While the two mandatory welfare-to-work programs have been successful, the most interesting story in Baltimore lies with the three Head Starts that chose to use Pathways outside the official welfare-to-work system. These are also the programs in Baltimore with which we have been most involved, so we know more about what has been happening with them over time. Each of these three programs has implemented Pathways in a slightly different way. For example, one of the programs is using the one-on-one format with selected parents and another is using the group format with all the parents of children in one classroom. Luckily, amidst the variation there is someone from Baltimore City Head Start's central office who is committed to Pathways and coordinates the three programs. She orders all the diaries from Project Match, videotapes all the monthly meetings, and writes a monthly newsletter covering all three Head Starts.

Approximately fifty Head Start parents from these three programs are involved in Pathways. Despite this small number, we have learned a lot. We confirmed our experience in Iowa that even when voluntary, Pathways can succeed, although incentives to participate are important. Like Polk County, Baltimore provides transportation, dinner during evening meetings, grab bags, certificates of achievement, and more. We have also learned that Pathways can succeed

with different kinds of Head Start parents. In one program, parents use the group meetings to help them organize their family lives (such as getting a child to the doctor) and their involvement in Head Start. In another program, parents use the group meetings to set goals that push them further—returning to school, getting more involved in the community, and finding a job.

The Site and Scaling Up. It is too early to predict where Baltimore will go with Pathways. At this point, the number of participants is small and, as in Chicago, Pathways coexists with the larger government system but does not really fit into it. Pathways is still just an “add-on.” At all three Head Starts, the staff involved in Pathways have voluntarily taken on additional responsibilities in order to implement it. They stay late to prepare for and facilitate evening group meetings; they find time to enter data into two separate tracking systems (Head Start's and Pathways'); and they scramble each month to touch base with the Pathways parents who don't attend groups. There are some signs of scaling up, however. At one Head Start, staff are starting to think about including more parents and engaging more staff in understanding Pathways' principles. Whether this will go anywhere—and whether the other two Head Starts will follow suit—is still unclear.

Wauseon, Ohio: Fulton County Department of Human Services

How the Site Administrators Heard About Pathways. The Ohio Department of Human Services contracted with Project Match to present Pathways to the state's county welfare administrators. The director of the Fulton County Department of Human Services attended a presentation and decided to implement Pathways. In this county, the Department of Human

Services is responsible for public assistance, child welfare, child support, and social services. The director is known throughout the state as a progressive manager who is interested in innovative approaches. He initially saw Pathways as a way to work with hard-to-serve welfare recipients in a more holistic manner.

A Profile of the Site. When Pathways was launched in Fulton County in September 1997, TANF caseloads were at a record low of 35 recipients, down from 350 two years earlier. Prior to welfare reform, most of these recipients had been exempt from participation requirements for medical reasons, but now they were required to do something in exchange for a grant. The director assigned *all* TANF recipients to Pathways, making it the only site to do so, even if the number is small. Within a short time after initial implementation, he also decided to assign Food Stamp recipients to the initiative, as well as some men and women involved in the child support and child welfare systems.

At this time, there are 142 people in Pathways in Fulton County, making it the largest site of the four we've described. Pathways is mandatory for all participants and staff have found a comfortable middle ground between Pathways' flexible interpretation of work prep and Ohio's strict participation requirement of thirty hours per week. Staff are not shy about imposing a sanction (i.e., a grant reduction) when participants do not meet what they consider to be reasonable expectations (e.g., attending the monthly meeting, submitting the diary), especially since, as one caseworker told her group, Pathways "is a really good deal for you."

The Pathways groups in Fulton County are not based on assistance categories, e.g., TANF recipients in one group and Food Stamp recipients in another. Instead, each group has a mix of people from different categories, which means that each group also has a good mix of men and women as well as personal and

family situations. The groups are currently run by the director and his five managers, who also handle the other Pathways responsibilities at this time.

The county has taken a "no barriers, no excuses" approach to working with participants, which dovetails perfectly with Pathways' fundamental principles. At the monthly meetings, if a person utters the phrase "I can't do this because ...," staff jump in with, "There are no *can't*s in this program. Just tell us what you need." On a case-by-case basis, there is little they won't do to help. Staff help pay for car repairs and issue vouchers for rent and clothes; they are available to transport people to and from activities, give them job leads, schedule appointments, and on and on. Staff have really put their energy and resources into Pathways.

Like all the sites except Polk County, Fulton County has to deal with two tracking systems: Pathways' and its own. The administrators recognize the value of tracking the information captured in the diaries, however, and have been less bothered than other agencies by having to operate two systems. With assistance from Project Match, Fulton County is working on increasing the Pathways system's capacity to produce summary statistics that will be useful to county and state administrators. Of course, the ideal would be eventually to integrate the two systems.

The Site and Scaling Up. While Fulton County's Pathways is a small venture sizewise, it represents the most significant effort to date in terms of systems change. To restate the point made earlier, the number of participants is just one measure of scaling up. More important is whether there is nitty-gritty rethinking and redesigning going on at the operational level to integrate Pathways' ideas and protocols into all aspects of the agency. In this respect, Fulton County is furthest along among the sites: in about half a year the county has worked through a host of bewildering staffing, service

Whether it is a welfare department, a family-support program, or a Head Start center using Pathways, the staff involved must take on new roles and work together in new ways.

delivery, and tracking issues.

The Monthly Group Meetings: The Engine That Drives Pathways

In this final section, we describe the ways in which implementing Pathways with the group format can benefit both agencies and participants (see Table Two for a summary of the benefits). There are a few things to remember as you read it, however. First, the group-meeting component is intricately bound up with the other components of the Pathways System: the diary, tracking system, and rules and procedures. Don't for a minute think that a monthly group meeting alone could achieve the same results as the system as a whole. Second, although we see the group meetings as the

engine that drives Pathways, particularly in the context of mandatory programs, some of the benefits of the meetings can be achieved through caseworkers and participants using the diary one-on-one. Third, while this section highlights the general benefits of the group meetings, we want to caution the reader that not everyone benefits in the same ways or, for that matter, finds the meetings particularly beneficial.

Changing Institutional Cultures: The Benefits of the Groups to Agencies

Staff Team Building. Whether it is a welfare department, a family-support program, or a Head Start center using Pathways, the staff involved must take on new roles and work together in new ways. For the group meetings, the two facilitators have some shared responsibilities but also some individual ones. One person is the "front facilitator," who is often the more visible of the pair. She stands at the front of the room and uses an overhead projector with transparencies of blank activity diaries to record each person's new employability plan after it gets developed. The other person—or "room facilitator"—moves from participant to participant during the meeting, making sure the new plan gets recorded correctly in the participant's diary.

Despite their somewhat different roles, both facilitators are responsible for managing the flow of the meeting. They must listen carefully to what each participant says about the previous month and ask pointed questions to help uncover the best course of action for the next month. At the same time that they are working with individuals, they must engage the rest of the group in the process, encouraging them to jump in with comments and advice, but without letting the conversation get off track. Each facilitator usually has different strengths and it is only through experience that the team can establish a good dynamic—when

Table Two
The Benefits of the Pathways Groups
to Agencies and Participants

<i>Benefits to Agencies</i>	<i>Benefits to Participants</i>
▲ staff team building	▲ more control, more responsibility
▲ coordination of participants' services	▲ setting priorities and isolating tasks
▲ integrating the multiple domains of participants' lives	▲ recognition for big and small gains
▲ balancing spontaneity and structure	▲ a place to get and give social support
▲ removing staff from the role of "expert"	
▲ turning caseworkers' attention to their full caseload	

During each group meeting, as a person's monthly employability plan takes shape, a swirl of activity is set in motion—whatever is needed to put the pieces of the puzzle together.

one or the other should take the lead and how to play off each other.

Aside from the meetings themselves, Pathways requires staff to work together in other ways, such as developing and revising protocols based on experience. If there is more than one team at a site, some of this work has to be done with several teams working together. All of this requires extraordinary communication, cooperation, and coordination among staff. The director of the Fulton County Department of Human Services feels that the “team-building exercise” is one of the bonuses of doing Pathways.

Also, when team members are from different agencies or different departments within an agency, there can be added hurdles in terms of operating Pathways, but also added benefits. At one of the Baltimore Head Starts, a family worker and a teacher have paired up to do Pathways. Their supervisor says that this results in their exchanging “a lot more information about the child and family and [they] come across to the family as a unified team.” Each staffing arrangement results in its own breed of teamwork, and each arrangement creates a ripple effect within the agency and the community at large.

Coordination of Participants' Services. Over the past two decades, the provision of coordinated services has been one of the central goals of human service reforms, and it is still something with which people are struggling. Pathways puts a new spin on service coordination by starting with individuals' desires and needs and then locating the appropriate services and programs in the community—no matter who offers them—and pulling them together in a monthly plan. This stands in contrast to the more standard service coordination approach, whereby a caseworker looks at what services are available within the agency or through other agencies and then “squeezes” the client's needs into this established network, even if the fit isn't

quite right. Further, there is no formalized network that is comprehensive enough to cover all the issues that come up with different clients.

During each group meeting, as a person's monthly employability plan takes shape, a swirl of activity is set in motion—getting addresses and phone numbers for various service providers and employers, making appointments, whatever is needed to put the pieces of the puzzle together. Pathways staff help participants coordinate the services and activities in all different areas of their lives. In some sense, Pathways serves as the central clearinghouse for participants.

Of course, getting things moving quickly is key to this coordination. In Chicago, we bring a cellular phone to the meetings so that, when someone commits to going to a job placement program or a GED class, we can call immediately to get orientation dates, the name of a contact person, the list of documents needed to enroll, and other relevant information. In Fulton County, a community liaison floats through each of the group meetings, jotting down the different people she needs to call on behalf of participants. At one meeting, a recent amputee needed to make an appointment at the Bureau of Vocational Rehabilitation but was having trouble going about it. Another man with a history of serious emotional problems wanted Pathways staff to help him create a work experience slot at his local library; he was required by the county to engage in work experience, but the library was the only place he felt he could be—the only place where he would feel comfortable. In each case, the participant left that meeting with whatever was needed to proceed—appointments, names, documents, the works.

Pathways also sets in motion a new type of coordination at the community level. It informally links various community institutions and agencies, some of which would never interact with one another or have never heard of each other, thereby creating a

Pathways forces workers to acknowledge and respond to the interconnectedness of the various domains of people's lives.

whole new network. Even institutions and agencies that don't begin to interact directly cannot help becoming aware of one another. When staff at these places see the diary and sign off on it, verifying participation, they cannot help but notice the other activities included in the employability plan. They begin to see how what the participant is doing with them—their piece of the puzzle—fits into the bigger picture. This brings meaning to their work and their relationship with clients.

Integrating the Multiple Domains of Participants'

In a vein similar to service coordination, Pathways staff become aware of the many facets of participants' lives at both an intellectual and a gut level. Because Pathways is structured to allow people to mix standard welfare-to-work activities like job search and education with community, family, and personal activities, staff become conscious of people's different interests, responsibilities, and concerns. This integration can be seen visually in the diary—in the activity menu and individual employability plans—but it is at the group meetings that it moves from the abstract to the real. After a participant gets going, "My first activity was to . . . My second was . . ." the walls between the different parts of the person's life begin to crumble and Pathways staff must react.

At one meeting, a woman started her turn at presenting by listing the three activities in her last employability plan: part-time job search, taking her son to his regularly scheduled speech therapy appointments, and ten hours a week of volunteering at his school. She began on an upbeat note: "Put in two applications at the mall near my house; took Charles to speech therapy." But then her voice got shaky and her body tensed up. "I was supposed to be volunteering," she said, "but it didn't turn out. I don't want to volunteer because of what they put me through. I don't like my son's school. I've been through so

much turmoil with my son, who is handicapped . . . Of all the years my son's been in school he's never gotten in trouble in his life. But now he's been suspended off the bus . . ."

The Pathways facilitator's first response was to suggest a different place for volunteering for the next plan, but the woman would not discuss it. She just kept talking about her son's school. Finally the facilitator asked her if she wanted to talk to a social worker about her son, and the woman readily accepted. The facilitator called to make an appointment, which became the centerpiece of the woman's plan for the next month. Clearly she was not going to be able to move forward until she addressed this issue.

Pathways forces workers to acknowledge and respond to the interconnectedness of the various domains of people's lives. We have observed that this results in employment-focused programs paying more attention to participants' personal and family needs and in family-focused programs paying more attention to participants' employment needs.

Balancing Spontaneity and Structure. Group dynamics can lead to all kinds of wonderful spontaneous things: people opening up and revealing long-held secrets, supportive and motivating relationships, and creative problem solving. But group dynamics can be difficult to guide and control, particularly when the leaders are not professionally trained in that area, which is the case for many Pathways facilitators. Not only can the group meetings become free-for-alls, but participants can be left feeling exposed and vulnerable, and staff feeling defeated.

The key to running a successful Pathways group is to hold on to the primary purpose of the meeting—reviewing each participant's last employability plan and fine-tuning a new one. This purpose gives the meeting structure through moving around the room from person to person, setting goals and trying to make

Many Pathways facilitators acknowledge that, in these situations, often it is the participants, not themselves, who are the experts.

the meeting a positive experience for each participant. By focusing on each person's diary presentation, facilitators can make sure that the group interactions serve the goals of Pathways. They also can keep participants feeling safe, knowing what is expected of them and where to focus their feelings and thoughts. At the same time, the structure is not so tight that participants don't have opportunities to open up or chime in when they want to.

Despite the structure that Pathways brings to the group format, becoming a smooth, secure facilitator can take time. We have found that, in the beginning, welfare programs tend to fault on the side of rigidity, relying too much on income-maintenance concerns and TANF regulations to shape their meetings. Family-focused and Head Start programs tend to let the "support group" aspect go too far. During the early implementation of Pathways at any site, Project Match staff help facilitate monthly meetings, providing a model for agency staff to follow and make their own. We have found that no handbook, no set of guidelines, is as effective as direct observation, imitation and practice, and regular feedback from experienced Pathways trainers.

Removing Staff from the Role of "Expert." If you walk into a room where a Pathways group is meeting, you are likely to see three poster boards on the wall. One says, "I did more than I planned!" A second says, "I fulfilled my plan!" And the third says, "I did less than I planned." Imagine coming to the meeting month after month and having to explain to the group why you did not fulfill your plan, and writing your name on the "failure" board. It is not surprising that after a while people stop covering up and decide to talk about what's really going on.

Whether it's Chicago, Polk County, Baltimore, or Fulton County, Pathways participants end up talking to their group about their problems with drug addiction,

alcohol, depression, abusive relationships, obesity, and other often devastating problems. And there are plenty of people in the room who "know how they feel" and are eager to share their experiences and to offer advice and comfort.

Many Pathways facilitators acknowledge that, in these situations, often it is the participants, not themselves, who are the experts. One of the Fulton County facilitators has clearly noted her limitations: "A gentleman at the last Pathways meeting is an alcoholic. Another person in the group could identify because she lives with an alcoholic and could give him [the other participant] encouragement. So I could not identify . . . They listen and pick up from the group. I can facilitate the group but someone else has been there, done that, and can point and say, 'You really need to do that.'"

Turning Caseworkers' Attention to Their Full Caseload. Frontline workers in the human services tend to focus on the people on their caseload who call out for attention, either directly or indirectly. This phenomenon, often referred to as "caseload effects," happens in every system: TANF, Head Start, child welfare, and others.

There are several aspects of Pathways that mediate against caseload effects. Having everyone on a caseload come to a group meeting once a month is one way of distributing a worker's time more equitably. Each person who comes to the meeting gets about the same amount of the worker's time. Also, because there are two facilitators at every meeting, each participant gets the added attention from a second worker. The meetings serve a triage function as well, since staff can see who needs more help and follow-up.

For those who do not show up at a monthly meeting, there are protocols built into Pathways that push the worker to pay more attention to them anyway. At the least, the no-shows need to be sent a copy of

When people have more control, they tend to become more responsible for their actions.

the next month's diary. Something must be entered into the tracking system for that month, which—depending on whether the program is voluntary or mandatory—can range from a simple entry of “no contact,” to a memo reminding the worker to call the participant, to a code that triggers a sanction notice. Further, monthly summary printouts from the tracking system indicate what people are doing (e.g., who is working, who is doing community service) and how much contact they had with the program (e.g., who did or did not submit a diary, who did or did not attend the monthly meeting). Pathways is set up so that every person on a caseload is accounted for every month, which makes it harder for a worker or the system to ignore or “lose” anyone.

Changing People: The Benefits of the Groups to Participants

More Control, More Responsibility. Pathways gives participants more control over what they do each month. We have found that when people have more control, they tend to become more responsible for their actions. This is particularly true in mandatory programs, where people often feel they have been prey to the whims of the system and have no power over their lives. People who have been in the system prior to Pathways often come to their group with a lot of baggage: resentment, resistance, the sense that they have been treated unfairly in the past. Pathways can dispel these feelings. The groups can help them see that staff, while allowing people to create individualized employability plans, have the same general expectation for *everyone*—namely, that people will do what they have committed to each month.

The experience of one Pathways participant illustrates how this change can occur. A year before entering Pathways, this man was given custody of his six children. Soon after, he lost his job and became a

TANF recipient. He was mandated to participate in job search and had been sanctioned once for not cooperating. Staff who worked with him were frustrated and impatient with his complaining and excuses. There were plenty of jobs in the area and staff saw him as very employable. An antagonistic relationship developed between this man and the agency staff. They felt he was malingering and he felt they were singling him out for unfair treatment.

Eventually this welfare recipient was assigned to Pathways. At his first group meeting, he said that a job offer was pending, but his main concern was his children—making arrangements for school and child care for his younger children and enrolling his older children in extracurricular activities. In Pathways fashion, his first monthly plan focused on getting his children's situations sorted out.

A few months passed and no job materialized. Nor did the arrangements for his children seem to be in much better order. Pathways staff wondered whether his inability to work out child care problems was just a way of avoiding going to work, but six children of different ages do present real child care challenges. Staff decided to give him the benefit of the doubt and let him continue to build his monthly plans around finding solutions, although they also required him to do some job search. At one point, the program offered to help him find a babysitter and to pay for her, but he did not take up the offer. Fed up by this time, one of the facilitators told him she was going to assign him to a work-experience slot at the cultural center in his community. Very upset, he responded, “Doesn't that give me a bad name in my own city? ... I get Food Stamps. I won't even spend them in my own hometown. It's so embarrassing.” Every head in the room nodded in agreement. The facilitator said she'd hold off for one more month, but if he didn't get a job by then he'd have to do thirty hours of work experience a week, although she agreed to let him select the site.

Once participants have set achievable goals for themselves, they often need help breaking each one down into “task components” and laying them out temporally. This is what Pathways—the diary, in conjunction with the group meetings—does so powerfully.

The participant agreed to put all his energy into looking for a job. Unlike before he was in Pathways, he knew he’d been given every opportunity and he couldn’t complain that staff were being unfair. That month he found a job, and the family no longer receives TANF.

If Pathways staff had been tougher at the outset about job search, would this participant have started working sooner, or would he have been sanctioned for failure to cooperate, as he had been in the past? Though it is impossible to know for sure, we believe that letting him call the shots for a while made a difference. His own statement regarding Pathways is telling: “This is great, this is fantastic [referring to Pathways]... Lately I’ve had a lot of positive reaction and people dealing with my needs, what I’m going through, and what I’m trying to accomplish here.” He feels that Pathways was responsive to his situation and when the facilitator finally did give him a push, he knew he needed and deserved it. He also saw firsthand in the group meetings that the agency expected no more from him than from anyone else there.

Setting Priorities and Isolating Tasks. Most Pathways participants are awash in a sea of external and internal needs and demands. There are financial concerns, including the most basic ones—rent, utilities, and food. There are endless parenting responsibilities, such as preparing meals, doing laundry, helping children with homework, and caring for them when they’re sick. There are personal and social needs that often go unfulfilled—the desire for intimacy, support, and fun. And there are the expectations of Pathways itself—returning to school, looking for work, and volunteering in the community.

Most participants need help prioritizing all these needs and demands. Which ones are realistic and which ones are pie in the sky? Which things have to be done today? this month? in six months? Once participants have set achievable goals for themselves, they often

need help breaking each one down into “task components” and laying them out temporally. This is what Pathways—the diary, in conjunction with the group meetings—does so powerfully.

At one meeting, a talky, rather wired participant is asked about her goals. It turns out she has lots of them, for every facet of her life. She starts by telling the group about trying to overcome her anxiety disorder, for which she is in counseling. Without a breath she mentions a “family tragedy” but does not elaborate and goes on to tell everyone about a car she just bought that broke down the next day. She does have a lead on a new car, though. Then it’s the entrance exam for hairstyling school she just took and passed and the grant she got, which means she can start school soon. She is also working on getting a Section 8 voucher, because she is living with her mother and wants her own apartment. She winds down with, “And that’s my goal. That’s what I want to do, and I’m going to work full ahead to accomplish those things... I want us to have these things, me and my children.”

Right away the facilitator helps the woman come down to earth. With input from other participants in the group, she helps her isolate just three goals for the near future and delineate specific tasks for the next month’s plan that will help her reach those goals. The participant then writes the activities in her diary, which helps make them tangible. During the next month she will continue to attend her weekly counseling sessions, she will work out a schedule with the hairstyling school that does not conflict with her children’s schedules, and she will buy another car. Pathways has helped her map out the next leg of her welfare-to-work journey.

Recognition for Big and Small Gains. Not only does Pathways shepherd participants from step to step, it treats each step as an accomplishment in and of itself. Recognition for the achievement of small milestones as well as big ones is a hallmark of Pathways. The

Pathways groups function like self-help groups, bringing people together who are struggling with the same issues.

computerized printout that participants receive each month is one of the formal ways people get recognized. Besides listing what each person planned to do and actually did each month, the printout indicates when they hit a benchmark. We start out acknowledging the smallest efforts, like congratulating them for coming to their first group meeting. Important personal goals are also captured as benchmarks. One woman's printout once read, "Congratulations. You have been attending your drug treatment program for three months." And of course, all of the big milestones are highlighted, like passing the GED exam or getting a job or keeping that job for six months. Some participants tape their printout to the refrigerator, show it to family and friends, or save each one in a folder.

As we have noted, the voluntary programs are using recognition strategies beyond the standard ones built into Pathways, such as grab bags and door prizes for people who complete their diaries and come to the meetings and recognition boards with participants' names with stars for each goal they've reached.

All these tangible forms of recognition definitely play a role; but when you watch participants during the monthly meetings, you feel the magical power of spontaneous bursts of applause and words of praise. At the meetings, people get to boast about the things they did for which they want approval from the group. One woman, for example, had been self-conscious at meetings because she was concentrating on personal and family issues and not on school or work, like many of the others. When we got to her diary presentation during one meeting, she told the group rather sheepishly, "Well, I don't know if this means anything to anybody, but I got new furniture." The group was extra generous with their applause and kind words. "That made me feel real good," the woman said afterward.

The meetings also provide opportunities for people who are making great strides but appear unaware of

their progress to get positive feedback. One young woman who was very capable but always self-deprecating returned to her group after a two-month absence. When the group last saw her, she'd been struggling against the bad influence her new boyfriend was having on her; she'd even dropped out of college because of him. With her arms crossed and speaking in a near whisper, she read the codes from her diary: "SF SPG, that's spiritual growth." She said she had gone to church every Sunday for a month and had enrolled her children in Sunday school. Then she went on to her second goal: "PE JFT, that's full-time job search, and I got that." It took the group a few seconds to realize that she was telling them she'd found a job. When they put it together everyone erupted into cheers; the two facilitators had already heard about the job and presented her with a congratulatory banner.

A Place to Get and Give Social Support. In many ways, Pathways groups function like self-help groups, bringing people together who are struggling with the same issues. The Pathways participants are drawn to the group meetings for the emotional comfort they give one another, the practical information they exchange, the friendships they develop, and even the straight-on criticism and advice they sometimes receive from one another.

One participant is a reticent, soft-spoken woman in her late twenties. The first couple of months she did job search and gave the impression at meetings that she was seriously looking for work, rattling off places where she'd put in applications. At the third meeting she dissolved in tears. She revealed to the group, "I've been lying about the job search . . . I have a drug problem and I finally went into treatment. I've been so ashamed and now I'm not anymore because I'm doing something about it . . . My children were so disappointed. I just couldn't live that way anymore." Everyone was teary and choked up; the group burst

into applause when she finished.

Another participant, a hollow-eyed woman in her thirties, came to one meeting where she excitedly told the group about the great guy she had just started dating. Two months later she was in intensive care with a broken jaw and a fractured skull. She had the nurse call her Pathways caseworker and ask her to come and take a picture for the group meeting the next day. She wanted the others to learn from her near-fatal experience. At the meeting, the picture was passed slowly from person to person. The next month, the woman brought her counselor from the family-violence center with her and the two of them spoke. When they finished, eight of the ten women there came forward with their own stories of abusive relationships.

For the person telling the story in these situations, there is the emotional relief that comes from publicly acknowledging painful, often shameful problems that are finally being confronted. For those listening, the story can give them courage to face down their own demons, make them feel they are not alone, and provide practical information about how to get help. In fact, serving as a resource for one another is turning out to be one of the important functions of the groups. People circulate the names of employers who are hiring and reliable babysitters. They pass on where to find good buys on children's clothes, toilet-training tips, ideas for family outings, and other invaluable bits of information. Some of the friendships are even extending beyond the groups—people going to job fairs together, babysitting for one another, driving each other to appointments. Leaving welfare with not only a steady job but a new support network in place—now that would be a novel outcome for a self-sufficiency program! There are so many things that Pathways can do by helping our heads and our hearts make new connections.

CHAPTER 8

Unleashing Human Capital (If You Care For Me, Don't Empower Me and Get Out of the Way)

Yoland Trevino

If you have to come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.

Lilla Watson
Australian Aborigine Woman

These, my personal reflections, cover many issues about my work in aiding and guiding the process of community unfoldment at the Vaughn Family Center in Pacoima Villiage in the heart of San Fernando Valley, California. These reflections are both about my own style of leadership and about the Vaughn Family Center and its community of brilliant residents, two concepts which for me are entirely interconnected. Community unfoldment is a process that recognizes the inherent brilliance of people and creates opportunities for them to display and share that brilliance. Leaders can guide but do not direct this process.

Today, there is a whole industry that has been created around family support and community-building. There are many articles and books written on these subjects, often by authors who have seldom set foot, let alone lived, in the communities they write about. Foundations support well-intentioned professionals to parachute into impoverished communities to help “build capacity” or to develop new, more community-based family support programs and practices. The buzzwords of “family support”—family-centered, asset-oriented, community-based, holistic, partnering—have entered the language of many professional disciplines. Professionals in these helping professions have rediscovered the link between individual well-being, family stability, and community support. They have recognized that their client treatment plans often have failed to deal with underlying family or community conditions, from either

an asset or a deficit base. Textbooks are being written on these subjects.

These reflections are not designed to evaluate whether this family support industry is making a significant difference, although I believe it is not sufficient to support the change that is possible within impoverished communities. Rather, these reflections share my own experiences on what leadership can do, and how it must do it, to foster sustainable change within an impoverished community—based upon much more intimate and direct connection with the community itself.

My Beginnings at Vaughn

For the past twenty-five years, I have been a multi-disciplinary practitioner working in the trenches in some of the most impoverished communities in Los Angeles County. When, in 1992, I read the announcement and job description for the Director of the Vaughn Family Center, I knew that it was the job for me and that I would be selected. “How presumptuous!” you might respond. I knew because all my life experiences had prepared me for this role. The planning group, which included parents in leadership roles, had done an outstanding job of preparing a most inclusive and grueling interview process to assure that their future leader really fit the bill. The process raised questions about philosophy and strategy and tested me on how I would respond to different situations (this most inclusive process could serve as a guide for other community groups seeking to find a leader). After completing this process successfully, I was ready to begin one of the most rewarding roles of my life.

The vision and planning for the Vaughn Family Center actually began in 1990. Nestled in a low-income Pacoima neighborhood in the heart of San

The Vaughn Family Center is an innovative community-based organization where parents set the direction and manage by working in partnership with neighborhood and surrounding communities.

Fernando Valley is the Vaughn Next Century Learning Center (formerly Vaughn Elementary school). Its 1,100 students are mostly Latinos, with a small population of African Americans. A large proportion of families live in poverty; many have recently immigrated to the United States.

Several factors came together to produce a collaborative planning process that resulted in the Vaughn Family Center.

First, in the early part of 1990, United Way North Los Angeles Region was looking to provide support to a K-12 school to address non-educational barriers affecting the child's ability to learn. Second, the Los Angeles Educational Partnership (LEAP) was looking to support public school partnerships that worked to insure school readiness. Both United Way and LEAP independently and simultaneously selected the Vaughn Elementary School. Third, the elementary school principal was committed to improving results for children and willing, if necessary, to take the path of most resistance. Because all three had similar goals, they collaborated in a planning process.

The formal planning process began with a meeting involving both service providers and parents. The school principal was responsible for inviting parents, community members, and teachers, with both Connie Dubin (a consultant to LEAP) and Dorothy Fleisher (a planning director with United Way) providing support and technical assistance.

This first meeting laid the groundwork for community engagement. It was truly inclusive. Parents and community members, many for the first time, felt they were heard. The facilitation process created space and opportunity for those normally tacit participants to take risks and begin to voice their opinions. As the dialogue processed, there was synergy that began to shape the Vaughn Family Center idea. The inclusive planning process continued and the full concept was born after a gestational period of a year.

Those nurturing the birth included school staff (administrators and teachers), parents, community members (including clergy), and directors of community agencies.

Those initiating the process were willing to change and expand their own visions. While Connie Dubin had started with the idea of a school readiness program, the end result far surpassed this idea. Participants created the dream of opening a center that would respond to the multiple challenges that families living in impoverished communities face when trying to support their children's education. Different agendas converged around this vision. For example, parents did not ask for any counseling services. Unlike the service providers who initially wanted to offer those services, parents asked for practical things such as laundry facilities to help them send their children to school in clean clothes.

Instrumental in the operationalization of the Vaughn Family Center was a final factor. The California General Assembly enacted Healthy Start (HB620), a school-linked services program that made grant funding available from the state to local schools for programs like VFC. The planning process resulted in a proposal to Healthy Start, with the state awarding a grant to establish the Vaughn Family Center in 1992.

As conceived and continually evolving, the vision for the Vaughn Family Center is an innovative community-based organization where parents set the direction and manage by working in partnership with neighborhood and surrounding communities encompassing churches, businesses, schools, service providers, and civic groups. VFC's mission is to foster strong and resilient families and develop healthy children by operating a welcoming place that is:

1. A forum to organize and promote community leadership and create opportunities for parents to discover and develop upon existing strengths;

Communities have leaders waiting for an opportunity.

2. A one-stop center for integrated services that focuses upon prevention and early intervention; and
3. A demonstration site for the creative development, implementation and evaluation of innovative ideas for other family resource centers.

Operationalizing this vision required continued community engagement. The collective wisdom from the planning process created an innovative governance structure: The Vaughn Family Center Commission. The Commission was composed of fifty percent parents and fifty percent service providers. The providers represented a range of agencies working in the community, including but not limited to teachers and administrators. The parents were primarily from the Vaughn Elementary School but included other community members. The Commission met monthly and the primary function was to provide oversight of VFC, to ensure that outcomes were achieved and the vision was sustained. In addition, the Commission developed and carried out the recruitment and selection process for the Center Director, the job that I took!

My Approach as Director

The rigorous interview process let me share my beliefs about leadership with both parents and providers. It let me present what I could bring to the mix. I brought a multi-cultural and bilingual background, essential to working in Pacoima Village. I brought a history of working, living, and identifying with impoverished communities, as well as a professional background able to speak and understand the service provider language. I therefore was able to be a bridge between two worlds, making sure parent and neighborhood voices could be heard, and even translated when needed. I was skilled in identifying “teachable

moments” and identifying ways to resolving differences and share greater understanding through collaborations.

As I reflect upon it, these qualities all stem from very fundamental beliefs—in the inherent brilliance of people and in their interdependence as part of a community. Communities have diamonds in the rough waiting to be discovered. Communities have leaders waiting for an opportunity. People volunteer their gifts, when their gifts are recognized and valued. Leaders come in all shapes and from all walks in life. Leadership needs to be cultivated and unleashed. All interactions among people can be mutually transformative.

Directors of programs and centers in impoverished neighborhoods must cultivate this brilliance. They must provide formal leadership in the process of:

- ▲ fostering relationships
- ▲ awakening the consciousness of self-mastery
- ▲ creating the relational space to co-construct possibilities
- ▲ engaging others to join together around a compelling vision for change.

This formal leader becomes:

- ▲ an individual that guides others
- ▲ a visionary that motivates others to carry the vision.

The phrases “recognizing the inherent brilliance of people” and “unleashing the human capital” represent the tasks for this formal leadership. They are processes of getting people to believe in themselves and realize their potential, nurture them during the

The way (Vaughn Family Center) operates is truly reflective of and responsive to the community it serves.

crucial awakening stages, support them as they emerge and accept new roles to manifest their talents, and give them freedom to soar to new heights as they discover their power. Much of the director's or formal leader's work is behind the scenes, in day-to-day interactions, setting the stage where others' leadership takes over. This work is critical, although nearly invisible, in setting the stage where everything that happens seems natural and effortless. It is a role I was to assume for nearly five years, before passing the formal position onto a leader from the community.

Vaughn Center Operations

The Vaughn Family Center is like many family support centers and school-linked services around the country in providing a place for parents to drop in, visit, and, when needed, be referred to other community services. The way in which it operates, however, is truly reflective of and responsive to the community it serves. The following describes the "how" as much as the "what" of VFC operations that makes it something different from other community services.

Making the center a home. To initially house the center, the Vaughn Elementary School provided a former classroom. The parents involved in VFC planning were provided a tiny budget to furnish the center. They decided to purchase a sofa, a dining room table and chairs, and two wooden desks that they themselves assembled. The end result was a homey place, warm and inviting.

In a matter of days, this place became a healthy hub for neighborhood life, a place where people came and reciprocally shared their burdens and their wisdom. It became a micro-community, a safe haven where people often came in with heavy loads and hopelessness but left standing straighter and believing they had

something to offer. The seeds were being planted where some future day they could experience the "preciousness of their being." At the Center, we recognized and valued rites of passage (relevant cultural events), sharing celebrations as part of our daily work.

Giving life to good ideas. There were many ways of doing things at the Center that encouraged people to shine. For example, the school administrators believed they had to follow the disciplinary rules to correct unruly behavior. In contrast, Mrs. Barajas, a quiet Spanish-speaking mother who volunteered countless hours at the center, did not have this frame of reference. One day, after listening to teachers complain about the "misbehavior" of children during lunch and recess, she quietly asked the question, "Why do we focus so much attention to the small percentage of children who misbehave and never pay attention to the hundreds of children who behave?" She then proposed a plan to issue tickets for good behavior (standing in line, picking up trash, helping other children, etc.). Teachers and supervisory staff would issue the tickets, which would be redeemable for prizes twice a month. Once this plan was accepted by the school, she came to seek VFC's support to open a children's store. After involving other parents in the planning, educational tools and toys were obtained and the store opened to redeem the tickets. Needless to say, this simple strategy and follow-through shifted the disciplinary paradigm of the school personnel and helped to support the children.

Treating others with respect. One morning, a homeless mother came in. She had not showered in days and was pretty tattered. I was talking with her and was moved deeply by her story and her heroic struggle in combatting drug addictions. It was early in the morning and we did not have food prepared, so

When parents see a good thing, and any possibility of forging a new future, they give themselves completely.

I got up from my desk and prepared something for her. Meanwhile, the parent volunteers watched from afar in total disbelief as she embraced me and cried in my arms. I thereafter directed her to a shelter for the homeless.

Creating space to share. In the middle of the center there is a round table. This table is a witness to informal and strategic planning meetings, everyday meals, parents teaching each other arts and crafts, and other things. While the parents are sharing their knowledge, they are speaking about their home life and their childhood. Through this process, they illuminate the dark corners. Many times, at this table, I saw our African American mothers struggle to communicate with our Spanish-speaking mother. With the help of dictionaries, I saw the delight on their faces when they succeeded. Also, decisions were made to learn each others' language. This is how African American parents began to learn to speak Spanish and to tutor each other.

An open door. My, but there is no door. My "office," which was a corner in the room that housed the center, had no door. My desk was strategically placed where it was very visible for parents coming into the center. This gave us an opportunity to use "teachable moments" to learn from each other. It gave me an opportunity to hear the parents' hesitant voice and amplify it when appropriate. I began working with one parent at a time.

Mr. Jorge Lara, an electrician by training, had been laid off and decided that, while unemployed, he would participate in the VFC planning process. He gave countless volunteer hours. He then became a Family Advocate at the center. After six years of intense work and many evolutions at VFC, he now is the President of Pacoima Urban Village, the socio-economic strategy for the community of Pacoima.

Hours of service and activity tailored to people's needs. Many of us know that family crises do not happen at times convenient to most service center hours. VFC opens its doors at 7:00 a.m., when the Mexican sweet bread or anything else that is donated is ready for breakfast. Most of the staff eat breakfast and lunch at the Center.

Eating lunch at VFC is an important ritual. This is the time where we all check our feelings, take care of dangling issues, and reconnect to our heartbeat. Friday is a special day. This day the Center closes at noon and we spend the entire afternoon taking care of VFC business. From 12:30 – 3:00 p.m. we spend time sharing a large communal lunch and putting closure on the week and preparing for the next week. This is the time and place many parents learned facilitation skills, how to conduct meetings and how to encourage the quiet ones to speak.

Other days, the Center's closing hours varied. The official hours were from 7:00 a.m. to 6:30 p.m. Still, in the evening the Center usually was bustling with meetings and classes until 10:00 p.m. We were never afraid to be there late. Our local homeboys (gang leaders) were involved with the program. Eventually, we opened on Saturdays as well. Saturdays were dedicated to family activities. The range of programs was great, from very specific classes to help parents understand homework to fun activities for the entire family. A very successful program was a partnership with the Museum of Contemporary Art. They sent artists to teach families by doing contemporary art. This does more for unifying families than any talk on parenting.

Opening opportunities for liberation. Embracing the premise that my own liberation is tied to the people that I am leading holds me accountable for my actions. In many impoverished communities there are silent screams waiting to be heard. These are screams of

We recognized the importance of shifting from viewing parents as recipients of our helping to seeing parents as contributors and transmitters.

the oppressed, of people who live in an unending cycle of despair and desperation. These also are the same people who celebrate each infant birth as a beacon of hope for a new generation. I met many mothers whose adolescents were incarcerated. Still, they came to make a difference for other children and their families. A very wise community mother, Mrs. Rojas, taught me to see all children as my very own. She always said that she wanted to see children graduate from school and not into jails.

On many occasions, other professionals would express surprise to see over 200 parents involved in the Center. Many of them that came were transformed in the process. Whenever we did our monthly presentations and the parents spoke, there was not a dry eye in the room. The trust is that when parents see a good thing, and any possibility of forging a new future, they give themselves completely.

Parents at the helm. Many organizations trying to follow the mantra of parent involvement struggle to keep parents engaged. We have never experienced difficulties keeping parents involved. There were many entry points for parent input and contributions, from their role as Program Commissioners, serving on committees in school, members of program task forces, participants in strategic planning meetings. Sometimes, parents started by fixing a cabinet in our center, or baking goods, or providing child care. The most important thing was the respect given to them by requesting their participation in meaningful roles. Because we honored and respected their time and participation, we wanted to assure their success. This was particularly important when parents moved onto committees or as representatives in decision-making roles. This required that we always spent time preparing them beforehand, even by engaging in role playing, if necessary.

This extended to hiring practices. As soon as

funding was available, we began a process of hiring our staff from the community. The process was designed in partnership with some of the service providers serving on the Program Commission. We based this on important beliefs about the ability of parents from the community to serve in professional roles:

- ▲ Parents who live in this community understand the communities problems and resources.
- ▲ Empathy and compassion for our fellow parents is not learned from textbooks.
- ▲ Parents can learn with appropriate guidance.

Valuing family contributions. We recognized the importance of shifting from viewing parents as recipients of our helping to seeing parents as contributors and transmitters. To operationalize this, we began implementing a system of reciprocity at the Center, the Service Exchange Bank. Through this process, everyone who accessed services from the Center had to make a contribution. As the Center's director, I was ultimately responsible for management and daily operations of the Bank.

This gave me a real opportunity to engage all parents in the Center's operation. Their contributions varied depending upon their readiness. For the most part, they self-selected depending upon comfort level. Eventually, parents were encouraged to try bigger roles. So, systematically they graduated from simple tasks to public presenter roles. From the beginning it was apparent that we had immense talents and capacity waiting to be utilized. So, the Service Exchange Bank was the perfect vehicle to channel this energy. This gave everyone an opportunity to receive and contribute. For example, someone who loved to cook would organize meals for events. While others would organize child care, eventually we had parents who

The process of unleashing the human capital inherent in impoverished communities is not complicated or a secret.

were heads of different committees. Many of the parent volunteers would end up hired either by the center, the school, or other parent centers.

From experiences like those described above, a number of principles of action for the Vaughn Family Center emerged organically. They were not written down as the starting point, but developed through experience and action, taking hold within the entire community. These guiding principles, or critical success factors, are shown in Table One.

The Leadership Role: Unleashing Human Capital

In many cultures, where we fit in the class strata can determine our place in society. Many members of our impoverished communities have experienced multi-generational oppression. My assumption is that many parents are “diamonds in the rough waiting to be discovered.” In my opinion, the process of unleashing the human capital inherent in impoverished communities is not complicated or a secret.

Central to this process for people who have internalized their oppression is the ongoing mentoring and “holding a mirror” so they can begin to see a different reflection in the mirror. This is done by continually reaffirming and seeking the “inherent wisdom and knowledge” found within each one of us. Of course, unleashing this wisdom is individualized and developmental. With the proper support, people begin to emerge out of their cocoon of historical oppression. As a newly born beautiful butterfly, they begin to see their beauty and worth. This stage is extremely important to support, recognizing that, like a newly emerged butterfly, the wings are fragile and delicate. It is important to nurture this growth, to encourage expansion of their abilities, and, most importantly, to get out of the way when they are ready

to fly.

This requires a paradigm shift within organizations, moving from hierarchies to networks. The author Fritjof Capra, in the book *The Web of Life*, notes that transitioning from the “medical model” based on Western linear thinking requires not only a paradigm shift but an expansion of both our ways of thinking and our values. These changes between thinking and values may be seen as shifts from self-assertion to integration. Additionally, embracing other ways of knowing from other cultures as valid and viable is important when we work in multi-national and multi-cultural communities.

Transformations that occur are:

Receiver of Knowledge Service Recipient	from	to	Transmitter of Knowledge Agent of Change.
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Words are worlds. Words are charged with meaning that can edify or diminish people. If one listens carefully to many “experts” in the field, one can detect the artificial separations inferred in their speech. Unfortunately, many professional disciplines have created their own language that further isolates, unless one learns the codes. When people do not understand these codes, this further fuels mistrust. For example, well-meaning people who use the buzzword “empower” can further fuel the notion that we do not have “personal power” unless someone empowers us. I prefer to use language that expresses our interdependency and interconnectedness. Expressions such as not doing for people, or to them, but with them. When we shift our language, we move:

Disassociated Parts Entrenched Ideas	from	to	Integrated Wholes Emergent, Organic, Unfolding Visions.
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Social change begins with each one of us.

If we operate in a deficit mode, trusting the community can be a frightening proposition! If we operate from an asset mode, anything becomes possible, given enough time and support. I offer here a sampling of social assets that, together at the Vaughn Family Center, we identified within our own community:

- ▲ Entrepreneurial
- ▲ Willing to be Bold
- ▲ Deep Love for Family
- ▲ Grounded in Spiritual Strengths
- ▲ Believer in the American Dream
- ▲ Respectful of Education
- ▲ Respectful of Elders.

My style, my being of leadership, evolved from my own personal work with internalized oppression. I began to experience this oppression as a child born in Guatemala City in Central America. As a child I did not know that my cultural legacy was one of the most outstanding civilizations in the world. The Mayan civilization was creator of the calendar and of open heart surgery, when Europe was still in the dark ages. How was it that our educational systems instilled in us a sense of inferiority? This results in the dominator system of social organizations, where patriarchy, imperialism, and racism reign. Oppressive behavior continues to this day. When we work in multi-cultural communities and we superimpose Western models and approaches, we do not honor the ancient wisdom inherent in people of color.

All of us can make a difference. Social change begins with each one of us. From my first day at the Center I knew that to enhance capacity required my role to be fundamentally different from that of a typical director or manager. I saw my role as:

- ▲ Mentor
- ▲ Coach
- ▲ Weaver of Dreams
- ▲ Facilitator
- ▲ Catalyst
- ▲ Nurturer
- ▲ Catcher of Dreams.

I saw my role as unleashing human capital. I saw my goal as serving in a transitional and bridging role. From the beginning, I met people in the community who could do my job, if given support and opportunity. Over a five-year period, a short period of time in community transformation, I succeeded in passing my role as director onto those within the community.

Concluding Remarks

In this work, we have to earn the community's trust. We must realize that it is our privilege to be invited in. Parents in the community do not "read your lips." They watch your actions. They also connect with your own heartbeat to see if you are "for real." When I began working in Pacoima Village, I did not have a manual of how to do it. Parents, all partners, and I co-constructed the plane as we were flying it. One thing that helped me was knowing that all of us, for the most part, enjoy experiencing success and feeling valued and recognized for our efforts. Based on this information, the guiding principles began to take shape.

Unleashing human capital requires an immense amount of time, dedication, and commitment. It requires walking the talk twenty-four hours a day, every day of the year. It is not a hat that you put on while interacting at the center, and then take off. It is a consciousness that embraces the sacredness of our being at all times. The center's environment reflected

Community building goes beyond service delivery; it begins to mobilize the voice of the poor through self-advocacy and direct action.

an atmosphere of acceptance and invited parents to come in as if they were at home. One by one, parents started speaking with others about the vision. Parents would assess others' talents and find ways of involving everyone in the center's operation.

The day-to-day mentoring requires ongoing conversations and translations of all systems. There are times when parents want to revolt and express torrents of anger. This is most evidence when they are frustrated by bureaucracies in our human service systems.

This phase of unleashing human capital is very critical for both parents and service providers. Once parents experience being treated with dignity and respect, they do not want to tolerate anything else. I found many angry outbursts were triggered by pent-up emotions and the difficulty of finding expressive words. An important aspect of my day was taking the time to listen deeply. This gave me an opportunity to reframe issues and rechannel anger into passionate advocacy.

When the service providers served on committees and worked alongside parents, the experience of "appreciative listening," of hearing both anger and hope, transformed many of them. On many occasions, parents were echoing the dreams that service providers had for their own children and communities. They mutually discovered that their visions were similar. This interaction served to mutually connect them and to change the way service providers performed their work.

It is this collaborative approach that transforms and makes the collaboration greater than the sum of its parts. Collaboration can be transformative and help to overcome ethnic and racial barriers.

The legacy that I left is more a set of principles and relationships than a set of programs or structures:

- ▲ I will treat others how I want to be treated

- ▲ a vision of what is possible
- ▲ a set of values and principles that stand for each other's brilliance
- ▲ imprinted images for how it can work
- ▲ a way of working in community that ignites the best in us
- ▲ appreciation for inherent knowledge
- ▲ tacit participation does not mean that nothing is happening.

Community building goes beyond service delivery; it begins to mobilize the voice of the poor through self-advocacy and direct action. Service delivery has its role, but real change requires changing the way things are and not just complementing or supplementing what is being provided.

The way we organize things can become a structure for maintaining dependency. Professionals do have skills and experiences to offer. But so do people in the community. Defining roles and harnessing the partnership between the two is important. But equally important, the community contribution needs to be valued more fully, both within the partnerships and by those responsible for decision-making and resource allocation. Unleashing human capital and recognize the brilliance in all people is the only way we can all be liberated.

I am not a teacher – only a fellow traveler of whom you asked the way. I pointed ahead – ahead of myself as well as of you.

Barnard Shaw

Table One
 Vaughn Family Center
 Emerging Guiding Principals / Critical Success Factors

1. Leadership that creates conditions and opportunities for people to come together, give, and be recognized for it. If we had to identify one most critical success factor that overarches many others, this is it.
2. A tone, set by leadership and sustained by implementers, that is nonjudgmental and caring — to create a climate that is safe for “risk taking” behavior change.
3. A start-up vision that inspires others to dream together — followed immediately by effective work producing results that justify the hope.
4. A model or design that people understand, discuss, and change. The model gives people concrete common ground and a mutual starting point. It translates a set of guiding principles into something less abstract. People can differ, concur, and add their own imprint and tailor the model to their current needs.
5. A process based upon guiding principles. The principles include:
 - ▲ Involvement of all stakeholders and equal status for all
 - ▲ High expectations for people and results — starting with whatever the reality is and measuring progress from there
 - ▲ Trust, defined in behavioral terms — you take my needs into consideration before you act on your own; you talk to me before taking action that will conflict with my needs; based upon this, I can count on you and I can accurately anticipate your behavior
 - ▲ Strategic planning coupled with flexibility to change plans based on action and experience
 - ▲ Timelines that are sensitive both to individuals and the process
- ▲ Caring, warmth, acts of appreciation and celebration
- ▲ A community organizing approach, with a focus on development and not confrontation
6. Parents as partners in every aspect of program development and delivery.
7. A governance structure that demonstrates values and principles of the reform. Fifty percent parents at all levels.
8. Alignment of action with desired outcomes. Day-to-day work and resources are consciously directed at getting results and improvements for children and families.
9. Facilitative leaders free of institutional restrictions. These leaders are needed to provide fresh perspective; assist with strategic planning; offer caring coaching; provide continuity from start-up until internal capacities are built; mobilize resources; and provide overall initiative management so site staff during first years can concentrate on building relationships in the neighborhood and launch direct services and program activities.
10. Opportunities for open dialogue on important issues where thinking is not constrained by politics or institutional agendas.
11. Selection of on-site professional center leader by site governance comprises of all key stakeholders. The leader or director should not be appointed by projects staff or a principal, but who is a peer of the school principal.
12. Day-to-day role of the center leader as an advocate for parents, children, and consumers. The center leader should be skillful at building family and

neighborhood capacity and linking families, schools, and services with each other. The leader should be given the freedom to shape a learning organization. The role of the leader includes on-the-spot mentoring, mediating, processing, linking, bridging constituencies, program building, and managing on-site operations. The leader must maintain and enrich a nonjudgmental, nurturing climate.

13. The provision of services that is customer-driven. Services that are provided should be those which the customers say they want.

14. Working with partnering providers to get center-provider consistency in values and methods. Parents must be treated with respect and valued in their relationships with providers as well as at the center. This is a big factor in getting outcomes as well as providing gratification to parents and providers.

15. Mix providers with parents side-by-side on working teams, eroding prejudice in both directions. This can revitalize providers' satisfaction in doing social services, delivering "beyond job description" work. IT replaces "turt" issues with initiative taking, information sharing, and working until a solution is found.

16. Providers taking risk to make changes in their own organizations. This can involve hiring different types of staff; designing new service components; changing practice methods; and taking economic risks during transition years when there are not guaranteed sources for reimbursement of new prevention services.

17. Parents' ingenuity, resourcefulness, and talent unleashed. Under living conditions of great adversity, parents have grasped the opportunity to convert dreams into reality. We must never

underestimate this ingenuity, resourcefulness, and talent.

18. A service exchange concept which incorporates reciprocity. Customers contribute their own time in exchange for services, fostering self-respect among parents and generating volunteer services for the program.

19. An upbeat atmosphere. The Family Center must be upbeat, a hub of activity in a healthy micro-community where celebrations as well as services happen.

20. The school's openness to innovation. The school must give the center freedom to evolve, which requires energetic and intelligent support by the principal. This includes a willingness to go through uncomfortable transitions, getting used to "strangers and outsiders" on campus that think and problem solve and giving the message to teachers and other staff that endorses this "enabling component" and risk-taking.

21. The entire project and site staff accepting work on a dual mission. Staff must run a constantly running a direct service operation as well as designing, documenting, and evaluating it.

22. Pre-heating parents before meetings. To insure parent involvement, parents need space and time before meetings where agenda issues are discussed and clarifications are obtained, with parental role-playing and rehearsal for presentations of issues. All meetings are translated and interpreted.

23. Child core on site provided for all meetings.

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