

Family **TO** Family

TOOLS FOR
Rebuilding Foster Care

People Helping People

Partnerships Between Professionals and Natural Helpers

BUILDING COMMUNITY PARTNERSHIPS IN CHILD WELFARE, PART
FOUR

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A C K N O W L E D G M E N T S

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I N T R O D U C T I O N

The Annie E. Casey Foundation's Mission in Child Welfare

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that better meet the needs of vulnerable families.

The Foundation's work in child welfare is grounded in two fundamental convictions. First, there is no substitute for strong families to ensure that children grow up to be capable adults. Second, the ability of families to raise children is often inextricably linked to conditions in their communities.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect. The Foundation believes that these community-centered responses can better protect children, support families, and strengthen communities.

Helping distressed neighborhoods become environments that foster strong, capable families is a complex challenge that will require transformation in many areas. Family foster care, the mainstay of all public child welfare systems, is in critical need of such transformation.

The Family to Family Initiative

With changes in policy, in the use of resources, and in program implementation, family foster care can respond to children's need for out-of-home placement and be a less expensive and often more appropriate choice than institutions or other group settings.

This reform by itself can yield important benefits for families and children, although it is only one part of a larger effort to address the overall well-being of children and families in need of child protective services.

Family to Family was designed in 1992 in consultation with national experts in child welfare. In keeping with the Annie E. Casey Foundation's guiding principles, the framework for the initiative is grounded in the belief that family foster care must take a more family-centered approach that is: (1) tailored to the individual needs of children and their families, (2) rooted in the child's community or neighborhood, (3) sensitive to cultural differences, and (4) able to serve many of the children now placed in group homes and institutions.

The **Family to Family** Initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect.

- To develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities where the children live;
- To assure that scarce family foster home resources are provided to all those children (and only to those children) who in fact must be removed from their homes;
- To reduce reliance on institutional or congregate care (in hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many more of the children in those settings through family foster care;
- To increase the number and quality of foster families to meet projected needs;
- To reunite children with their families as soon as that can safely be accomplished, based on the family's and children's needs, not the system's time frames;
- To reduce the lengths of children's stay in out-of-home care; and
- To decrease the overall number of children coming into out-of-home care.

With these goals in mind, the Foundation selected and funded three states (Alabama, New Mexico, and Ohio) and five Georgia counties in August 1993, and two additional states (Maryland and Pennsylvania) in February 1994. Los Angeles County was awarded a planning grant in August 1996. States and counties funded through this Initiative were asked to develop family-centered, neighborhood-based family foster care systems within one or more local areas.

Communities targeted for the initiative were to be those with a history of placing large numbers of children out of their homes. The sites would then become the first phase of implementation of the newly conceptualized family foster care system throughout the state.

The Tools of *Family to Family*

All of us involved in *Family to Family* quickly became aware that new paradigms, policies, and organizational structures were not enough to both make and sustain substantive change in the way society protects children and supports families. New ways of actually doing the work needed to be put in place in the real world. During 1996, therefore, the Foundation and *Family to Family* grantees together developed a set of tools that we believe will help others build a neighborhood-based family foster care system. In our minds, such tools are indispensable elements of real change in child welfare.

The tools of *Family to Family* include the following:

- Ways to recruit, train, and support foster families;
- A decisionmaking model for placement in child protection;
- A model to recruit and support relative caregivers;
- New information system approaches and analytic methods;
- A self-evaluation model;
- Ways to build partnerships between public child welfare agencies and the communities they serve;
- New approaches to substance abuse treatment in a public child welfare setting;
- A model to confront burnout and build resilience among child protection staff;
- Communications planning in a public child protection environment;
- A model for partnerships between public and private agencies;
- Ways to link the world of child welfare agencies and correctional systems to support family resilience; and
- Proven models that move children home or to other permanent families.

*New ways of
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real world.*

We hope that child welfare leaders and practitioners find one or more of these tools of use. We offer them with great respect to those who often receive few rewards for doing this most difficult work.

O V E R V I E W

Background

How we came together

We are a diverse group of people from varying backgrounds, cultures, professions, and callings who met in 1994, kept talking and drinking coffee, and, in 1995, formed a formal group called People Helping People. We attracted funding from the Annie E. Casey Foundation, the Edna McConnell Clark Foundation, the Levi Strauss Foundation, and the Washington State Division of Child and Family Services. We run those funds through a private nonprofit organization called Home, Safe.

We have bonded together in a shared cause, springing out of a common heart and vision for the future. Our concerns and desires center around the following issues.

Activities of People Helping People in 1996

We defined specific goals and objectives for our formal effort for 1996. All of these were accomplished.

We created an infrastructure and procedures to allow us to use one another's strengths systematically to change neighborhood conditions and help families. This included creation of a system of checks and balances for ourselves and a communications system. We received training on safety, motivational interviewing, and keeping ourselves balanced, in addition to assessing people's needs and influencing behavior. We practiced the skills on ourselves and each other. We scheduled times for mutual support and fun. We developed an accounting structure that would allow us to accept and manage additional funds.

We continued and expanded our efforts to help families and neighborhoods, providing support for 50 families. We explored getting referrals from other sources, like Tacoma Housing Authority and the Department of Social and Health Services. We directed families to resources that could help them obtain their goals, and used our skills to influence and help other people to empower themselves.

We worked to educate the system about the needs of neighborhoods and people who live there, and to combine professionals and natural helpers in a positive direction. We tried to be a model of effective ways to support each other; to become the book of hard knocks full of do's and don'ts, and to help new sites be as different as they need to be.

We worked to document these efforts with families. And we carefully evaluated other potential sources of funds to avoid conflicts of values that will destroy our capacity to be responsive. At the same time we continued to work toward full-time employment for natural helpers in our group who wish it.

Assumptions Underlying This Work

A number of assumptions have guided our group's development.

Underlying causes of many social problems

Different human services systems tend to have varying filters for viewing the causes and corrections of social problems. In fact, some factors that contribute to neighbor-

hood crime and disruption, child mistreatment, and educational failure have some common bases and causes.

Many families have been unable to meet their basic needs through those in their immediate environment or the institutions that are supposed to be supporting that environment. Prevailing social conditions involving poverty, racism, and lack of direction have left many families with skill deficits and lack of hope and motivation.

Interventions designed to create basic connections through neighborhoods, and to create and channel resources through these connections, have the potential to help families meet basic needs, learn new skills, and become more self-sufficient as a neighborhood.

The cycle of enabling people to be self-sufficient

We all need help from one another. True self-sufficiency is neither possible nor desirable. We recognize that families who give help and families who receive help can be from the same population. We also recognize that professionals from nonprofit organizations, Child Protective Services workers,

Tacoma Housing Authority workers and Safe Streets workers all receive help as well as provide it to one another and others. It is this overall acknowledgment of our interconnectedness and reliance upon one another that will ultimately create the bonds and potential for mutual support that can strengthen our neighborhoods for all of us.

We need to view helping through a larger lens, not as just helping people to solve individual problems. We need to be prepared to help them learn a problem-solving process that will help with the next issues as well.

Goal for This Paper

Our goal for this paper is to go beyond abstract concepts to present one approach for non-traditional partnerships in concrete terms, explaining how each actor might perform his or her new role. We will emphasize the interconnectedness of all helper goals and be specific about new ways to meet them.

True self-sufficiency is neither possible nor desirable.

D I R E C T I O N

Vision

We envision an interconnected web of neighborhood-based hubs that provide a wide menu of responses to build on the strengths of neighborhoods and families throughout Pierce County. We want to develop self-determined, neighborhood-based groups of people who help one another and others cost-effectively. We envision a fabric of healthy, interconnected people, blocks, and neighborhoods. This fabric will be woven by relationships among people of various ages, classes, and cultural backgrounds, brought together by a similar vision of cooperation and self-sufficiency.

As people move through what Abraham Maslow called the stages of self-actualization, they become more able to realize their potential. A diagram showing one way of thinking about neighborhood self-actualization is shown in Appendix A.

All our work will be based on the following principles. The paper *Beyond the Buzzwords* (Kinney, Strand, Hagerup & Bruner, 1994) documents the reasons for this emphasis. As noted in that appendix, the challenge is not in talking about these concepts but in bringing them to life with new behaviors and attitudes.

- ❑ **Building on strengths.** Positive change is most likely to occur when interventions assess, validate, and build upon people's strengths, rather than focusing on their weaknesses or pathologies. People have capacities and resources that, when recognized, can serve not only as components for successful change but as methods for enhancing and maintaining motivation for that change (Goldstein, 1980; Weick, Rapp, Sullivan & Kisthardt, 1989; Sullivan, 1992).
- ❑ **A holistic approach.** We must consider many aspects of the context for people's behavior as well as individual factors related to each person in designing and implementing the most effective strategies for change. Many interventions have turned out to be ineffective not because seriously disadvantaged families and children are beyond help, but because we have tried to attack complex, deeply rooted tangles of troubles with isolated fragments of help. These fragments focus on personal characteristics, but do not take into account the impact of family, community, or environmental factors (Maslow, 1954; Munger, 1991; Lourie & Katz-Leavy, 1991).
- ❑ **Partnerships in decisionmaking.** An effective context for helping must encourage people to assume control of their lives. We are better able to implement and maintain change when we have been involved in assessing the need for it, prioritizing issues to be addressed, and designing and developing plans for accomplishing that change (Safran & Segal, 1990; Friedman, 1992; Sullivan, 1992).
- ❑ **Individual tailoring of services.** If we accept that people are affected by a wide range of individual and environmental factors interacting over time, and if we accept that people should have substantial input in selecting their goals and the methods by which those goals will be addressed, individual tailoring of services becomes a necessary characteristic of effective human services (Sullivan, 1992; Pray, 1991).

❑ **Specific, short-term goal setting and monitoring.** Seeking change can be overwhelming when people face many barriers to success. Goal setting and monitoring can lead to increased feelings of self-efficacy and motivation. Evaluation is an essential process not only to measure change, but also to provide data to support optimism (Kanfer & Grimm, 1980; Bandura & Cervone, 1983; Miller, 1985).

❑ **An emphasis on helper characteristics and skills.** When clients are not helped by services, we commonly assume that they are hopeless, unmotivated, in denial, or resistant to treatment. Numerous studies indicate, however, that social worker empathy, acceptance, and specific skills may override such client characteristics in leading to productive change (Miller, 1985; Linehan, 1993; Safran & Segal, 1990).

Mission

Our mission is to develop, test, and disseminate new ways of supporting families and neighborhoods via diverse partnerships, and to produce healthier communities with more effective service delivery systems.

Goals for People Helping People

Our goals are:

- ❑ **To prevent and remedy child abuse and neglect.** Our top priority is child, family and worker safety. We stress not only identification of risks but ways to buffer or eliminate them, not only for the child but for the entire family and child welfare workers as well.
- ❑ **To prevent and remedy drug abuse.** This goal is in keeping with our top priority. We believe children cannot be safe in homes where drug abuse exists. We believe this issue must be addressed in the context where people actually live and raise their children.
- ❑ **To disseminate what we learn.**

Objectives

Our objectives are to:

- ❑ Improve parenting capacity for 45 families referred directly by CPS or CPS via the Family Support Centers, in two Tacoma neighborhoods: the Eastside and Hilltop;
- ❑ Decrease the potential for and the actual extent of drug use in these families;
- ❑ Evaluate our progress on these goals and change methods as the data indicate; and
- ❑ Write about our process and outcome so that our results may be disseminated on a national level.

We want to develop self-determined, neighborhood-based groups of people who help one another and others cost-effectively.

M E T H O D S

Assurances of Safety for Children

Our top priority is child, family, and worker safety. No one can begin working with families for Home, Safe without going through ten hours of training on keeping everybody safe. We stress not only identification of risks but ways to buffer or eliminate them. A copy of our safety materials, including procedures Home, Safe workers are expected to follow, is in the Safety First manual.

Natural helpers Dr. Kinney and Ms. Strand carry pagers, and families are given a list of the whole team. We are available on weekends, evenings, and in the middle of the night if needed.

Families to be Supported

We work with high-risk families referred directly or indirectly through Family Support Centers by Child Protective Services in the Hilltop and Eastside areas of Tacoma.

Staffing

We have a large team of professionals and paraprofessionals who are a resource bank to families and each other:

Several members of the group are serving as volunteers and board members of a nonprofit organization in a low-income housing development. The development is composed of 13 ethnic groups speaking seven different languages. These volunteers have worked in the capacity of liaison and advocate with the Housing Authority, Washington State University, Tacoma-Pierce County Health Department, the Board of Education, and citywide neighborhood advisory boards.

Some results of their participation are the monthly newsletter; translated into four languages; linkage of partners to provide employment; a satellite campus in the development; family counseling; a data bank for job opportunities; on-site day care; direct link to Indochinese Cultural Crisis Center for teenagers; food program for senior citizens; credit counseling; more social events; restoration of park playgrounds; intervention in suicide attempts; a new drug-free zone and work environment; technical assistance concerning immigrations regulations; board development; the oversight of a \$100,000 grant; and development of the Family Investment Center (FIC).

Roles

A primary mentor/coach is to be assigned to each family, with access to other team members for specialized services and backup.

A professional/natural helper pair will do the intake and assessment visit to clarify the relationship of the family's needs and wants to the desires of CPS. The pair will provide coverage of the family between the intake and the weekly People Helping People group meeting. At the group meeting, the intake pair will present the family, and group members will discuss who can offer what, and who might be the best primary person for the family. A primary mentor/coach could be either a professional or a paraprofessional, depending on the needs of the families.

In most partnerships, roles are spelled out by training, education, and traditional roles of various agencies. In this approach, responses to families and to neighborhoods will be

based upon the unique strengths, values, and needs of the people involved, tailored according to the capacities of individual helpers as well as those being helped.

Training

We have already mentioned our training in keeping people safe. Materials and procedures used are attached to this paper.

Referral Procedures

Our referrals may come directly from Child Protective Services or from Hilltop and Eastside Family Support Centers, if they are CPS open-case families. Procedures for coordination and roles among CPS, the FSCs, and PHP are evolving daily. *The most recent description is shown in Table 1.*

Location of Support

PHP has office space on Yakima Avenue across from Bates Technical School, and in the Family Investment Center in Salishan. All our support is provided in family homes, neighborhoods, and in places where problems and risks occur.

Intake

The initial contact by a pair including a natural helper and a professional occurs in the family's home within 24 hours of referral. Whenever possible, a CPS worker and Family Support Center worker accompany the pair.

Assessment

CPS, PHP, Family Support Workers, and family members develop and coordinate a comprehensive assessment to guide planning for addressing the issues. CPS will be responsible for the safety assessment and work with PHP and the FSC to update it.

We will use a Functional Resource Assessment (see Appendix B). These assessments will be done with families and hub team members. They will be structured to emphasize strengths, a holistic approach, individual tailoring, decisionmaking, and short-

term goals. Assessments will be updated weekly and will serve as the basis for paperwork.

Families will also do a self-assessment of their values, strengths, and priorities for change. Assessments will be coordinated and integrated at joint staff meetings through the Family Support Center.

Decreasing Risk and Increasing Protective Factors

We work in a multitude of ways that depend upon unique issues of individual families and helpers, intending to provide or provide access to the activities/support listed in the Activity grids in Appendix C. This discussion concerns techniques related to self-esteem, drug abuse, and child, family and worker safety. We will stress things that natural helpers can do in these areas, knowing that professionals in PHP will be providing supervision and backup in all areas.

Helping Others Build Self-Esteem

In more and more research on behavior change, a key concept is one's feeling of self-efficacy. If people don't believe they can change, if they don't have some hope, if they don't feel some sense of competence, the likelihood of change decreases greatly. Natural helpers are often particularly well positioned to help others improve their self-esteem.

We see this as a first step in helping people become better parents, stop drug abuse, and work more effectively with the system.

Signs of poor self-esteem. PHP workers can identify signs of low self-esteem: overconfidence, depression, and feelings of worthlessness and hopelessness. Behaviors can indicate low self-esteem: talking about or trying suicide, being unmotivated to make changes or do things, shying away from responsibilities or contact with others, and self-abuse with drugs or alcohol. Abuse of others is often a sign

(continued on page 16)

*Our top
priority
is child,
family,
and worker
safety.*

T A B L E I
Roles for CPS, FSC, and PHP on Regular Family Preservation Channel

| CPS Role | FSC Role | PHP Natural Helper Role | PHP Professional Role |
|---|--|--|--|
| Accept referrals from community. | Accept referrals from CPS and community, including PHP. | Accept referrals from CPS, and FSC, with CPS approval. | Do not accept referrals directly. On call to natural helpers 24 hours a day, seven days a week. |
| Assess immediate disposition: Placement FSC PHP Other Provider Nothing | | | |
| Help identify existing and new informal supports with family. | Help identify existing and new informal supports with family. Facilitate connections. | Help identify existing and new informal supports with family. Facilitate connections. | Help identify existing and new informal supports with family. |
| If family does not require placement, but does require more than just a phone number referral, there is a joint staffing of CPS liaison, FSC rep and PHP rep. | Attend joint staffing. | Attend joint staffing. | Attend joint staffing. |
| Work with team to fill out grid specifying role of each. | Work with team to fill out grid specifying role of each. | Work with team to fill out grid specifying role of each. | Work with team to fill out grid specifying role of each. |
| Responsible for clarification of detailed plan. | FSC differ in services they provide. The following are examples of services provided by some. Accept families for: 1. Information and referral help 2. Groups 3. Mental health assessment 4. Family strengths and needs assessment 5. Development of family service plan 6. Parenting classes <i>(continued)</i> | Accept families who require more of the following than family support centers are designed to do: 1. Daily monitoring of detailed safety plans. 2. Ability to visit several times a day, 24 hours a day and weekends if necessary. 3. Home repairs. 4. Car maintenance and repair. <i>(continued)</i> | 1. Supervise natural helper in implementation of detailed safety plan. 2. Work with family and team to develop detailed mental health plans for families who do not wish regular mental health services. 3. Work with family and team to develop detailed neighborhood based drug treatment plans for people who will not attend regular treatment programs. <i>(continued)</i> |

T A B L E I (continued)
Roles for CPS, FSC, and PHP on Regular Family Preservation Channel

| CPS Role | FSC Role | PHP Natural Helper Role | PHP Professional Role |
|--|--|---|--|
| | <p>Coordinate with schools and Readiness to Learn. Help connect with local businesses. Advocate for families. Assure connections with needed services. Link with early childhood programs. Facilitate classes and groups. Developmental screenings for birth to 3 years. Consult to child welfare system re child health. Provide long term ongoing support when needed. Get people reengaged. Provide a welcoming focal point for the neighborhood. Do community gardens. Have prevention fairs. Develop mentorships with seniors. Provide follow-up.</p> | <p>5. Follow through on detailed mental health plans to support family where they are if they will not attend regular mental health services. 6. Follow through on detailed neighborhood based drug treatment plans if family members will not attend regular drug treatment. 7. Make hourly phone calls as needed. 8. Provide transportation as needed.</p> | |
| <p>Share training and other resources as appropriate.</p> | <p>Share training and other resources as appropriate.</p> | <p>Share training and other resources as appropriate.</p> | |
| <p>Provide ongoing monitoring and coordination of safety issues, communicate with team until safety issues are resolved or placement occurs. Will work together with FSC and PHP during times of transition.</p> | <p>Provide help until informal system or family support center activities will suffice to maintain progress. Will work together with CPS and PHP during times of transition. Families are welcome to continue to benefit from activities at the FSC indefinitely.</p> | <p>Provide help until informal system or family support center activities will suffice to maintain progress. Will work together with CPS and FSC during times of transition.</p> | <p>Attend weekly and crisis PHP meetings to support natural helpers and FSC staff. Will work together with CPS and FSC during times of transition.</p> |

In this approach, the responses to families and to neighborhoods will be based upon the unique strengths, values, and needs of the real people involved.

of low self-esteem, as a person tries to hurt or bring others down to the level where they see themselves.

Having no or few relationships with others, or being very dependent on others, or misplacing love can also be signs. Failure to take care of oneself, poor hygiene, and poor posture can be indicators. Lack of eye contact can mean poor self-esteem in some cultures but not in others. Many people think that overuse of foul language may also indicate low self-esteem.

☐ **Understanding and compassion.** PHP workers can understand and show compassion about the ways that physical and mental abuse over time can erode a person's sense of self-worth. Such people may begin to think they are bad and deserve hurtful treatment. Sometimes professionals communicate to these people only that they have problems and never talk about their strengths. This treatment can erode self-esteem. Put-downs by others eat away at self-esteem, as does intolerance for differing styles of living or speech. If a person is unable to advance in a job or career, even with skills and motivation, self-image will suffer. Knowing that a natural helper understands can comfort someone who is feeling bad.

Poverty and racism are two of the most common sources of reduced self-esteem. If a person is always poor and always discriminated against, it is very difficult to think positively about life and the future. Suffering a loss of quality of life can be very devastating to self-esteem, since something dear has gone.

☐ **Helping build self-esteem.** What we say to others can help build self-esteem. A natural helper can encourage others to take positive steps, saying she knows they can succeed and that she knows they've done good things in the past. She can praise them for who they are and what they do and give positive feedback and

reinforcement on their successes. She can help them to trust her so that they know she is available to help when they need it.

The vital sense of personal importance grows when people know someone cares what happens to them and can be trusted when needed. A natural helper can become a good friend, the kind that worthwhile people have. With such a friend, a person is more likely to see himself or herself as likable too.

A natural helper will let people set their own goals, knowing that those are more likely to be strong motivators than goals set by others. But she can guide people to make those goals attainable ones, so that the result will be achievement and not more failure. She can help an insecure person avoid situations where failure is likely and create situations where, with personal effort, success is possible. She can also show ways to have fun and enjoy life that abused or addicted people may have forgotten or never known, and she can show ways that even needy people can help others, perhaps in small ways. These things help individuals grow in their sense of competence to deal with the world.

The helper can reach out when she senses the person is down and needs help, but she can also reach out as a friend at other moments, sharing her own problems. She can accept people for who they are and want to be, rather than who she wants them to be. Real friendship at all times helps anyone feel better. Withholding judgment goes a long way toward building someone up.

A natural helper can raise a person's awareness of his or her own skills and of ways to apply those skills in other situations. Many people have skills and talents they disparage or don't recognize. If a helper/friend can point them out and show how they are useful, people can become more hopeful.

Helpers should guard against being gullible and be genuine and caring instead. They should do what they say they are going to do and expect the same of the families.

Last but not least, the workers should remember to value their own skills. Modeling someone with high self-esteem while helping another can do a lot of good.

Keeping Children Safe

A natural helper can do many things to help create and maintain a climate of safety for children, their families, and workers as well. When the helper is paired with a professional for backup and help in assessment and planning, all of the following can happen in the neighborhood.

What natural helpers can do at all times.

A natural helper can advise others in the neighborhood about what's happening with the natural helper group, and can ask them to let helpers know if they see anything that causes them concern. She might offer to others the same safety training the helpers have received. She can be out and around the neighborhood as an example to others, helping to create a climate of safety and concern.

Modeling behavior that is helpful to the community can encourage others to do the same. Natural helpers can do things that make it safe and enjoyable to live in the neighborhood, avoiding behavior that is harmful, controlling, or that sets a bad example.

The more natural helpers are in contact with professional helping organizations, the easier it is to start using professional jargon. They need to remember to use regular language that people in the neighborhood can understand and that they use themselves. Professional language is sometimes misunderstood or even threatening to people.

Natural helpers are usually good neighbors. In other words, they know their neighbors, talk to them, offer to help them, laugh with them, and do things with them. Making friends with any family can help prevent problems from arising there. When helpers notice a family with children they do not know, they can greet the family and come to know its members. If natural helpers show a genuine concern for all residents of the community as equals in humanity, a broad and constructive relationship is possible.

In cases where signs of problems exist but the situation is unclear, a natural helper can set an example of working together. She can ask the family in question to let her know if her own children act up, and then offer to do the same for them. She can help connect the family to the community and its activities as a friendly gesture, without asking any questions. She can also provide information about services and how to get them.

Where problems exist but do not seem too severe, a natural helper can give a business card to identify herself and let the family know that the neighborhood can help. She can offer respite child care if the parents need a break at times. This could mean taking the children with her own family on an outing, watching them for awhile, or helping to connect the troubled family with child care services.

If parents or children are upset, a natural helper can calm them down. People are better able to think and act when their emotions are lower. The helper can listen without blaming or judging. She can help them understand what the problem is, letting them ventilate their anger without telling them to calm down.

She can ask the parents if she can help. If they agree, she should get the parent involved, for the child might be at more risk otherwise. She can offer to go with the

Families will also do a self-assessment of their values, strengths, and priorities for change.

If people don't believe they can change, if they don't have some hope, if they don't feel some sense of competence, the likelihood of change decreases greatly.

parents to get available services, to introduce them and make the first contact easier and more successful. If an extended family is involved, a natural helper can discuss with them ways to help with the kids.

When doing something with a family, natural helpers can consider bringing both a female and male helper. Going with more than two helpers can be threatening to some people, but with others it might seem easier. Just ask.

A natural helper can give advice to a family, if asked, about things they might do differently. She can let them know it's just an idea she has, saying they are free to use the advice or not—it's up to them. She can raise health issues for children if she sees things like exposed wiring, dirty messes, or children with poor hygiene.

In a concerned way, a natural helper can tell a parent what problem behaviors need changing. She can say something like "I saw your daughter out on the street earlier, and I was worried because of the traffic sometimes. Is there any way you could think of to help keep her safe?" Or she can make the statement of concern, then offer a solution: "I'd be willing to bring her into my yard when I see her, if you'd like."

When this does not work, and when the situation poses enough risk to a child that the helper really thinks she must prevent it, she can warn, with caring, of possible formal action if no change occurs.

A helper can win a child's trust so as to learn from the child if bad things happen at home.

Natural helpers can offer to take a child at risk along on family outings. They can entertain and make friends with them, involve them in personal activities, and build trust.

The follow-through is important. If the helper says she's going to do something and she does it, then kids will trust her when they want to talk. She can offer to help provide

things, because youngsters sometimes steal to get things others have. She can work with kids to fix up or build things like bicycles.

Parents' permission should be obtained first.

If other kids are hurting or threatening a child, or name-calling, a natural helper can ask them first to stop. If they don't stop, and she thinks it's safe to do so, she can be more direct and tell them to stop. If she can't stop the behavior, she can let the parents know their kids are picking on others.

If she sees a child misbehaving, she can stop it when it is safe to do so. She can let the child know she has seen him or her, and sometimes that stops the behavior right away. She may have to stop the child directly. She needs to be sure when she does this to not hurt the child, and if possible she should get permission to do this from a parent.

Resources. Natural helpers can have resources available to help families. These include all the formal and informal sources of help in the community. Helpers can also have money in an account to lend or give to families who are strapped. This can also help the families become more involved with natural helpers.

If the situation is serious, with a child being abused or neglected, a natural helper can decide who can safely make the call to Child Protective Services, and when. It may not be safe for a next-door neighbor to make the call, for example. The caller should, however, be the one with the best knowledge of the situation. If the parent is present and able to talk, asking permission to take the child away for awhile, until things calm down, is sometimes possible. If she cannot get permission, and the child or others are at immediate risk of harm, then she can call 911.

Helping Everyone Learn to Stay Safe

PHP workers are trained not only to assess risks but to address them. The goal of this section is to describe some ways to maximize the chances that everyone will be okay, and includes suggestions that experienced workers have found helpful. These suggestions are not meant to solve problems over the long term, although that could happen. They are meant as options that can help avoid immediate trouble while PHP participants have time to work with the family on longer-term solutions.

Even on the first visit, frequent monitoring, changing the situation, and structuring daily routines, contracts, and homework can be discussed. These and other changes can help family members keep their emotions and their situations under control.

Checking in. PHP workers can monitor the situation frequently and directly if families have telephones, and indirectly through extended family or neighbors if they do not. Sometimes everyone will feel safer if a telephone is installed, or if a family can borrow a cellular device during periods of transition and possible risk.

During the initial phase of a project, before PHP workers have had a chance to get to know the parent and her support network, they may choose to call several times a day to reinforce the parent's coping behavior and to head off any problems. This may seem inconvenient, but leaving kids at home is a serious decision that poses real risks. Worrying or having to go to the home because things have blown up is much less convenient than calling frequently.

If the family has many friends or a large extended family, workers can sometimes arrange for those people to drop by. They don't necessarily have to do anything. The knowledge that they are around and will be checking in can help everyone to keep control.

PHP workers may also encourage the parents and other family members to use pagers. Workers usually feel two ways about getting calls after hours—they hate being interrupted but worry less. When parents call and workers are available, the parents are usually very grateful. The worker can get a lot of information that way. Again, these are not long-term solutions, but as short-term harm reduction techniques, they widen our safety net and children are better protected.

Setting up a daily routine. Anxiety, confusion, and stress from having to make too many decisions at the same time can push people into drug-use relapse or child abuse and neglect. People who are having myriad troubles can find mealtimes slipping by without notice. People may go to bed at odd hours and may not get up in time for school or work.

Planning a daily routine can let everybody know what is supposed to happen every hour and what their role is in the big picture. This can eliminate some of the pressure. What might each person do in the morning before school? After school? Before dinner? During dinner? What might get in the way of following this routine? How can obstacles be overcome? The more people can dream of a better way to be together, the more likely it is that the dream will come true.

PHP workers may pinpoint when people are likely to get in trouble: In the morning when kids preparing for school cannot find their clothes; in the long, empty afternoon when the baby starts crying; after school when the teenager and the younger brother fight over who's touching what in their shared bedroom; or late at night when the boyfriend is having a few beers.

Most people have ideas on how to avoid these trouble moments, or to change things so that emotions don't flare and behavior doesn't get out of control. We can ask them what they think should happen. We can ask

*A sense of
importance
grows
when people
know
someone
cares about
them and
can be
trusted
when
needed.*

Modeling behavior that is helpful to the community can encourage others to do the same.

them how they do it on all the days when things go smoothly, or how the situation would look if things were going better all the time. Over the short term, can they lay the clothes out the night before? Can the baby go to a child care center in the afternoons for a week or so? Can the teenager and the younger child take turns going to a friend's house after school for a week? Can one of the parents talk with a friend on the telephone in the evening instead of staying in the setting with the beer that triggers fights?

Eliminating triggers. Many of the things workers can do to help prevent violence are just common sense.

If the mother gets panicky when she's home alone at night, maybe new locks can be put on, and maybe a sheet can be hung over the window until real curtains can be obtained, as one worker suggested.

Developing contracts. Workers can formalize agreements about daily routines and other behavior:

Daily routines can be written down, with rewards for everyone for following them and consequences for not following them. People can also develop formal agreements about more critical issues than who pours the cornflakes in the morning and who washes the dishes at night. Will the teenager agree to call you if he/she is thinking about running away? How about talking to an uncle? Will the parent call you when she/he is thinking about giving someone a swat? How about if she/he is thinking about suicide? Will she/he formally promise, on paper, not to harm herself during the time between visits? It can help people if these things are written down. It makes the agreement seem more important. It also forces everyone to be really clear, because some-

times when you start writing things down a person will say, No, that's not what I meant.

Making crisis cards. Crisis cards are a specific type of contract to help people become more aware of the times their emotions are starting to get out of hand. The card should help them try new ways of behaving to stop those emotions from going over the edge.

In developing crisis cards, people talk about the situations that are likely to occur and trigger them getting angry, depressed or panicky. They rate their feelings on a ten point scale, where #1 is feeling fine, and #10 is the most angry (depressed, panicky, etc.) they can ever imagine getting. They can rate themselves once a day if the feelings are pretty much under control. If a situation is really hot and you (and they) are really concerned, they can rate themselves every hour, so that they will be more likely to catch the feelings before they get too strong.

We can help people notice that they can make decisions about when to act.

People can decide how strong their feelings will be before they need to act, in order to contain the feelings or turn them around. Most people pick some point in the middle, like a four or five. The main thing is that the feeling be strong enough to bother to take the time to deal with it, but not so strong that it's beginning to get out of control.

Then together we can brainstorm ideas of what they might do when they reach that number, in order to stop the feeling from getting worse. They (or the worker, if they wish) can list a number of options, and then rank them in order what is most likely to work. Calling the worker can

always be the last option, if nothing else works. Then the possible activities can be listed in order on a three-by-five card that they can keep with them.

This is one of the crisis cards that a worker helped a family develop. It's for a mother worried she will get angry at her three-year-old and hit him.

**Crisis Card for Jody
When She Starts to Get Angry**

- Take a deep breath
- Put Jerome in his room in the playpen with some toys
- Call Suzy to come over (742-9978)
- Do jumping jacks
- Take a hot bath
- Play some music
- Call Lynnette (947-9801)

One of the reasons crisis cards can be helpful is that they help people watch what is happening from a slightly different perspective. They may feel less helpless and less engulfed by the situation. Homework is another way to help them get some distance on what's happening.

Assigning homework. Homework assignments can help families stay safe between worker visits. They may or may not be aimed at the specific trigger events that concern the worker and the family the most, but they give family members something different to do in a difficult situation. If a mother is counting the number of times her teenager swears at her, she may be less likely to get drawn into the interaction. Any small successes at changing what has seemed like an overwhelming chain of events can help people to feel more optimistic about bigger changes, and more aware of the amount of control they can have over their own behavior.

Some standbys for homework include the following:

Counting the times the behavior of concern occurs. This gives the family some perspective and a clear starting point as well, so the person can see if bigger attempts at problem-solving are effective or not.

Paying attention to the times when things are going smoothly, or better than usual; writing down these moments or remembering them to be reported to the worker at the next visit. The worker's praise then is a reinforcement.

Doing something on purpose that's likely to be helpful. A parent could decide to compliment a child four times a day, or a spouse might carry poker chips and give them one at a time to his/her partner until the chips are gone. This structures the giving of attention and reminds people that it's necessary.

Enlisting extended family and friends. As financial resources become more limited in the 1990s, family workers are exploring new partnerships with natural helpers and neighborhood leaders.

These partnerships increase the odds that people will be safe by involving friends, neighbors, and extended family (with the permission of family members) in creating a supportive environment for everyone.

I always ask families who has been helpful to them before. I ask if they would be interested in getting that type of help again. If they would, I ask if they want to call the person, or if they would like me to call, said one worker.

Some workers routinely ask families if they are interested in getting other people concerned about them together to talk about creating a safety net. If they are, she helps facilitate a meeting where people brainstorm

If Child Protective Services needs to be called, a natural helper can decide who can safely make the call.

PHP workers may also encourage the parent and other family members to page them.

ways to support that family and to insure that the kids are always safe. Here are some things helpers can do:

- Take care of the kids for awhile, on a planned basis.
- Be available to take the kids when things start to get tense and parents need a break, maybe even overnight, whether or not it has been scheduled.
- Fix the fence so the toddler can't run into the road.
- Put a new lock on the door so unfriendly people can't enter.
- Share videotapes, books, classes that were helpful.
- Provide transportation to classes.
- Stop by for coffee.
- Invite the family over for a visit.
- Listen.
- Play games with the kids and the parents.
- Fix bikes.
- Braid hair.
- Plant flowers together.

The idea is not to set up a system of spies on the family. The idea is that the more everyone feels connected, supported, involved, and responded to, the less likely they will be to get angry, lose control, and hurt one another.

Helping People Prevent and Eliminate Drug Abuse

Prevention of drug abuse. Risk factors for children and youth include a family history of addiction; family management problems including conflict, lack of monitoring, inconsistent or harsh discipline, and lack of clear rules and expectations; parental drug use; or positive parent and sibling attitudes toward drug use. School risk factors include low commitment, academic failure, and early antisocial behavior (kindergarten through third grade) (Catalano, Haggerty & Gainey, 1993).

It is beyond the scope of this paper to describe in detail how we address these factors. In general, the methods we use are spelled out in the book *Keeping Families Together*, by Kinney, Haapala and Booth (1991).

Catalano, Haggerty and Gainey believe that parental drug use may be one of the single most important risk factors for children. Parents' addiction is not only likely to create biological or genetic aspects to their children's risk, but also to affect other factors such as family conflict, family management (including abuse and neglect), parent modeling and favorable attitudes toward use, friends who use, and early first use. In addition, parents who are addicted are not as likely to provide consistent economic support for their families. Keeping parents drug-free is likely to be of major preventive value for their children (p. 12).

Addressing drug abuse. Although many people are helped by drug treatment, many also refuse it. Relapse is a big issue for many who complete treatment. PHP workers respond to people with drug problems in several ways.

- Assessing.** PHP workers are trained to use a comprehensive assessment process, as well as observation techniques including recognition of drug abuse indicators.

☐ **Enhancing motivation.** PHP workers are trained in motivational interviewing (Miller & Rollnick, 1991) and other motivation enhancement techniques designed to help people move through stages of change precontemplation, contemplation, determination, action, and maintenance. This process acknowledges ambivalence, builds feelings of self-efficacy, develops a positive vision for the future, and elicits and supports statements of self-motivation for change.

☐ **Developing an overall strategy for change.** PHP workers can help family members understand the change process that it won't be easy and it won't happen overnight. They can help families set realistic expectations and develop a menu of options for changing behavior, including drug treatment and self-help groups. They can help people recognize what triggers their drug use, and to develop new ways of responding. They can help people develop new daily routines. They can help people cope with their feelings, find new ways of solving the problems that drugs were supposed to solve, and to manage urges and other thoughts and feelings.

PHP workers can also help people understand and disengage from tendencies such as enabling others use, sabotaging recovery, and falling into co-dependency. They can work with extended family members on ways to help, and guide the person in trouble in developing a positive friendship map.

☐ **Maintaining progress.** PHP workers can help people understand the causes of relapse and use specific techniques for relapse prevention (Marlatt & Gordon, 1985). Also important is work toward helping people build a new life without drugs, including exercise, proper nutrition, and clarifying a sense of personal meaning.

Duration of Help

We do not limit the time period during which families may receive support. We estimate that their needs will vary widely, with an average of 100 hours per family. Families needing less intensive help will be referred to Family Support Centers unless special circumstances warrant joint involvement.

Transfer of Responsibility to Family, Friends, Informal Supports, and Family Support Centers

Wherever possible we encourage development of new daily routines and interpersonal connections to sustain positive change, so that People Helping People helpers gradually become less necessary over time. At the same time, many of our helpers are neighbors of the families concerned and will remain in their lives indefinitely. We recognize that relationships are not interchangeable. Special relationships will be formed in this project, and lines between helpers and those helped will at times be blurred. We realize that this challenges some professional assumptions about objectivity and professional distance, but we believe that what we will gain in commitment and effectiveness will offset the time needed to continually clarify roles and goals as we proceed. It is our intent to strengthen connections, either formal or informally, with families and their family support centers, so that this resource will also decrease their isolation over the long term.

All People Helping People helpers and participants will direct our interventions constantly toward benefits for the whole neighborhood, as opposed to those that only benefit individuals. We will rely on participants and helpers together to brainstorm tasks related to changing conditions, and to prioritize them. Some tasks, like fixing a fence, will take only an hour or two. Others, like painting a mural over graffiti, may take weeks or months.

Crisis cards are a very specific type of contract to help people become more aware of the times their emotions are starting to get out of hand.

EVALUATION

We hope to work closely with the Tacoma Urban Network to develop clearer outcome measures and procedures related to data collection and analysis.

We now document outcomes in the format shown in the examples of our work as Appendix D. We also keep track of follow-up resources in place for people at the end of our service, whether or not out-of-home placement has been necessary.

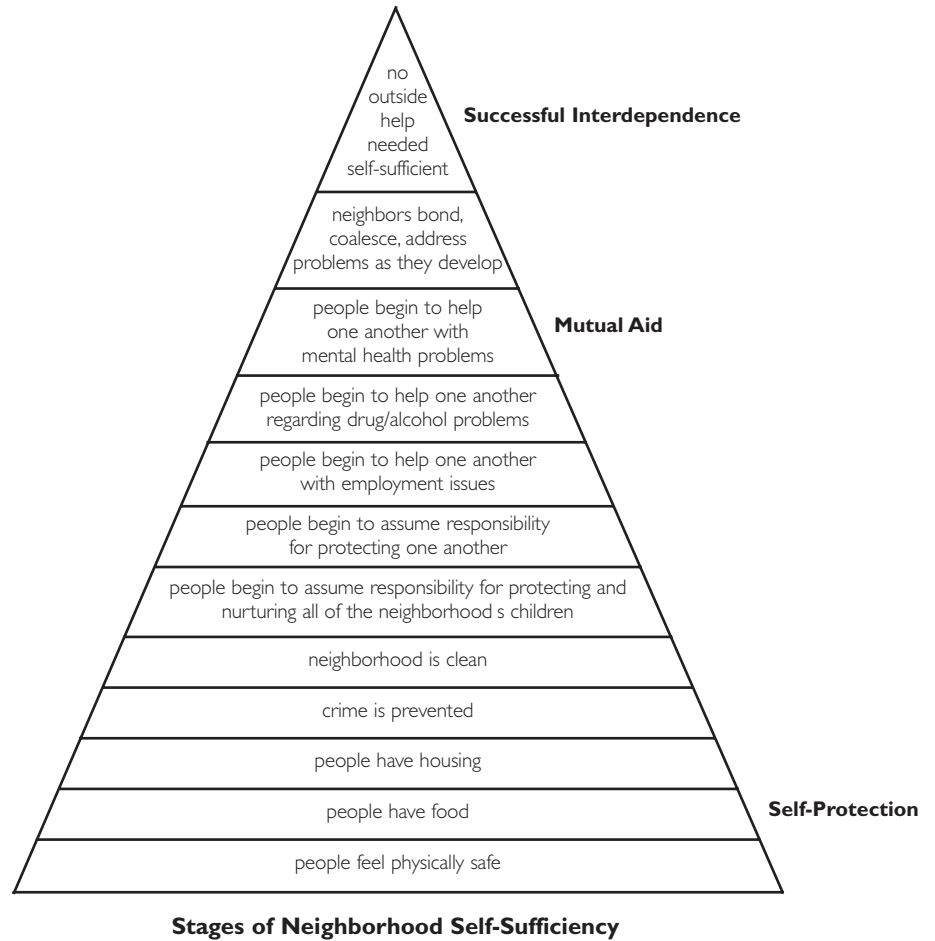
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APPENDICES

Appendix A

One Way of Conceptualizing Neighborhood Self-Actualization



Appendix B

How Can We Help Families Improve Their Parenting Skills? Functional Resource Assessment

| | Intrapsychic | Immediate Family | Friends/ Neighbors | Extended Family | Institutional | Environmental |
|------------|--------------|------------------|--------------------|-----------------|---------------|---------------|
| Strengths | | | | | | |
| Challenges | | | | | | |
| Tools | | | | | | |

Appendix C

Checklists of Activities to be Provided by Professionals and by Natural Helpers

| | Family & Extended Family Do This | Informal Contacts of Family Do This | CPS Worker Does This | PHP Natural Helpers Do This | PHP Professionals Do This | Other Professionals Do This |
|---|----------------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Referrals | | | | | | |
| Referral to Informal Networks | | | | | | |
| Referral to Professional Services | | | | | | |
| Referral for Utility Benefits | | | | | | |
| Referral for Financial Aid | | | | | | |
| Referral for Career Counseling | | | | | | |
| Referral for Educational Assessments | | | | | | |
| Referral for Tutoring | | | | | | |
| Referral for Legal Aid | | | | | | |
| Referral to Drug and Alcohol Treatment | | | | | | |
| Referral to Parenting Classes | | | | | | |
| Giving the Address and Phone Numbers of Agencies to Help With Specific Problems | | | | | | |
| Shelter | | | | | | |
| Foster Care | | | | | | |
| Emergency Family Shelter | | | | | | |
| Group Care | | | | | | |
| Congregate Care Facilities | | | | | | |
| Receive Care | | | | | | |
| Help Others Learn to Get and Keep Housing | | | | | | |
| Find Housing | | | | | | |
| Concrete Services | | | | | | |
| Clothing | | | | | | |
| Food | | | | | | |
| Housing | | | | | | |
| Transportation | | | | | | |

Checklists of Activities to be Provided by Professionals and by Natural Helpers *(continued)*

| | Family & Extended Family Do This | Informal Contacts of Family Do This | CPS Worker Does This | PHP Natural Helpers Do This | PHP Professionals Do This | Other Professionals Do This |
|---|----------------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Emergency Cash | | | | | | |
| Furniture/Household Goods | | | | | | |
| Child Care | | | | | | |
| Health Care | | | | | | |
| Urinalysis | | | | | | |
| Detoxification | | | | | | |
| Medical/Dental Care | | | | | | |
| Selection and Use of Birth Control | | | | | | |
| Health Care, Hygiene and First Aid | | | | | | |
| Personal Hygiene | | | | | | |
| Crisis Intervention | | | | | | |
| Counseling | | | | | | |
| Non-traditional Medical Approaches | | | | | | |
| Preventive Health Care | | | | | | |
| AIDS Education/Counseling | | | | | | |
| Substance Abuse | | | | | | |
| Identification of Triggers for Alcohol and Drug Use | | | | | | |
| Coping with Urges | | | | | | |
| Coping with Emotions | | | | | | |
| Understanding of Risks of Alcohol and Drug Use | | | | | | |
| Relapse Prevention | | | | | | |
| Refusing Drugs or Alcohol | | | | | | |
| Relaxation/Meditation | | | | | | |
| Alternatives to Drug/Alcohol Use | | | | | | |
| Spirituality as a Resource in any Relapse | | | | | | |
| Changing Reactions to Triggers for Drug/Alcohol Use | | | | | | |
| Using Exercise as a Resource | | | | | | |

Checklists of Activities to be Provided by Professionals and by Natural Helpers *(continued)*

| | Family & Extended Family Do This | Informal Contacts of Family Do This | CPS Worker Does This | PHP Natural Helpers Do This | PHP Professionals Do This | Other Professionals Do This |
|---|----------------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Feeling Hope | | | | | | |
| Building a New Self-image | | | | | | |
| Helping with Social Skills | | | | | | |
| Developing Recreational Opportunities | | | | | | |
| Acupuncture | | | | | | |
| Developing and Maintaining Social Networks | | | | | | |
| Inpatient Drug Treatment | | | | | | |
| Outpatient Drug Treatment | | | | | | |
| Parenting | | | | | | |
| Childproofing the Home | | | | | | |
| Help with Parenting Skills | | | | | | |
| Organizing Activities that Form Positive Family Relationships | | | | | | |
| Structuring to Prevent Violence | | | | | | |
| Learning How to Get Help from Other Parents | | | | | | |
| Helping with Succeeding in School | | | | | | |
| Home Management | | | | | | |
| Helping with Doing Housework | | | | | | |
| Helping with Shopping | | | | | | |
| Money Management | | | | | | |
| Helping Others Learn to Do Housework/Help Obtain Homemaker Services | | | | | | |
| Budgeting | | | | | | |
| Food Preparation and Nutrition | | | | | | |
| Providing Nutrition Education | | | | | | |
| Homemaker Services | | | | | | |
| Helping Others Get and Keep Furniture and Household Goods | | | | | | |

Checklists of Activities to be Provided by Professionals and by Natural Helpers *(continued)*

| | Family & Extended Family Do This | Informal Contacts of Family Do This | CPS Worker Does This | PHP Natural Helpers Do This | PHP Professionals Do This | Other Professionals Do This |
|---|----------------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Other Education/ Skill Building/Counseling | | | | | | |
| Selection and Use of Birth Control | | | | | | |
| Helping with Communications | | | | | | |
| Helping with Feelings of Self-Efficacy | | | | | | |
| Helping with Conflict Resolution | | | | | | |
| Helping with Problem Solving | | | | | | |
| Helping with Self-Advocacy | | | | | | |
| Crisis Intervention | | | | | | |
| Helping with Assertiveness | | | | | | |
| Helping with Feeling Hope | | | | | | |
| Rational Thinking | | | | | | |
| Coping with Grief | | | | | | |
| Helping with Values Clarification | | | | | | |
| Helping with Anger Management | | | | | | |
| Social Skills | | | | | | |
| Helping Others Learn to Get and Keep Transportation | | | | | | |
| Helping Others Learn to Get and Keep Child Care/Baby-sitting | | | | | | |
| Helping with Time Management | | | | | | |
| Helping Others Learn to Get and Keep Legal Aid | | | | | | |
| Helping Others Learn to Get and Keep Toys or Recreational Equipment | | | | | | |
| Helping Others Learn to Get Food and Keep it Available | | | | | | |
| Helping Others Learn to Get and Keep Clothing | | | | | | |
| Helping Others Obtain and Keep Utility Benefits or Services | | | | | | |
| Helping Others Get and Keep Medical/Dental Services | | | | | | |

Checklists of Activities to be Provided by Professionals and by Natural Helpers *(continued)*

| | Family & Extended Family Do This | Informal Contacts of Family Do This | CPS Worker Does This | PHP Natural Helpers Do This | PHP Professionals Do This | Other Professionals Do This |
|---|----------------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Helping Others Get and Keep Recreational Opportunities | | | | | | |
| Helping Others Get Financial Aid | | | | | | |
| Employment | | | | | | |
| Helping Others Learn to Get and Keep Employment | | | | | | |
| Employment Counseling | | | | | | |
| Partnerships | | | | | | |
| Teaching Professionals How Better to Help | | | | | | |
| Participating in Statewide Training, Teaching Educators the Realities of Living in Poverty | | | | | | |
| Acting as a Role Model for Professionals Regarding Interaction With Residents | | | | | | |
| Advising Professionals Regarding Holding Meetings | | | | | | |
| Addressing Issues of Personal Isolation | | | | | | |
| Addressing Issues of Isolation from Mainstream Society | | | | | | |
| Worker Skills | | | | | | |
| Listening | | | | | | |
| Providing Positive Regard without Judgment | | | | | | |
| Being Available, Spending Time | | | | | | |
| Avoiding Gossip and Manipulation | | | | | | |
| Self-Help | | | | | | |
| Self-Help Groups | | | | | | |
| Alcoholics Anonymous | | | | | | |
| Setting up Skill/Resource Exchanges, Identifying Tools, Materials, Skills, and Expertise Possessed by Members of the Center | | | | | | |
| Setting Up and Managing Laundry Facilities | | | | | | |

Checklists of Activities to be Provided by Professionals and by Natural Helpers *(continued)*

| | Family & Extended Family Do This | Informal Contacts of Family Do This | CPS Worker Does This | PHP Natural Helpers Do This | PHP Professionals Do This | Other Professionals Do This |
|--|----------------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Setting Up and Managing Child Care Co-ops | | | | | | |
| Developing and Running Job Clubs to Share Job Leads and Offer Support to Others Looking for Work | | | | | | |
| Subscribing to Newspapers and Posting Classified Ads for Apartment Rentals and Jobs | | | | | | |
| Establishing a Craft Co-op where People Make Items Together and Split the Profits | | | | | | |
| Contacting Local Police/Sheriff's Department to Start a Neighborhood Watch Program | | | | | | |
| Contacting Local Rape Advocacy Program for Information About Self-Defense Classes | | | | | | |
| Starting a Child Care Co-op | | | | | | |
| Establishing a Support Group for Families Affected by Substance Abuse | | | | | | |
| Organizing Weekly Storytelling and Plays by Local Artists | | | | | | |
| Organizing Tutoring | | | | | | |
| Organizing Arts and Crafts Classes | | | | | | |
| Encouraging Community Networking Through Information Sharing and Group Building | | | | | | |
| Participating in Coalitions and Community Activities and Planning Local Trainings | | | | | | |
| Joining Boards and Coalitions to Educate Decisionmakers on Neighborhood Needs | | | | | | |
| Volunteering for Newspaper Feature Articles on Issues that Affect the Poor to Show that Building Local Strengths Can Create Long-Term Change | | | | | | |
| Participating in Focus Groups to Develop Public Relations Materials on Maternal Health for Inner-City Women | | | | | | |
| Advising Where to Find Transportation and Housing | | | | | | |

Checklists of Activities to be Provided by Professionals and by Natural Helpers *(continued)*

| | Family & Extended Family Do This | Informal Contacts of Family Do This | CPS Worker Does This | PHP Natural Helpers Do This | PHP Professionals Do This | Other Professionals Do This |
|---|----------------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Buying, Selling, and Trading Junk Dealers, Hock Shops, Garages, Landlords, Informal Food and Clothing Banks | | | | | | |
| Baby-Sitting | | | | | | |
| Fixing Things | | | | | | |
| Braiding Hair | | | | | | |
| Gardening | | | | | | |
| Understanding Rights and Responsibilities | | | | | | |
| Serving as Role Models for Others | | | | | | |
| Informing Friends, Neighbors, and Relatives of Their Rights and Responsibilities | | | | | | |
| Health Care, Hygiene and First Aid | | | | | | |
| Goal Setting Skills | | | | | | |
| Prioritizing Goals | | | | | | |
| Developing Short-Term Plans | | | | | | |
| Developing Long-Term Plans | | | | | | |
| Evaluating Plans | | | | | | |
| Revising Plans | | | | | | |
| Setting Goals | | | | | | |
| Assessments | | | | | | |
| Risk Assessment | | | | | | |
| Resource/Capacity Assessment | | | | | | |
| Facilitating Self-Assessment | | | | | | |

Appendix D

People Helping People Family Progress Summary

Family: _____

Coordinating Community Specialist: _____

Time spent with family: 71.75 hours face to face contact, 14.5 hours support services

| Presenting Issue | Status | Services Provided | Ongoing, Local Resources | Plans for Future Services |
|--|---|--|--------------------------|---|
| Mother needs to strengthen parenting techniques and to better manage children fighting | Mother has improved her discipline methods, nurturing and other parenting skills, children get along better | CPS provided therapeutic day care PHP provided information on child development Helped her manage time Set up reward system for children's behavior | Local church PHP | Continue to reinforce learnings |
| Family is displaced; temporary housing motel | Family now in stable housing situation | PHP moved family to new home | Friends & neighbors | |
| Suspected abuse by sibling to other children | Sibling no longer in home | | | |
| Mother needs respite from caring for the children | Still needs respite from time to time but managing better | PHP provides periodic childcare | | |
| Suspected physical abuse of older children by boyfriend; needs parenting skills | Boyfriend has participated in learning parenting techniques | PHP provides intervention skills; develop reward system; steps to establish communication | | |
| Assistance moving furniture from previous address | Furniture relocated to new home | PHP helped move furniture | | |
| Teenage daughter out of home living in unsafe environment and no longer attending school | Daughter not responding to reach out attempts | PHP reached out to daughter | | Continue to attempt to connect Mary and her daughter |
| Family needs more functional furniture | In process | Secured bedframes & mattress & pots and pans | PHP thrift stores | |
| Mother lacks alternative evening childcare | PHP provides alternative childcare to Mother; still looking for developing alternative resources | Scouting for comparable bowling lanes offering care Developing alternative care providers | | Continue to look for alternative child care and also better transportation options (driver's license and a car) |
| Mother is isolated and needs to be better connected to community | Mary is alternate of bowling League Presently in grieving process so is putting some of this on hold | PHP assessed interests | | |

(continued on next page)

People Helping People Family Progress Summary (continued)

| Presenting Issue | Status | Services Provided | Ongoing, Local Resources | Plans for Future Services |
|---|---|---|--------------------------|---|
| Mother needs anger management skills | Mother is defusing and using assertive decision-making | PHP provides progressive relaxation techniques Anger management skills | | |
| Monitor Mother's progress in establishing a safe, clean environment and a daily routine | Secured new home, establishing relationship in neighborhood | Time management Help with daily routine | Neighbor | |
| Death of Mother's mother | Still grieving | PHP help with grief process, referrals to support groups, transportation | Grief support groups | Ongoing availability by telephone for support, encourage use of community supports when ready |

