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One step forward, two steps back: Making change in Early Head Start

Patrice W. Hallock

University of New Hampshire, Durham

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ONE STEP FORWARD, TWO STEPS BACK:
MAKING CHANGE IN EARLY HEAD START

BY

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DISSERTATION

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in Partial Fulfillment of
the Requirements of the Degree of

Doctor of Philosophy
in
Education

December, 2002
This dissertation has been examined and approved.

Dissertation Director, Thomas Schram, Associate Professor of Education

Bruce Mallory, Vice Provost and Dean of the Graduate School and Professor of Education

John Homstein, Assistant Professor of Education

Georgia Kerns, Associate Professor of Education

Mary Jane Moran, Assistant Professor of Child and Family Studies

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ABSTRACT

ONE STEP FORWARD, TWO STEPS BACK:
MAKING CHANGE IN EARLY HEAD START

by

Patrice W. Hallock

University of New Hampshire, December, 2002

This is a field study of families and home visitors in Early Head Start. Its purpose is to understand the social context of infants born into poverty and to understand the home visiting relationship when families receive intervention services from home visitors who are socially and economically different. Two questions were posed: First, how do socially and economically diverse families perceive infant well-being? Second, what is the experience of families who participate in Early Head Start? The study used interviews, participant observation, and cultural interpretation to understand the perspective of participant families.

The study provided evidence that economically and socially diverse families who accessed social services often became enmeshed in a system of social “supports” that made it impossible for them to make economic progress. Many of the families participated in Early Head Start out of a desire to provide opportunities for their children that they would otherwise not have, such as socialization and education.

Home visitors in this Early Head Start program had the desire to help families. They seemed to work at helping families make “progress” by a process of “nudging.” “Nudging” occurred in various settings in different aspects of the home visitor-family relationship. Home visitors would “nudge” families on a personal level to take steps to
improve their circumstances, such as getting an education or a job. “Nudging” was also embedded in the program through a manner of documenting outcomes for families and rewarding families for program participation.

The methods and the strategies used in the study revealed the experience of families in their everyday lives, including their participation in Early Head Start. The study did not reveal parent understandings of infant well-being, which may be attributed to the middle-class cultural assumption that families have a notion of well-being. It became evident that parents desired competence, caring relationships, control, and change; however, stress and chaos in their lives may have prevented them from having a sense of well-being for their infants.
INTRODUCTION

Questions

This work is the result of an anthropological field study of families who participated in an Early Head Start program in northern New England. I took two questions to the field: First, how do socially and economically diverse families (i.e. impacted by poverty) perceive infant well-being? Second, what is the experience of families who participate in Early Head Start?

Purposes

I had many of my own reasons for undertaking this study, but it was when I was bringing it to a close in April 2002 that I was reminded of its potential impact upon others. After I had been conducting fieldwork for 13 months, I had the opportunity to share some of my research experiences with a group of undergraduate students taking a course in developmental psychology. The topic was “families,” and I shared how I had come to know the families who participated in my research. Following class, a young woman told me that she had worked as a teacher in Head Start at one time. She claimed to have become entirely frustrated because, although she thought she was doing something good for others, she didn’t understand the families. She shared that there was one enrolled family in particular who often didn’t send their child to Head Start because they could never find their kid’s shoes. “How could it be,” she asked me, “that they can
have *everything* provided for them—even have the bus pick them up at the front door—and they can’t so much as find the kid’s shoes to send him to school?”

I didn’t have an easy answer for her. Actually, I didn’t have an answer at all. I gaped at her blankly at a loss for words. After 13 months of studying families, all I could think was, “It’s complicated.” I resisted the urge to jump in defense of the family of which she spoke and tell her that it is entirely possible to lose sneakers—day after day after day. Emotion stirred deep within me and I wanted to say, “But you don’t understand!” I am blessed, however, with some sense of self-control, and I remained silent so that I would not inadvertently damage this student’s spirit of inquiry.

As I reflected on the interaction I had with the student, I understood that I had become so immersed in the complexity of family situations that I had nearly forgotten that people on the outside sometimes just didn’t seem to understand. The student’s question served a valuable purpose for me. It brought home the relevance of this study and reminded me that there are others, even those who work closely with families, who may not understand the experience of families with good reason—they have not had the experience themselves.

Deborah Ceglowski (1998) made this admission in her own report of research in a Head Start Center. She referred to a child who participated in the program where she studied: “As in the case of Steven, this research project drew me into the lives of people who were geographically close but unknown to me” (p. 61). Ceglowski’s work, although an important contribution to our understanding of policy and practice in a Head Start program, does not get *inside* the perspective of families and attempt to understand family
experiences, which could get at differences between the perspectives of families and their service providers.

The idea that families and home visitors might have different perspectives on participation in home visiting services is what brought me to study among families at an Early Head Start program. As a former home visitor in early intervention, I had experiences that left me feeling that, if only I understood family experiences better, I could be a better home visitor. I felt that I was sometimes ineffective with families who had social and economic experiences quite different from my own. Therefore, I developed research questions with a broad aim: to understand the complexity of the social context of infants who are born into and develop in poverty, as well as to understand the home visiting relationship when families receive support or intervention services from home visitors who occupy a different social and economic niche.

I questioned how socioeconomic differences might implicitly impede the home visiting partnership and how infant well-being as understood by home visitors might be different from the perspectives of the families with whom they partnered. The current literature on infant development, although supported by an increasing amount of cross-cultural research, does not reflect a notion of infant well-being that takes into account the social and economic diversity of our society. Professionals in the field of infant development apply concepts of emotional health and development that have been created outside the social and economic contexts of the families to whom they are often applied, particularly in the process of determining eligibility for human service programs such as early intervention. How would this play out in the context of Early Head Start where
families occupy a niche that is economically and socially different from their home visitors?

Current diversity paradigms place an emphasis on ethnic and racial diversity at the expense of social and economic diversity (Washington & Andrews, 1999). In the River City Early Head Start program, home visitors and families were ethnically similar but economically and socially diverse. How were the beliefs and actions of home visitors different from the families with whom they partnered in a home visiting relationship—families who were ethnically similar to home visitors but marginalized by economics and/or social class?

As my questions related to early intervention for families with children with developmental delays and disabilities, I worked to effectively understand "natural environments" to include the social context of early development, in addition to the more apparent physical environment. In order to increase the effectiveness of home visitors, it is claimed that help-giving should be aligned with the attitudes, values, and beliefs of the families with whom home visitors partner (Dunst, 2000). How is it that families who receive intervention services perceive the world, and what are their relationships with the people who are there to "help?" Are the attitudes, values, and beliefs of home visitors and families aligned when they are effective? Do they need to be aligned in order to be effective?

If parents and social groups have differing goals for their children based on the socially-determined competencies necessary for the survival in a group (Ogbu, 1981), what are the values and behaviors of families who live in chronic poverty, and what do adults reward and pass on to their children? Specifically, how do families who occupy
diverse social and economic circumstances understand and perceive the well-being of their babies? Do they understand it differently than their home visitors? And do the experiences of infants whose families live in poverty differ significantly from infants whose families do not?

It was important to understand infant well-being from the perspective of families because I make an assumption that families who live in social and/or economic circumstances unfamiliar to home visitors value the well-being of their babies, but they value it in a way that may not be understood by their professional helpers. By using cultural interpretation, I expected to better understand the context of infant development in socially and economically diverse settings and thus understand how and why families have the goals and priorities that they do. If families and home visitors have different goals and priorities for children based on culturally different ways of raising a baby, then understanding the experience of families’ partnerships with home visitors from the perspective of families might illuminate barriers and aids to these relationships and increase the effectiveness of home visitors.

**Methodological and Theoretical Context**

An interpretive field study guided by ethnographic methods and strategies provided the means to understand infant well-being and professional-family partnerships in their context, and it enabled me to construct a narrative report to describe the lives of families who received intervention services. This methodology is consistent with an ecological framework that researchers currently know as the most effective way to understand infant development and early intervention home visiting (Dunst, 2000; Lewis,
2000; Ogbu, 1981; Meisels, 1992; Harkness & Super, 1996; LeVine, 1974, 1980; Small, 1998). The narrative that follows is derived exclusively from 16 months of field study as part of the requirement for the doctoral degree in education at the University of New Hampshire.

As the researcher, I bring a perspective to this study that is informed by literature and theories related to infant development and early intervention, particularly with the ecological approach to working with families (Dunst, Trivette, & Deal, 1994; Dunst, 2000). An ecological framework used to understand infant development has proven useful for current researchers who are doing cross-cultural studies and challenging long-held beliefs about normative child development. For example, Small (1998) notes:

Perhaps the most startling finding of ethnopediatrics [anthropological studies of child development] so far is the fact that parenting styles in Western culture—those rules we hold so dear—are not necessarily best for our babies. The parental practices we follow in the West are merely cultural constructions that have little to do with what is 'natural' for babies (p. xvi).

Current researchers are supporting broader understandings of child development, based on cross-cultural research, that uncovers the assumptions of much of our research to date; namely, that which we know to be valid for many mainstream middle-class American families is not necessarily valid for all children and families, particularly in as pluralistic a society as the United States (Applequist & Bailey, 2000; Halpern, 1993).

Small’s claim about the findings of ethnopediatricians, however, is in the context of infant studies across ethnic and racial boundaries. This study questions the extent to which a broader understanding of infant development, as it has been informed by cross-cultural studies, can be even further extended across socially and economically diverse settings. If ethnopediatrics has uncovered assumptions about mainstream middle-class
American families relative to ethnically and racially different families, to what extent to those same assumptions color our perceptions about the development of infants who grow up in "environmentally deprived" settings? Do our mainstream middle-class American lenses color what we see when we evaluate behaviors and interactions that are as foreign to us as those from other countries?

The ecological framework is consistent with Dunst's theories (1994, 2000) about how best to provide services and supports to families. It is broadly recognized that, in order to maximize the success of working with families, early intervention providers need to consider strategies that ensure the development of genuine partnerships with families (Applequist & Bailey, 2000; Dunst, et. al, 1994; Dunst, 2000; Gilkerson & Stott, 2000; Lynch & Hanson, 1998; Madding, 2000; Meisels, Dischtelilier, & Liaw, 1993; McCollum, Ree, & Chen, 2000; Rivers, 2000; Vacca & Feinberg, 2000). Carl Dunst (1994; 2000) advances a specific model of early intervention services that includes a rich array of child, parent, and family supports that are consistent with a family's goals, values, priorities, and self-identified needs. Dunst (2000) purports, as well, that current research supports that how help is provided to families in an ecological framework matters as much, if not more, than what is provided in the manner of helping. He interprets this to mean that the practices of "effective help-giving" in a family-centered approach need to be "nearly identical" to the help-giving attitudes, values, and beliefs of those being helped. Dunst (2000) advocates a revised model (his "third generation model") of early intervention that calls for help-giving that is more aligned with the attitudes, values, and beliefs of families.
Early interventionists and child development researchers contend that effective parent-provider partnerships are a key to successful service provision (Applequist & Bailey, 2000; Dunst, et. al, 1994; Dunst, 2000; Gilkerson & Stott, 2000; Lynch & Hanson, 1998; Madding, 2000; Meisels, Dischtleiller, & Liaw, 1993; McCollum, Ree, & Chen. 2000; Rivers, 2000; Vacca & Feinberg, 2000). Moreover, cross-cultural research supports the notion that there are distinctly different, but equally valid, ways to bring up baby (Grossmann & Grossmann, 1990; Harkness & Super, 1996; LeVine, 1974, 1980; LeVine, Miller, & West, 1998; LeVine, Dixon, LeVine, Richman, Leiderman, Keefer, & Brazelton, 1994; Main, 1990; Mead, 1928; Small, 1998; Shostak, 1981; Tobin, Davidson, & Wu, 1997). By providing early intervention services in a family’s natural environment, and overcoming the barriers to effective practice, we should be able to increase the overall effectiveness of our system of service provision to families with infants and toddlers with developmental disabilities and delays.

In this study of families who receive home visiting services from Early Head Start, I examined the relationship between families and staff. I looked for barriers to effective practice brought about by different value systems and implicit goals for infants and families. Likewise, I was also attentive to effective parent-professional partnerships and looked for explanations of success. As it relates specifically to child development, I align myself with social constructivist theory that acknowledges the relationship between context and development. Neuroscience has provided evidence that an infant’s early attachments and interactions (social environment) and sensory experiences (physical environment) prompt the physical growth and development of the brain—creating a critical interaction between “nature” and “nurture” (Eliot, 1999;
Nelson & Bosquet, 2000; Shore, 1997). As an extension of this critical interaction, I support the notion that human development as a whole results from a dynamic interaction between what an individual brings to a setting and what the context itself provides. In order to understand participation in Early Head Start, for example, it is necessary to understand what participants bring to the setting from their own past and current experience and how that plays out in the setting where home visitors and family members interact. What are the priorities and values of participant families vis-à-vis their home visitors, and how do they impact home visitor-family relationships?

With this in mind, I invite you into the lives of families as I came to know them and into the work of the home visitors with whom they partnered. My connections to the families and home visitors came through my knowledge of the River City Early Head Start program, nestled in a small New England city. Details of the families, the home visitors, their interactions within the context of the Early Head Start program and the methods used to study among the participants are revealed in the narrative that follows.
PART I

FAMILIES

Kathy was exceptionally happy today. It wasn't just because it was Jenny's second birthday. It was more that her two oldest children, Scott (14) and Katelyn (12), were visiting and she hadn't seen them in seven months. It bothered Kathy that she didn't get to see them very often because they lived with their father in a neighboring state. Although their court agreement stipulated that Kathy had visitation rights, she didn't have the resources to take her former husband to court to enforce the agreement, and the trip for Kathy and Jack to get the kids was 3 hours round trip by car. Their school pictures hung on her living room wall; school projects decorated the apartment, and she tried to talk to them on the phone every week to fill the gap between visits. It was a special treat to have them in her home for the extended weekend, and the event was made even more special because they could be there today for Jenny's birthday.

Jack had been out of work for two months now, and there was no money for a birthday present for Jenny. Kathy went into her bedroom and came out with a gift for Katelyn, however. Kathy told her elder daughter that she had been saving it for the past several months, waiting to see Katelyn again. Kathy hated missing the kids' birthdays. Katelyn hugged her mother, thanking her for the large selection of earrings arranged attractively in a gift set.

As mother and daughter shared their hug, Jack asked Scott, a lanky teenager who would soon be as tall as Jack, if he brought old jeans to work on the car. Scott put down his balonga sandwich, changed out of his school pants in the bathroom, and joined Jack outside on the Indian summer day. Kathy was glad it was warm because Jenny had been diagnosed with pneumonia that morning and the doctor said she should play outside to help her recovery.

Jack and Scott worked in the driveway under the hood of the family vehicle. Jack enjoyed sharing his automotive expertise with an impressionable teen. Kathy talked with her daughter about school and watched for the arrival of the Head Start van while Jenny ran freely in and out of the open door of the house. Within minutes, the familiar "beep, beep" of the Head Start van heralded the arrival of four-year-old Johnny, Kathy's younger son. (Fieldnotes November 2, 2001)

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Kathy's family was one of several I got to know quite well in the course of my study among families participating in Early Head Start. Her family was an “experienced” Head Start family because she had participated in River City Head Start with Scott and Katelyn several years earlier. She had since divorced her husband and had been living with Jack for more than seven years. Although they were not married, Jack referred to Kathy as his wife, and he proudly treated her older children as his own, although their father’s sole custody and out-of-state residency prevented frequent visits with Kathy, Jack, and the younger children. See the diagram of Kathy’s family relationships below.
At the time I came to know Kathy and Jack, they had participated in River City Early Head Start with Johnny (enrolled in October 1998), who graduated to a Head Start program the previous year. Her family continued to participate in Early Head Start with Jenny, who had been enrolled prenatally. At 31, Kathy was one of the older Early Head Start moms, and she sometimes felt out of place among the younger parents. Of the 11 mothers with whom I spent the most time and whose daily lives I came to know best, most were in their early 20s. Their ages ranged from 20 to 39, although Linda was the only other mother of the 11 besides Kathy that was in her 30s. Jack was the only father who participated in the study. Early in the study, soon after Kathy and I got connected, Jack’s paid employment ended, making him a steady presence when I was with Kathy and her family. Although most of the information based on families focuses on the situations of mothers and children, Kathy’s situation was significantly impacted by her relationship with Jack, whose experience is therefore included when appropriate.

This research report will provide an in-depth look at the experiences of Kathy and Jack as well as the experiences of their peers. The focus of the report will shift at times from Kathy and Jack to the other families or vice versa. To aid the reader, the shift in focus will be marked with a subheading: Kathy and Jack or Other Families. The details of Kathy and Jack’s lives were the details I came to know most intimately. At times, their experiences are exceptional and unique to their situation; however, there are some experiences that strike a familiar chord with the other families. Likewise, there may be other family’s experiences that I came to know which illustrate a particular theme especially well. In all cases, the reported themes and patterns salient to families came from my study among the families and were not predetermined.
My connections with the families came gradually. I had been introduced to Kathy the previous spring (May 2001) as I began this study and familiarized myself with the program. I came to know the others by participating in the program alongside families (including Kathy’s family) two days a week, starting in the fall with the new school year (September 2001). I rode the bus to the Center whenever I could, getting on with different families on different days. The bus ride came to be a valuable way to make family connections: the ride to and from the Center allowed me to listen to casual conversation among families and to ask questions and get candid answers, generally unrestrained by being at the Center among classroom staff and home visitors.

By participating in the program alongside families, going outside on break from Center activities, and by sitting among families at program events such as Parent Committee meetings and Policy Council meetings, the families and I came to know each other, and they invited me into their daily lives. I was welcome in family homes on occasions not related to participation in the Early Head Start program, such as for the celebration of Jenny’s birthday and to meet family members, such as Scott and Katelyn, who were not always present. I met friends, relatives, and landlords. My relationship with families and participation in their daily lives occasionally found me providing rides to appointments, to the store, and to court, which gave me first-hand experience with their activities and relationships.

By January 2002, I was able to begin family interviews. Of the 11 families among whom I became the most familiar, seven provided information in the form of structured interviews, responding to direct questions about their experience outside of Early Head Start, their participation in the program, and their goals for their children and
for themselves. Structured interviews typically lasted one hour, were generally conducted in families' homes, and were audiotaped, except in two cases. The information presented in these first three chapters is based on my participant observation among 11 families at Center and in their homes from July 2001 through June 2002 and from the structured interviews. I conducted 200 hours of participant-observation among families participating in Center Day and program activities at Early Head Start. I conducted 100 hours of participant-observation among families and conducted interviews in their homes and in community settings where they conducted their daily lives. Of the fieldwork conducted among families, 91 hours were spent with Kathy and Jack, whom I came to know best, but whose circumstances prevented a structured interview. (For further details about how time in the field was allocated, please refer to the charts in the Appendices.)

Chapter 1 presents the themes that most commonly arose in conversation and in participation among families. It is the stuff of everyday lives: kids, home, and work. Chapter 2 describes the mothers' relationships—with their parents, partners, friends, and children. It is an attempt to unravel the complexity that characterizes families' lives and often baffles well-meaning home visitors. Finally, Chapter 3 addresses the question, "What do families want?" Families directly answered this question in their interviews, and it was also answered in their everyday behaviors and actions with each other, revealed through participant observation.
CHAPTER 1

FAMILY LIFE

Kathy boarded the bus with 22-month-old Jenny after their first Center Day of the new school year. She buckled-up, and the bus began poking along. Kathy spoke her thoughts aloud, leaving the Center quickly behind and thinking about what would greet her when she arrived home. She said she hoped Jack’s final check would be there today because the rent was overdue. Jenny soon fell fast asleep in the car seat next to Kathy.

Kathy also hoped her home visitor would be bringing an application to her home visit tomorrow so that Kathy could pursue the Head Start bus monitor’s position that she was interested in. She mentioned the job again and her hopes of getting it: “That would take a whole lot of stress off me!” She expected it would meet the requirements of her Section 8 work-for-housing plan, and it would also fit into her responsibilities of caring for Johnny, who participated in Head Start, and Jenny, enrolled in Early Head Start.

The first stop on the way home was an apartment house in a part of town reputed to be a “rough” area. As Amy and her child got off the bus, the driver kindly asked her where she would be next week. As she stood in the open door of the bus Amy explained, “I don’t know. I have to be out by Friday. I am having a difficult time with her dad,” she said, nodding at her child. “Who knows where I’ll be,” she ended, making apparent her belief that she would soon be among the homeless. “Well, I hope you can work things out,” the bus driver replied before closing the door.

On the move again, Kathy said aloud, “That makes me want to tell her she can come stay with me.” Kathy knew what it was like to be out on the street with little ones in tow.

Approaching her own stop, Kathy looked out the bus window at the electric company employee working at the meter on her house. “They hadn’t better be here to disconnect,” she said under her breath.

Kathy got off the bus with Jenny sound asleep on her shoulder, growing heavier each minute. Before crossing the street, she looked in the mailbox. No check. Kathy initially passed the man at the meter. Then she paused, turned in his direction, and she asked, “Are you here for a disconnect?” He said he was sorry, but, yes, he was.
"How much am I behind?" she queried, holding a sleeping Jenny on her shoulder. He checked his records and informed her the outstanding bill was $138 and that she could go to City Welfare.
Saying nothing, she proceeded to walk into the house, eerily dark and quiet without the din of the computer, television, and electric appliances. Kathy placed her sleeping toddler on the couch and sprung into action. (Fieldnotes September 26, 2001)

Kids

"Sometimes I can't believe I've had her for two years and sometimes it feels like forever." (Kathy)

The families at River City Early Head Start all had at least one thing in common: their children. Like Kathy, Linda also had four children, but only one was in her care, and she and her son had participated in Early Head Start together for almost three years now, a prenatal enrollment like Kathy. Fran, Nancy, Jackie, and Diane each had two children under the age of three, but the other moms in this study, like Amy, had only one. Their children ranged in age from newborn to nearly three years. Two babies were born to mothers participating in this study during the course of the study. The mothers had participated in Early Head Start for as few as six weeks and as long as three years when we connected with each other. See Table of Family Attributes below.
### Table of Family Attributes

<table>
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<th>Kathy</th>
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<td>H.S.+</td>
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</tr>
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<tr>
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<td>10 mo.</td>
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<td>El</td>
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**Key:** HV = Home Visit  
PC = Policy Council  
PCM = Parent Committee Meeting  
CD = Center Day

**Indicates whether or not a family had also participated in Part C early intervention services with the enrolled Early Head Start child at any time during the study

**Key:** GF = Greenfield  
RC = River City

*Information presented is for families who participated in either structured or informal interviews.
Mothering was the common denominator shared by all, and even newcomers to the program would immediately have something in common with the others—a child or children under the age of three. Kathy’s statement above reflects a sentiment often felt among parents—the daily struggle of parenting takes its toll and sometimes feels like eternity, but the joy of mothering has the power to change the perspective, making it hard to believe that infancy can be so fleeting.
Each of the moms in this study knew the hard work of parenting. The constant demand of feeding, clothing, and caring for their children was a theme that pervaded their daily lives. Being a participant among mothers brought participation among children as well—they were ever-present with wants and needs. On occasion, a child would spend time with a grandparent, but that event was an exception to the endless presence of children with their mothers. In Kathy’s case, Johnny would sometimes go with Jack on an errand or to a friend’s house, or occasionally she would leave Jenny in Jack’s care if she were to get a ride to go to an appointment specifically for Johnny. But otherwise, she was responsible for her children’s care, and when the children were not with her, she could not stop thinking about their needs and well-being.

On a fall day, Kathy left both children in Jack’s care while she went to a job interview. Upon returning home and entering the house, her first words were, “Jack didn’t take Jenny’s cup. If she needs a drink, then she can have a drink. I always figure that if the kids need a drink, they should have it.” While she waited for Jack to return with the children she noted that it was shortly after noon and that it was time for lunch. She was concerned that the children would be hungry and that Jack would not think to feed them because he does not think of such things. Kathy’s concern that they would be hungry for lunch was elevated as she remembered that Jenny had only eaten half a banana muffin for breakfast and that Johnny had not had much for breakfast at all because he is not much of a breakfast eater. Kathy worried about the care of her children when they were not with her. Parenting created a constant demand, even when the children were not physically present.
Another mother, Nancy, recounted how a friend had called her up after her friend had her own children and finally understood what Nancy was going through. Nancy repeated her friend’s testimony: “I didn’t realize how hard it was to raise a child!” Nancy remarked of her friend, “And she has more help than I do or ever will!”

Parents supported each other’s need to provide for their children by sharing used clothing and baby paraphernalia. When mothers had something that was no longer in use that another parent needed, they were quick to offer it to the other in need. Kathy offered a baby bag to Patty, who had commented that she didn’t like to use one. (Kathy thought that perhaps Patty didn’t use one because she might not have one.) Kathy also bagged her children’s outgrown clothes for a friend with children. One mother’s baby had stopped eating boxed baby cereal, which got passed on to another. Donna passed children’s clothing along to Jackie. Diane passed children’s clothing on to Rhonda. They all donated clothing to the shared closet of used items at Early Head Start.

In addition to providing for their children’s daily physical and material needs, they took parenting seriously and understood that there were possible consequences if somebody else believed they were not good enough parents. This theme is an essential one that was not apparent among all of the mothers, but when the theme appeared, it was powerful. Linda often spoke of her three children that were no longer in her care, and everyone who knew Linda understood that the removal of her parental rights was one of life’s most significant events for her. She often spoke painfully of child protective services.

One day on the bus, another parent commented on the bruises on her newly walking toddler: “[She] has to stop falling! They’ll call child services!” Although said in
a casual and joking manner, the mother’s comment contained an undertone of seriousness and a reminder that parents lived with the idea that child protective services was ever-present and that others kept vigil on the well-being of their children and their parenting skills.

Kathy and Jack

Jack shared his perception of child protective services one day when Kathy did something that didn’t meet the liking of Jenny, who protested in response. Jack reprimanded Kathy, “Stop it or Patrice will call welfare!” I was hurt and shocked that he would make such a comment, since whatever it was that Kathy had done was clearly not a violation of child safety but simply a matter of parenting. Because I take violations of children’s safety seriously, and because allegations of child abuse and neglect are serious in and of themselves, I wanted Jack to know how I felt, and I asked him how he could say such a thing. “I’m joking. I’m joking,” he said. “Do you know how many times welfare has been over here? A thousand! And do you know what they’ll say if you call in a report? Nothin’!” He went on to explain that he and Kathy had a friend who reported them to child protective services “all the time.” Although her reports were apparently unsubstantiated, their awareness that others are or may be quick to judge their parenting was elevated.

Kathy was reminded of the power of child protective services early in this study when her friend’s children were removed from her care. Kathy described the stress she was experiencing because her friend had just lost her two kids to child protective services the previous night. Kathy explained that the woman had taken one of her children to the
emergency room with a broken arm. The hospital reported it to child protective services and, as Kathy relayed the circumstances, child protective services came and removed both of her friend’s children without any warning. Kathy thought that her friend could have broken her child’s arm, but not intentionally. “She is very young,” Kathy had said of her friend. Kathy seemed to have experienced the stress and conflict of supporting her friend who was upset about losing the custody of her children, as well as Kathy’s having been subpoenaed to court to testify on the side of the state. Kathy was nervous about going to court and didn’t want to testify, but the subpoena gave her no choice in the matter; she chose to go to court voluntarily rather than having the police escort her.

Kathy’s perception of the power and presence of child protective services had a significant impact on the actions she took as a parent caring for her children. Johnny was an active child who was prone to significant outbursts of uncontrollable anger and whose behavior Kathy often found difficult to manage. Following the advice of the Section 8 caseworker who had witnessed Johnny’s behavior during office appointments, Kathy had begun to take Johnny to a behavior specialist. Kathy took Johnny to see “the behavior doctor” weekly, and she privately shared that she didn’t like him one bit, nor did she think that the weekly visits were accomplishing anything. When asked why she continued to take Johnny to the behavior doctor if it wasn’t helping, she responded, “Because they’ll call [child protective services] if I don’t go. [The caseworker] said if I don’t get him taken care of that it is neglect.” Bending under pressure to comply with other peoples’ ideas of her parenting, Kathy continued to take Johnny to see the psychologist weekly. She did not want to bear the consequences of being judged an
incompetent parent, and if being a good parent meant that she should take Johnny to the psychologist, then she would do it.

Parenting her kids was what every mother did. Meeting their children's daily needs was what mothers managed first and foremost. Although it was often a struggle that made time stand still, they took their responsibility seriously and experienced rewards. As one mom exclaimed about her joy of having children, “I love being a mom!” Their roles as parents, however, were often not taken for granted. They understood that others were looking over their shoulders and making sure they were doing it right.

Home

“Right now my main concern is my daughter and finding a roof over our heads.”
(Amy)

The housing arrangements varied little among the families in this study. Most frequently they lived in privately owned apartments that they rented. Two mothers who lived with their parents were the exception. Another was homeless.

Kathy and Jack

Kathy and Jack lived together in their home, a modest, two-bedroom apartment in back of a one-story concrete block building that also housed a garage that the landlord used for personal business. For the most part, Kathy and Jack liked their apartment. They had a large yard where the kids could play safely, and they had plenty of room inside, as well. With that much space, Kathy hoped they could get a dog for the kids. They had been there since the beginning of the year (January 2001) after being evicted
for not paying rent at their last place, an apartment in the local housing authority
development for low-income residents. They were glad, however, to be out of "the
projects," as they called them, because of drugs and other negative influences. As Jack
said, "I never would have got cleaned up if we stayed there." Although they were glad to
be out of the projects and liked their new place better, they still visited the projects
frequently. They maintained friendships there, and Kathy said that the folks there were
"like family" to her.

In their new place, they were fortunate to have their own washer and dryer, which
meant they didn't have to spend long hours and money at the laundromat. The dryer was
not vented properly, however, and Kathy would rig the dryer hose through the bathroom
window when she used it, making it especially hot and damp in the summer but an
advantage for warmth in the winter. I wondered about Section 8 rules and rental
ordinances that controlled such situations, but the set-up went unchanged in our months
together.

At first Kathy liked the kitchen floor. She said she had always wanted a white
kitchen floor. They had been in the apartment for only a few months, however, when she
quickly learned that the floor was hard to keep clean, even though she washed it often.
Although they said that the landlord claimed everything was new when they moved in,
Kathy and Jack were displeased that the apartment was rapidly falling into disrepair. The
tile on the kitchen floor was coming up; the refrigerator door was broken on the inside;
the front door casing was loose, and light could be seen around the window casing in
their bedroom. They also had problems with the oil heat, which occasionally left them
without hot water.
Complaints aside, this place seemed like a dream to them. Before moving in, they had been homeless for six weeks at Christmas time the previous year. They had been referred to a shelter in a neighboring city, but when they got there, they found the conditions so deplorable and unsanitary that they refused to stay. Kathy said they called a friend of theirs who took them in while they waited for emergency Section 8 housing. This year Kathy looked forward to Christmas in their new apartment because there would be much more room. They would buy new decorations since their Christmas ornaments were part of the items they lost that had been put into storage and sold before they could pay the storage fee when they were evicted last year. That didn’t seem to bother Kathy because at least this year there would be plenty of room in their own space. “It is horrible not to be in your own house at Christmas,” she said.

Families valued a roof over their heads and seemed to value it even more when they had been without one. On the bus ride described in the opening vignette, Kathy empathized with Amy, who would shortly be without a home. Although Kathy had other concerns, such as getting a job and keeping a roof over her own family’s heads, she felt for Amy and wished there was something she could do. “I feel sorry for the girl whose boyfriend or whatever is kicking her out. I wanted to tell her she could come stay with me. I know what that’s like,” she said. Then she recalled the friend who had opened his doors for them when the shelter was inadequate.

It was September when Amy found herself and her daughter without a roof. She had been living with her boyfriend (her daughter’s father) for three and a half years when the relationship soured. She bounced around from her father’s, her grandmother’s, and occasionally her daughter’s father’s house through the fall, winter, and early spring. In
her eyes, she was homeless. She did not have a permanent residence and she imposed on others, making do until she eventually found an apartment that would suffice, even though it was near the railroad tracks, would be noisy, and she was not sure it was safe for children. She had applied for housing assistance in December and was placed on the waiting list.

In order for Kathy and Jack to maintain their residency in their apartment, Section 8 paid $500 of their $850 monthly rent. Kathy was on a Section 8 “work for housing” plan. In order to continue receiving the housing assistance that had started in January 2001, she had agreed to find employment by October 2001. When she began participating in this study in July, she was under pressure to find a job before the October deadline. She was meeting with her caseworker weekly and “doing research” for a job. In order to keep her Section 8 assistance she had to land at least part time employment before October 1st and stay employed for three consecutive months.

Section 8 housing was a resource used by almost all the mothers in this study. Although it was an accessible resource, it did not automatically provide a solution to their housing problems. It was common knowledge that housing was scarce in both Greenfield and River City, although housing was a bit cheaper in Greenfield and the more rural towns in the county than it was in the county’s two largest cities. The October 2001 classified advertisements in local newspapers listed unfurnished apartments in upscale regions of the area surrounding River City from $770/month (one bedroom) to $1700+/month for a three-bedroom unit. Unfurnished apartments in River City generally ranged from about $600/month for one bedroom to $700+ for two and three-bedroom apartments. Apartments in Greenfield were seldom listed. When they were, it was often
at a weekly rate. A three-bedroom apartment was listed for $190/week and a two-
bedroom apartment for $1175/month.

Other Families

Jackie, Amy, and Donna all had extensive experience with Section 8 and getting
housing. Donna’s experience is particularly illustrative of the experience of families with
housing and Section 8 assistance. At the time Donna began participating in this study,
she was on the verge of getting a place for her own family. She, her fiancé, and their
child had been living with Donna’s parents in a mobile home park since their baby was
born two years earlier. They desperately wanted their own place and Donna was excited
to be on the brink of getting a new apartment in River City. She had been looking for an
apartment for her family of three and had recently applied for Section 8 housing
assistance with the help of her home visitor.

On a morning when she had invited some of her friends and their kids to come
over to visit, she received a phone call from her Section 8 worker. She excused herself
from the group to take the call. When the call was complete, she reported to the group
that her Section 8 worker at the River City Housing Authority had just informed her that,
although she was approved for Section 8, it was now a three to five year wait for
assistance. That meant there wasn’t money immediately available for Donna to get her
apartment, even though she had just been approved. Donna told her friends that she had
been informed when she applied that the wait was two to five years. Donna fumed
among her friends that the wait just went up and what was she to do—she had just
applied for an apartment in town, was lucky enough to be approved, and she put down
$100 deposit to hold it. She knew that she and her fiancé would not be able to afford on their own the $822 monthly rent for three years while they waited for Section 8 assistance. This information created uproar in the group gathered in Donna’s current home.

Jackie advised Donna to apply for “emergency Section 8” money at the “state Section 8 office” in Central City. The wait time would only be six months, she said, and people who have been evicted or whose rent exceeds income are eligible. Vickie observed, “I’m being evicted, and I’m not an ‘emergency.’” She meant that she wouldn’t be considered an “emergency case” until she was actually put out by the landlord.

Someone else in the group mentioned that there is a limit to how much you can spend on other bills if you receive Section 8. Jackie admitted shyly, “I’m a welfare case right now.” Then others admitted the same. And so the topic of conversation became managing benefits. Someone said that the maximum TANF benefit provides $293 a month toward rent and that you need TANF to get Section 8. As they shared stories, the women discovered that they were all given different information and that the information provided to them changed if they had gotten “pushy.” “What they say to you is a crock of shit,” Jackie concluded angrily. She gave her advice to Donna about dealing with Section 8: “Don’t take ‘no’ for an answer.” Off the tops of their heads, Jackie and Rhonda both chimed out the phone number for the Section 8 office in Central City and Donna wrote it down. Jackie told her to call that number and tell the person she needed an “emergency application.” Donna contrived a plan: “I’ll just tell them I’m homeless.”

The perception of the women that they had been given different information by the same agencies struck a familiar chord. Back in the fall, Jack and Fran had discussed
housing on the bus en route to a field trip. Fran shared with Jack that she had found a three-bedroom house in another town for $975 a month and they hoped to move out of River City. Both Fran and Jack had the same family constellation: two adults and two children of different sexes. Fran told Jack that a Section 8 worker told her she had to have a three-bedroom place because they had two children of different sexes. "We need a three-bedroom because we have a boy and a girl," she told him. Jack responded, "But the state didn’t tell me I had to have a three-bedroom, and I have a boy and a girl."

As the morning progressed at Donna’s, she developed a game plan and said she would go in person to get the application in Central City, driving there herself that afternoon. The others told her she would be just as far ahead to ask them to mail it because she wouldn’t be able to do anything with it right away, anyway. Donna believed she was getting solid advice from people who were far more experienced at navigating the system than was she.

A week later, Donna had made progress with getting her apartment. She talked breathlessly as she pulled objects off the wall and packed boxes in her daughter’s bedroom. She was frantic about all that needed to be done for her to move, and her being frantic about moving was fueled by her happy excitement. She reviewed the steps she had taken to get their own place, remembering that River City Housing Authority told her it would be a three to five year wait for Section 8 assistance even though she had found an apartment and was already Section 8 approved. Donna told about her experience with River City Housing, saying, “They talked to me like I was a 12-year-old child. I was wasting my time talking to them. They told me I had to wait.”
After she learned of the Center City Housing from Jackie and Rhonda, which they believed covers housing for the whole state, Donna grew angry and frustrated that the local housing authority had not given her that information but that she had to find out about it from her friends. That very same day she had called Section 8 in Central City and told them she had a housing emergency because she was being kicked out of her parents' home. Donna admitted that it wasn't exactly accurate, but that was the only way she was going to get what she needed. She then went to the Community Action Program in River City with a letter to prove her eviction. She explained that she had her parents write a letter saying that she was being kicked out. Donna said, "I went over their heads" at the River City Housing Authority. At first she had been told it was a two-week to three-month wait with a housing emergency, and the second time she went back she was told she would have to wait three weeks to four months.

Donna explained that the second time she was at River City Housing, after having gone to Central City, they were "nice." She felt she had been given priority because she has a child. Her rent would be $822 a month and she expected Section 8 to pay 90% of it. For the first three or four months, while she waited for the money from Section 8, she and her fiancé would have to pay for the rent without assistance, and she hoped they could manage that. When asked what will happen if they don't have the money in the meantime, she said they would have to go to City Welfare.

Donna's biggest frustration was that the River City Housing Authority worker didn't tell her about the Central City office for the state or the process for emergency housing. She was also frustrated because her home visitor couldn't help her. She said that all her home visitor could do was get her to fill out the paperwork. Donna felt like
"either [home visitors] don’t have all the information they need or they only tell you what they want you to know.” She wasn’t sure which case it was. In the end she believed she got as far as she did on her own and with the help of other families who know how to work the system and who advised her appropriately. Now she needed the cash to move, and the remaining question was whether or not she would be able to stay in her new apartment because of money. She was willing to take the chance and find out, though, because it was that important to her that her family had their own roof over their heads—not continue to depend on her parents for support and housing.

Vickie had her own housing emergency but, as suggested above, she wasn’t yet an emergency in the eyes of the state. She and her toddler had been in their one-bedroom apartment in Greenfield for less than a year when she was served an eviction notice in February, allegedly because her oven was dirty. Although she did not like her landlord and would rather live someplace else, Vickie felt that she was being evicted unfairly and contacted Legal Assistance to get help representing her concerns. Vickie knew finding another apartment would be next to impossible and she would take whatever steps necessary to keep her current residence. She had recently learned that the residents of Greenfield, where housing was particularly limited, could not be put on the waiting list for housing in River City or County Seat, the county’s two largest municipalities, because the waiting lists there were already too long. Vickie had learned that the only way to get on the waiting list for housing in County Seat was to be put up in a homeless shelter there, where one would then become an official resident of the city and would also be considered a housing emergency. Vickie drew the line at going that route and would exhaust her legal resources first.
Kathy and Jack

Having one’s own home meant there would be expenses beside rent. Although Section 8 assistance and TANF benefits helped families to meet rent expenses, utility expenses often accompanied rent. It was not uncommon for families to give up a telephone—often one of the first expenses to be cut when managing a household—but giving up electricity or heat was not an option. Kathy had their electric payments on a payment plan of $50 a week, set up by City Welfare because “the electric company won’t do that.” Their electricity hadn’t been paid for the two weeks since Jack had been laid off. On the day portrayed in the opening vignette, she explained that, because they were on a payment plan, the electric company wasn’t required to give them a disconnect notice. She had recognized the man disconnecting their electricity the day she got off the bus; he was the same one who disconnected them when they lived in the projects.

On the day the power was disconnected, Kathy needed to come up with a plan for getting the electricity back on as fast as she could. It was already well into the afternoon when she got off the bus and encountered the disconnection, and she needed electricity to prepare supper for the children and to have hot water for their baths. As she formulated a plan, Kathy said several times, “I’m not calling the City [City Welfare]. That woman is so mean!”

To avoid an encounter with City Welfare, Kathy decided to call her Section 8 caseworker instead. After responding patiently to the caseworker’s several questions and comments about Kathy’s job search, Kathy hesitantly told the woman that the electricity had just been disconnected. The caseworker advised Kathy to access Neighbor-to-Neighbor, a financial resource for people in need to pay their electric bills. Kathy had
never applied for that before and hadn’t known about the program until her Section 8 caseworker told her. Kathy hung up the phone and quickly rummaged through her desk for her social security card, her Section 8 paperwork, the children’s birth certificates, and verification of income. An hour later she had completed the Neighbor-to-Neighbor application at a county office in County Seat. She had been assured that Neighbor-to-Neighbor would pay the $138 to get the electricity turned back on but that it would take 45 minutes to process the application and notify the electric company.

Back home again and 45 minutes later, Kathy nervously called the electric company every five minutes to see if they had received the money so that she could be reconnected. As she waited for the electricity to come back on and in-between phone calls to follow up her efforts, the obvious stress of having the electricity turned off and knowing she did not have the money to pay the bill was elevated by another concern that hadn’t been visible. Kathy explained, “Jack doesn’t realize that if the lights get turned off we could lose the kids. Someone could call welfare.” With one statement, she voiced her concern that her inability to keep the electricity connected would reflect negatively on her ability to parent. If child protective services were alerted, she believed that she would lose custody of her two younger children as she had lost custody of Scott and Katelyn. It wasn’t losing the electricity alone that was disconcerting and entirely stressful for her; the implications that followed seemed to elevate her stress even more.

Having one’s own home was better than living in a shelter or living in crowded conditions with friends, but it also brought with it the added responsibility of making other payments to keep the household running. TANF and Section 8 helped to pay the rent. Neighbor-to-Neighbor helped to pay the electricity. And Fuel Assistance helped to
pay heating costs. When Kathy’s heat wasn’t on in November, she called Fuel Assistance at the Community Action Program. The phone was busy, but she re-dialed continuously until she got through. She was concerned they would not help her because she was supposed to have called immediately after Thanksgiving and had not yet made the call, one week later. When she finally got through on the phone, Kathy explained that she was out of fuel and needed to get 100 gallons. The person on the other end of the line told her she needed to wait until she went to her welfare appointment the next day.

For Kathy and the others, managing a household was often a continual process of going to appointments and making phone calls for assistance to pay the rent, pay the electricity, and keep their homes warm. It was a process that called into play different eligibility requirements, application procedures, contact people, and phone numbers. Getting a roof over a family’s head and keeping it operational—as well as keeping the family underneath it intact—was a monumental job.

Work

"I am working. I’m just not pulling any income yet." (Jack)

In addition to the work of creating a home and keeping it operational, most of the mothers in this study also experienced the demand that they acquire more formal work—getting a job that provided them with a paycheck. One married mother who was not receiving welfare benefits was not required to go outside the home to work. Another mother received disability benefits and was not required to work. The employment requirements of TANF, however, were familiar to most of the mothers in this study.
Getting a home and keeping it running while caring for small children was a lot of work in itself, but TANF benefits were limited to five years and came with rules.

In the course of this study, several of the moms worked at different low-wage jobs. Patty, a single mother, worked full time (30 to 35 hours a week) as a manager in a fast food restaurant. She had graduated from high school and had attended both hairdressing school and nursing school. She had a certified nursing assistant license, but she didn't feel that a job in a nursing home where she had worked previously would work with her new mothering role. Her job in fast food gave her the hours and the flexibility she needed to juggle work and home responsibilities. She explained the benefits of her job: "It gives me a good schedule. It gives me days off if I need it." That her job was within walking distance (she was not a driver) was an added bonus. Additionally, her mother provided childcare, and Patty could arrange her work hours around her mother's schedule.

Working was not an immediate concern for Donna, who lived with and received the support of her fiancé. She had a high school diploma and had received vocational education in early childhood, providing her with a certificate to work in childcare. Before having her child, she worked steadily in childcare for about five years and then in retail stores when childcare was not profitable enough. She was focused on caring for her daughter full time and managing their household; she was not looking for work.

Jackie, a single mother, had been working part time at a local nursing home when her second child was born. She took a six-week maternity leave before starting work again. She depended on family and the children's father for childcare, working a flexible schedule that would accommodate their availability. She had been working in a nursing
home since she moved out of the house at 16 to move in with her boyfriend’s family. She left school halfway through tenth grade and had been working ever since. She did not have a high school diploma, a GED, or a nursing certification. Jackie was satisfied that her current job met her immediate needs and was not looking for different work at the time of this study.

Rhonda had worked in fast food and had done factory work as a teenager. She quit school at 15 and had worked full time since 16. She had since earned her GED. She moved out of her mother’s house at 17 or 18 and had been working in a factory when she became pregnant. She took an eight-week maternity leave and returned to work in the factory while her sister-in-law “cared” for her baby. Believing that her baby was not properly being cared for (evidenced by unchanged diapers) caused anxiety and depression for Rhonda, who soon quit her job and accepted welfare benefits. At the time of the study, Rhonda, a single mother, was enrolled in a college program and she attended evening classes while her mother cared for Rhonda’s child. By mid-winter, Rhonda was expected to look for work and received childcare assistance so that her daughter could attend childcare 20 hours a week while Rhonda looked for a job, without success.

Vickie explained her version of meeting welfare requirements, going to school, and looking for a job. She had a high school diploma. She was not working outside the home when she started participating in this study (Fall 2000) but had obtained a job at $7.50 an hour at a local discount department store for the Christmas season. A single mother, she depended on her friends for transportation to and from work and for childcare. As it became too burdensome to juggle her erratic work schedule and depend on others, she left her job and continued her welfare benefits, which required that she go
to the unemployment office. Explaining why she was required to go to unemployment although she was enrolled in a college program like Rhonda, she said that her school program was "too long" and didn't qualify as job training. She explained that "they" [unemployment workers] gave her a choice: either quit her college program (which would give her certification as a medical technician) and get job training or complete her college program and do 30 hours a week of job search until she found a job. She said that the welfare office sent her to unemployment. She explained that she could get TANF for five years but that she had to get a job after two years. If she were to receive TANF benefits while working a job, welfare would supplement with insurance and food stamps.

Vickie further explained that she had gone to her welfare orientation, then she got her job at the store. When she quit working her benefits got "messed up" because she hadn't sent the paperwork to the welfare office from her former employer stating that she had quit. She added that it could take 45 days to get money from TANF and up to 30 days for food stamps and Medicaid, and she had to start the wait all over again because she had worked for a short period. In her attempt to work, she found herself in a situation where she had no income because she had left her job and welfare would not reinstate her benefits immediately, a situation further complicated by the fact that the proper paperwork had not been completed. To make matters worse, her college program did not qualify as job training for welfare benefits, and if she remained in her program she would have to add 30 hours of job search into her schedule. She remained in her college program, relying on her mother for transportation and her sister for childcare.

Kathy and Jack
Kathy's experience with finding work became a daily saga of complexity. The drama intensified at the time she began her participation in this study. As indicated earlier, her work-for-housing plan stipulated that she have at least part-time employment by October 1st in order for her to continue receiving housing assistance. Pressure to find a job began to intensify in the summer. Kathy did not have a high school diploma, having quit school when she became pregnant at age 16. Her teen pregnancy also prevented her from getting her driver's license, further limiting her employment options. She could access public transportation from her home, but the bus schedule was not practical given her childcare responsibilities.

Kathy also did not have her GED. She had been enrolled in a GED program twice but had been unable to finish both times. The last enrollment was terminated when she became pregnant with Jenny and was evicted from their last apartment, and it was simply too much to handle. She explained that getting a job was difficult without a GED, and she couldn't enroll in a GED program instead of working because it did not meet the requirements of her Section 8 plan, apparently because she wouldn't be finished with the GED program before her year was up. She counted her year from January 2001, when her housing assistance began, and she needed to be employed for three consecutive months before the end of the year. Since she hadn't worked yet within the year, she had until October 1st to get her job and keep it for three months.

At the time Kathy's job search intensified, Jack had steady employment at a local department store. Soon after, Jack changed jobs and began driving for a delivery company. Although he worked long hours and was seldom home, Kathy reported that
they he made “good money.” She would need to arrange childcare for her own employment since Jack would not be available.

As her latest employment search got underway, she looked for jobs in “nutrition” (food preparation) and childcare because she had worked as kitchen help in the past and because she had years of experience caring for her own children. She received a daily paper, which she studied for the classified advertisements, and she relied on her Section 8 worker to bring employment opportunities to her attention. She also filled out applications in local businesses where she saw “Help Wanted” signs. In the summer there was no center-based Head Start or Early Head Start programming, and Johnny and Jenny were both at home, requiring Kathy’s full attention as she attempted to call prospective employers. Further complicating matters for her, it seemed that whenever Kathy called, particularly childcare programs, she was not able to speak to the appropriate person.

As Kathy searched for employment, she did not know how she would manage childcare arrangements. In the fall, Johnny would be at Village Head Start, which was only a half-day program. She would need to arrange childcare for the remainder of the day, which she could do at the Head Start program, but she predicted that Johnny’s difficult behavior would complicate his childcare. Furthermore, Johnny was supposed to receive special education services from the local school system, and Kathy did not know how that would be arranged between his Head Start program and childcare. Also, Kathy would need to arrange childcare for Jenny. Quality toddler care was difficult to find, but she had learned that the Head Start program where Johnny would go also had childcare. Kathy would need to put Jenny on the waiting list for childcare at Village Head Start.
program, even though she did not know what would then happen to Jenny's participation in Early Head Start, which was located across town. Kathy knew she had to seek employment with all of these unknowns lingering in the background.

In August, Kathy applied for a job at a dry cleaning service. Come fall, she would be able to walk Johnny and Jenny to Head Start/childcare and then walk to work. The job was 20 to 30 hours a week. With the prospect of employment becoming more real, she went to Village Head Start to apply for childcare for Jenny. Recently showered and with fresh clothes on, Kathy walked with Johnny over to the building that housed the childcare. She left Jenny with Jack, who was home from work. It was not more than a five-minute walk from home. Kathy rang the buzzer on the door of the locked building, and a cafeteria worker came to greet them. Kathy explained that she was there to fill out an application for childcare, at which point the cafeteria worker directed Kathy to a classroom teacher. Kathy located the teacher who explained to Kathy that she would need to see the site manager, who was out of the building at the time. Discouraged that her trip did not result in progress, Kathy and Johnny left the building.

As they left, a group of children and their teachers approached from a walk in the neighborhood. Kathy asked the adult in charge if she was, by any chance, the site manager. When it was determined that she was indeed, Kathy explained that the main office for Head Start had told her to come there to complete an application for childcare. The site manager inquired if it was for a particular program. Kathy informed the woman, "It has to do with Section 8." The site manager then informed Kathy that before she could fill out an application for childcare, Kathy had to return with verification from Section 8. Kathy explained that she had an upcoming appointment with her Section 8
worker in two days and she would get it then. Looking for reassurance that another two
days wouldn’t affect childcare availability, Kathy asked if there were openings, and the
site manager told her that Jenny was on the list. Kathy left, indifferent about her lack of
information and the multi-step process for organizing agency information to arrange care
for her daughter.

Within days Kathy learned that the job at the cleaners was an unacceptable option
because she would have been required to work until 7 p.m., and she needed to pick up the
children from childcare by 5 p.m. Furthermore, the Section 8 appointment during which
she was going to get the required verification had been canceled by the caseworker.12
When asked why she didn’t ask Head Start if she could fill out the application without the
Section 8 verification as long as she was there and get the verification later, at her
scheduled appointment, Kathy responded, “I don’t know. It’s so confusing.” Kathy
explained more confusion: the childcare wanted her to document her income (presumably
for Title XX13 childcare assistance), and since she didn’t have a job yet, she didn’t have
income to report.

By the beginning of September, Kathy still did not have a job. The fact that there
were so few jobs that she was both qualified for and could get to complicated matters.
Kathy’s Section 8 caseworker wanted Kathy to arrange full time childcare for Jenny and
Johnny so that Kathy could attend the GED class, which would be on Mondays,
Wednesdays, and Fridays, 20 hours per week, leaving Kathy another 20 hours a week to
search for a job. Kathy expressed frustration over this scenario for two reasons: First, if
she did get a job, it would likely not fit a Tuesday-Thursday schedule, accommodating
her GED class. That would mean she would have to drop her GED class once again,
which she had already done twice. Second, she didn’t have transportation, and either one (job) or the other (GED class) or both would mean that she would have to walk 30 minutes to the closest bus stop. Further frustrating Kathy was the idea that following the advice of her Section 8 worker would mean that she would likely not be able to participate in Early Head Start. Kathy’s Center Day schedule had already been determined.

As the beginning of the new school year rapidly approached, Kathy continued her job search unsure of how she would manage both a job and the kids’ schedules. To make those matters more complicated, she had referred Johnny to the special education program for testing, fearing that he exhibited symptoms of ADHD (attention deficit hyperactivity disorder) like his father. As she considered what educational placement would best suit his needs, she began to wonder if the local preschool program run by the school district would be a better educational context for Johnny, rather than Head Start.

The second week of September, Kathy stepped up her job search. Her need to fill that obligation without having transportation to do it was increasing her stress. Kathy took advantage of my willingness to drive her around and supervise the children while she went into local businesses to complete job applications. Concentrating so intently on the challenge of finding a job, she was all but completely unaware that terrorists had just struck New York, Washington and possibly Pennsylvania while she completed applications. Kathy had seen a “help wanted” ad for cafeteria assistance at a local childcare center, and she knew that a local donut shop was looking for help. She applied for jobs in both places, although upon returning the donut shop application she learned
that the opening was for third shift, and she could not possibly work from 11 p.m. to 7 a.m. and manage the children’s schedules and take care of herself.

Kathy next applied for positions at a local chain pharmacy store as well as at two different fast food restaurants and a grocery store. Her application route was taking her further from home. When asked what she would do about transportation, she said that she was going to try to get her driver’s license. Jack was helping her by trading their manual shift vehicle for an automatic model, although he was not old enough to supervise her practice driving. In New England State, practicing drivers needed to be accompanied by licensed drivers who were at least 26 years old.

By mid-September Kathy’s application efforts paid off with two interviews. Her concerns about childcare were somewhat reduced by Jack’s losing his driving job when the company he worked for went out of business. Kathy did not seem too concerned about Jack’s loss of employment since he had automotive skills and never seemed to have a hard time finding work. She could leave the children in his care while she went for her interviews.

Kathy was very excited about her interview and hoped that she would get the job in the kitchen of the childcare center. She would be responsible for food preparation such as cutting meat and vegetables each afternoon for the next day’s meal. She described the interview and how, after they told her about the job, they asked her to tell them about herself. She relayed how she had told the interviewers that she could handle the job responsibilities because she had been on her own since she was 16 and that she participates in Head Start. She was relieved to know that, if she got the job, the children could receive childcare there, but she wasn’t sure she would need it because the kids
would likely be at the Head Start childcare. She would be told if she got the job by the end of the week. If she did, she would start on Monday, which was the same day Johnny was to start his year at Head Start. She remained hopeful and was relieved to know that she would be available for start-up activities related to Head Start, such as parent orientation, as well as a new job.

With this job as a growing possibility for her, Kathy decided she better get over to the Head Start childcare to fill out the Title XX information. When asked if she wanted to stop there and complete it before going home, she declined because her income would be different now because Jack lost his job, and it would be different again when she started work, and then it would change again when Jack started a new job. She decided to wait. Each income change would require updating the requisite paperwork.

Kathy’s voice resonated with excitement when she called her Section 8 worker to report her success and confirm their appointment later in the week. After the phone call, Kathy reflected on her potential new schedule: Center Day for Jenny would be once a week from nine o’clock to 12. Kathy would work her job daily from one o’clock to four, and she was pleased that there wouldn’t be a conflict there. She would attend GED classes on Monday, Wednesday, and Friday. Since she had been assigned a new home visitor, Kathy’s Center Day had been changed, and the change would accommodate the GED schedule. The GED classes would go from 9:30 to 1:30, and they had already started so she would be starting late, but she guessed that would be all right, and she would see if she could get out early to get to her job at the childcare. Kathy still did not know what the bus route would be for Head Start, making it impossible for her to plan ahead too much, but at least she could begin to visualize a schedule. As she sat in her
chair thinking about her potential schedule, which was going to fill her every minute with Head Start, Early Head Start, GED classes, and employment, it dawned on her that she would not have much time free to make and meet appointments for herself and the children. There would still be WIC, welfare, Section 8, Johnny's behaviorist, medical appointments for both the children, and appointments with Head Start. "That means I will only have Thursday mornings free," she concluded, as she wondered how she would fit in the required home visit for Early Head Start.

Kathy expected to hear back about the childcare job within two days. In the meantime, she had seen an ad in the paper for a job at a local nursing home for dietary help (food preparation). She was interested but did not immediately apply for the position because she felt that she already had too many unknowns, and she did not want to create another for herself. She had enough to do, especially since Johnny’s behaviorist had handed her forms (behavior checklists) to complete, and she was still unsure about Johnny’s evaluation that she expected the school district to complete. Because Head Start and the school district had different start dates, she did not know how or when his evaluation would get completed. Jack was also applying for different jobs and had also begun to spend more time on his computer-marketing job, trying to make it profitable, which was more inclined to happen now that he was home more. It was too much for Kathy to think about applying for a different job just then, especially since she remained hopeful about the childcare position.

Kathy found out on Wednesday, however, that she didn’t get the childcare job. Her next step was to pursue the nursing home position. Six days before her deadline of October 1st, Kathy was on “hold” with the Section 8 office, waiting to talk with her
caseworker on the telephone. While waiting to get through, Kathy explained that she and Jack had been out the previous Thursday for an appointment with welfare and they stopped at the nursing home where she filled out an application. Kathy received a phone call the next day to come in for an interview, which she did that very afternoon. She learned that it was an "on-call" position that did not have a regular schedule, and Kathy needed to know if it would meet the requirements of Section 8. It was Monday when Kathy got through to her Section 8 caseworker on the phone, and she explained the situation to her worker. The worker informed Kathy that she would have to call what Kathy referred to as the "big Section 8 office" in Central City to find out if the "on-call" position would satisfy her job requirements to keep Section 8 housing assistance. As Kathy contemplated the possibility of this job, which seemed the most promising yet, she thought about how she would get there. It was well beyond walking distance. She expressed confidence in her improving driving skills and said, "I think I could drive there myself on back roads." The nursing home was located across town but within city limits, and I hadn't realized there were "back roads" to get to it.

Kathy felt her year timeline growing shorter and she shared that she had a "daily headache" which persisted from the stress of trying to find a job. The job at the nursing home was uncertain, and there were only six days until October 1st. Therefore, when a fast food restaurant where Kathy had applied two weeks previously called her in for an interview, she agreed to go. She reasoned that the nursing home job would entail her not knowing from day-to-day if she were working, and at least the job at Burger Palace would be steady, even though it would be from 11 a.m. to 8 p.m. When asked how she would get there and arrange childcare pickup, she explained that she could take the bus...
and that Jack could pick the kids up from childcare because he would be done work at 4:30 if he got the job he hoped to get.\footnote{16}

Kathy had her “interview” at Burger Palace. She regretted not remembering the manager’s name, but she figured that she could just go in and say, “May I speak with the manager, please?” It was short interview. She came out within minutes and said that the manager had just hired three new people. Kathy could return the next week on Thursday in case any of those three didn’t work out. Kathy added that the manager told her she had 50 applications; she didn’t feel encouraged.

The next day Kathy expressed concern that her Section 8 caseworker had not yet returned her phone call regarding the on-call nursing home job and if it would meet Kathy’s requirements. However, with the beginning of Head Start programming, Kathy had learned that Head Start was looking for bus monitors. She showed more excitement over this prospect than she had shown over the childcare position that fell through. She held onto the paper that announced positions for people who “love kids” and who wanted part time paying work. Kathy reported that she immediately called the main Head Start office to get an application, only to be told that she should get an application from Johnny’s Head Start program. Kathy proceeded to call Village Head Start, where Johnny attended, but they didn’t have applications. Next she called her Early Head Start home visitor with a request to please bring an application with her to the next home visit. Kathy bubbled with excitement because this was an opportunity that would fit into her schedule, and it was a program with which she was comfortable and familiar. She couldn’t wait to tell her Section 8 worker about the opportunity.
The next day was the start of the new school year for Head Start, and Kathy was back at Center Day with Jenny for Early Head Start. She had arranged with Village Head Start to walk over with Johnny at 8 a.m. before the official start time so that she could be back home to catch the bus with Jenny for Early Head Start across town. Jack was doing some carpentry work for $5 an hour "under the table." While she waited for the bus with Jenny, Kathy explained that they had applied for "some assistance," unable to identify it by its official name. She was a day closer to her October 1st deadline and it weighed heavily on her mind. Upon boarding the bus to Center Day, Kathy questioned the bus driver about the bus monitor's position. He told her she would have to complete an application with the main office, and Kathy hoped her home visitor would remember to bring the paperwork.

Kathy finally talked with her Section 8 worker later that day when Kathy called her about the electricity disconnection. Kathy pulled the phone to the greatest length the cord would allow so that her face could be seen in the door. While she waited for her connection, she explained that the bus monitors would not let Johnny off the Head Start bus unless they knew she was home and could be seen. While waiting for Johnny's arrival, she connected with her caseworker. Her caseworker apparently wanted to tell Kathy the status of the nursing home job.

"Before you tell me about that," Kathy replied, "let me tell you about Head Start. They want a bus monitor. I wasn't sure how that would work."

Before learning of the unpaid electric bill, the social worker at the other end of the phone had encouraged Kathy to apply for the job at the nursing home, in spite of Kathy's news about the Head Start position. Kathy responded to the caseworker, "Nursing homes
do have good benefits. All right. I'll call him [at the nursing home]." Kathy and the caseworker discussed the procedure to get the electricity turned back on, and Kathy hung up so that she could get into action.

Later, after returning to the house to follow up her legwork, Kathy waited for the electricity to be reconnected. While she waited her five-minute intervals, the phone rang. This time it was the man from the nursing home. He confirmed that it would be an on-call position until she was trained. He had talked with the Section 8 folks, and he had agreed to make the job meet the criteria for her housing assistance. She would be paid $7.10 an hour. Finally! She had a job!

Kathy hung up the phone and immediately called childcare at Village Head Start to tell them she had a job and would need childcare for Jenny. Kathy was informed that she lost her childcare slot. Later she lamented, "I can't believe I lost childcare at Head Start for Jenny. They should have called me. I've been calling them all summer."

Kathy determined that losing her childcare would mean she couldn't take the job at the nursing home after all. In her exasperation, Kathy deplored: "I have to look for work for Section 8. Jack has to look for work for unemployment. We both have to look for work to receive TANF, and it can't be the same [job search]. If [my home visitor] doesn't bring the [bus monitor] application tomorrow, then I have to figure out how I can get to [the main office]."

For families receiving welfare benefits, meeting all the program requirements of attending appointments at multiple agencies, filling out paperwork, and complying with rules that either conflicted or didn't make sense even when they stood alone, was a full time job in itself. To complicate matters, the well-intentioned efforts of some parents,
such as Jack, gave the illusion of employment but did not create an income. When questioned about his work status a month later, he explained that he was involved with two businesses—his computer marketing of communication services and an automotive business (that was short-lived because he and his partner largely served customers who were unable to pay). He also worked weekends for cash-under-the-table as a bouncer at a local bar, appropriate for his machismo and roughly 6' 3", 250-pound frame. He made $30 a night, working from 9 p.m. to 2 a.m. Kathy referred to this job as "gas and cigarette money." For Jack, who unarguably worked, it could be perplexing that he often didn't have more income to show for it.

Furthermore, when he did work for a paycheck, his efforts sometimes worked against him. For example, Johnny's behaviorist had requested that Jack go to counseling with Johnny. Kathy was under pressure to entice Jack to attend with Johnny. In September when Jack had an opportunity to do some carpentry work for cash, he took it, which prevented him from attending Johnny's session with the psychologist. Although Kathy knew that they desperately needed the money, she was upset that Jack would not be giving the attention to their son that professionals had told her he needed. Exasperated that Jack chose to work rather than go to counseling with his son, Kathy said, "I told Jack that he should go to the doctor appointment and when he comes home, I'll be like, 'And how much money did you make today?' and I'll say, 'Isn't Johnny worth that to you?""

Work or not, many of the parents couldn't seem to win. If Jack worked outside the home, he couldn't be at home to care for the children while Kathy either worked or attended appointments. If he didn't work outside the home, his family lacked valuable income. For many of the mothers, when they worked outside the home, childcare issues
arose, assistance benefits were affected, and their lives were far more complicated and stressful than if they didn’t work. And if they didn’t work outside the home, they jeopardized their assistance benefits and were advised that they must work.

For the mothers in this study, caring for their children, maintaining their homes, and looking for outside work were common themes. Another outstanding theme emerged in the context of their everyday lives: the content of their relationships with others. This theme is explored in the next chapter.
CHAPTER 2

RELATIONSHIPS

Jack staggered out of the bedroom and into the bathroom, pausing just long enough to rub his face with his hands and answer Lisa’s question, “Got a headache?”

“No,” he responded to his brother’s girlfriend who had been begun spending the night with her toddler. Into the bathroom Jack went, re-emerging with a growl when he realized that not having heat also meant that they didn’t have any hot water on this chilly November morning.

Jack laced his hunting boots and prepared to leave with his brother to tow a friend’s car while Johnny clamored, “Ca’ I go? Ca’ I go, too?” Johnny found that spending time with his father and uncle was far more enjoyable than attending school at Village Head Start.

Kathy reminded Jack bitterly, “Don’t forget Johnny’s appointment this afternoon.”

Jack snapped at her. “Oh, no!” he yelled. “You tell that fuck-shit to fuckin’ get bent.”

Kathy yelled back at him in reply, “You better fuckin’ be back in time and go or they’ll fuckin’ call welfare on us!”

Jenny sat on the couch with an empty bottle of tequila close by. She turned her head right, and then left, watching her parents’ familiar exchange. Jack walked out with Johnny on his heels, and Kathy hoped they would be back in time for the appointment with Johnny’s “behavior doctor.” (Fieldnotes November 27, 2001)
Parents

"I was a 'whore.' I was a 'bitch.' I was a 'mouthy brat.' My mother says she didn't [call me names], but I remember her doing it." (Vickie)

Parents, partners, friends, children—each of the family members in this study experienced relationships with others as they went about their daily lives. The parents brought to their relationships with each other their experiences with their families of origin. In their relationships with each other, they had children, who in turn developed relationships with their parents, grandparents and extended families, and their parents' friends. In many cases, extended family members continued to be close by and participated in the daily lives of the families in this study. This section presents what the study participants had to say about their relationships with their own parents when the participants were young children and teens, likely influencing who they are as parents.

As an adult, Vickie had a close relationship with her mother who lived near by and provided Vicky with transportation to and from college. Vickie described her mother as her "best friend." "I tell her everything," she claimed.

Their relationship was not always this close, however. Vickie shared that she hated her mother when she was younger, which Vickie attributed to her parents' divorce, her mother's remarriage, and her own teen rebellion: "My parents were rotten, but all parents are. You know, 'you can't do this; you can't do that.'" She recalled her early childhood activities as "hanging out" at her grandmother and aunt's house and described her parents as being "really strict" when she was a teenager. "I couldn't really go to school dances and hang out with [my] friends and stuff. I might have a little bit. I mean,
every once in a while. But I had to tell them where I was going and who I was with. My friends weren’t allowed in my house.”

Vickie lived at home with her mother, stepfather, and her younger brother and half-sister until she was 19. She said she got “kicked out” because she had spent the night at a boy’s house, and she moved in with her aunt for a week until her family let her come back home. She later moved in with a friend and her family when her relationship with her parents deteriorated.

Vickie avoided talking about her relationship with her father, calling him an “idiot.” She did not approve of his lifestyle or his marriages to women that Vickie did not like.

Although Vickie claimed that she hated her mother for a long time, she said that she gets along well with both her mother and her stepfather now that Vickie is an adult with a child of her own. She described the change that occurred with her stepfather after Vickie had her daughter:

He wanted nothin’ to do with her when she was born. He wanted nothin’ to do with her the first year. But I was livin’ with [my boyfriend’s] sister, and my mother asked him if it was all right if we came down for Christmas. And he said “yes.” So that was a little step. And then the furnace broke in February and I had no place to go. And they let me move in there. And now [my daughter] is the apple of his eye. I mean, when she was born, “That’s not my granddaughter. I want nothin’ to do with her. I don’t want her in my house.”

Vickie believed her stepfather’s opinion of her changed after she had her daughter, which changed his behavior and attitude toward her.

I think he thought I was still the way I was. I was really rotten when I got kicked out of my house. I was bad. He thought I was drinkin’ and smokin’ dope and...my [half-]sister couldn’t stay at my house overnight. My brother—they couldn’t come down for the day because I was a bad person. And I wasn’t. I mean, I did all that...but I quit.
Vickie lived “right around the corner” from her mother and stepfather. They were on good terms, even though Vickie said they did not like her boyfriend and her daughter’s father, perhaps because he didn’t work. But Vickie happily claimed, “My mother is great. I have such a good relationship with her.” Vickie seemed grateful for her close relationship with her mother, and she often spoke kindly of her.

As might be predicted, the early experiences of the parents in this study varied widely. Only one mother who was interviewed had what might be described as an ongoing positive relationship with her parents. Donna had been living with her parents while she and her family searched for their own housing; getting a place of their own had been her own idea. Although she had documentation from her parents stating that she was being “evicted” from her current living arrangements, the fact was that her parents had mixed emotions about their daughter’s leaving. Donna spoke of both her parents in a warm, affectionate manner: “We had a really close relationship when I was a kid. ... If there was a problem, we didn’t get up from the table until it was [resolved].” When Donna recalled early memories, she spoke of traveling with her family and doing “a lot of things as a family.” She said they stayed in one place, having lived in a neighboring town for 12 years before moving to River City.

With the exception of Donna, all of the other interviewed mothers had parents who divorced. They frequently spoke of their parents’ divorces as being a significant part of their early life experience. Speaking of her father, one mother made the following comment during her interview: “[My father] lived right down the street, but he didn’t help. I haven’t seen him in over a year. He hasn’t seen [my baby].”
Another mother described her father as an alcoholic, but she stayed in contact with him even though he and her mother were not together. Yet another mother described a miserable early childhood characterized by molestation and abuse by family members. One more recalled that her father’s son from a previous marriage had molested her when she was five. Following her father’s advice, she did not tell her mother. Her parents divorced when she was 10, and her mother remarried five years later. This mother told of her disapproval:

I told her not to marry him because he had the possibility of going to jail for child molestation of one of his sons. But she didn’t believe me. She married him in prison! Years later she ended up getting really sick and she couldn’t call him, and [she] went to the hospital, and he accused her of cheatin’ on him. So she wrote a nice little nasty letter to him and they got divorced shortly after that.

Others, however, had positive relationships with their fathers. Amy reported having lived with her father on and off for several years (sometimes staying with her grandmother) and she continued to stay with him periodically, especially during her period of homelessness. Another lived with her father for most of her childhood and teen years, after her parents’ divorce. She and her father had a positive relationship, and he often invited his granddaughter to visit, sometimes overnight, which was easy to arrange because he lived in town.

Relationships between mothers and their mothers were mixed as well, but none were completely estranged; it simply happened that some were closer than others. Vickie had the most positive remarks about her relationship with her mother, and it was evident that most of the others involved their mothers in their lives, although to varying degrees. Patty depended on her mother for childcare and on her parents for housing. Rhonda saw her mother frequently as she also lived in town. Rhonda seldom saw her mother because
she lived in a southern state, but she occasionally talked with her on the phone. Nancy remarked that, although her parents and her husband’s parents lived nearby, Nancy and her husband did not expect their parents to help them much because of their advancing age. She said they were in their 50s and “getting old.”

Kathy and Jack

Kathy’s mother lived in another state, and Kathy had occasional contact with her. She once said that she sees her mother a few times a year and that Johnny and Jenny go to her more than they do to Jack’s mother who lives in a nearby town.

Kathy indicated that her father was in the military and she had grown up “all over.” She had lived in England, the southern United States, and New England. Kathy had lived in River City for the last ten years, having moved there with her husband when Scott and Katelyn were young. Her move distanced her from her mother, who remained in a neighboring state and who had also since divorced. Kathy spoke with her mother on the phone, calling her weekly at times, and her mother called Kathy and the children, as well. Jenny seemed excited to get a call from her Nana on her second birthday.

Early in the study, Kathy reported that she had talked with her mother about depression, and her mother had advised Kathy to get medication, as she had done for herself to help her at the time of her own divorce. Kathy didn’t get to see her mother very often because of the distance between them, but they remained connected. Kathy’s mother had invited Kathy, Jack, and the children to go to her house for Thanksgiving and Scott and Katelyn would be there as well, since their father would agree to take them there. Kathy looked forward to spending the night at her mother’s with Jack and the kids.
and she was greatly disappointed when they were unable to make the trip because their vehicle was unreliable.\(^{20}\)

Kathy saw her mother shortly before Christmas when she visited Kathy and brought gifts for the family. Kathy described her mother as "very churchy" and mentioned that she had grown up in a very "religious" family. She explained how she had prepared for her mother's visit by cleaning all day to make the apartment nice and how she and Jack set down rules for Jack's brother and his girlfriend before Kathy's mother arrived: No swearing. No making out. No smoking in the car.\(^{21}\)

Kathy saw her mother again in January after Jack and Kathy had moved. They were evicted in January, having stalled the process in court as long as they could. The landlord refused to renew their lease, which was up in January, and the court ruled in favor of the landlord. Kathy's Section 8 assistance had been changed as a result of health problems that made her unable to work. Section 8 continued to pay a portion of their rent, and Jack and Kathy made monthly trips to City Welfare to request payment for the remainder. Still, they were served papers by the county sheriff on Friday, January 11\(^{th}\) demanding they leave the apartment before Sunday, January 13\(^{th}\). That Saturday, Jack found a place for them in a near-by trailer park, which was designated a camping area but had year-round residents.

Kathy reported that her mother had been upset that they left without telling her, and she had come "all the way" there to see if Kathy was okay. Kathy claimed she didn't call her mother, as Jack suggested she should, because it wasn't easy for her to go outside in the bitter cold and use their friend's broken cell phone because the kids always
followed her. Knowing her mother cared about her seemed to comfort Kathy, and she regretted she did not have better communication with her.

Jack's mother lived in a neighboring town but was seldom mentioned, other than a time it was said she would not allow Jack's brother to move back in with her. Jack was one of three boys, and if Jack had a father who participated in his life, he was never mentioned. Kathy once referred to Jack’s foster parents, with whom he remained in contact, although infrequently. Kathy said she had met them once and that they were "nice," but they lived "way far away" (about 60 miles). Jack's grandmother seemed to be more of a presence and support to Jack than his mother was. At Christmas, Jack's grandmother gave him $300 to buy the children gifts, and she loaned him another $300 so that they could establish themselves in a new place upon being evicted from their apartment.

If the key participants in this study had mixed relationships with their parents—sometimes positive and supportive and at other times distant, strained, or inconsistent—then the same was true of the relationships parents had with their partners, which is reviewed in the following section.

**Partners**

"He's never home when he says he's going to be." (Kathy, in reference to Jack)

"I'm going with you [to court]! Because I'm your woman!" (Kathy to Jack)

Just as the relationships between informants and their parents varied, the same could be said of the relationships participants had with their partners. Some of the
mothers had domestic partners and some did not. Linda was divorced like Kathy, but
Linda, unlike Kathy, carried on as a single mother without a boyfriend. Aside from
Nancy, who was married and intended to stay in her relationship, and Donna, who
referred to her fiancé (but not to wedding plans), the other mothers had relationships with
men that were generally stressed, inconsistent, or essentially nonexistent.

Kathy and Jack

Jack and Kathy celebrated the 8th anniversary of being together on New Year’s
Eve, 2001. The length of their ongoing partnership was remarkable. One might easily
have guessed they were officially married since Jack referred to Kathy as his wife and to
Scott and Katelyn as his stepchildren. He wore a gold band on the ring finger of his left
hand, and Kathy wore a ring with colored stones on her left ring finger. However, Kathy
never referred to Jack as her husband, and she sometimes commented that she did not
want to marry him. 22

Jack was a highly social and engaging man with a quick smile and a boyish,
teasing nature. He enjoyed verbal sparring with anyone who would take him on. His
presence filled a room, and when Jack was among a group, everyone knew it. He
enjoyed a joke, even if it was played at someone else’s expense, and there was frequent,
a raucous laughter when Jack was around. He had a quick temper and used his powerful
voice and physical stance to communicate his impatience with authority, particularly if it
related to the well-being of his family. He proudly relayed to a group of parents his story
of threatening doctors with a lawsuit if they harmed Johnny when he went to the hospital.
for a hearing test. He also reveled in the story of a recent bar fight with five men, which sent him to the emergency room with a bruised kidney and sore ribs.

Kathy described Jack to Johnny's behaviorist, telling the doctor that Jack had a history of ADHD, speech and language problems, and behavior problems as a teenager, such as "lighting fires in his bedroom." Kathy also referred to Jack as being "overprotective" of the children, especially when it came to meeting their routine health needs. For example, when Jenny was to have her eyes screened for vision problems, Kathy deferred the decision to put drops in Jenny's eyes (a necessary part of the procedure) to Jack, telling the eye professionals that "they better ask [permission of] Jenny's father because he didn't like stuff like that." Apparently Jack was averse to anyone hurting his children, even if their immediate discomfort was for the benefit of their long-range good health and appropriate development. Jack's response to others' care of his children (or perceived threat to the children) seemed to impact Kathy's decision-making authority on the children's behalf. Rather than give permission herself to have drops put in Jenny's eyes, the decision-making authority rested with Jack when they were together.

Kathy's personality complemented Jack's. Although she was the quieter of the two, she could meet Jack one-on-one with his coarse communication style. She had a gentle laugh and a soft face framed with long straight hair that she sometimes pulled back in a ponytail. Kathy's smile was warm and inviting, although seldom revealed. She was generally soft-spoken, except when she and Jack were competing or when one of the children raised her ire. She apparently had a lively reputation with Jack, who referred to Kathy affectionately as "crazy girl," a variation of which he turned into a user-name and
e-mail address for her to use on the computer. Kathy often took pride in her independence, saying she had been “on her own” since 16. During an Early Head Start exercise Kathy introduced and described herself: “My name is Kathy. I have four kids. I like to clean. I have a child who goes to Village Head Start. I just got a job.”

Kathy explained that she and Jack had met in the trailer park where Kathy had lived with her husband and children before their divorce. When her husband left and moved out-of-state, Jack presumably moved in with Kathy, and they had been together ever since. There were rarely signs of affection between the two, and their interactional style was predominantly to yell at each other. Early in the study, Kathy shared that Jack’s yelling was beginning to disturb her. She began to consider that Johnny’s difficult behavior might be partly attributed to Jack’s continual yelling. Kathy said that the yelling had gotten so bad that she was thinking of leaving him, and she had written a letter to Jack to share her feelings. She did not leave, however, and the yelling continued unchecked. One time, when Kathy kissed the children good-bye but avoided kissing Jack, he said, “I guess I don’t get one.” Kathy said he wouldn’t, and to provoke her, Jack responded with a retort about his having another girlfriend. Kathy rolled her eyes and threw back her head at Jack’s empty threat; she was not easily provoked.

Kathy mentioned the possibility of leaving Jack again when the power to their apartment was shut off in September. While waiting for it to come back on, she contemplated, “I’m going to tell Jack that if this happens again, I’m packing up the kids and taking off.” When asked where she would go, she said she would go to the neighboring state where her mother lived. When asked what Jack would say about her plans if she did tell him that, Kathy replied frankly: “I’ll believe that when I see it.” If
Kathy continued to contemplate leaving Jack, the thoughts were not voiced aloud, and the topic didn’t surface again. If anything, thoughts of leaving included Jack. In November Kathy briefly considered the idea of moving to her mother’s, if her mother would let her, so that Jack could get a job there and so that Kathy would have help with the kids. That was not an idea that Kathy pursued.

The fact that Kathy didn’t have her driver’s license may have complicated her relationship with Jack, particularly if she wanted to make plans to leave him. On the other hand, Jack’s ability to drive and his access to vehicles proved useful for Kathy, who depended on Jack to drive her to nearly all of her appointments. Once she explained that she made all of her appointments when Jack was at home, and he drove her around, something he seemed to enjoy doing and fit his care-taking and personal responsibility characteristics. Jack seemed to thrive on the idea of being Kathy’s provider. In November, when Kathy was experiencing health problems related to work, he said, “Kathy can do whatever she wants. If she wants to work, that’s fine. If she doesn’t want to work, I’m not going to make her.” He seemed to enjoy the illusion of being her provider.

He also appeared to be supportive of Kathy’s getting a license—trading from a standard shift automobile to an automatic that she could more easily drive. Kathy referred to her “horrible” first marriage in which she couldn’t get a license and agreed that Jack was supportive of her efforts to get a license. When asked about his “new” vehicle, Jack was quick to say that it was Kathy’s and that it was registered in her name. (Their former vehicle had been registered in a friend’s name. Jack claimed, “That way,
when I go to court and the judge says, ‘How many vehicles do you own?’ I can say, ‘None!’
)

Although Kathy was competent when she was alone, when she and Jack were together, it was clear who was in charge. Jack had his own phone line, dedicated to his electronic communications business. Although it was often easier for Kathy to use Jack’s phone when he was not home (because of its location), he would not allow it. One time, while she was on hold with her Section 8 worker, he interrupted Kathy to transfer her off of his phone. Kathy objected, saying how important the call was, but he put her on hold and dialed the number across the room. As he walked across the room to answer it, making the transfer for her, the Section 8 worker came on the line and Jack let Kathy continue her call on his line, anyway, but not without Kathy’s distress that she would be disconnected from the important call.

Kathy knew that Jack liked to be in control, and situations such as these were frequent, as were other complications she experienced in their relationship. Although he provided her with transportation, which she needed, the transportation was another inconsistency for her. For example, Kathy had completed the application for the Head Start bus monitor position, believing she would not be able to take the position in the nursing home because she lost her childcare. When she was ready to return the application to the Main Office, Jack wouldn’t drive her to Greenfield because he wanted to avoid the police there.

He was unable to successfully avoid the Greenfield police for long, however. A few days later, Kathy came home from an appointment and walked into the house, observing that Jack had been there, indicated by the lights and the computer being turned
on. His truck was nowhere to be seen, however, and Kathy wondered aloud what was going on. She found Jack standing at the bathroom sink shaving, clad in a pair of shorts. When questioned by Kathy, he explained that he got pulled over by the state cops and they impounded his truck. It would cost $50 for the tow and $30 a day after that until they could pick up the vehicle. "I thought I saw court papers when I came in," Kathy said, sharing an observation she had not voiced when she entered the house.

Kathy later said that Jack was lucky because he could have been arrested for driving without a license. Jack had told Kathy he got pulled over for having rust on the side of the vehicle, but Kathy didn't believe him. She told a friend who called on the phone, "I think there is more to it than that. I think he was speeding."

Although Kathy depended on Jack for transportation and she would need him for childcare while she worked, sometimes it seemed that their relationship complicated her life rather than supported it. To make matters more complicated, Kathy left her job application for Head Start and papers for Section 8 in the truck that had just been impounded. The company that held the truck would not let her into it to retrieve the papers, even though the vehicle was registered in her name.

In addition to the complications that were created by having unreliable transportation, Jack's participation in their family was also uncertain. Jack went to court in early November for a hearing resulting from his being pulled over. Kathy went to court with him because she was "his woman" and would stand by "her man." She later reported that the prosecutor tried to give Jack a two-and-a-half to five-year sentence in the "county farm" (county jail), but the lawyers needed to further discuss the situation
with the officer who pulled Jack over "because the officer didn't know Jack would get that [sentence]." Jack's case would go to trial in March.

Jack was no stranger to jail. Kathy once referred to the two weeks he had been in jail when they first got together. Details were sketchy but indicated he might have been in a fight that landed him there until Kathy bailed him out. With this latest trial coming up, Jack expected to be sentenced to at least a year. He explained that it was his third violation in one year, making it a felony, punishable with the longer sentence.

Jack and Kathy's relationship was fraught with unpredictability and inconsistency. In the midst of uncertainty about whether Jack would be present or not for family obligations, Kathy attempted to exert some control over his participation in Johnny's counseling. She had been taking Johnny to his appointments with the behaviorist since the early fall, and the doctor was pressuring Kathy to have Jack come in with Johnny. Kathy knew Jack didn't want to go because he had been in "counseling all his life." Kathy did not think it at all funny when Jack tried to get out of the appointment that the doctor had scheduled specifically with Jack and Johnny in October. As Jack talked on the phone with a friend minutes before it was time to leave, and it became apparent that he was making other plans, Kathy interrupted his plans and yelled at him. "You are going to the fuckin' doctors!" Jack, in turn, told the caller, "I'm sorry. I have a doctor's appointment at three o'clock." He went, but only that once.

With Kathy and Jack, life in general and their relationship in particular was anything but predictable. The common theme became chaos and consistent inconsistency. Work was uncertain. Housing was questionable. They lived with the continual threat of power disconnects and running out of fuel. If Kathy did not meet her
appointments, she believed she faced the censure of child protective services. She
depended critically on Jack for transportation and childcare, and he seemed to thrive on
the illusion of being her provider. His impending jail sentence was yet one more element
of uncertainty in her life. This particular theme of uncertainty was not unique to Kathy
and Jack’s relationship.

Other Families

By mid-winter, Vickie’s boyfriend landed in jail. It had been difficult to connect
closely with Vickie at home because of her boyfriend’s severe distrust of unfamiliar
people, especially those who might be in any way connected with “The System.”26 The
bus ride, however, offered a haven for talk. On one particular mid-winter day, Vickie
told how her boyfriend was drunk the weekend before and broke into someone’s house
specifically to beat up the man who had touched his niece in a sexually explicit manner.
He allegedly acted in revenge, and he apparently was not alone but did the beating
(kicking and punching the victim in the head) while the others held the victim down.
Vickie said that her boyfriend was the only one of the bunch in jail, though, and he
landed there with bail set at $10,000. Vickie explained it was so high because he had a
history of assault charges, misdemeanors, and non-appearances in court.27 His latest
charges of breaking and entering and assault were a felony, and his incarceration
(because the judge deemed him a threat to society) at the county farm until his trial would
keep him close to court.

Try as she might, Vickie could not raise the money for her boyfriend’s bail. She
was upset that he was depressed in jail, and she was determined to continue their
relationship because, she said, she was the only one who cared about him. She didn’t have a driver’s license but arranged transportation twice a week to see him. She would go both Saturdays and Sundays—once with their daughter and once without. At his hearing in March, a trial date was set for the following September. Vickie went to her boyfriend’s court dates and attended his hearing. She wanted to stay apprised of his circumstances, frustrated that she could never reach the public defender on the phone. She, like Kathy, was “his woman,” and she would stand by “her man” in court.

Fran shared that her partner would also be serving jail time for breaking and entering. She expected he would get two-and-a-half to seven years. Jackie’s boyfriend had spent 8 months in the state prison, getting out after the birth of their second child. Rhonda wasn’t actively involved with a man, but she was in the process of developing a relationship arranged through Vickie’s boyfriend at the county jail. Diane seldom mentioned her boyfriend, except in the spring when she began to share that they fought a lot and that she might move out.

When a group of three mothers chatted together about their relationships with their men, they agreed that “four years with one guy” seemed like a long time. They talked about “cheating” in their relationships and “fighting” with their partners and what it meant to cheat. They discussed the complications of relationships that are not easily defined, even when they carried labels such as “husband and wife.” These are the questions about which they bantered, which seemed to reveal an undertone of genuine inquiry: If Vickie had a sexual encounter with another man while her boyfriend was in jail, was it “cheating” since she and her boyfriend weren’t married? Is a relationship outside the primary relationship between a man and a woman “adultery” if they are not
married? Is it acceptable to have sex without kissing, because “there is emotion in kissing but not in sex”? If your partner is in jail, is it acceptable to “fool around” with someone else as long as you don’t have intercourse?

A friend of Kathy and Jack’s sat talking with them one day about her relationship with her boyfriend. After telling stories of misery and being controlled, Jack shared with her his observation: “It’s no wonder you are depressed. You live in a dump. You don’t have any money. And your boyfriend is a prick…and a fuckin’ drunk.” When asked why she continued to stick around with this boyfriend who obviously made her unhappy, she stated simply, “It’s complicated.” Kathy added a remark that revealed a feature often hidden in the complications of relationships. “And she loves him,” she said. The comments of Kathy, Jack, and their friend pointed to what seemed a summary of the sentiments of all the women who were in relationships with men. Take an already complicated situation, add emotion, and further complications arise, often resulting in relationships that do not make sense to those who are not experiencing them.

Aside from the complicated relationships with others, Donna was in a committed and apparently supportive relationship, as was apparently Nancy, who was married. Patty was not in a committed relationship, and it didn’t seem to be a priority for her. She seemed too busy working, caring for her toddler, and attending Early Head Start. For these women, the stability in their relationships with others (or lack of relationship) seemed to be the exception rather than the rule.
Friends

"Can I use your truck while you are in jail?" (Jack’s friend, to Jack)

In some cases, the families who participated in Early Head Start were friends with each other outside of the program. In most cases, they were not. In all cases, the parents who participated in this study had friends who played important roles in their lives and with whom relationships were important. Vickie did not drive, and she relied on her friends to transport her to see her boyfriend in jail as well as to get to appointments and to work, when she had it. Jackie’s friends gave her moral support while her boyfriend was incarcerated. Friends provided childcare for one another and helped resolve head lice. They shared cigarettes and soda. They loaned one another vehicles and allowed the use of their vehicles as "assurity." In Donna’s case, new friends had provided her with valuable information about how to get her own housing. Friends shared inside information about how to work The System and where to get the best used-clothing. Sometimes they informed each other about the Early Head Start program and got them connected.

Kathy and Jack

When parents were distant and the support of family was not readily available, as was the case of Kathy, relationships with friends may have taken on an even more important role. It was a friend who opened his home to Kathy’s family when they were last evicted. A friend of their family cared for Johnny and Jenny for an entire week while Kathy and Jack attended court the previous summer. Their friends had vehicles for trade
when Jack and Kathy needed a different one, and one friend allowed Jack to register a vehicle in the friend’s name to get around Jack’s legal concerns.

Kathy and Jack were gracious to their friends in return. Kathy provided moral support to her friend whose children were removed from her care by child protective services, canceling appointments and rearranging her schedule to accommodate a friend in need. Jack provided transportation for a family friend to go to the capital city, an hour away, to get back his driver’s license that had been suspended. Kathy and Jack cared for other people’s children when they needed help. Jack would willingly allow the use of his truck to a friend while he spent time in jail.

While Jack and Kathy had several friends, their relationships were sometimes characterized by mistrust. Recall from Chapter 1 that Jack mentioned their friend who frequently called child protective services to report unwarranted concerns of child abuse. Kathy didn’t trust another one of their friends, whose comments one time suggested to Kathy that the friend was having an affair with Jack. Kathy had another friend whose interactions with her children were of such concern to Kathy that she arranged for her friend to participate in Early Head Start. She described her friend as “weird” and indicated that she didn’t really like her. Kathy did not approve of what her friend did with her children, but they were friends. And when Jack faced incarceration and Kathy contemplated what she would do if Jack went to jail, Kathy scoffed at the idea of their two closest friends moving in with her to “take care of” her because she knew it would be more work on her part, rather than less.

But at no time, perhaps, were friends more important to Kathy than when she started to develop health problems. On October 2\textsuperscript{nd}, Kathy had an appointment with her
new supervisor at the nursing home who gave her the details of her job. She would be starting her job in one week. She would have two days of orientation and then a day of training. Her Section 8 worker gave Kathy a voucher to purchase new clothing for her job.29 Jack cared for the children and participated in Early Head Start activities while Kathy went to work at the nursing home. She arranged trays, poured juice, and ran the dishwasher and put away dishes. She said she liked her co-workers who were friendly and “not stuck up.”

Her hours for her first two days of work were 8:00 a.m. to 2:00 p.m. She and Jack got the children up and dressed so that Jack could then take Kathy to work, which meant taking the children with them. He returned in time to take Johnny to Head Start and drive to Early Head Start with Jenny, rather than take the Early Head Start bus as Kathy had done. Although Kathy did not know what her schedule would continue to be, she did say that she was already scheduled to work the two days following Christmas when other staff would be on vacation. The following week, Kathy was expected to report to work at 6:15 a.m. and work until 2:00 p.m. for three days so that she could be trained in a different position.

Over the weekend, however, Kathy developed a migraine headache. Jack took her to the emergency room at the local hospital30 for treatment on the weekend because she felt so sick. At that time, Kathy got a note from the attending physician to be absent from work on Monday. She was diagnosed with high blood pressure, was told she needed to lose 50 pounds, and she was prescribed an antidepressant. The hospital staff made an appointment for her to see a nurse practitioner for follow-up care in one week.
During the week her condition grew worse, rather than better. She went to the doctor two times (on Monday and Tuesday of that week) and went to the hospital once (on Friday). She reported that the pain in her head and neck was increasing, especially at night and when she lay down. Each time she went for medical attention, the diagnosis was apparently the same. As the pain became more unbearable, she demanded, "If it doesn’t stop, I’m going to the hospital and tell them to take x-rays." Kathy did not go to work at all during what would have been her second week on the job, and she reported that no one from the nursing home had called her.

During what would have been her third week of work, Kathy’s condition deteriorated further. While Jack slept, Kathy called Early Head Start to report that they would not be coming because of her illness, and she requested help, which was unusual for her. Rather than stay at Early Head Start for Center Day, I went to Kathy’s. She told me how she, Jack, and the children had been out driving the day before when Kathy turned to give Jenny some potato chips. Kathy described a snapping sensation in her neck, which caused severe dizziness and vomiting. Jack rushed her to the hospital, and she could not stand up to walk inside. While at the hospital, where the staff had come to know her, they did an EKG, a CAT scan, and blood work. Kathy reported being at the hospital for seven hours—from around noon to 7 p.m. and that she didn’t want to go home because she was actually getting some rest. However, she hated being alone in the hospital, and Jack and the children had been asked to leave because they were being disruptive, and the nurses didn’t want the children to see Kathy vomiting.

The physicians had prescribed three medications, which Kathy needed to get the following day—a suppository for her nausea, which she refused to use. Another was an
antihistamine, and the third was for pain. She reported that she had not yet taken the antidepressant for two reasons: it was in pill form, and she was concerned about mixing the antidepressant with her other medications. She was certain that she had been diagnosed with a middle ear infection, but she did not understand why she had not been prescribed an antibiotic. Kathy's frustration mounted because she was ill and getting worse rather than better, and because she felt like she was not getting proper medical treatment. The tests that were run at the hospital were apparently inconclusive. Kathy and I discussed her medical condition and treatment while Jack slept, and I agreed to go to the pharmacy to get her prescriptions.

Later the same day, Kathy had showered and dressed and decided she needed to resolve her dilemma with work. She knew she would need a medical excuse for work, particularly because her Section 8 assistance depended on her job. She attempted to call the hospital to request a doctor's note, but the children were so disruptive that she needed to hang up the phone. Eventually leaving the children under Jack's supervision, Kathy went out with me to get the note from the hospital and take it to the nursing home in person. After her ordeal of the last 24 hours, Kathy was surprised to learn that her doctor's note said that she could return to work the very next day and that she could resume full duty. She had expected permission to be out for the week. Several times she remarked, "If they had seen me yesterday...." Kathy was frustrated that the staff who treated her at the hospital a day earlier were not the ones who arranged her medical release from work, and if they had been, surely, she thought, they would have written a release for her to be out a week to recover.
Kathy took the note to the nursing home. When she entered the kitchen, a co-worker listened empathetically while Kathy told of her ordeal. Then she met with her supervisor, a man with a gentle demeanor and mannerisms. He listened to Kathy with a concerned look on his face as she explained, “Jack had to rush me to the hospital yesterday because I had something wrong with my head and I couldn’t stand up and they did all sorts of tests. They said it is something in my inner ear.” Kathy left with her supervisor to discuss her situation in his office. When she came back she explained that he thought she had quit her job and that he had called both the Section 8 worker and Jack, but didn’t get an explanation for her absence. Kathy said that he understood that she had been sick and, although her medical note said she could resume the next day, he would wait three days until Saturday. She would still need to be trained on the 6 a.m. to 2 p.m. shift, which hadn’t happened because of her illness. He scheduled her to work on Saturday, Sunday, and Monday.32

Kathy’s experience with her head and neck symptoms frightened her significantly. She said she felt scared to be so sick and not know what was happening. Furthermore, she had hated being alone at the hospital. Once she was home again and taking her medication,33 Kathy refused to stay alone. While she had frequently been alone with the children in the past while Jack worked long hours, with the recent experience of the sudden onset of migraine and other symptoms, she was afraid to be alone, fearing the symptoms might reoccur. She vowed to accompany Jack wherever he went so that she would not be left alone.

Staying at Jack’s side meant that Kathy would spend long hours at their friend’s garage while Jack worked on cars, or she would be forced to go four-wheeling with Jack.
and his friends. Even when Kathy recovered from her acute illness, her symptoms reoccurred when she stayed alone. Since Kathy would not stay alone, having a network of friends who would look after her was critical to her sense of safety and well-being.

By the middle of November, Jack’s brother and his brother’s girlfriend were living with Jack and Kathy. Although extra people created more work for Kathy and likely added to her stress, it seemed a small price she was willing to pay for the relief of having another adult at home with her when Jack wasn’t there. Additionally, female companionship added to their network of those who could stay with Kathy to prevent her from being alone. Kathy continued to see a medical professional weekly through October and November, and it was determined that she was having anxiety or panic attacks. She learned that her symptoms and attacks of anxiety were similar to those experienced by her own and Jack’s mother. She also learned that a friend of hers frequently had them. Between Jack, his brother, and his brother’s girlfriend, they worked out a system where Kathy would not be left alone. Kathy trusted them and appeared to be comforted by their support and their ability to “talk her through” an attack. Kathy’s network of friends affirmed her feelings of anxiety and helped her in her time of need. Without the immediate support of extended family, Kathy seemed relieved to have friends who understood her needs and who stepped in with their support.

Like the friendship networks of other families, Kathy and Jack relied on their friends to help them through difficult times. They also gave graciously to their friends in return. The families’ circumstances varied, but all of them demonstrated caring relationships with friends. Even when there were bouts of mistrust, as when Kathy questioned her friend’s relationship with Jack, or even if there were spats between
friendship pairs, the family friendship network seemed a necessary facet for survival in uncertain and difficult times.

**Kids**

"You're such a brat! You’re not a brat—you are just mean! I’m going to take your Christmas tree down!" (Vickie, to her toddler, who wouldn’t share a cup of sand with another toddler at Center Day)

Parents often had relationships with their own parents and with their partners that were characterized by stress and inconsistency, and they had relationships with their friends that helped them to endure their everyday challenges even if they, too, were sometimes characterized by mistrust, stress, or inconsistency. With their children, parents had relationships that were often characterized by positive and supportive interactions. Donna sooner held her toddler on her lap and stroked her head as she slept on her chest through an entire two-hour meeting rather than allow her child to cry in the Early Head Start classroom in her absence. Amy vigilantly watched her toddler on the play equipment, giving more attention to the safety and well-being of her daughter than she did to the probing questions of a researcher. When Vickie’s daughter approached her side, Vickie reached out and lovingly ran her fingers through her daughter’s hair, making her pretty and well-groomed. Linda clapped for her son who skillfully maneuvered a toddler-bike through a maze of play equipment. Patty snuggled her infant on her lap, preparing him to get on the bus by putting on his hat and mittens and then bouncing him playfully to make him laugh as they waited. Nancy praised her daughter when she used the potty.
Positive, healthy and supportive interactions were a common experience among parents and their children. However, although positive interactions between parents and children were common, they were often also inconsistent, much like the inconsistency and frequent mistrust observed between parents and their own parents, their partners, and sometimes their friends. Although Vickie was often an example of a loving and nurturing parent, and she revealed moments of real tenderness with her daughter, their positive interactions were frequently truncated with biting comments like those made above. Clearly she valued her relationship with her child, and when asked about the most important aspect of being a parent, Vickie replied. “Taking care of somebody. You always have somebody there who does love you. You don’t have to worry about it. And just trying to not do what your parents did—to try and be a better parent.”

Vickie expected unconditional love from her child that would come from the care she gave to her. She expected her daughter would always be there to love her, and she wouldn’t have to “worry about it.” Yet, she conscientiously knew that she would have to change the ways of parenting that she had grown to know if she wanted to be a better parent than her parents had been with her. She claimed to want to “try and change the cycle.” But how is that accomplished? When she was asked what she would do to change and what not to do that her parents did, she replied thoughtfully, “You try real hard. You have to realize what your parents did and [said].... I do the same thing [my mother did]. ...I know my mother never gave affection. I always do. There’s just things you have to make sure you don’t do.”

Recall the statements at the beginning of this chapter. Although Vickie recognized that she generally parented the way she learned to parent from her own
mother and that she desired change, it was unclear if Vickie understood that the way in which she called her daughter a “brat” and told her she was “mean” was a familiar pattern. When Vickie was pressed to name what she would change or what she would not do that her parents did, she was unable to identify anything other than that she would give her daughter more affection than she herself received. Although affection is an important aspect of parent-child relationships, Vickie could not name anything else that she would do differently. She had identified that “you have to realize what your parents did and said.” She knew she wanted something different, but questions remained. Did Vickie know what it was her mother did that she wanted to change? Beside affection, could Vickie identify what it was she didn’t get from her mother that she wanted to provide her own daughter? It seemed Vickie did not have the answers.

Kathy and Jack

Kathy and Jack, like Vickie and the others, enjoyed their children and often showed them love and affection and engaged in positive, nurturing interactions with them. Jenny was a slight girl, at her 24-month well-child check-up, was in the 60th percentile for height but only in the 30th percentile for weight. Jenny was prone to bronchial illness and had had bronchial pneumonia both as an infant and then again at 24 months. Kathy was continually concerned about Jenny’s weight. In spite of her lean, petite frame, she was not frail. She was an active, swift child who moved around easily on playground equipment and who could adroitly dart away from her older brother. At the age of two, Kathy was proud that Jenny was drinking from a cup and had indicated a readiness to toilet train.
Jenny could imitate the sounds of others when encouraged, and she quickly imitated others' actions. When it came to communicating with others, however, she often relied on gestures such as pointing, rather than expressing herself with words. She had a vocabulary of single words, such as "mama," "dada," "more," and "please," and she would use them when encouraged. Her most frequently occurring word seemed to be "No!" which she often said with emphasis and used in appropriate contexts. However, when Jenny wanted or needed something, she relied on pointing, if it was quiet, or she would screech when it was noisy until she had her needs met. 

Jenny enjoyed playing with dolls, scribbling with a pen or marker, and looking at books. She could give focused attention to an activity that interested her (about ten minutes to books or 30 minutes to markers and paper). She was a highly competent child who enjoyed doing things for herself. She could put on and take off her own jacket, and she often took care of her own needs—helping herself to food in the cupboard or refrigerator or putting in a video tape and determining which buttons needed to be activated in which sequence to get a movie running.

Jenny had a sparkle in her eye and was generous with hugs and kisses for those who gave her attention. Kathy frequently remarked that Jenny's easy-going disposition made it easy to take her places, and she said, "anyone will keep Jenny," meaning that it was easy to find a friend to babysit Jenny because she was such a "cute" and "good kid." Kathy often included Jenny in her housekeeping activities, such as folding laundry. It was not unusual to hear Kathy invite Jenny to join her. After finishing the dishes, Kathy might pick Jenny up out of her booster seat and say, "We better fold the laundry, huh Jenny, before it gets wrinkled."
Kathy was proud of her son, although Johnny was far more challenging than Jenny. Kathy described him as a “big boy,” solid and rugged like Jack. One could easily see the resemblance between father and son. He enjoyed outside play, especially riding his bike. He also played imaginatively, and although Jack did not allow him to play with dolls, sometimes he played with Jenny’s when Jack was not home. Johnny loved to spend time with his father, and he was particularly skilled with computer games and video games, much like Jack, with whom he frequently played. Johnny was especially fond of tools, as well, and he would sometimes pretend that furniture was a racecar and he would “fix it” like he had seen Jack do many times.

When Johnny was not engaged in constructive play, one of his favorite pastimes seemed to be provoking his little sister. He would taunt her ruthlessly at times, chasing her around and stepping on her heels to make her trip. If she had possession of something, he would likely grab it from her hands, ignoring her wails of protest. When Johnny lashed out at his sister, pushing or biting her, Jenny’s eyes would widen with terror. She could often escape his wrath, but the fact that Jenny was the littler of the two had the potential to put her at a significant disadvantage if Johnny got her cornered, which he frequently accomplished.

Although Jack and Kathy commonly believed that Jenny was the “quicker” (i.e. more intelligent) of the two children, Johnny could keep his attention to an activity that interested him. When he was at the behaviorist’s office, for example, a game with a ball that required being tilted through a maze of obstacles could hold his attention for several minutes, and he could manipulate the object to get the ball to go where he wanted, planning his movements skillfully.
Johnny's temper could be volatile, and it was often quick to escalate. Once, when receiving a comment about his new shoes, Johnny screamed and yelled in such a tirade that it took several minutes for two adults to determine that he was upset about the fact that his shoes had just been labeled "sneakers" by the well-intentioned adult. Once settled, he showed pride in his new shoes. Johnny had a speech articulation disorder that interfered with his ability to be understood by others, and when his behavior escalated to the point of losing control, it became virtually impossible to understand him, further feeding his self-disorganization.

Johnny enjoyed positive attention, such as when he showed his skills at the computer. He could be an engaging and skilled participant in activities or interactions that suited him. Kathy beamed when another adult gave him positive attention. Upon returning from the errand at Village Head Start to inquire about childcare for Jenny, Kathy sat on the couch with Johnny beside her and talked about their trip and the comments of the lunch lady who recognized Johnny. She said to Johnny, "Did you hear her? She said, 'Look how tall you've gotten!' She noticed how you've grown." Kathy proudly recounted the interaction with Johnny and seemed to relive the special moment with him.

Although Johnny's behavior was characterized by outbursts of uncontrollable anger and frustration, Kathy did her best to respond to his behavior in ways that others had advised her were appropriate. She attempted "time out" techniques and counting aloud, using a "1-2-3" approach as a warning that a behavior would result in some consequence, which usually was being removed from a situation. She tried to implement a reward system for good behavior, such as walking down to the corner store to buy ice
cream or going to the discount bread store to choose a treat when he was a “good boy.” Once, when Johnny was getting into something he didn’t normally touch, Kathy reminded him firmly that he would not be going to the store with her later if he continued what he was doing. She worked hard at guiding his frequently oppositional and often defiant behavior to discipline him in ways that were appropriate, and it was a demanding, continual job for her with little reprieve.

Jack enjoyed spending time with Johnny and valued their father-son relationship. In September, when Jack was laid off, he commented on the long hours he had formerly been keeping and said, “It’s pretty sad when your own son considers you a guest when you are at home.” Jack purchased toy handguns—the realistic BB gun variety—claiming of one such toy, “I gave it to him for Christmas. I was thinking it was something me and him could do together.” Jack was an avid hunter and hoped Johnny would join him one day. In the meantime, he reasoned that they could target shoot with BB guns. When the carbon dioxide cartridges were spent, making the guns nonfunctional, they often laid around for Johnny to play with on his own. One time, Jack commented to Johnny, “You probably should not have that because it looks so real.” However, he believed the guns to be safe because they lacked the operational feature (the carbon dioxide cartridge), and he continued to allow Johnny to play.39

Jack enjoyed Johnny’s company as they worked on cars together. Jack was often to be found under the hood of a vehicle or laying on the ground underneath, and Johnny was sure to be close by sharing his father’s tools, handing him requested implements, or working on his own “project,” which might be an overturned bike with imaginary
malfunctions. Johnny and Jack spent a lot of time together, and it was often at Jack's invitation. Wherever he went, Jack was eager to take his son along if he possibly could.

Jack also enjoyed a relationship with Jenny, and when he was at home Jenny reveled in his attention. Jack would let her climb through whatever vehicle he was working on at the time, and she would sit in the driver's seat pretending to drive. One particularly warm day, Kathy asked Jenny if she wanted to take off her sweatshirt. Jenny was in the back of a sport utility vehicle climbing around as Jack worked inside on the dash. When Kathy told Jack to take Jenny's sweatshirt off, Jenny climbed forward and rested in her father's lap. Jack stopped what he was doing, unaware that anyone was observing, and he held Jenny upside-down on his lap, much to her delight. He gave her a big hug, nuzzled her neck, and lifted her petite body with one strong arm out of the vehicle and gently to the ground. Jenny approached her mother to take off her sweatshirt.

Jack affectionately called his daughter "Jenny-jens" and he often let her sit on his lap while he conducted business on the computer. Even at the age of two, she was petite enough (and he large enough) to rest in his lap or on his shoulder while he continued his work. She frequently fell asleep there while he stroked her back and hair. When Jack tended to Jenny, he accurately read her nonverbal cues, such as the day they went pumpkin picking together with Early Head Start. Jack had tucked Jenny's tiny pumpkin safely away, knowing it was too awkward for her to handle. When she wailed, apparently in protest that she could not find her pumpkin, Jack quickly responded, "I've got it right here, honey!" He pulled the pumpkin out of his jacket so that she could see that he kept it safe.
Jack fully attempted to be a dutiful husband and father, and when he was responsible for the kids, he seemed to manage just fine. On a day that Kathy went out for a job interview and was concerned that Jack left without Jenny's cup, he returned with the children safe, sound, and happy. He had packed soda and taken food from the cupboard, and he returned with them having had a pleasant time. When a teacher at Early Head Start asked Jack if something was wrong as he stood in the classroom with Jenny wrapped in his arms, he explained, “She's giving me lovin’s!” They hugged each other lovingly, and then he put her down to play. That same day, Jack proudly told another parent that Johnny cried when he dropped him off at Head Start, an indication to him that Johnny would have rather stayed with Jack than attend his day at school. Jack was also attentive to the way Jenny felt, and one day at Early Head Start he placed her in her seat at the table. “There you are, Munchkin,” he said as he adjusted her seat. He put her milk in front of her and tousled her head. “You are not yourself this morning,” he told her. She did appear tired.

Although both Jack and Kathy had positive and supportive interactions with both children as described above, there were occasions, as with Vickie and her daughter, where interactions were either harsh or unintentionally unhealthy, even if they were calm. For example, when Kathy took Johnny to the behaviorist, she explained to him, “Now you have three doctors” and that he would be going to “the bad boy doctor” because of his unruly behavior.40

For both Kathy and Jack, following through on the consequences they named for misbehavior was seldom accomplished. One morning, as Jack chased Johnny around outside to put him on the Head Start bus, Jack yelled at Johnny that he had to the count of
three to get on the bus or he wouldn't be going to school. Then Jack said, with rapid succession, “1-2-3. That's it! You're not going to school!” Jack motioned for the bus to go on its way, and as soon as Johnny came in the house, Jack yelled in his face, pointing his finger at him severely, “You *are* friggin’ goin’ to school, and *I’m* goin’ to take you!” Jack walked Johnny to school and left him there.

Kathy worked hard to keep the apartment neat and clean. Long days at home through the summer, without Jack to take Johnny with him and without Head Start to keep the kids busy and tired, meant that the kids were finding ways to entertain themselves inside, which often disrupted Kathy's housekeeping. In July Kathy told Jenny that she could not take the cushions off the couch, and she explained further, “the kids took all the cushions off the couch the other day and the place was trashed.” It seemed that sometimes it was okay to take the cushions off, and some days it wasn’t. It seemed to depend on Kathy’s mood.

By the end of October, it was becoming apparent that the higher the stress, the harsher the interactions. Their interactions gradually became more harsh and their relationships with the children strained under the growing stress of Jack's unemployment, their restricted income, the increasing likelihood that utilities would be shut off, and Kathy's health problems that were concerning alone, but which also threatened her Section 8 housing assistance. Increased household stress resulted in problematic adult-child interactions, fueling Johnny's increasingly difficult behavior and likely interfering with Jenny's communication development. As Kathy’s health and ability to do housework declined, and as her responsibilities to make and meet appointments for herself and the children mounted, it became increasingly difficult for her to participate in
Early Head Start. So, too, had it become increasingly difficult to get Johnny on the bus for Head Start. He refused to go, and it became easier to allow him to stay home. The more Johnny and Jenny were both at home, the more opportunity there was for the two of them to raise havoc—alone and with each other—further increasing Kathy's stress. There seemed to be fewer positive interactions between parents and children, and there was very little redirection or support for the kids. Instead, relationships became characterized by punitive interactions and commands: “Zip it!” “Shut up!” “Pick these up!” “Put on your clothes!” A vicious cycle became apparent: With increased stress, Jack and Kathy yelled more commands and offered less support; the more the children were yelled at, the more disruptive and belligerent they became.

Kathy may have been aware of the change but didn’t know to what to attribute it. Early in November, on a brisk and windy day, Jenny had played outside for at least an hour and was growing tired. Kathy attempted to put her down for a nap, but Jenny refused to stay in her bed and stood in front of Jack, instead, crying to be picked up. Jack ignored her, but when Kathy pointed out that Jenny looked like she might fall asleep standing up, Jack picked her up and put her on his chest as he often did, and she immediately quieted. Kathy remarked, “Ever since I started to work she’s been mad at me.”4 At that moment, Kathy could not see that Jenny was exhausted and needed to be calmed for a rest; rather, she blamed herself for Jenny’s protest and attributed Jenny’s behavior to anger (directed at Kathy) rather than to exhaustion.

Even though the change in the children seemed apparent to Kathy, if not to Jack, Kathy tried to see it positively. When considering Johnny’s behavior, she remarked in the late fall, “Johnny’s good once in a while.” To that, Jack replied with shock, “When?”
In the midst of a chaotic household filled with uncertainty, it was a question that Kathy couldn’t answer. For families experiencing persistent stress and little support for their interactions with their children, parent-child relationships were in danger of becoming predominantly unhealthy. Parents seemed to have the ability to provide supportive and affectionate relationships for their children when their lives were going well. When they weren’t, the interactions became a reflection of the chaos and stress surrounding them.
CHAPTER 3

WHAT FAMILIES WANT

Kathy and Jack returned from their welfare orientation in time for Kathy to make some phone calls before Johnny came home from school. First she answered the call from Village Head Start inquiring about permission to do a mental health consultation for Johnny, explaining to the staff person that she had indeed returned the form at their request, and they would find it in Johnny’s backpack. Then she called Johnny’s behaviorist to reschedule an appointment she had missed due to Scott and Katelyn’s visit. Since the doctor could not be reached in person, she left a message with his answering service to please call her back.

While Jenny slept on Jack’s shoulder, Kathy turned to Jack and relayed a disturbing interaction she had witnessed at the welfare office that morning. “Hey. Did you see that guy this morning? While we were outside,” Kathy said markedly, “he asked that kid if he had white powder. Do ya think it coulda’ been cocaine? Or anthrax?”

Although Jack often acted as an authority on such matters, he admitted that he didn’t know. He mentioned the news of a local heroin arrest. In his voice of authority Jack informed Kathy, “Heroin is one of the deadliest drugs on the street.”

Kathy contemplated. “Do you think Scott will do drugs? You don’t think he will, do you?” Kathy seemed to hope that Jack’s answer would quell her concerns about having a vulnerable teenager.

“He’s too churchy,” Jack replied, indicating that he thought Scott would avoid dangerous substances.

“Katelyn is more churchy than he is!” Kathy retorted. Her comment was a reminder that she believed the older children to be influenced by the teaching of the Baptist school they attended.

Jack recalled Scott’s behavior and apparently considered the extent of the school’s influence on Kathy’s teenage son, and he shared an observation with Kathy that he had made during the kids’ recent visit. “Scott was telling someone off on the computer. I walked up and saw the screen. He was telling someone to fuck off,” Jack said with a proud laugh.
Kathy added a solemn observation. "I saw him stick up his middle finger the other day in the truck."

Jack turned toward the computer monitor and resumed his work, one hand on Jenny and the other on the computer mouse. Kathy turned the pages of a newspaper insert advertising Christmas merchandise. "I want Jenny to have a doll," she said. "Fifty dollars for twins." Then she paused and added under her breath, "It would be broken in a month." Kathy sighed. "I've never been so poor." Kathy sat in silence with the flyer on her lap and waited for the arrival of Johnny on the Head Start bus. (Fieldnotes November 6, 2001)

In Chapter 1 I described the major themes of family life—kids, home, and work. Chapter 2 presented relationships between parents and their parents, partners, friends and kids. Now in Chapter 3, I will present the goals, priorities, and values that families reflected in their words and actions. When asked explicitly what a family wants or what goals they have for their children, the answer sometimes came back as, "That's a good one, Patrice." Or, more simply and frequently, "I don't know." Kathy came out of a job interview one day with the summary comment: "It's hard when they ask me my goals. Goals questions are hard." She voiced a sentiment that seemed to be felt by most of the parents in this study.

Parents surely had goals, but what were they? Parents sometimes had a difficult time answering questions that required reflection, and articulating their goals presented a similar challenge. When presented with such questions, parents would often answer "I don't know" or avoid answering. However, in the course their lives, parents engaged in behaviors and commented on the ins and outs of daily life that revealed their goals and what they implicitly seemed to value. In the process of participant observation among families, these became evident. In interviews, I also asked direct questions of families aimed at providing insight into their values and priorities:
• "What is the most important thing to you about being a parent?"
• "What do you want for your future?"
• "What do you want for your child's future?"

The topic of Chapter 3 is simply, "What Families Want," in recognition that families do have goals for their children and for their families, although they may be challenged to articulate them. Their goals as parents and families might be categorized with the following concepts: competence, care, control, and change.

Note in the vignette above that Kathy expressed concern about her teenage son, indicating hope that he would avoid the hazards posed by drugs. I took this as an indication that she valued her son's well-being. She seemed to want what was good for her children. She genuinely cared for them, and her concern indicated her desire for parental competence. Since her two older children lived away from her, however, she had little control over what would happen with them, which often seemed to disturb Kathy. And, finally, many of the families indicated that they wanted their circumstances to change.

In this manner, many of the behaviors and interactions of the family members point to the above named concepts. Again, the focus is on Kathy and Jack and their family, but where appropriate, there is evidence provided that emerged from other families as well. Further discussion follows to illustrate how the behaviors and attitudes of families reflect the concepts of competence, care, control, and change.
Competence

"I am now the successful owner of two businesses." (Jack)

Competent Providers

Jack was engaged in a job search alongside Kathy, although housing was not dependent on Jack’s job. Having employment, however, was important to their family’s well-being because he was the primary wage-earner. When Jack got laid-off in September, he put more time and effort into a computer-marketing job. It was a pyramid design for selling communication services. His sales pitch, primarily promoted by e-mail, was: “you can make your owne houers be you owne boss make you dreems come true call me and ill help you make all this posibel.” Although Jack exhibited strong interpersonal communication and telephone skills, his challenges with writing and spelling, which remained hidden from view, may have unwittingly undermined his business development.

When it appeared he would not be able to support his family on income from his computer business, he turned to his automotive skills. He had a friend with a garage, and together they opened "J & B Automotive Service.” While they had plenty of business and worked hard, they more often than not had customers who could not pay for their services. Jack and his friend worked for two days on a $500 transmission job that went unpaid. For weeks, Jack had another car in the driveway that was repaired; its owner could not pay the repair bill, and Jack was left with the dilemma of what to do with a vehicle that was not his but remained in his possession.
Jack’s opening comment points to a bitter irony. It was true that he was the successful owner of two businesses, and he was proud of his business finesse, likely accomplished with the help of his strong social skills and his friendly, engaging manner. However, in order to contribute to the family income, Jack needed to be the owner of two successful businesses, which seemed to escape him. The unemployment office would not accept either of his businesses as employment unless he could produce income statements. What may be missing from this scenario for the reader is the expressed feeling of Jack’s competence. He spoke of his businesses with pride, and he took them seriously; he did not seem to distinguish between being a “successful owner” and having a “successful (i.e. income-producing) business.” In his view he was competent, and his competence was often reflected with emotion (pride) in his interactions with others.

Kathy had her own sense of competence, which was most often visible in the pride she took in her housekeeping skills. Early in the study, she said she was proud of her ability to keep her house organized and tidy, which stayed busy with their multiple appointments and two small children. Recall her introductory remarks at Early Head Start: “I like to clean.” More than cleaning, however, anyone who has engaged in cleaning activities might suspect that it was not cleaning itself that was so desirable. It was likely the feeling of satisfaction, pride, and competence that resulted from having a clean house. A clean house was important to Kathy, and she would cancel appointments with her home visitor when her house was not clean enough for Kathy’s standards. When guests arrived and the house was not clean, Kathy invariably apologized.

Having a clean house was important to the other parents, as well, and seemed to them to be a reflection of their competence. It was a common practice among the
families to cancel home visits if their houses were not clean. If they elected to have their home visits when their homes did not reflect a particular standard of cleanliness, they invariably commented on the state of their homes when the home visitor arrived, often apologizing. Donna’s behavior provided a contrast, however. She maintained that she did *not* clean her house in preparation for home visits; rather, she came forward assertively with a “take me the way I am or leave me alone” attitude. She maintained that if anyone coming into her home didn’t like its state, that was their problem—not hers.45

When Kathy couldn’t “keep” her house, it was a problem for her. Early in the study she shared that housekeeping responsibilities took their toll on her and that she often cried because of the enormity of the job. One day she told me how she struggled with the task: “I can’t live like this! I can’t do this!” She shared how hard it was for her to have a clean apartment and that she cleans it one day and it is “trashed” the next.

Not being able to keep the house clean had negative consequences for her, likely fueling feelings of incompetence and increased frustration. In September, while Jenny slept on the couch as Kathy made phone calls to deal with the electricity disconnection, Kathy looked over and saw flies. “There are flies on Jenny,” she observed. Kathy showed disgust at seeing her sleeping baby with flies on her leg. Even when Kathy was reminded that the flies were harmless, she replied, “I know. But they aggravate me.”

Looking around, one could identify what had been canned salmon on a dirty plate atop Jack’s computer, a dirty plate on the kitchen counter, and a concoction of leftovers in a frying pan on the range. In this study, this marked the beginning of Kathy’s decline in her ability to keep her house and an increase in her stress, some of which came from the
inability to maintain her housekeeping standards, which likely signaled to Kathy that she
was losing competence as a provider.

Competent Parents

If provider competence was reflected in one’s housekeeping or business success, and if pride resulted when one felt competent, then pride in their children was a reflection of their competence as parents. Kathy and Jack often showed pride in their kids. Kathy was proud of Johnny, indicated by her recollection of the comments made by the cafeteria worker who greeted them at the door when Kathy went to apply for childcare (Chapter 1). The employee had noticed how tall Johnny had grown, and Kathy made sure that Johnny was aware of that. Jack was also proud of Johnny, telling a group of parents enthusiastically about Johnny’s fieldtrip to the fire station. As they passed the fieldtrip in action, Jack remarked, “That’s where Johnny is! He’s done nothin’ but talk about that all week!” Jack strained to see if he could see his son in line with the other preschoolers learning about fire safety.

Parents revealed pride when they hung their children’s pictures on the walls or in the windows. In October, a leaf picture that Jenny made was proudly displayed in their window where it stayed for several weeks. Jack took pride in his children’s manners, encouraging Jenny to say “thank you” when she received her lunch and accompanying utensils.

They also showed pride in their children’s appearances. Johnny asked Kathy at the doctor’s office why Daddy had made him change his clothes. Kathy explained, “You need a clean shirt to go to the doctor’s.” Both Kathy and Jack valued their competence as
parents and how others might perceive their competence. They always made sure the children were dressed in fresh, clean clothes and that their hands and faces were washed for appointments. Kathy would often pull Jenny's hair into an attractive ponytail when it was time to go out, and Jenny would proudly display it for others. Late in the fall when Kathy was experiencing health problems interfering with her ability to care for the children, she would not allow Johnny to go to school because he was "too dirty" to attend.47

Parents likewise took pride in their own health and appearances. Kathy would not take her prescriptions until she had confirmed with a medical professional that there would be no consequences from drug interactions, indicating that she valued her own well-being. She also always showered and put on clean clothes before going out, conscientious about how she appeared to others. When the hot water didn't work and she had not been able to shower, she canceled plans to go to the park with her home visitor. Similarly, Jack kept his hair trimmed, shaved daily, and he had a pair of "good" pants that he reserved for Early Head Start days.

Pride was reflected in the behaviors of other parents, as well. One day Vickie was conscientious about a split in the knee of her jeans indicated by her continual pulling the split together and sitting with her hand over her knee, covering the split. She said she liked to look nice for meetings and Early Head Start events, feeling that perhaps she shouldn't have worn jeans and a sweatshirt to her first Policy Council meeting. Linda proudly displayed a new haircut and beamed as others complimented her on how nice she looked. One morning two mothers discussed their recent attempts to cut back on the
amount of soda and caffeine they consumed, indicating their attempts to take care of
themselves.

Other parents also frequently showed pride in their children and in their own
competence caring for them. Patty and her family proudly took pictures of Patty’s son
dressed in costume for Halloween, just as they had on his first day of “school.” Vickie
explained one day that she generally gave her daughter a bath at night, preferring to avoid
mixing morning baths with going out in the cold to get on the bus. On a particular
morning, however, she had bathed her daughter early because her daughter’s hair was too
sticky to go out the way she was.

Sometimes it seemed that parental pride was tenuous, in danger of being
damaged, which parents may have perceived as a threat to their competence (or others’
judgment of their competence). One parent seemed relieved that her child was not asked
to leave Center Day because of possible head lice. “Must be [child] didn’t have no
bugs,” she said upon returning to the classroom, seeming to communicate her relief.

On another occasion, Kathy seemed to express a threat to her parental competence
when Jenny climbed down from Kathy’s lap and into mine to read a book. I took a
different approach to “reading” with a toddler than Kathy did. “See,” she said, “Jenny
lets her read a book.” Kathy seemed to show feelings of incompetence with her
comment, not understanding that Jenny perhaps preferred being in charge of turning the
pages as she was in my lap, rather than having her mother read every word on the page.

Parental competence was likewise reflected in concern for child safety and well-
being as much as it was in pride. Parents were highly conscientious of their children’s
safety and well-being to the fullest extent of their understanding of appropriate health and
safety. Kathy would not let her children play at their neighbor’s fence, telling them they would get “boo-boos,” presumably from the large dog tethered on the other side.

Furthermore, parents could be highly critical of one another if they felt another parent was not being fully mindful of child safety. Kathy told me about a friend of hers: “She does things like—you know that middle thing [buckle] in the car seat? She just sits her kids on top of that [without buckling the seat]. I think that is neglect. A lot of people don’t like her. She needs help.” Kathy and Jack were conscientious of car seat safety, and the children were always buckled. Jack buckled-up himself and commented once, “I just wish I could get Kathy to wear hers.” Another parent was upset when her friend’s car seat did not seem appropriately safe.

Vickie expressed further disapproval of a tenant in her apartment building who didn’t seem to take her children outside enough. “She never takes her kids out,” Vickie rebuked sharply one day, indicating that she valued children’s outside play and the health and well-being that resulted from being in the out-of-doors.

Kathy expressed disapproval of another friend whose child allegedly had a degenerative respiratory illness and had recently spent a week in a medical center. Kathy explained how she and her friend had argued about the situation: “We got into an argument about [the father’s] smoking. If [the child] has anything like asthma or anything he should not be smoking in the house. [The mother] has to tell him to smoke outside.” Kathy was disturbed that her friends were not placing a higher priority on their child’s health.

Linda had multiple challenges caring for herself, not to mention the challenges she faced with caring for the one child who remained in her custody. But she, too,
maintained concerns for her child’s well-being, and she seemed to work hard at doing what was best for her child. One brisk but sunny fall day, Linda walked with her child to the Center. When she arrived she asked an Early Head Start staff person, “Is it hat season?” The staff member replied, “Well, if it is cold.” Linda paused to consider the comment. “Oh. Is that it? [My support person] said it was nice today.” The Early Head Start staff person reinforced the idea that, although it was a “nice” day, it might be appropriate to wear a hat. “If it’s cold, you can put a hat on him,” said the Early Head Start authority. Linda seemed to be left with the confusion that, although someone had told her it was “hat season,” it might not be necessary for her child to wear a hat, and even with her query, she still didn’t know what was appropriate for the day. She wanted to be a competent parent, doing what was in her child’s best interest for health and safety.

Kathy attempted to convey a sense of well-being and personal responsibility to her children, further indicating her goal of parental competence. When Jenny helped herself to potato chips one morning, Kathy said, “No. We don’t eat chips in the morning.” Kathy got Jenny a bowl of Cheerios and milk instead. Even when Kathy’s own health was poor, she placed a priority on caring for her children. After going to the hospital to get her medical work release and taking it to her current employer at the nursing home (detailed in Chapter 2), she came home and attended to Jenny’s medical care. Jenny had had a runny nose for about a week, and discharge from her nose had turned yellow, indicating infection. Kathy called the pediatrician’s office to explain the symptoms. Feeling as poorly as she did, Kathy continued to pay attention to the children’s health.
Kathy was highly sensitive about the opinion of others who did not agree with her notion of appropriate care. When Jenny was diagnosed with bronchial pneumonia a few days later, and the physician who cared for her advised Kathy to get Jenny outside to play as much as possible, Kathy strictly followed the doctor’s advice. Kathy was grateful it was unseasonably warm, making it easy and comfortable for Jenny to be outside. Kathy took her friend’s remarks to heart, however. She became agitated and angry when her friend told her that Jenny shouldn’t be outside playing if she had pneumonia. As if her friend’s opinion mattered more than the physician’s instructions, Kathy gave the impression that she did not like to look incompetent to anyone, and she could not simply ignore her friend’s remarks.

When Kathy and Jack went to an appointment, leaving Jenny in my care, Kathy provided me with a litany of directions about the children. Without my prompting, she informed me that she had let Head Start know that I had permission to get Johnny if he needed to come home early, and she went through a list of things I would need to know to keep Jenny well-cared for in Kathy’s absence. She was conscientious, making sure everything of importance was shared. The situation felt remarkably familiar as I recalled my own ambivalent feelings about leaving one of my small children in another person’s care, no matter how competent the provider.

With the other families, recall that Rhonda placed her child’s well-being above her employment and quit her job when she believed her child was not being cared for properly (detailed in Chapter 1). Jackie claimed to have a general distrust of childcare centers. Donna’s greatest concern about Early Head Start was that her daughter be well cared for in her absence. The evidence overwhelmingly indicated that, with all they had
to consider and tend to and be mindful of in their families and with their work and homes. Parents placed a very high priority on their children's health and safety. Parents also expressed pride in themselves, their children, and their homes. That pride pointed directly at their desire to be competent parents and providers as well as to be perceived by others as having competence to take care of themselves and their children.

**Care**

"Did you hear him say that he was sorry he had to shut us off?" (Kathy to Patrice, in reference to the electric company worker who disconnected their power)

In addition to being competent and reflecting their competence to others, parents desired and valued care. They valued caring relationships and desired to provide care to others. The care they valued went beyond basic competence; it was the care reflected in loving kindness and displays of affection as well as in acceptance, justice, equity, and respect. There were times when the parents demonstrated caring for another, such as when Jack and Kathy helped the daughter of a friend of theirs who had not been allowed to ride the bus home from school. At the age of 12, the girl had walked from school to Jack and Kathy's to seek their help, and they took matters into their hands, making sure she got home safely.

The concept of care appeared when the parents acknowledged it in others. It was as if they experienced genuine care so seldom that when they did, it was a remarkable occasion. A case in point was the time Kathy's power got disconnected, and it had been remarkable to her that the power company employee apologized to her for having to do his job. What really brought attention to the significance of her remark that reflected care
was that she brought it up on another occasion, when the power incident was recollected. 

"Did you hear him?" Kathy asked me again several days later, "He said he was sorry."

The significance of care and the related concepts, however, was that they often made themselves felt as much by their absence than by their presence. Just as the absence of words may communicate more powerfully than words spoken, the same was true for the concept of care. Families valued it and often commented on its presence when it was felt (such as with the electric company employee), perhaps because it often was lacking. It was something that they desired and experienced seldom enough that it seemed never to be taken for granted.

Displays of Affection and Signs of Care

In all of the hours spent with Kathy and Jack together, which included numerous instances of separation and reunion, only one kiss between the two was observed. It was delivered quickly and without comment to Jack upon Kathy’s parting one day. And yet, although displays of affection between the two were rare, it was apparent that they cared very much for each other. Kathy recounted proudly how Jack had “rushed” her to the hospital and yelled at people to get their attention for her care. Since Jack and the children had been asked to leave, Jack was not able to stay with Kathy at the hospital. Jack recalled how he had phoned the hospital to get a report on Kathy and couldn’t get the information he needed in the time that he felt reasonable. According to Jack, he got results only when he commanded, “Just tell me, how the fuck is she?!" The urgency of Jack’s commands and his delivery of Kathy to the emergency room suggest that he was concerned for her. Had he not cared, he likely would not have responded the way he did.
After the time Kathy had been in the hospital several hours for tests, she recalled the episode and told me how she had asked one of the paramedics at the hospital if she could hold his hand when she was shaking so badly. Kathy could identify which staff people were “nice” and which ones weren’t. She indicated that she had been scared and didn’t want to be alone. Seeking the reassurance of those we know when we are scared is an important part of feeling cared for. It was also something Kathy valued.

Kathy and Jack’s care for each other extended to their communications about what the other was doing. They each knew the other would worry if one were not to be found; therefore, whenever either one of them left the house without the other knowing, they left notes for each other. The notes may have been relatively cryptic, but they communicated care nevertheless in that they served to keep the other one from worry.

Among Jack and Kathy’s family, it seemed that Jenny received the most frequent visible displays of affection—the kinds of hugs and kisses often bestowed upon young children in white, middle-class families. Jack, especially, seemed to indulge his daughter with hugs and affection, often in a rough-and-tumble sort of way. He was not observed, however, to show the same behavior with Johnny. He may have even believed it inappropriate to nurture his son the way he did his daughter, indicated by his reaction to my own affectionate indulgence in Johnny. Once Jack observed that Johnny sat on my lap while we both watched Jack play a computer game. Jack said with marked surprise, “Hey! How did you get him to do that?” At that point Johnny began to slide intentionally out of my lap. When I squeezed Johnny and gave him a quick kiss on the neck, which only seemed natural as he slipped away, Jack taunted Johnny: “Aw-w-w-wh! Now Johnny has girl cooties!” Although Jack did not seem critical of my affection
toward his son, his comments indicated to me that Johnny and displays of affection were not a common match.

Visible displays of affection were not the only way to show caring. Kathy expected Head Start to care about Johnny and to show it with an interest in his well-being. When a meeting had been scheduled between Head Start and Kathy, presumably to discuss Johnny’s progress, Kathy expected it to be at their home. Head Start never came. Kathy reasoned that since Johnny had missed so much school and nobody called from Head Start to see why he was not at school, and because Head Start didn’t come to the scheduled conference, it must be that they didn’t care. That element of care that seemed to be missing for Kathy was enough of a reason for her to stop sending Johnny to school all together.

Other parents indicated care for each other. Even if they didn’t express it outright directly to one another, their behavior indicated they cared. After the birth of one mother’s baby, for example, a group of friends discussed their concern that the mother would develop depression. They hoped she would not. Chapter 2 presented a discussion of the relationships between friends. I take the helping and sharing that occurred between friends as evidence of caring relationships.

Acceptance and Inclusion

In addition to the care shown to each other through displays of affection and acts of care, visible or not, care was also evidenced by acceptance and inclusion within a group. I took feelings of acceptance (or not) and inclusion (or not) to be indicators that parents valued caring relationships. For example, when asked how Kathy liked her job,
her response was in the affirmative that her coworkers were “not snobs.” She seemed to feel accepted among the group, which likely contributed to her job satisfaction.

Acceptance was also apparently important to Jack. When it was time for me to leave one day, Jack walked out with me to my car. He brought with him a small American flag. Grabbing a piece of used duct tape from the garbage, he taped the flag to the antenna of my car. “There,” he said genuinely, “You can be patriotic like me.” He seemed to take pride and pleasure in putting the flag on my car, perhaps to make me feel included and accepted among the throngs of Americans, like Jack, who were doing the same in that Fall of 2001.52

The concept of acceptance was also demonstrated in the priority and value that families placed on family ties. Family connections were important to the parents, whether relationships in their families were strained or not. When Jack wanted to call Kathy’s mother to tell her of Kathy’s illness, Kathy didn’t approve because she didn’t want her mother to worry about her. He called Kathy’s mother anyway, assuming that she would want to know because she was family. She could be included in the network of caring individuals for Kathy.

Family ties were important to the other parents, as well. One mother had her children’s names and two corresponding child-angels tattooed to her leg, one for each child. Likewise, when another mother introduced her baby to a group of mothers, discussion about who the baby resembled—daddy or mommy—was more important than discussing the baby’s significant special needs.

In another instance, a mother expressed anger, which resulted from her feelings of not being appropriately included. When her child’s poster did not hang on the classroom
wall with the other children’s, a parent responded in outrage, even though the program staff had apparently offered an explanation that the poster was incomplete. In Jackie’s words, as she told me about the situation: “Everybody’s [poster] is hanging up except for my kid. Why? They’re like, ‘Oh, we probably don’t have a picture for it.’ I was like, ‘So what? That one don’t have a picture and you have that one hanging up!’ And they’re like, ‘Oh, well, we have to find room.’ I said, ‘Well, what’s all that right there? Room!’”

More than anything else, Jackie wanted to make sure that she and her children were included. She didn’t like missing out.

Neither did Jackie like being “singled out.” She claimed that a teacher in the public school in her town had singled out a child, admitting it to the child’s parent. Jackie lamented: “If a teacher is willing to admit they single one child out, how many others in different classes is that teacher singling out? And it makes [the child] feel uncomfortable. What if that was my kid? I don’t want them doing that to my kid.” Jackie said she would move before she would allow her child to be singled out. Acceptance and inclusion seemed to be highly valued by her.

It generally seemed that parents valued acceptance and inclusion to the extent that they would sooner stay with familiar folks rather than risk different relationships. For example, Vickie spoke of her reluctance to transition her daughter at age three from Early Head Start in River City to Head Start in Greenfield: “I would really much rather be...in River City with the parents because I know them. I get along with them. And I know the teachers. Like one of my friends is a teacher with...Head Start classes. And I would much rather have [my child] go there.” Vickie and the others valued being among people they knew and who were familiar to them, where they knew they would be
accepted. Feeling accepted and included were two more dimensions of care, which seemed important to families.

**Justice and Equity**

Justice and equity are related to care inasmuch as individuals who care about others are likely to act on principles of justice and equity in their relationships. Therefore, justice and equity are grouped within the concept of care as a value of families. One parent expressed concern for the lack of fairness she perceived in a situation where a staff member's child attended the Early Head Start program for childcare. When the parent was asked why she thought the child was there, she responded:

> Because she probably couldn't find childcare. Because she...probably over rated everybody else with the childcare thing because she works there. So if there was somebody on the list, I'll bet he took over that person on the list...because she works there. Which is *not* fair! I'm sorry. I don't care if she works there or not. I don't care if they don't have any other babysitters.

This parent expressed her anger over the inequity that she perceived in the situation. She was outraged that the child of an Early Head Start staff person might have "bumped" a child from the community or an enrolled Early Head Start child from the waiting list for childcare, especially since quality childcare was in high demand and often not available for families who needed it. This parent perceived the situation as unjust.

Another parent voiced her sense of injustice, attributed to her having two children. She felt that because she had two, and because both of her children could not always be included in childcare, she experienced injustice: "But like whenever there is a Parent Meeting,\(^4\) where I have two kids, I have to bring one kid into the parent meeting with
me, and only one of them gets to stay out there [for childcare]. That’s not fair. I should be able to have both of my kids stay there. Just because I have two kids?"

Not only were parents concerned about justice and equity in their own relationships, they protected the rights of their children and became angered when they felt like their children were not treated fairly.

Respect

Closely related to the ideas of justice and equity is another concept that falls within the realm of care: respect. Caring relationships are characterized by respect, in addition to acceptance and inclusion, and equity and justice. Again, the notion of respect often became evident by its absence, reflected in the families' comments and awareness.

In September, Johnny’s behaviorist changed one of Kathy’s appointments, requiring her to change the arrangements she had for a ride and requiring her to make new arrangements. She explained that the doctor had called her the evening before the appointment day to make the change. “I have to give them 24-hour notice, but he called me at 7 o’clock last night and said, ‘Can you be here at 3:00?’ Three o’clock is hard. It’s late.” Kathy was confused and irritated that the doctor expected his patients to give him at least a 24-hour notice to change appointments but that he did not show the same respect for his clients’ time.

Similarly, Kathy was frustrated that her Section 8 worker appeared to lack respect for Kathy’s employment choices. While Kathy’s Section 8 worker was steering her toward the nursing home position, Kathy was interested in employment with Head Start: she thought she would enjoy it, that she was capable of performing what would be
required of her, and that it would fit into her schedule. Kathy became frustrated that her caseworker kept steering Kathy toward jobs in which she was not interested.

Another example of lack of respect occurred in October when Kathy had made arrangements to walk with Johnny to Head Start at 8:00, which was earlier than the children who arrived on the bus at 8:30. She needed to be back home so that she could catch the bus to Early Head Start with Jenny. The arrangements worked because Village Head Start opened at 7:30 to accommodate childcare, and the appropriate Head Start staff had approved Johnny’s early arrival. However, upon arriving at 8:00 with Johnny one morning, Kathy was greeted at the door with a staff member’s comment that Head Start programming began at 8:30, implying to Kathy that she was too early, taking advantage of Head Start staff who were there for childcare arrivals. Kathy fumed afterward, “I can’t believe she said that to me!” She was upset that the staff member had been so rude to her, and she relayed the story to Jack, who responded with more anger than Kathy had shown. Both of them seemed to feel the lack of respect that had been shown to them by a staff person who apparently made inaccurate assumptions.

In another instance, Kathy felt that she had not been treated with respect around a perceived violation of confidentiality on the part of her Section 8 caseworker. When she had had an evaluation of her own by the same doctor that was treating Johnny for his behavior problems, Kathy erupted with rage that the doctor had mentioned her Section 8 caseworker by name: “He knows [my Section 8 worker]! How does he know her? I have to talk to her! She can’t be talking to him about me! That’s confidentiality!” When Kathy was gently reminded that the Section 8 worker was the one to refer Kathy and Johnny to the behaviorist to begin with, Kathy seemed confused. Perhaps she didn’t
understand the extent to which helping professionals network with each other and often know each other by name, often interacting in their own professional worlds outside of their direct service to jointly served families. Kathy’s anger seemed to occur as a result of her perception that two professionals were discussing her case behind her back, and the lack of respect for her privacy was deeply disturbing to her.

In other examples, Vickie identified her felt lack of respect in encounters with Early Head Start staff. She felt that a staff person she frequently encountered made comments that Vickie interpreted as lacking respect. “She talks down to us,” Vickie said, adding that she couldn’t identify the words that felt disrespectful, but rather it was the manner in which they were stated.

Recall Kathy’s reluctance to go to City Welfare because the woman was “mean” and Donna’s comments about a social worker who treated her like she was 12 years old (both described in Chapter 1). Families were sensitive to the manner in which they were treated. They often responded with anger among themselves when they sensed injustice, inequity, and lack of respect. They sought relationships that were safe and familiar, where they predicted acceptance and inclusion. Family ties, even when relationships were strained, may have provided a haven for feelings of care. Families valued care and the associated concepts often embodied in caring relationships.

Control

“All I want is a regular schedule.” (Kathy)

Kathy’s need for employment and childcare potentially entailed the completion of her GED, which presented another scheduling challenge. Kathy faced an increasingly
complicated schedule as her October 1st deadline loomed overhead. One day she lamented the above words in exasperation. Kathy had been faced with a number of job hopes and possibilities (however distant), and she had distinct ideas about what she would like to do. However, she turned from seeking a job she thought she would enjoy to simply thinking she would be satisfied with anything if only she had some idea of what it would be and how her life would be arranged. She appeared to become desperate to bring order to her chaotic life, which would presumably give her some power over it.

In addition to being competent providers and parents and participating in caring relationships, families demonstrated a desire to have control over their lives. There is ample evidence that family members attempted to exert control over their lives, which they occasionally did by overtly sounding their voices. However, the concept of control joins the theme of "presence in absence" because the lack of control—or the power to control—was so often evident among families. As suggested by Kathy's opening comment above, parents desired a sense of control, which for Kathy may have been felt in a predictable routine. In the following sections of "voice" and "power," the evidence is presented for families' desire for control in their lives.

Voice

Vickie seemed to grasp a sense of voice and its relationship to control. She was new to Early Head Start and the broader Head Start community. She quickly became active in Policy Council and Early Head Start activities. After her first Policy Council meeting, Vickie expressed frustration that Early Head Start did not seem adequately represented on the Council among the range of countywide Head Start programs. She
felt that, because Head Start employees and enrolled families significantly outnumbered those in Early Head Start, Early Head Start would be easily overlooked. She said, “I think they need more Early Head Start [representation]. Because if they don’t [get it], Early Head Start is not going to be voiced.” She was agitated that, in the process of reporting during the Policy Council meeting, Early Head Start seemed to have been completely forgotten, and she added, “If there were Early Head Start parents there, they didn’t voice their opinion.” Vickie became committed to sounding her voice for Early Head Start on the Policy Council for the entire Head Start community in her county. She attended meetings regularly and was an active participant.

Jackie seemed to want to make her voice heard, although it was unclear to what extent she followed through on her desires. When she expressed discontent with program policy in Early Head Start, she claimed she would take her questions about the program straight to the program manager. When asked if she thought the program manager would listen to her concerns, she replied, “Yeah. I think she will. And if she don’t, then I’ll go to a higher person. I don’t care. Why should I go to school [Early Head Start] and feel like—I don’t know what I want to say—I don’t know. I don’t know what I want to say.”

Although Jackie seemed to imagine making her voice heard and therefore exerting some control, there was no evidence that she actually did. Furthermore, she turned away from the question posed of her and claimed she didn’t know what to say. Her response might be seen as a prime example of the difficulty some parents had with reflection and articulation, mentioned at the opening of this chapter.
Power

Vickie portrayed a sense of power in addition to the value she placed in having a voice. When asked how she would describe herself to others, Vickie said she was a "bitch" and seemed proud of her label, saying that's what "everybody" calls her. She claimed to think that she was "better than everybody else," saying that she and her few friends liked to make fun of other people behind their backs. She shared that she had been picked on a lot as a child because her family "didn't have anything" and because she was "fat." Now, as an adult, it was as if she retaliated for the treatment she had received as a child by exerting control over others in the way that she had learned—to pick on others by belittling them.

Vickie claimed to be putting her efforts into continuing her education so that she could provide for her daughter. In Vickie's words: "That's why I'm goin' to school. So I can do that for her. It's hard not havin' and bein' picked on. I don't see [my daughter] bein' picked on. I see her pickin' on other people." Vickie seemed to hope her daughter would learn to have the same control Vickie imagined herself having.

Donna, who described herself as "very outspoken" and "honest," also reflected a sense of power, although different from Vickie. While Vickie seemed to exert power by "making fun of" or belittling others, Donna spoke of her involvement in Early Head Start and explained why she got quickly involved in parent participation. She shared that she had been afraid to leave her child with just "anybody," citing news reports of abuse that have unfortunately been associated with some childcare. She claimed, however, that it was a fear she got over "real quick." She said the main reason she heavily participated in
Early Head Start was for her daughter, “because I want to make sure I’m involved with what’s going on in her life.”

Neither Kathy nor Jack revealed this same sense of voice or power, although Jack seemed to attempt to control others with his voice (yelling) and physical presence and threats of force.58 Recall his threats of legal action against physicians caring for his son and his commands for information about Kathy’s health status (Chapter 2). Even Kathy admitted that Jack was a “controlling” person, but in her own sense of powerlessness she seemed to seek refuge in Jack’s characteristics.

Kathy’s sense of powerlessness was revealed early in the study. One day I had explained that I parked on the street and not in their driveway because I wanted to avoid trouble with their landlord. Jack insisted that I park in their driveway and that I shouldn’t be required to walk across the street. Kathy responded to my explanation with her own take on life: “We don’t have to do anything to get into trouble.” She meant that, since they would likely get into trouble through no action of their own, I might just as well take the chance of getting them into trouble by parking in their driveway—it was all the same and would not necessarily increase their chance of encountering problems.

Jack seemed to have his own sense of powerlessness, communicated one day with passion. It was a poignant moment that fell on the heels of Kathy’s illness and hospital episode, when Jack likely felt scared and powerless. He was vacuuming the house when Kathy returned from the hospital and nursing home after arranging a week’s medical leave (Chapter 2). Jack told Johnny that he needed to pick up the toys on the floor so that he could vacuum. Johnny did not comply with Jack’s request and, instead, stood in the kitchen and screamed. Jack responded by yelling bitterly, to no one in particular (or to
anyone who would listen), "God must hate me!" Turning to look at me, he asked rhetorically, "Why couldn't I have a mute for a son?" Surely Jack did not understand the full implication of his question. He seemed to communicate in desperation, however, that all of the chaos and complexity of their lives were a result of some punishment from God, and that God must hate him to have sent so much misery into their lives, as if Jack and Kathy had no control over it. Although Jack often seemed to make provocative comments solely to elicit the response of others, this was no such instance, evidenced by the look on his face and the emotion in his voice.

If Kathy wanted to be a competent parent and participate in caring relationships, then her own sense of powerlessness to achieve those goals was reflected in the complex dynamics of her relationship with Jack and her attempted work experience. As indicated in Chapter 2, Kathy's job at the nursing home was short-lived. Altogether she worked five days between October 9th and October 18th. Of those five days, three days the first week were spent in orientation and training; only two days the following week were actual "work" days. A migraine headache developed by the following Monday, for which she was scheduled to work, marking the beginning of the medical problems that interfered with her job. Eventually her medical condition was attributed to stress. Surely only Kathy could possibly know how much stress she actually endured. Although her medical condition remained a "mystery" (other than that she had "anxiety"), someone who could possibly see the greater complexity in Kathy's life might have had a more complete explanation.

Several parents, including Kathy, commented on the presence of child protective services. Likewise, Linda, who only had one of her four children in her care, often spoke
of the loss of her parental rights, which seemed to be one of her life's most significant events. I have provided evidence to suggest that parents lived with the threat of having their children removed from their care, which likely caused an undue amount of stress. I have also provided evidence to suggest that Kathy was a conscientious parent who highly valued the safety and well-being of her children and who valued parental competence, even if it sometimes seemed to feel tenuous to her. Scott and Katelyn lived in another state with their father; not only was Kathy unable to see them frequently, she had little control over her distant relationship with them. Love them though she did, she and Jack did not have the resources to seek legal action to enforce the apparent visitation agreement Kathy had with the elder children's father.

Kathy seldom mentioned details of the circumstances surrounding her divorce and the custody arrangements for Scott and Katelyn. When she did, they were scant and never seemed to provide a good, comfortable opening to learn more. Early in the study, Kathy commented that she hoped to regain custody of Katelyn. She added, "She shouldn't have been removed in the first place" and "that was one year ago today, as a matter of fact." The way in which Kathy marked the date indicated to me that she lost custody against her will, and the word "removed." suggested it was a child protective case. Understanding the likely sensitivity of the circumstances, I consciously refrained from prying.

On the same day, when Kathy spoke casually of her older children as she often did, she volunteered that Scott had gotten into trouble with the police at the age of six. When asked what kind of trouble, Kathy said that they lived in a trailer park at the time, and he had been caught throwing mud on trailers and breaking into them. Kathy
explained at the time that he doesn’t get into trouble now and that he was perhaps acting out when he was young because she and the kids’ father had just split up (eight years earlier), and she thought Scott needed his father.

A couple of weeks later, when Kathy left the house and left Jenny in Jack’s care, Jenny cried at the separation. It was mid-September, and Kathy remarked as the car pulled out of the driveway, “Jenny didn’t start crying until the end of July when I was in court for a week.” Kathy explained that she and Jack had been in court for an entire week and a friend had come to stay with Johnny and Jenny while she and Jack attended court. She did not volunteer what had taken them to court for an entire week, and because she seemed disturbed by Jenny’s crying, the question wasn’t posed.

Roughly one month later, Kathy started her new job. Jack was not yet employed, and childcare arrangements with Head Start had fallen through so Jack cared for the children and participated in Head Start and Early Head Start while Kathy worked. This was the same time that Johnny was undergoing a hearing test, Jenny developed bronchial pneumonia, and Jack and Kathy had been notified of their impending eviction. They were accessing unemployment benefits for Jack, TANF for Kathy, Section 8 for housing, food stamps and food pantries to eat, WIC for nutrition assistance, Neighbor-to-Neighbor to pay for electricity, fuel assistance to pay for fuel oil, and City Welfare to help with the rent. Johnny was supposed to see his behaviorist weekly under the advice of the Section 8 worker, and Johnny, Jenny, and their parents were expected to participate in Head Start and Early Head Start activities—at two different locations, with two different schedules, and with two different sets of expectations for participation. To add to matters, Halloween was in October (no money for costumes or treats); Jenny turned 2
in November (no money for a birthday present); Johnny turned 5 in December (still no money for a birthday present), and there were two holidays coming up—Thanksgiving and Christmas. They were constantly in danger of having their electricity shut off, and collection agencies frequently called to attempt to collect debt. And Jack was expecting to spend a year and half to seven years in the county farm come March.

Kathy developed her symptoms and became ill at this same time, eventually requiring her to have a psychological evaluation in order to determine an appropriate course of action, which would eventually lead to changing her Section 8 assistance from the work-for-housing plan to "regular" Section 8. She sought the evaluation from the psychologist that had been treating Johnny. Although she didn’t like him, his office was conveniently located, and she knew him and already had a connection. Kathy’s appointment was at the end of November, following Thanksgiving.

On the way to the doctor, Kathy said she was "a little" nervous about her upcoming exam. She was in the doctor’s office for a full hour. At 10:00 am the door slid open, and Kathy emerged into the waiting room. She did not appear to be well. Her first words were, "I don’t feel good. I started to have a panic attack." She made a beeline for the door, down the stairs, and out into the cool November air. As we drove together, Kathy opened up. She talked almost nonstop, pausing only to breathe:

I told him about Scott and Katelyn. I told him I used to have a good life as a kid. It was perfect. I went to church three times a week. Now it’s all messed up. I told him about my marriage to Bill. I told him about my divorce. I told him about Katelyn and how Bill got custody. Because of the sexual abuse and he didn’t think I could keep the kids safe. He asked me if I worry! I said, “Yeah! I worry!” I am so afraid something is going to happen to the kids while I am at work!
I had never heard Kathy talk so much. She paused as we got closer to home, and then she continued, “He says I can’t think about working until I get over this anxiety.”

Back at the house, Kathy continued her conversation with me. Jack didn’t ask her about the appointment, and she didn’t offer details other than to tell Jack that the doctor mentioned the Section 8 caseworker by name and she was sure they were talking about her case behind her back! Kathy went on to say how stressed she was to talk with the doctor. She provided further details about Scott and Katelyn—she said she had lost the court case to Bill because he had a lawyer and she didn’t. She said that Bill, her former husband, had the best lawyer in the state: “He used to throw all the child molesters in jail. Now he works for the defense. He works for the other side,” she claimed.

Jack added to Kathy’s details, saying they were going to fight Bill for custody and make him see what it’s like to try to see the kids. “Sure, Bill. You can visit the kids. But we can’t drive part way. My back hurts!” Jack mocked Bill. Jack added the last detail: Katelyn should be getting counseling, which Bill apparently didn’t see to, which meant that he was out of compliance with the court order.

Kathy and Jack’s disclosure lasted all of fifteen minutes and provided a wealth of information. The conversation might have continued, but it was interrupted by a call from the “big” Section 8 office in Central City. They needed something from TANF. Kathy had to call her welfare worker. “They always put me to voice mail. If she is with a client, they put me through to voice mail. They say if she is in her office, she will pick up.” Jack added, “But they put you through to voice mail.” There was a problem with TANF. Kathy explained, “They reduced my TANF for the two weeks I worked. It will stay reduced until they get a termination notice from [the nursing home].” Kathy
searched through her welfare papers to find the fax number for the welfare office. She showed me a paper and asked me if the fax number was in the heading, and I told her it was. She called the Section 8 office in Central City to tell them the fax number of the local office while I wondered why one Section 8 office didn’t have the fax numbers of the others and had to bother people like Kathy to give them the numbers. In the meantime, while she waited once again to get through, Kathy said, “I will never be on welfare again! They make it so difficult!”

So that was Kathy’s story. It was no wonder that Kathy wasn’t coping. Her life seemed to have spun totally out of control. Forced to work to meet Section 8 requirements, Kathy was required to leave her children in Jack’s care. With the memory of the sexual abuse by Jack’s cousin perpetrated against Katelyn, how could she know that Johnny and Jenny would be safe? How could she assure that she would not lose Johnny and Jenny to child protective services, too? The requirement that “The System” placed on Kathy to be both a competent provider (i.e. wage earner) and a competent parent seemed to completely push her over the edge. The requirement to be a competent provider (from the perspective of “The System”) seemed to move her into a role where she would have minimal control over that which she seemed to value most—parental competence. In her attempt to meet the expectations of others, she seemed to lose nearly all sense of her own competence and self-worth, and her life seemed hopelessly out of control.
Change

"To try and change the cycle. I think that’s about it." (Vickie, responding to the question: What’s the most important thing about being a parent?)

In addition to competence, care, and control, parents indicated that they desired change. They wanted to be better parents for their own children than their parents were for them, such as Vickie indicated above when she referred to changing patterns of unhealthy parent-child interactions. Parents also wanted happiness for their children. Their desire for happiness might be interpreted as an implication that they didn’t experience happiness themselves in childhood. However, this relationship was seldom clearly stated, except by one parent who said she wanted to “lead [her children] through a better life than what I was led through.” Parents also placed a high value on education and seemed to understand education as a means to progress, both for themselves and for their children. Finally, in order to provide their children with the education they believed to be appropriate and to have experiences that supported positive development, the families wanted to participate in Early Head Start. The evidence from families about the change that they seemed to want and the way they might achieve it is organized around the following themes: happiness, progress, education, and Early Head Start.

Happiness

Happiness means different things to different people. For many families in this study, happiness often seemed to be associated with material items and/or the joy that came from particular experiences. For example, Jack wanted his children to have the tail of a deer because he knew they liked the softness of the feather on a Native America
“dream catcher” he had displayed in the kitchen. He wanted Johnny and Jenny to have something else they would enjoy touching, much like they enjoyed touching the feather that hung from the ornament. Jack wanted other children to have happy experiences, as well. When they went on a bowling outing with other Early Head Start families, Jack insisted that the kids not be expected to follow the rules of bowling but that they simply be allowed to have fun.

Kathy and Jack seemed to value happiness in their family, which they may have felt when there was abundant food. When Scott and Katelyn came to visit, they honored the occasion with special foods they didn’t typically have in the house—ample bologna and cheese from the deli to make sandwiches, a case of Pepsi, and bags of snacks like Cheese Doodles.

Kathy and Jack both expressed frustration and disappointment that they were not able to purchase Johnny and Jenny gifts for their birthdays. They eventually purchased bikes they had set aside on lay-away at a local department store. Even though Kathy once said that she knew they should probably spend the money on something they needed more, such as repaying the money they had “borrowed” from City Welfare, it seemed that the bikes for the children were a higher priority. They seemed to place the children’s happiness above their other needs (for which they could likely access other resources).

In spite of the effort and expense that often went into getting a tree and decorating it for Christmas, all of the families who celebrated Christmas had a tree. For all of the families, it seemed it couldn’t be Christmas without a tree, just as it couldn’t be a child’s birthday without a cake and presents. Jackie had commented at holiday time that she
didn’t mind having a small tree because if it were too big, she would feel worse about not having anything to put under it.

Sometimes families dreamed of what would make them happy. One day when they discussed the odds of winning the lottery, the jackpot of which was up to a few million dollars, a group of moms shared what they would do with the money if it were theirs. Jackie said dreamily, “If I got rich, I would buy a big enough house first of all.”

Not only did parents say and do things that indirectly pointed to what they seemed to believe would bring about happiness, they also directly spoke of the desire for happiness for their own children. When asked what the most important thing is about being a parent, one parent responded, “Making sure your kids are happy at almost all cost.” She recognized that her children might be temporarily unhappy if they were being disciplined, but overall, their happiness was important to her. When another parent was asked the same question, she replied without hesitation, “Raising a happy and healthy kid.”

When another parent was asked what she wanted for her children’s future, she said, “I want them to be happy.” A fourth parent was asked what she wanted for her daughter’s future and she replied, “I want her to be happy. I want her to not want for everything. I don’t want her to get teased in school. I don’t want her to be a snob, but I want her to be in the popular group.” The expression of what this parent wanted for her child was directed precisely at her own experience—she had wanted for things as a child that her family could not afford, and she had been teased in school because her family lacked what many other families seemed to have.
Progress

If parents desired happiness, which may (or may not) have represented a change for them, they also seemed to desire change by way of “progress.” One parent spoke proudly and admirably of a friend of hers who had experienced change and made personal progress: “I’m so glad she got out of the projects because lots of times once you get in [the projects], you can’t get out.” She was proud of her friend who had worked to get a job at Head Start and had “moved up” by getting out of public housing.

Linda often spoke of her own efforts at making personal progress toward parental competence. Once, when she spoke of visiting her oldest child at a residential youth facility, she said that she was trying hard to be a good mom for her youngest child. She valued her progress toward parental competence and seemed determined to continue that progress.

Education

Parents often seemed to view education (particularly for their children) as a means to achieving progress as well to the achievement of their children’s own competence. It was implied that they valued education for the progress (i.e. change) it could cause, and they sometimes seemed to value it simply for the sake of education. When Jack and I discussed the informed consent for this study, he readily agreed to participate. As he signed the forms, he said, “First of all, it’s for you, and you’re cool. Second of all, it’s for your education.” As he ended his sentence with emphasis, he communicated admiration and pride that I was engaged in an educational pursuit, and he valued that, as many of the other families who participated in this study also indicated.
When asked what she wanted for her kids, one parent claimed “a good education.” She added, “I think I am going to be one of those parents who makes them go do their homework before they can play outside. My mom didn’t do that with me. That was awful. I put everything off until the last minute.” This mother wanted to implement change.

Another parent said that she wanted her child to be “informed. Be a leader.” She wanted her child to be more focused than she was in school, and she envisioned her child going to college.

Some parents had their own education as a goal. Four parents were either enrolled in a college program or had plans to attend college or get additional training. Yet another parent continued her pursuit of her Graduate Equivalency Diploma.

One parent said that she wanted to get a better job, and she recognized she would need to get her GED as a next step. When asked what steps she might take to make her GED and a better job, she said she didn’t know. In her interview, she was pressed to articulate her goals and the steps:

I want to have a better job. And hopefully, well. I really haven’t thought about the future. I want to get my GED. I don’t know. I want to do something, but I don’t know what yet. So...I don’t know. I don’t know. It’s hard. With two kids it’s hard with trying to get babysitters. Just things like that. I don’t know what I’m going to do.

Other parents also had difficulty articulating the steps they would need to take to reach a particular goal. One said she wanted to “go to school and...have a couple more kids.” When asked how that would happen, she said, “I’m not sure.” Her primary concern at the time was housing. Although they seemed to want change, sometimes the parents’ immediate needs and concerns may have gotten in the way of making it.
Early Head Start

Each of the families who participated in this study viewed Early Head Start as being good for their children and something the parents wanted. One parent said she participated because it was a way to have fun with her child. “All I want is for her to have a good time while she is there,” she said. Another parent participated because she believed her children were learning good moral values and she liked the consistency. “I think it helps the kids out with a little bit of consistency,” she said, “because then they know what to expect.” She also felt that watching her children grow and learn with the other children was helpful.

Donna claimed that Early Head Start was both good for the education itself and for the preparation for further success. She liked the idea of Early Head Start, and then Head Start, and the role the program played in her child’s readiness for first grade. Donna said she felt like she could “manage it on her own” if she needed to, but that having Early Head Start would make it easier and help her child to be better prepared than if she didn’t have the support. She saw Early Head Start as something she wished she had participated in herself as a child.

Another parent spoke of the value of her own participation in Early Head Start as being good for her daughter:

...I am doing a little bit to better my child’s life. I am doing it for her. ...It gives me some time to be an adult and to be with other adults. Not just my friends. And that’s why I do it. And I want [my child] to be able to say, “My mom did this for me. She cared enough about me to do it.”
This parent went on to say that she wanted her own parenting to be different from what she knew as a child, and she believed that her own involvement in Early Head Start was a way to show her commitment to trying to make that change.

Although they often had difficulty identifying just what it was they wanted for themselves and their children, each of the parents participated in interactions and behaviors and had ways of communicating their goals and values. Through participant-observation and direct questions posed in different forms, it became evident that the parents desired to be competent providers and parents; they desired caring relationships characterized by affection, inclusion, acceptance, justice and equality, and respect. Parents expressed a desire for control over their lives and wanted to have a voice and a sense of power to contribute to that control. Furthermore, parents valued change: they wanted their children to be happy; they wanted to make progress toward their competence and happiness; and they valued education for the sake of education as well as a means to progress. Finally, parents valued their participation in Early Head Start. Who would they encounter in their participation? The home visitors that worked for Early Head Start are the subject of Part II.
At their weekly staff meeting the home visitors came together with a mutual interest in supporting each other in their work of supporting families. They shared an unspoken understanding that came from common experiences only home visitors know. At this meeting, donuts were being passed around the crowded table while the topic turned from planning a Parent Committee Meeting to staffing families. In preparation for the staffings, the group broke briefly. One home visitor answered the relentlessly ringing phone; another retrieved Staffing Report documentation sheets, and the remaining home visitors scurried to their office to get working files.

The staffing began as Mary sought suggestions from the group about how to increase a two-year-old’s attention to books. Suggestions abounded. As this staffing came to a close, the group slipped into a few moments of silliness, which was their way of coping and which barely relieved some of the stress of promoting child development against insurmountable challenges such as perpetual homelessness.

The next staffing was brief. Beth explained that she had a brand new family whose needs were so elementary that she didn’t yet need ideas for activities—the family’s needs were far more basic. Her description of the young mother who recently moved out on her own prompted a barrage of comments and suggestions:

“Maslow’s needs!”

“Bring a whole bunch of ingredients there to make something and then just leave the stuff there after doing the cooking.”

“[The mom] needs to know how to get connected to TANF, food stamps, etc.”

“17-year-old mom who’s never needed to make her own food. Get ‘Quick and Easy Meals’ from Cooperative Extension.”

“Get [mom] excited about watching [her baby] grow!”

“Take her the video, Baby Love.”
Jane busily scribbled notes on the Staffing Report while the others pulled together their belongings and filed out of the small room that doubled as the manager’s office. The home visitor, whose turn it was to take meeting minutes, leaned forward to get clarification from the program manager about who would be responsible for follow-up for certain activities related to the up-coming Parent Committee Meeting. The lively meeting had come to an abrupt close as the aroma from the kitchen filled the hallways and offices of the busy River City Early Head Start and Head Start Programs. (Fieldnotes March 9, 2001)

The “staffing” represented above was an event during staff meetings when each home visitor had an opportunity to share a family’s “case” with the group of home visitors and get ideas about how to proceed in their relationship and work with the family. A home visitor explained the process: “You come in, talk about a particular family that week, and... every home visitor gets to talk about... things going on or things you want to work on that you want help with or opinions or advice.”

Sometimes, even when a home visitor didn’t think there was anything significant to report, ideas were brought forth from the group when a case was discussed. In one home visitor’s words: “I think [the staffings] are really good. ... There would be times when I would take out a family’s file, and I’d think, ‘Oh, I don’t know. There’s nothing to talk about this family.’ And you would go [to the staffing] and ... see so much.”

Each of the home visitors reported that “staffings” (or “staffing families,” as it was also called) were useful. They reflected the essence of the home visitors’ roles with families and with each other—when the joys and conflicts of home visiting were articulated for a group of understanding colleagues and when support for the home visiting relationship with families was both sought and obtained. Said another home visitor: “The staff meetings are very important—where you can share, where you can say,
"I hate going there because it is so awful! What can I do? Is there a way I can tell her she needs to wash?" You know, it's difficult sometimes."

I participated in several staffings as part of my initial fieldwork. Participant observation at the Center among home visitors was an explicit attempt by me to understand the program as context and to get to know the home visitors from a research perspective before I sought to uncover the perspectives of families. Prior to participating in the program alongside families, a transition that I made the first week of Center-based services at the end of September, I was a participant observer for approximately 45 hours among home visitors. Field activities included weekly staff meetings, a monthly "Goals" meeting for all River City Head Start and Early Head Start employees, two Parent Committee Meetings, Policy Council, home visits alongside home visitors, and simply hanging out among home visitors in their office and in the lunch room.

In the period from June to mid-September, I conducted two in-depth interviews with each of four home visitors. Two of these home visitors would be leaving their jobs before my study was complete, and one of the replacements was someone familiar to me who agreed to participate as a fifth informant. With the new home visitor, I did ongoing interviews one-hour in length from early August to January to understand the home visitor role as she was socialized into her new position. The interviews with the home visitors and my early participant observation are the basis of my description of home visitors. In all, I have 24 hours of audiotaped interviews with home visitors. All but seven hours of the home visitor interviews were conducted in individual's homes at my request. I wanted the home visitors to be comfortable, in a private setting, removed from
the context of Early Head Start, making their discussion with me as naturalistic as possible.

I was particularly excited about the home visitor interview phase of my project because I had long wondered what motivated other home visitors to do the job of home visiting that I had come to love in early intervention. I had entered this study unaware, however, of the extent to which the Early Head Start program influenced the home visitors' jobs and relationships with families. There are many aspects of the home visitor-family relationship in Early Head Start that may apply to home visitors in early intervention. I specifically discuss what I see as the influence of Early Head Start policy on home visitors in Chapter 4 because this influence was so strong and because the program context is important. I describe home visitors as they implement the program for which they work. In Chapter 5, I take up the notion of the "good" home visitor. What are the qualities that home visitors believe necessary for their success? Finally, in Chapter 6, I provide a description and interpretation of what it is that I came to see and hear that home visitors wanted from their work and what they hoped to accomplish in their relationships with families.

In all interviews, home visitors were especially protective of family privacy. Although the home visitors knew that I had administrative permission to access family files, that I had signed a confidentiality statement for the program (required of all volunteers), and that my research role was fully disclosed to families, home visitors maintained utmost sensitivity to the privacy of families and seldom used family names when they were discussing relationships. (This behavior sharply contrasted the ease with which they discussed the details of family's lives in their staffings.) Out of respect for
appropriate sensitivity, I seldom asked the home visitors to reveal the names of the families under discussion. If I did, it was only in order to simplify a complicated situation for the purposes of discussion and understanding. In most cases, it was not necessary for me to know the names of individuals or families being discussed. Given the sensitive nature of this study, my role as an insider on both sides of home visitor-family relationships, and given my focus on the relationships themselves rather than on the particular individuals involved, I felt better in the end not having names divulged to me. Furthermore, I believe this respect for the privacy of families in my early conversations positively influenced my relationship with families later; I did not have preconceived ideas about particular families, colored by my interviews with home visitors.

For the purposes of reporting, although the home visitors are seldom referred to by name, I call the home visitors Alice, Beth, Jane, Mary, and Sue. The home visitors ranged in age from 24 to 55 years with varying life experience. One home visitor was widowed, one was single, and three were married. Two of the home visitors had adult children. All of them had Bachelor's degrees (or the equivalent) in Human Services, Social Work, or a related field, and one had a Bachelor's degree in Language. Their experience as home visitors ranged from "new to the field" (with experience gained in college internships) to eight years.

Individual home visitor salaries were close in range, all falling within $10,000 to $19,000. There was a greater range in family income, from $40,000 to $79,000. While individuals paused and generally took several seconds (even minutes) to contemplate family income, all of them quickly identified their social status as "middle-middle.
This is particularly important given my interest in the influence of different social niches on the home visitor-family relationship. I sought a home visiting context in which there was class difference between home visitors and their families. I found it peculiar that it was much easier for home visitors to claim their social niche than it was to identify income bracket. This confirmed my assumption that the home visitors would self-identify themselves as “middle class.”

The following chapters aim at getting inside the home visitors’ understanding of their role within the Early Head Start program, their understanding of themselves as home visitors, and what it means for them to do their work with families.
CHAPTER 4

HOME VISITORS IN EARLY HEAD START

The home visitors filed into their crowded office, moving past the "teacher's desk" as they made their way to their own places, marked by individual bulletin boards and posters that reflected the joys of working with families with young children. They called the desk by the door the "teacher's desk" because it was used by a classroom teacher. While the five other desks in the office were designated for home visitors (four Early Head Start and one Head Start). A case of infant formula sat on the corner of the "teacher's desk," pleading in black marker, "PLEASE TAKE." To the right stood a large bookshelf overstuffed with hundreds of children's picture books, durable board books for infants, and adult reference books on a range of pregnancy, child development, and child guidance topics.

As the home visitors filed in to start their day, they became a tangle of conversation about the weather, weekend plans, and relationships with families. Mary called to Jane across the room, referring to the box on the "teacher's desk." "Did I tell you about the Similac here?" Mary asked. Jane responded cryptically as she shuffled files and papers. "No. I only have 'Enfamil-with-iron-kids.'" Mary posed a rhetorical question in regard to the donated formula. "Now what would be the value of this? We might get a little in-kind going." It was not even apparent that Jane heard the question. However, she paused from her activity and remarked that she figures food at full market value because, she explained, "Even though we are supposed to figure in-kind values based on second-hand or yard sale prices, I would not buy food at a yard sale."

The exchange was interrupted as the program manager and nurse came into the office. Suddenly the room was buzzing with conversation, and Mary answered a phone call. When Mary hung up the phone, Jane observed, "See, sometimes they call and don't have a release [of information]," reinforcing Mary's decision not to discuss an enrolled family with a third party over the phone without proper permission.

The home visitors gathered their drinks and filed out of the office, following the program manager into her office for the Friday morning staff meeting. As they left their office, the question remained. How much is a case of second-hand infant formula worth? (Fieldnotes March 23, 2001)
Influence of Early Head Start Program Policy

Documenting in-kind contributions was but one of the many policies and procedures of Early Head Start. It was a significant part of the maze of paperwork that the home visitors in this federally funded program completed, and the topic of in-kind was ubiquitous in conversations and interviews with home visitors, in staff meetings, and on home visits. The program tracked in-kind contributions in the form of parent participation and/or contribution of physical goods (such as the infant formula) or time contributions by other agencies and volunteers (such as when a guest speaker came to address parents). One home visitor described in-kind as...

...an interesting thing because...you [have] these little cards...and so [parents] put down their time as far as what they have done in a parenting way with their kid...and we get credit for that, and we get money for it...because there is some kind of matching funds. I don't know how it works, really. There's some kind of funds when we have volunteers. So every week they fill this thing out and you put the number of hours....

When pressed to explain how in-kind is determined, one home visitor described it as “...sort of a loose kind of thing.... It's what you would be doing anyway. It's life. But you are getting credit in a certain way for being a volunteer.” In-kind was never easy to explain.

In addition to documenting parent participation, home visitors were responsible for documenting volunteer hours and activities as well as donated items, which was tracked on forms that families signed. One home visitor recounted how she had a family that questioned this system: “She knows why, because I have explained it a hundred times why we do it, and she just laughs! She does—she laughs! And she gives me donations, and I bring it back and itemize, ‘This snowsuit is worth $10.00.’ And she
laughs, 'You’re so foolish!' She thinks it’s funny that we count that.” When asked why she thought the family found the system funny, the home visitor paused to think. “Probably because it is!” she said, bursting with laughter as she considered the absurdity of this. “Because it is normal stuff that normal parents do with normal kids!”

Another home visitor explained that parents volunteer their time to the program by “...working with their kids. Let’s say they go to the store, and...they might talk about the names of the fruits or whatever, that’s in-kind. Or when they are teaching their kids about washing their hands. That’s in-kind. All of that is in-kind.”

Although the types of activities that got documented as in-kind were what one home visitor described as “normal,” another home visitor explained that what was considered “normal” by some was not universally true: “…you don’t see it everywhere, you know. I don’t go to everybody’s house and see...paintings on the walls and...stories and stacking blocks. You know, not everybody does that.”

As part of the program, the home visitors documented the activities parents did with their children outside of home visit time as well as when they participated in program activities. In-kind documentation was kept for all meetings and events, including home visits. All in-kind contributions were assigned a dollar value, which meant that the program was rewarded for parent participation, a concept that had important implications for the home visitors’ work.

When home visitors were asked to tell about a “hard” (i.e. difficult) home visit, one described the difficulty that the in-kind policy created for her because she could not get the parent involved in the activity with her child. The home visitor explained:

…I see her weekly. She never cancels. I am always there. But she talks a lot about her own personal issues. ... And I’m not going to say, “We can’t talk
about this [personal issues] because we need to get to this [child development activity].” Because I’ll be doing something with the child at the same time, but she doesn’t get involved in the actual activity part. …I know that it’s supposed to be parent involvement. And that’s part of what the home visit is—is to participate in the home visit. …I mean, you can be there, but participating is another part.

This emphasis on parent participation was reflected in the parent involvement philosophy for the program. Upon program enrollment, families were asked to sign an agreement that explicitly pointed to the expectation for participation. As part of this “Agreement between Parent and Home Visitors,” parents signed a full-page document that included this statement: “As a home-based parent or guardian, I understand that the Home Visitor is coming into my home to help me in my role as my child’s first and most important teacher.” One home visitor explained this concept: “That’s a nice clause in there for the parent. When we sign that agreement…we agree to work together.” She talked with me as if she were talking with a newly enrolled parent:

It’s an agreement. On the first day… you are going to plan a place in your house when I come over, and we’re going to do visits, and we agree to do this together. …We agree that you are the child’s first and most important teacher. And I am here to help you in your role.

To make it even clearer, the home visitor continued to explain, “I’m not going to be coming in and do wonderful activities and then leave, and that she is going to be doing the dishes the whole time I am here. You know she needs to be with me. It’s a partnership. That’s a nice clause.”

This expectation for parent participation was closely tied to the idea that parents are their children’s first teachers, which pervaded the program and the home visitors. It was difficult to determine the extent to which this concept was imposed on the home visitors by the program and was therefore learned in the socialization process; if it was a
belief inherent within the home visitors separate from the program, or if there were forces acting in both directions. One home visitor commented, “The family helps the child. ...I mean, parents are the first teachers. The minute they are born, the parents are teaching. ...Just by taking care of and nurturing and everyday stuff.”

Another home visitor explained that the parent involvement philosophy was... “…ingrained throughout the program. And to get that philosophy, you have to believe in it yourself—that the parent is the most important teacher. ...If I don’t believe in it, if I don’t follow it, [parents] are going to see that quickly.”

Yet another home visitor said that this philosophy, although ingrained in the program, was something that was “unevenly understood” by parents. “…The idea of the program is the parent is the primary teacher. ...A lot of [parents] will say [to their child], ‘Oh, your teacher is here.’ You know, and that’s just what they do. But we’re trying to get across that the parent is the primary teacher.

In the process of recalling the individual statements she wrote on certificates of participation at the end of the program year, one home visitor made the connection between parent participation documented as in-kind and the parents-as-teachers/parent-involvement philosophy of the program. “I wrote for both parents...it was great how they were involved in the child’s life and how they were participating on the home visits. It was exactly that—they were great teachers—great teachers for the child.” Her statement was evidence of what she believed and chose to reinforce for families—that their involvement in Early Head Start had inherent value for the parent-child relationship.

Keeping track of parent participation and donations as in-kind contribution was a small part of the never-ending paperwork of which all of the home visitors spoke. The
burden of paperwork came up in staff meetings as well as in home visitor interviews. During a staff meeting, one home visitor complained that there was so much paperwork and program policy information to share with families on home visits that it felt like there wasn’t time left for activities and doing the job as it should be done. All of her colleagues agreed with her. When there were twins in the family, much (although not literally all) of the paperwork was doubled, while the home visit time was not. In regard to paperwork for developmental screenings (this program used the Ages and Stages Questionnaire, referred to simply as the ASQ) and the Family Plan Agreement (FPA), one home visitor wailed, “Two ASQs and two FPAs…two of everything!” She lamented the burden of duplicate paperwork in a relationship that was already complicated by two babies!

Home visiting in the context of Early Head Start involved paperwork—and lots of it. Home visitors explained that they told this to families this when they enrolled. Said one home visitor:

On the first phone call, I tell them there’s an awful lot of paperwork that needs to be done and that we are mandated to do it, and we have certain time frames we have to do it in. I try to get the real specific ones done first that we really need to be done—the ones pertaining to safety...like the health history, the emergency form, and the [permission for] screening.

She went on to explain how the paperwork of Early Head Start interfered with what she considered the real work of home visiting:

...I would really love to have the first visit just sittin’ and talkin’ and chattin’ and...getting to know mom and the kids, playing with the kids and stuff that’s sometimes impossible. You have to get all the paperwork done. It just irks me that, at some point that becomes the most important thing to do—the damn paperwork. And I’m thinkin’, “NO! The most important thing...is we’re here for this family.”
“And so what,” she asked rhetorically so that the emotion was heard in her voice, “if I don’t have time to fill out that form I took ‘em?” Although this home visitor admitted the necessity of some of the paperwork, she regretted that it often dictated the home visit.

The burden of paperwork on the home visitor’s relationship with her families was iterated by another home visitor who explained that sometimes there is a lapse of home visits due to family illness, holidays, training, or the like, and then the paperwork that needs to be completed accumulates. She was frustrated as she explained that she wants her priority to be the family, but she knows she has to complete paperwork for developmental assessments, nutrition assessments, and more. She burst with emotion as she spoke: “There’s too much paperwork! I can not stand it! I have to record things everywhere! Like four places in my file. And it’s aggravating. I’ll say, “Well, it’s here.” Then she imitated the response she would potentially get from her supervisor: “Well, it needs to be here. It needs to be there.” ...It’s so much about the program! And I don’t do that when I go out on home visits—I try not to. But then in the long run, somehow I’m going to get screwed because I don’t have it documented here or there or....” She concluded sadly, “It’s focused around the program.” As this home visitor continued, she seemed to begin to grasp the relationship between documentation and funds to sustain the program: “I don’t know if it’s like that because it has to be because we’re federally funded, and if we don’t show that we’re doing this and this and this and this, and it’s documented for everything, that we won’t have the program.”

The topic of paperwork came up with another home visitor who explained that the home visits and the Center Days should be the biggest part of the home visitor’s job, “but
there is a lot of paperwork during the school year,” she added. Another home visitor explained it succinctly: “...everything has a paper to it,” she said in exasperation.

As an early intervention educator and former early intervention program administrator, I approached this study with experience with bureaucracy, and I understood that paperwork was part and parcel of any bureaucratic system. However, I was not prepared for the extent to which this bureaucratic organization weighed on and influenced the work of these home visitors. The first clues were comments made during the staff meetings I attended early on. It was completely revealed, however, in the context of the interviews with each home visitor. When I asked home visitors what they would change about their jobs or their work if they could, I anticipated answers that were reflective of their relationships with families. However, their answers always fell to aspects of the program that were outside their direct relationships with families. “What do you like least about your work?” I asked. “Oh my,” one home visitor said. “There is an awful lot of paperwork!”

Amidst documenting parent participation and the maze of paperwork created by federal funding and associated mandates, I aimed to find out just what it was that home visitors did.

What do Early Head Start home visitors do with families?

In addition to the policies to which home visitors were expected to adhere, there were also program components integral to the home visiting relationship in the context of Early Head Start. The home visitors explained that they had four components that they are required to cover in the process of conducting home visits: health, nutrition, social
services, and education. The Home Visit Plan—the sheet of NCR (carbonless) paper that documents the visit (the original for the program file and a copy for the family)—had boxes that demarcated these components. One home visitor explained: "...most things go under education, I mean, it seems to me. If you are doing something with a child...let's say playdough—that's education. You want to be thinking of other things to fill in those other boxes."

Another home visitor expressed the challenge of documenting a typical one-and-a-half-hour home visit on the required Home Visit Plan. She said, "... a lot of times when I do a home visit there is an awful lot of conversation that goes on. ...And there's a lot of information going back and forth. ...To me, it's a natural type thing that should be happening. And I'm happy that it's happening! I feel I'm doing my job. And I don't always write everything down. Well," she added under her breath, "they give you a little box like this," and she formed her fingers to demonstrate about a two-inch square. It quickly became evident that the home visitors often felt constricted by the documentation required for meeting federal guidelines.

The home visitors consistently explained that they were expected to document education and social services with each weekly home visit, but the health and nutrition components could be documented at least monthly. Given this framework, I persisted with home visitors to query what it is they do with families—not what activities they planned for home visits, or filled in each of the boxes on the Home Visit Plan, or what paperwork they completed. But I asked them, "what is the work of home visiting?" As we got to the heart of my inquiry, two primary roles emerged for home visitors in the context of Early Head Start: social worker and educator.
Home Visitor as Social Worker

I asked home visitors how they would describe their work to someone from another country or to someone who was completely unfamiliar with the program. In the words of one: “I say it is a mix between social work and early childhood education. It is a parent support—we’re here for the parents. It’s assessing family’s needs and using resources to help them.” Another home visitor confirmed this idea: “My work is pretty much divided between the child and the family and how they blend together....”

A third home visitor had a difficult time describing the work. She said she would “...just talk around it. I would say that we support families...in various ways. ...We support them through child development. We try to help them. ...We’re helping them with parenting and other areas. Especially parenting, because that’s a difficult one.” When asked what she meant by “talking around it,” she explained further:

...Certain jobs, you can nail them down and say, “This is what I do. I build a road. I lay down the concrete.” So I mean you have to sort of give the idea. It’s not a specific thing that we do. We’re trying to support these families and help these kids. Make sure they are growing well and learning. But we’re not really teachers—we’re there to support the families...in this kind of development.

Another home visitor described the work as a hierarchy. When asked what she meant by that, she asked:

What’s more important? ...That the child has an hour of play and then has nothing to eat that night? And the next morning? You might not get your gross motor activity done or your speech activity done, but you were able to take them to the food pantry and get them hooked up or whatever. ...I feel that is more important...for the child, for the family, for everybody. And know that the speech is going to happen next week. So that goes on the back burner, the activity.
She ended with a laugh. “My activities always go on the back burner!” She meant that helping families with social services came well before assisting them directly with child development activities.

And just what did the home visitors do as social workers? What went into the little two-inch box on the Home Visit Plan labeled “Social Service”? Home visitors described an array of activities, from accessing the food pantry, making referrals to human service agencies, helping families with transportation to medical appointments—the list went on and was all related to meeting families’ basic physical needs for food, clothing, and shelter. One home visitor told about her home visit to a family that had no food when she arrived. Using the words of the mother, she recounted: “We have no food. I have no money. I didn’t get my support check. The kids, we ate breakfast and that’s it. I don’t know what we’re going to eat for lunch.” Then the home visitor recalled her next steps with the family: “...We walked over to the Salvation Army; we got some...food. That visit was spent making sure they were going to eat that day....”

Another home visitor described making sure the children had clothes for school: “What do they need to go back to school? Do they have sneakers? If they don’t, well then we’ll go to get them. We’ll go down to the community clothing; we’ll go to the thrift shop; we’ll go to get clothes, if she has no idea where to get them.”

Social work was also doing the “common” activities of finding housing with a family or getting a family connected to housing assistance such as Section 8. Or, as one home visitor explained, social work might be as individual as the family itself, such as finding a way to get a junk car out of the family’s parking lot if the removal of the car would prevent the family’s eviction.
Sometimes there seemed to be a fine line between components. Was it “social services” or “health?” A home visitor provided an example of the gray area that existed in making such a distinction: “In three of my families, hygiene is a topic we talk about on almost every home visit. Whether the baby is in clean clothes, whether he is in a clean diaper. If the cat’s eating out of the dish while ...he’s eating it, too.” Or in the case of head lice, a common disruption to family life that spanned social work and health, one home visitor explained. “Sometimes you need to go and help wash heads!” Again, she placed the priority on helping the family with what they needed at the time, above and beyond that which was directly related to a child’s early learning.

Food, clothing, shelter, hygiene—home visitors in Early Head Start had a primary role as social worker. Their job was to support families in whatever they needed. “...dealing with welfare, dealing with housing, or...surviving,” as one home visitor explained. The one idea that all home visitors conveyed was that they were not spies for welfare. Although child welfare was a concern among all the home visitors, they saw it as their mandate to support families, not simply to report them. As mandated reporters, the home visitors recognized the fine line between support to families and making a report to child protective services with allegations of abuse or neglect. One home visitor explained that some families have difficulty making the distinction between Early Head Start and child protective services. “There is a lot of fear of reporting [to child protective services]. You know, people coming in. ‘The System’,” she explained.

One of the reasons this confusion may have existed with families is that the Health and Human Services agencies were upstairs, in the same building as the Early Head Start program. During Center Day activities, it even happened that the social
workers for the child protective services literally walked by the window of the Early Head Start classroom and stood in front of the classroom to use their keys for access to their upstairs offices.74 Said one home visitor regarding the observation that families were leery of their possible roles as spies: “[Parents] probably think I am the social worker. And all the people connected with Health and Human Services. They think we report. And we do, but they think it’s our job to check the house.”

“I try to make sure to tell them that, no, I’m not [spying on them],” said another home visitor. Referring to the families that “think I’m The State,” she asked, “why are they so worried about it, you know?”

Although all of the home visitors spoke to their dual role as social worker and educator, one home visitor found it easier to tell others about her work if she called herself a teacher. She explained, “I’m a teacher. In fact, I’ve done a lot of thinking about that, too. …I think it’s the way people ask [me], ‘What exactly do you do?’ And [I] say, ‘Well, I’m a home visitor.’” She added that people couldn’t relate to her work when she told them that she was a home visitor, so she provided an alternate explanation, which was more descriptive: “So now I say, ‘I’m a teacher. I go to the home and I teach. That’s what I do.’ …It works out better. Even though I have no teaching credentials.…”

This explanation is what one home visitor believed families wanted to hear—that home visitors were teachers rather than social workers. She said, “I notice that most of the families think we are teachers. They introduce us as teachers if there is a guest in the house. They leave out the social work part.” She thought that leaving out “the social work part” was an attempt by families to avoid the reality that they had social issues with which they needed support.
In spite of the home visitors' idea that they were first and foremost social workers, the notion that they were also teachers was woven into their images of the work that they did. They needed to make sure that, although social work came first, education was an integral part of their home visits. One home visitor explained that she did "education" on every visit. When pressed to explain what kind of education ("Early childhood education? Family education? Parenting education?"), she explained: "I do both. I do both. I don't know. I've never been told. ...I might say to the other home visitors, 'Where do you guys put this? How do you write this up?' Because a lot of times, if the education is part of development, it's the education to the parent that is development for the child."

The home visitor's comment reflected the connection between parent education, child development, and learning. In the process of supporting parents around parenting skills, family issues, and child development, it was education to the parent which ultimately helped the child, and it was learning and education for all in the most natural of settings: home. These home visitors were in a unique position as educators—not educated as teachers but expected to be experts on child development and early learning. Furthermore, home visitors were expected to teach parents about their role as baby's first and most important teacher. Said another home visitor, "I teach parents—help parents to fine-tune their skills so that they can be the best teacher for their child. I think that's because parents are always the first teachers. And sometimes parents don't realize that."

When asked how that "fine-tuning" was done, the home visitor explained, "It is an interesting thing because it is developed from the beginning to where I step back."
That would mean I would have an activity; I would explain to the parent what we are doing, and then I will say, 'Mom will show you.' And I give everything that I have in my hands to the parent. And sit back."

Home visitors as educators had a direct influence on a child’s early learning and increasing parents’ awareness of that learning. Another home visitor described this relationship and her role in it:

I give [parents] an awful lot of information about what happens when...the kid is putting the block in a truck or a bowl or something—that he is not just using the fine motor skills but is [learning about] space, size. And there’s a lot of other things that he is learning. He might not recognize it as we do, but he’s learning those things anyways.

Home visitors as educators balanced teaching parents to be teachers, on the one hand, with having specialized knowledge about appropriate child development, on the other. This may have meant helping a parent to realize that a child may be developmentally delayed. A home visitor described her experience with that situation: "...somebody might not know [their child is delayed] if they are very isolated, if they don’t have contact with other children, which happens a lot. You ask the question, ‘Do you think your child acts like or speaks like other two-year-olds?’ And you usually get the answer, ‘I’m not sure.’

In their role as educators, all of the home visitors spoke of the importance of literacy, which was demonstrated by the value they placed on taking books to home visits. “I’m almost thinking it is the unwritten law of Early Head Start because we all do it,” claimed one home visitor. “And for me, personally, reading is everything,” she added. When the home visitors were asked what it is they take to a home visit, another home visitor said, “Always two books. Or three.” A third home visitor explained how
she encouraged a parent to take an active role with books and her child, balancing leading and following with the child and parent: "...Because you are really giving activities to kids. But you also want to encourage the parents to be involved in that...like saying, 'Well, why don't you read this book?' 'I've got these books, you want to read one?'"

A fourth home visitor explained how she attempted to balance bringing toys and items into a home with using the family's own resources:

I'm trying to ease away from bringing tons of stuff to the visit. Books, I think, are important. I probably will bring [books] to every visit, just so they know. My focus is ... reading books. ...Different children, different ages, are going to do things differently with the book. You know, and just by a child 4 months old just holding on and getting exposure to a book is, is good. ...Reading and promoting language development is really, really important. So I am always bringing books.

Teaching parents, teaching children, and supporting parents in the role of "first teacher" was carefully balanced in the context of supporting families. The home visitors were asked how they thought that families perceived their role. One responded: "I think they want to see it as teaching. Because they are doing something good for their child.... Maybe it's like... 'Oh. This person comes—is the teacher of my child. And helps me, you know, to get to my doctors.' If you look at a teacher, you wouldn’t expect a teacher to drive you to the doctor. You know? It's weird."

Home visitors believed that the families they supported understood their role to be that of educators, while the home visitors who provided those services to families believed that first and foremost they were social workers whose jobs included education. If they were teachers, then their roles were unique, because teachers don’t normally take parents and kids to the doctors or to the food pantry. Whether home visitors were
teachers or social workers, they had ideas about what made them “good.” This will be explored in the next chapter.
CHAPTER 5

A GOOD HOME VISITOR

The staff members were sandwiched around the table—the home visitors at one end and the classroom staff at the other. The program nurse told the group about a recent application she had completed. “This ap wants a home visit time of 5:00 to 6:30 p.m. because of the mom’s job schedule.” When moans arose from the group, Jane piped up. “...but lots of times the jobs don’t work out, and you will already have your foot in the door.”

The discussion shifted to staffing families. Alice shared her pleasure that on a recent home visit the children were ready and waiting for her when she arrived, and the mom had done her necessary paperwork in advance of the home visit, which apparently was uncommon.

Then Beth took a turn and shared a conflicted home visit. She communicated a sense of guilt. “Mom got out her cigarettes, and I said, ‘Don’t!’” Immediately the other home visitors jumped in with advice about how to deal with parents who smoke on home visits. Alice suggested that she gently remind the family she will be leaving in 15 minutes. Mary said she simply asks families, “If you need to smoke, could you please go outside?” Jane reinforced Beth’s apparent need to be very concrete, and she offered that she sometimes says to families, “I really need that TV off” to make the point that turning it down is not enough and to be direct with some families who may not pick up subtleties. The program manager reminded the staff collegially, “We can’t ask families not to smoke in their own homes.”

The topic of how to negotiate home visits with smoking adults was evaded and the staffing shifted to what activities would be appropriate for this family. Above the growing clatter coming from the kitchen, the suggestion was made to, “Make homemade popsicles and get that nutrition in there!” The idea of getting all the Early Head Start objectives accomplished in one visit seemed aptly expressed by the program manager’s rhetorical question. “Remember when we all thought 1 ½ hours was a long time to do a home visit?” (Fieldnotes March 9, 2001)
The "Good" Home Visitor from the Perspective of Home Visitors

Jane's comment about getting one's foot in the door meant that, while home visits might first occur outside a home visitor's usual work hours, there was a good chance the situation wouldn't continue and would eventually move to more desirable hours for the home visitor. By that time, the relationship between the home visitor and family would be well on the way to being established. From negotiating mutually agreeable home visit times to implementing program policies around parent participation, smoking, television, and guests, and accomplishing required program components, home visitors had their plates full.

What qualities are necessary for a home visitor to be successful in this work? I asked the home visitors directly, "What makes a 'good' home visitor?" They were also asked variations of the question that rose naturally in their interviews and helped me to understand. I listened to their stories and experiences as they negotiated and balanced their way through complex relationships with families in a job that demanded multiple roles and diverse skills.

Given my assumption that people probably like what they are good at and are likely to be good at what they like, I also asked home visitors what they like about their work. "I like visiting with my families," one said. "I have fun with them." "I love those kids, and that's the best thing I like about [Early] Head Start," said another. Yet another home visitor contemplated "...if the people [weren't] there, the job would be just sad." She continued, however, "...and also to have fun with their children—to show somebody "it can be fun to have children. You know?"
A fourth home visitor said she liked the fact that she had met people she would never have met if it weren't for her job. "I've worked with some really neat parents," she said. "And fun! You have to have fun," she continued. "You gotta make fun," she said laughing, "when there ain't no fun!" When asked why that was important, the home visitor puzzled at the question. "Well," she said, "I don't want anyone coming over to my house who's not fun. Really!"

But home visiting is about more than enjoying people and having fun. As social workers and educators, what was it that made home visitors good at their jobs? As the home visitors spoke, they told tales of compassion, the need to remain flexible, and other traits including patience and tolerance. As various qualities emerged from their stories, patterns indicated two more roles that home visitors played: that of tightrope walkers and family advocates.

Home Visitor as Tightrope Walker

In the process of supporting families, one home visitor claimed that a good home visitor was "someone who can listen..." as well as be "...someone who can direct." Pausing to reflect, she continued, "...direct in a very nondirective way." Remembering what she had said in her last interview, I asked if she was referring to some families' need to have their home visitors be direct and other families' need to have their home visitors be subtle, walking that tightrope that this home visitor had earlier described. She agreed and expanded her initial thoughts: "I was also thinking about being direct in the sense of leading. ...You want to lead but not in the way to be pushy. ...You have to lead and follow, kind of. You can't be too pushy or too standoffish, I think."
Another home visitor described a similar dynamic in the context of explaining how she responded to families who challenged the Early Head Start preference that families refrain from smoking during home visits. When asked how she knew when to enforce the agreement and when not to, she replied, “It’s kind of a touchy thing. ...I just take each one as an individual person, and I’ve handled it so many different ways.”

In order to know just how to handle those situations, a home visitor needed to be sensitive to those “touchy” situations because there could be negative consequences if the home visitor came on too strong. In describing a situation where a home visitor felt that a program staff member had inadvertently shown a different level of sensitivity with a parent, she explained, “…I offered for her to eat and [I would] hold the baby, and [the mom] didn’t want to eat. And she was really quiet, and she...shut us out. ...If she is either overwhelmed, or if something happens that she doesn’t like, she’ll shut people out, which I felt like she did. And then she didn’t come to the next Center Day, and I felt like that was why.”

Another home visitor explained that she had been concerned that a parent was showing signs of having an eating disorder. She was planning a strategy on how best to approach that “touchy” situation in a sensitive manner. “I just don’t know how to quietly bring that one up,” she said wonderingly. The home visitors were describing the tension of stepping very carefully around and among families in their work to implement program objectives by developing relationships with families that would make families want their home visitors to return on a weekly basis. The notion of a tightrope walker emerged, with the related qualities that both tightrope walkers and home visitors needed to accomplish their work: flexibility, sensitivity, and patience.
When asked what qualities make a good home visitor, one said:

Flexibility. If you have a plan, written—which we all have plans written before we go—you have to be willing to throw that away at any point. When you walk in the house, you have to go with what’s goin’ on...react to what’s going on at the time. If you get there and she’s just had a fight with somebody or whatever, it’s not time to make the playdough.

Another home visitor iterated the same quality: “Being flexible makes us good, too. You’ve got to be flexible. Sometimes you walk up to the house and all hell is [breaking loose]. That’s it. This plan is not going to work today.”

A home visitor new to the field explained that she understood the importance of flexibility early on. She admitted being thrown off a little by unexpected circumstances when she arrived at a home visit one time, and she said: “I just let it go. Because you can’t really—when something like that happens—you can’t say, ‘OK. Let me go out in my car for a minute so I can plan a visit.’ You know, plan something else. It just doesn’t happen like that.”

The above examples of flexibility that the home visitors cited were examples of sensitivity, as well. If a home visitor was going to “go with what’s going on” and know when to make playdough or not, she also had to be sensitive to the disposition and changing mood of the family members.

Finally, as home visitors walked their tightropes with families, the home visitors claimed a need to be patient. Home visitors needed to wait for parents to be forthcoming with them, rather than be too “pushy” or too directive with families. As one home visitor instructed:

A good home visitor would be...patient—very, very patient because parents are not always going to tell you what you already know. And so you have to wait for them to tell you before you can address it. If I jump the gun and say,... “I know he’s hitting you” or something...it’s going to wreck it. ...You have to wait for her.
During a staffing, a home visitor commented that her strategy with one parent was to “be loose so that mom will talk.” She told her colleagues that she thought doing a home visit that was “not controlled”—such as going for a walk to the park—would give the mom an increased opportunity to talk. How does a home visitor get into the position to have the kind of relationship with a parent that creates this path for communication? Home visitors told stories of compassion and respect that pointed toward their advocacy role with families.

Home Visitor as Advocate

Most of the home visitors identified a fine line that existed between themselves and the families with whom they partnered. One home visitor explicitly identified the parallel between her own experience and the experience of families: “My experience relates to this work. ...I try to be compassionate because I’ve had a lot of struggles. Who hasn’t, I suppose. I definitely see a connection to my own suffering. I think that gives me empathy toward others. I know we’re all in the same boat.”

Another home visitor explained that she started working in Head Start when she was 19 years old and that she “grew up” in Head Start—benefiting as much from working for the organization as she suspected her families did from participating. Yet another home visitor told me that she tells moms, “Hey. I’ve been there. ...I’ve been a single mom. I had to raise my kids. I love to use my family as an example because...I was on welfare at one time!”
Somewhere along the line in my own experience and training in early intervention, I picked up the idea that home visitors should not disclose their personal experiences with families. Not that I always followed that rule, but the above home visitor’s comment took me by surprise. I asked the home visitor to say more about her disclosure of personal experiences with her families. She responded, “...I think sometimes, sometimes it really helps. Because they just don’t want me to [be] talking out of a book.”

Another home visitor shared that, if she were pregnant, her income level would mean that she would be in the same economic boat with her families that her colleague identified above. She explained, “[I would] automatically would be eligible for WIC. I might be eligible for other services. And it’s very easy to get there. ...I don’t see myself too far away from them, even though I am not there right now.” She identified a very fine line between her own economic situation and that of eligible families.

Another home visitor shared a similar sentiment:

If I lived in [River City], I might be eligible for this program if I had a child! ...I try to see it that way because I don’t think [families] are any different than I am. You know? And I could be—I think about it all the time—I could be...this girl who was in high school and could have [gotten] pregnant accidentally...and had this boyfriend who ...left because I was pregnant. And I wouldn’t be able to go get a job because I wouldn’t be able to afford...childcare. ...I would have to be getting food stamps. I would have to be on Section 8 housing. I would be in that same boat.

In regard to home visits specifically and the commitment required of participating in the program, one home visitor put herself in families’ shoes once again. “And honestly, if you work five days and have...to spend...one whole day at the Center and then with the home visitor, [that] is a big deal. I don’t know whether I would want to have somebody come over once a week every week....”
In addition to sharing suffering, feeling compassion, and experiencing empathy for the enrolled families, each of the home visitors also expressed utmost respect for the families in Early Head Start. As a home visitor told about a mom who had had problems with alcohol and had "hit bottom" but was "right back up there," she said, "[the mom's] doing awesome. She really is. I'm so proud of her!" The home visitor was questioned about how she demonstrated respect to families. "By being respectful," she claimed, pausing thoughtfully to consider how else one demonstrates respect. "...I guess it's just by being respectful."

Other home visitors also spoke of respect when they considered what made a good home visitor. "That I respect other people how they are," said one. "Not how they look or what they think. Where they live, what they do for a job...."

The home visitors spoke not only of their need to respect families but of the importance of mutual respect.

...I give them value for what they have and who they are, and...that's why I want them to value me for who I am. And that kind of basic respect in the partnership that we have together is really important. Because I can see that it would be very difficult to have somebody come over to my house that I think has no idea what I'm talking about or what I'm going through....

Each of the home visitors also spoke of the importance of refraining from rendering judgment about their families. The quality of being nonjudgmental was as important to home visitors' and families' mutual respect as respect and compassion were for family advocacy. One home visitor explained that there were obvious inequalities between home visitors and their families. "I have transportation, and she doesn't," she explained. (Home visitors drive their personal vehicles to home visits.) "I have a husband, and she doesn't," she continued. (Made obvious by the fact that the home...
visitor wore her wedding ring.) “Have no judgment,” she instructed. “If you go in with
any] judgment at all, they’re going to pick up on it in two seconds, and that will be your
last visit. It’s kind of tricky.”

Advocacy for families was born of respect, compassion, the ability to refrain from
judgment about their families, and the home visitors’ ready acknowledgment that they
and families were “all in the same boat.” Sometimes they said as much directly to
families, too. It seemed to be an effort to put them all on a level playing field, regardless
of other differences. “I just informed them that it was my first Center Day,” said a new
home visitor as she revealed the uncomfortable feeling she and her families shared on
their first Center Day. “You know, just to make them feel a little comfortable by saying,
‘You know, this is my first Center Day, too.’” The home visitor shared her own
apprehension with her families, and sharing put them all in the same boat, so to speak.
Being in the same boat aided home visitors’ advocacy efforts and made their tightrope
walk more manageable. As home visitors advocated and walked the tightrope with and
for families in their roles as social workers and teachers, there were goals in their work.
The next chapter discusses the goals of home visitors in their work with families.
CHAPTER 6

WHAT HOME VISITORS WANT

The staff members chose their seats carefully for the meeting, joking about whose turn it was to answer the phone. Beth selected her seat next to the newcomer and asked, “Do you feel like staff yet?” Before she had a chance to answer, Alice cast a dry remark, “You’ll know you are staff when it’s your turn to clean the toilet bowl.” They all shared a laugh, which elicited a solemn look from the program manager who was reviewing home visitor caseloads and a new application to make a match. “I think she would be a good Early Head Start parent for your caseload,” she said, ending the laughter. “Mary is full this week. Alice has one opening. And then you,” she said, turning to Jane, “are full.” Jane responded, “And I just had a really nice ap.” Setting the matching process aside, the group got on to the business of the Friday morning meeting.

After making their way through an agenda full of topics such as continuous improvement strategies, the threat to children’s safety posed by drawstrings on sweatshirt and jacket hoods, and how to smoothly return to the classroom after Parent Meetings on Center Day, the discussion turned to staffing families, as it typically did at the end of the meeting. Mary shared her concern about the placement decision of a three-year-old child who had recently made the transition to the public school system where she was eligible for special education preschool services. “So, is the [placement] appropriate for her?” she asked her colleagues. “It doesn’t have nutrition,” she added. Jane tossed out the first suggestion. “See if you can get her lunch.” Alice was familiar with the placement setting. “They have a snack,” she said. Beth suggested, “Maybe they can get her lunch so she won’t have to pack a snack.” Mary considered the comments of the other home visitors. Given the child’s educational needs, Mary concluded, “She’ll get so much more [at preschool] than she would get here [at Head Start].”

Although the staffing appeared to be finished, Mary’s concern about the family weighed heavily on her mind and she continued. “I’m worried about lead paint, too. This family is waiting for transitional housing. We’re hoping by next week they’re in. It won’t take long to move. I mean, they don’t have anything to move.” Mary’s comment revealed a stark reality of homelessness.

As the staff members continued to offer suggestions about where to get free furniture and household goods, Mary contemplated the support that would be lost to this family if they withdrew from Head Start in favor of a public school placement. Jane recognized Mary’s concern. “You can still do a Head Start application with them.” “I

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felt like that connection with [the mother] was important,” Mary replied somberly, “And if what we think is going to happen... happens...” “Then she'll need you,” said Mary’s supervisor, as she completed Mary’s sentence. (Fieldnotes March 23 and April 6, 2001)

Mary’s relationship with this family, illustrated in the above vignette, reveals her work as an educator, a role which helped the family choose the most appropriate educational setting to meet their child’s educational needs. But the child’s needs were more basic than education, illustrated by Mary’s concern that the child get appropriate nutrition in her school setting, not to mention the family’s need for appropriate housing, which were addressed by Mary in her role as social worker. Mary acted as an advocate for this family, illustrated by her consideration of weighing the pros and cons of different programs when the child left Early Head Start, which she was be able to consider as thoroughly since she respected this family and could empathize with their needs. There were also hints of a personal relationship that had developed between Mary and the mother, as Mary had inside information that something would likely happen in which the mother might need Mary’s support in the future.

The roles of social worker and educator (Chapter 4) and as tightrope walker and advocate (Chapter 5) are all closely connected. In this chapter, I reveal that home visitors do this work for deeply personal reasons. I talked with home visitors about their work and their jobs, I asked them about their goals for families, and I heard about underlying motives and the values and beliefs they bring to their work.

When asked how she came to this work, one home visitor recounted a story in which she had been volunteering her time to work at a job similar to her home visitor position in Early Head Start. She had been encouraged to go to school and get paid for
what her supervisor told her she did so well. She said with a laugh, “Little did I know, we don’t get paid so well!” Her comment pointed in the direction of home visitors who had motives for their work in home visiting that went beyond economics. As one home visitor explained: “I want to make a difference. I want to help children grow and develop as wholesome and honest beings, I guess. I don’t know, it just seems to me that the first years are so important. And, to me, that’s where I think we need to make a difference—right there. …If the parents learn to teach right away…they’ve got it.”

Another home visitor shared a similar sentiment, noting that the services provided by home visitors make a difference for others: “But the family—the whole family—benefits from home based [services]. …If you make a difference in the family, that can be forever.”

The home visitors revealed why they like to make a difference in the lives of others. A home visitor explained her experience:

It feels good. It does feel good. It feels great when someone didn’t have something and now does. …I feel like I make changes, but not huge. Sometimes you feel huge. You can feel like, “Wow! This person got a house!” Or, “This person got an apartment that didn’t have—was living in a hotel for the last six months.” You can feel big, justified, and happy about that. But mostly it’s the little stuff that you feel good about.

When I asked another home visitor why she did this work, she said immediately, “Because I like it!” She told me, “…I do think we can make a difference.”

If home visitors were making a difference as they claimed, what kind of difference were they making and how were they doing it? As social workers and educators, as advocates and tightrope walkers, home visitors brought values and beliefs to their work, which they modeled for others and shared with their families. The home visitors’ role with families suggests this kind of a relationship: Home visitors are
champions of the cause and the rights of families, and if families come into relationship with home visitors (invited by advocacy and sustained by walking a tightrope), then home visitors can help families by modeling their values and beliefs, and together they can make change—“make a difference.”

As I listened to what home visitors told me they did in their work, two more roles emerged: home visitor as cultural model and home visitor as “nudger.”

**Home Visitor as Cultural Model**

When one home visitor talked about the activities she did with families and moms and the values that she brought to her work, she said, “I hope that a lot of times those things show—that I model them...and they are recognized.” The home visitor spoke directly of her desire to model for others. Another home visitor told me, “...Every parent that I’ve had has made *some* change, *some* progress...just by being there. ...There is some change; something happens.” This home visitor implied that the mere existence of her relationship with a family brought about some change, even without a whole lot of action.

Even if the modeling and subsequent change for families was not often explicitly stated in the day-in and day-out of connecting with families, it presented itself as an overarching theme. Early in my introduction to the inner workings of this program, I heard comments that pointed me in the direction of a widely held program belief that families who participate in Early Head Start learn from their home visitors and from program objectives and consequently make progress. Consider the following examples:
• I attended a staff meeting in March in which the Early Head Start staff were planning an event for program recruitment where parents who were either currently enrolled in the program or who had recently left the program because their children were older than 3 would talk with other potentially eligible families about the benefits of the program. A home visitor suggested they ask former families to talk about "how they've grown and benefited from Early Head Start." (Fieldnotes March 2001)

• During my participant observation in April at the Center, a home visitor explained why there are some families in the program who are "over-income." She told me there is an assumption that a family is going to "better themselves" by being in the program, and the program would not want to "kick them out" because they were no longer eligible. (Fieldnotes April 2001)

• During a staff meeting, one home visitor explained to the group about the self-assessment process of the program. She told her colleagues how the CORE group, as it was called, had developed questions to ask parents about their participation in the program—such as what differences happened to parents between beginning the program and ending it. (It is likewise important to note that the program administrator told the staff, "It is also helpful to hear if a parent says, '[Early] Head Start hasn't helped me one smidgen.'") (Fieldnotes April 2001)

The comments above suggest a commonly held belief about the positive impact of the program for families which may lead to cultural assumptions, such as the idea that participation in Early Head Start entails progress for the family. No doubt there were program benefits to families. The question should be raised, however, about the extent to
which their assumptions may have colored the perception of the home visitors about what those benefits were.

For example, during a staffing in one meeting, a home visitor described early home visits she made to a family. At first, she said, she would take activities to the house and the mom would not interact with her and the children at all, leaving the home visit “up to the home visitor.” However, after participating for some time, the home visitor explained that she had begun to take activities to the house and, she said, the mom “…moves right in and takes over.” The home visitor concluded that this mother had been “really affected” by the program. I question: Does the home visitor’s conclusion have to do with a presumption that the parent made progress because she participated, or did it have more to do with the parent’s growing understanding of what was expected of her? The question points to a difference in the locus of family change—does it lie at the heart of the program or at the heart of the participant?

In any event, as the home visitors explained what they did with families—from filling out in-kind cards to meet program mandates to accompanying families to the food pantry—there seemed to be an assumption that home visitors had a positive effect on families, and that meant progress for the participating families. As home visitors described modeling behaviors and values for families, three model types emerged from their descriptions of what they do: the Prescribed Model, the Individualist Model, and the Submerged Goal Model. They are not mutually exclusive; rather, they represent broad categories of behaviors and values that seem to be demonstrated by the home visitors in the course of their work. A description and examples (although by no means exhaustive) of each follows:
The Prescribed Model. Home visitors demonstrated a Prescribed Model of behavior when they reinforced in families or demonstrated for families any goals, values, or practices that were specifically sanctioned by the Early Head Start organization. The home visitors seemed to have learned about these in the process of being socialized into their jobs and through ongoing staff training and professional development supported by the organization. The Prescribed Model was demonstrated by the following:

- **Books and literacy.** In examples cited earlier, the home visitors instructed that they place a high priority on taking books to home visits. Furthermore, the agency that has the Early Head Start program is also home to an Americorps literacy program which works closely with Head Start and Early Head Start to promote literacy among participating and other local families.

- **Communication development.** Staff placed a high value on verbal communication between adults and children. During a March staffing, one home visitor concluded, "We need to encourage her to use her speech to help [her child]. I'm not sure how much mimicking mom does with [the child]." (The staff did note, however, that in spite of the mom's reluctance to talk with her child, the child was easily engaged.)

- **Play.** The home visitors highly valued parent-child play and objects designated specifically for play, which in turn facilitated play between adults and children. Said one home visitor who described how she conducted a home visit, "...If they don't have any toys, I bring toys. If they have toys, I play with their toys. ...I think it gets through.... You see the mother reacting to the child more differently. Interacting with the child maybe a little bit more. Taking more time to talk to the child."
• Health. There was a priority placed on the physical health of the mother and child both during and after pregnancy. During a staff meeting in which there was a discussion about how to discuss the risks of smoking with a pregnant mother, the program administrator reminded the staff, “We’re supposed to be addressing this with her. She has enrolled this [unborn] baby.”

The Prescribed Model was documented on the Home Visit Plan in the areas of Health, Nutrition, Social Services, Education, and Parent Participation. The actual activities that home visitors did with families and that got documented in the process of participation are what I refer to as “The Prescription.” But the home visitors, knowingly or not, also reinforced for families the values that are prevalent in society-at-large, such as early independence and competence. For example, one home visitor described a situation in which she went to the park four times with a mom to get a child over his fear of going on swings. She explained that she had said to the mother, “That’s it. All you have to do is give him time. Just like, go off by himself and let him do it. You know—encourage him...by swinging with him on your lap and stuff like that. He gets the feeling and kids love that feeling.” Then she proudly explained to me how she had influenced this mother. “You know,” she said, “she caught on to that and she did that.”

The Individualist Model. In addition to modeling “the prescription,” home visitors also seemed to bring their individual goals, values, and beliefs to their work in the context of Early Head Start. Not only were they expected to reinforce the goals of the Early Head Start organization in the course of developing close relationships with families, their own values shone through. The Individualist Model was demonstrated when home visitors personalized their relationships with their own unique values, which
may not necessarily have been explicitly endorsed by the organization for which they worked. Consider the following examples from interviews with home visitors:

- **Feminist issues.** A home visitor told of her advocacy for women. "...I've worked on a lot of woman's issues, health issues, and stuff like that," she explained, "and I think a lot of it comes from my agenda, my experiences. And I'm thinking, 'OK. So it's my experience, why shouldn't it be other women's experiences, too?'"

- **Competence.** A home visitor described what seemed to be her value of early competence, in spite of the complications it might cause for parents. "You know how you want your kids to be really strong-willed, especially your female babies, and you want them to be really on their feet? Well," she instructed, "you also have to teach them boundaries, you know? ...And sometimes they embarrass you, but that's the price you pay." She meant that she valued early independence and early competence, even if it came at a cost to parents.

- **Confidence.** One home visitor desired that parents learn the same attributes that she valued. She told me what she wanted moms to learn from her: "To be self-sufficient. To have self-esteem and pride...."

- **Family togetherness.** One home visitor explained that she understood that what she modeled for a family may have been outside what the program prescribed. She admitted that she worked to impose her values on families: "...I try to convey it to my families—what's important, or what I think is important.... ...They can take it or leave it, but I am just giving them a part of myself, and I am just saying, you know—to me—the family is really important. And doing things as a family is important."
Whether they are program goals conveyed through prescribed modeling or individual goals conveyed by individualist modeling, one home visitor told me about her work with families that indicated there is another kind of modeling that goes on where the goal is not so easily understood.

The Submerged-Goal Model. The Submerged-Goal Model seemed to be demonstrated when there were goals—program goals or individual goals—hidden in an activity or opportunity that did not necessarily reflect the apparent goal because the real goal became hidden from sight. This became evident in a home visitor’s story about an activity that she does with families with very dirty refrigerators that the home visitor wanted to get clean.

I asked the home visitor if she communicated to the families that their refrigerators were dirty. “Not always. No,” she laughed in response to the question. Then the home visitor continued, explaining: “If it is not a thing that [the parent] identifies—if the dirt is not something she identifies, I don’t normally identify it. But I’ll say, ‘This is how I do shaving cream sometimes.’” The home visitor demonstrated a squirting sound and motion, laughing, so that I could visualize her with a can of shaving cream, talking to me as she would a parent: “All over the refrigerator! Spotless! And it smells good. I’ll do the lemon-lime shaving cream because it smells good. And that might give her an idea, too. ‘Sometimes when you guys are just hanging out here—it’s cheap—this is something you can do. And, afterwards, your counter top is all clear because you’ve done this to it.’” In the above example, the home visitor’s goal of having the kitchen clean (which was also likely a health and hygiene goal prescribed by the program) was submerged in the activity of using shaving cream, which is typically
promoted by early educators for the development of sensory awareness and fine motor skills.

Another value—either prescribed or individualist—is likely submerged in the provision of free condoms, available for the taking from a small basket in the program center’s one bathroom. During a staff meeting it was acknowledged that condoms “...are expensive, and a lot of ... families don’t use them.” The program staff thought it a good idea to provide them for families in a convenient, nonintrusive manner. What value is submerged in the opportunity for families to take free condoms? Is it “enjoy sex—safely,” promoting human sexual development with an eye on preventing the spread of sexually transmitted diseases? Or is it “practice contraception—please,” with an implicit message about the value of family planning?

If home visitors modeled values and beliefs for families who participate in Early Head Start and expected families to make progress and “better themselves” in the direction of prescribed, individual, and submerged goals, then I surmised that there must be a way that happens. How do home visitors model their beliefs and values and proceed to “make a difference” while they are walking a tightrope with families? They must move gently or risk falling off the tightrope that balances the sometimes fragile home visitor-family relationship. In the act of creating change for families, another role emerged that home visitors played with families: that of “nudger.”

Home Visitor as Nudger

In a discussion about how to increase parent participation in the program, a home visitor said to her colleagues, “Sometimes I’ve pushed [Early Head Start] on people, and
then they end up being the most active.” Another home visitor explained during an interview that she wanted to learn from another home visitor how to put more pressure on families to participate. This home visitor wanted to learn from a more experienced colleague how to be “successful” with families: “She has a very gentle way to spread pressure. I want to learn that from her. . . . I want to learn this ‘pressure thing’ . . . to put enough pressure on people to participate but not pressure them away.”

It was understood among the home visitors that this “pressure thing” was something to learn, as a new home visitor said. When I asked her if there was anything she was struggling with as she learned about her work, she replied, “I guess the thing I struggle with the most is . . . there is only so much you can do to push a family!”

One home visitor instructed me about one way that she puts pressure on a family. She described a situation in which a parent might say, “I want to go back to school.” The home visitor explained that she would then provide the family with a number to call. She described her follow-up with the parent: “And they might not call right away. But at least I gave them the information. And every week after that I can check. “Did you make that call? Did you call about that program? . . . And one of these weeks, she will make it. But I have to keep asking every week. Keep checking. Keep checking.” So the “pressure thing” had to be applied consistently—for some families—as the home visitor indicated.

The home visitors told me that they did their work to “make a difference” and to help families “better themselves” and make progress. Home visitors claimed to accomplish this by applying pressure on families, which went above and beyond the modeling described earlier. “Making a difference” by applying some kind of “pressure”
for the benefit of families (i.e. to make them "better") was a common pattern among the home visitors. They wanted to see their families succeed, to get out of "The System," and to make progress.

The words of one home visitor were particularly illustrative of what seemed to be a pattern among the group of home visitors. After she explained that the purpose of Early Head Start is to get families "out" and "be better," I asked what it was that she tried to get families "out" of and if families understood that when they came into the program. She explained, "Well, to get them off The System, if they are on The System. If their mom was on the system, and her mom was on the system, and Grammy is still living there [who’s] on the system that went from AFDC to TANF to SSI, you know.... To let them know that they can do more." The home visitor was passionate about her role with families to show them that they could "be more" and "do more" than be a part of "The System." The question of whether or not families understood the purpose of the program was not answered.

Another home visitor referred to families and her "nudging" role with them in a similar way: "...like people who have been on the welfare roll from their grandparents on down the line, if you want to show them...something different or introduce them to something different—and maybe that they could do something else...."

A home visitor talked about the benefits of home visiting for families and what her work meant to her. She explained the unique opportunity that home visiting provided because a home visitor had access to the whole family. She explained: "...You know the family. You know the mom, the sisters, the Grammy. And they are all living in the same
place, with all their kids, and they’ve lived there, they grew up there themselves, and now they are having more kids there. It just feels like you want to succeed.”

The question that followed got directly at what success meant to this home visitor. She described her version of what it meant to be successful in her work. Speaking with a particular parent in mind, she said: “It’s to see her get out or to go to college or to graduate from high school at least.”

I gently posed the question, “What do you think success is for her?” The home visitor tried to put herself in the shoes of the parent as she thought about what success might mean for the mother with whom she had partnered: “I don’t know. Right now, I guess she just wants to be a good mom. And success is for her to fit into her family. She wants to fit in and do the same thing her mom does. And that’s her success. My success for her is different, I am sure. Very, very different. But I wish someone in that family… would have pushed her… to be better.”

Home visitors saw themselves as teachers and social workers, acting as tightrope walkers and advocates in their relationships with families. They used cultural modeling with families to show them how to be “better.” Furthermore, since cultural modeling didn’t seem to be enough, the home visitors resorted to “nudging,” “pushing,” and applying “pressure” in their attempts to get families off “The System” and to “succeed.”

When pressed to think about what it means to succeed, the above home visitor poignantly admitted that her own idea of success might have been significantly different than the idea of success held by a parent. Still, the home visitor seemed to have desperately wished her own idea of success upon the family. The notion that home
visitors and families act in the same context with different perceptions will be further explored in Part III: Home Visitor-Family Relationships.
It was 8:30 a.m. and Kathy had just dragged herself out of bed. She had been up until 2 a.m. writing to her brother. Minutes earlier she put Johnny on the Head Start bus. As she entered the dark house she announced grimly, "Johnny has a hard time getting on the bus. They're going to tell me he can't ride the bus." She was sure his difficult behavior would cause problems with the bus driver, jeopardizing his transportation to school. Glancing at the clock, Kathy said, "C'mon Jenny-jens. Your teacher's coming. Let's change your diaper." As Jenny ran to get a clean diaper, Kathy proudly declared that Jenny had used the potty the day before. When her pj's were zipped, Jenny sprung up from the floor and put in a VCR tape to start a movie.

Jenny's teacher arrived with a knock at the door. Stepping over dirty clothes, broken toys, and food wrappers, Kathy went to the door and opened it, immediately apologizing for the mess in her house. Beth seemed to ignore the dirty dishes overflowing from the sink and scattered throughout the kitchen, living room, and on the computer stand. She asked Kathy cheerily, "Are you feeling better?" Kathy's response was inaudible as Beth walked to the kitchen and placed a plastic tablecloth and a long piece of paper on the floor. Beth sat on the floor and encouraged Jenny to join her. "Can we have some light?" asked Beth. Kathy turned on the light and mentioned with irritation, "Jack's lazy butt's in bed," implying that she would like him to be a part of the activity in the kitchen. Beth traced an outline of Jenny's body as she lay on the paper. A bang came from the bathroom, causing Beth to look up anxiously. "That's just my heater," Kathy explained nonchalantly as she walked over and turned off the television and VCR. Jenny scurried away from the activity on the floor and stood in the living room, screeching shrilly. Beth responded by suggesting calmly, to no avail, "Use your words!"

When Beth's suggestion didn't work she attempted to ignore Jenny's behavior and turned her attention to Kathy and discussion to Jack. "Is Jack working now?" she inquired. Kathy replied matter-of-factly, "No. He's still in bed. He's being lazy." Avoiding a response to Kathy's explanation of Jack's absence, Beth redirected Jenny to the activity on the floor. "See that?" she asked, referring to the outline. "A big arm and a little arm!" Beth proceeded to pull out some paperwork, seeming to shift effortlessly between child-centered activities on the floor and adult-centered paperwork and discussion at the cluttered table. (Fieldnotes October 30, 2000)
Part III will offer a glimpse at what happened when home visitors and families came together in the context of Early Head Start, such as in the home visit represented in the vignette above. The greatest number of fieldwork hours for this study occurred in the context of the Early Head Start Center when I was a participant observer among families for their Center Day. Once my connection with families was made when in the fall, I consciously avoided contact with home visitors and avoided being at the Center among home visitors when I was not with families. If I did connect with home visitors in this phase of the study (September 2001 to June 2002), it was privately or when I was sure that families would not witness our interactions.

Given the nature of this study and the sensitive relationships between families and home visitors, I wanted to ensure that families would perceive me to the greatest extent possible as a parent rather than an early childhood professional.\(^9\) I felt that if families were aware of my relationship with the home visitors and my knowledge of the program and early childhood development, the integrity of the study would be jeopardized. Parents might be less apt to teach me about their experiences from their perspective and teach me how to participate as a parent.\(^{80}\) My knowledge of Early Head Start and my relationships with home visitors was gradually and increasingly disclosed to families as the families and I established rapport.

The importance of maintaining my stance as a participating parent was revealed early in this study when I was put into an awkward position. On a day when I was participating among families for Center Day activities, there was a staff shortage in the classroom when a teacher needed to leave to attend to her own sick children. I was asked by a teacher to stay in the classroom so that the parents could attend their parent meeting.
Had I not been available, the classroom would have been understaffed, jeopardizing the well-being of the children, or the parents would have been required to return to their children. After being assured that they had no alternative, I agreed to return to the classroom, after leaving with the parents, only if the teachers felt that they needed my presence. This allowed me to begin the parent meeting alongside the parents and explain to the parents myself that I had offered to go into the classroom if needed. Within minutes, a staff person came to the parent meeting to get me, and I left to help attend to the children in the classroom.

A few weeks later, when I was outside with two of the parents, one asked me a litany of questions about the building and activities there. Confused by her questions, I asked, "What makes you think I know all the answers?" She replied, "I thought you were a teacher!" Suddenly I was reminded that she was present when I left to help in the classroom a few weeks earlier. "Well, I am," I replied. "But I don't know how things work around here." (I truly didn’t!) It had occurred to me with this one exchange that I would never know how that one action of my leaving the parents to act as a teacher on that one day would affect parents' perception of me and therefore affect their interactions with me. From the parents' perspective, the following questions might be posed: Why ask Patrice to go to the classroom and not one of us? Is she a "parent-researcher" in our midst or is she a "teacher-researcher" in our midst? I preferred the former to the latter when I was among families.¹

The Center was easily accessible to me, aiding my access to families and resulting in 133 hours of fieldwork: when home visitors and families were together for Center Day. Accessing families on their own turf and being present when the home visitor arrived was
not nearly as easy. At a time when I had intended to focus on home visitor-family relationships in the context of families' homes, my efforts met with inconsistency. In the weeks from February 7th to March 21st, seven events for which I was scheduled to be with families changed. A home visit scheduled for February 7th was canceled because the child was sick. On February 12th a home visit didn’t happen because the parent forgot. On February 14th a parent was sick, canceling the home visit. A home visitor needed to cancel a home visit on February 27th because she was tied up helping another family. On March 3rd a family interview was canceled because “stuff came up.” A home visit scheduled for March 20th got changed at the last minute to the following day. And, finally, a parent canceled a home visit scheduled for March 21st when her home visitor called that same morning to confirm. The parent canceled minutes before the scheduled time because her child wasn’t present—she had spent the night elsewhere and hadn’t yet arrived home.

The pattern reflected in this six-week span was not unusual. Access to families was more likely when it was spontaneous rather than when it was planned, and because being present for home visits required planning on my part (mostly because I commuted 30 and 45 minutes to Greenfield and River City, respectively) and consistency on the part of the families and the home visitors, it was difficult to achieve. Had I taken the approach of shadowing home visitors, I would have likely experienced far more success in terms of being present. However, because I was determined to access home visits only through the families themselves, outside of my relationship with home visitors, my efforts were stymied. The result, however, was the genuine experience of the reality of families’ lives, which added to the integrity of the study.
In the end, I managed to participate in nearly 17 hours of home visitation, which provided the basis for my description. In all fairness, it must be noted that Beth insisted that her home visits with Kathy and Jack were not “normal.” Beth even described her own response to them as “allergic” because she always left their home visits with a physical reaction to the stress in their home created by Johnny’s misbehavior, Jenny’s screaming, Jack’s powerful and often overwhelming presence, and the enormity of it all for Kathy. She urged me to participate in other home visits with other families (which I did) so that I would get a broader view of her interactions with families. Although the home visit described in the vignettes may not have been “normal,” it is nevertheless illustrative of the features of home visitor-family relationships in the context of Early Head Start. And because the context of the program created a heavy influence on home visitor-parent relationships overall, I have included home visitor-parent relationships in the context of the Early Head Start Center (in the classroom and in parent meetings).

In the coming chapters, I will attempt to deconstruct home visitor-family relationships. Chapter 7 will describe how families and home visitors get connected, including different purposes that brought home visitors and families together in this study. Chapter 8 will take up the notion of “good” home visitors and “good” families from each other’s perspective. And Chapter 9 will present the process of “nudging” by home visitors and families’ responses to “being nudged.”
CHAPTER 7

GETTING CONNECTED

"[Families] don’t know anything about the program coming in. It’s a complicated program; there is a lot to it." (Home visitor)

"Well, isn’t this program for people who are on welfare or are really low-income?"
(Parent question asked of her home visitor)

"Are you going to the Harvest dinner?" Beth asked Kathy. As the home visit continued, Beth pulled a brown sheet of paper out of her bag with the details of the fall Parent Committee Meeting on it. Kathy said she would go with Jack and the kids, and Beth used the phone to call Early Head Start and let the staff know that they would need childcare.

As Beth hung up the phone, Kathy proudly shared Jenny’s newest accomplishment. "She’s been going on the potty!" Beth looked puzzled. "She is? Already?" Beth brought out papers for holiday assistance, seeming to downplay both Jenny’s accomplishment and Kathy’s pride. Beth began to fill out the forms from two different local service organizations. In regard to one assistance operation, Beth explained, "We warn people that this one is chaotic and we don’t know if it will actually happen." Beth reminded Kathy of their experience last year at holiday time. Beth wrote down the children’s names and Kathy informed her of sizes for jackets, shoes, and pants for each of her four children. Kathy asked about the kids’ hobbies and interests and ended with, "What would you enjoy?" "Cookbooks," Kathy replied noncommittally. Kathy finished up the notes, tucked the holiday requests into her bag, and gave Kathy a copy of the program newsletter printed on bright orange paper.

Kathy spoke directly. "Let the nurse know Johnny goes to the hospital on Thursday. That will be fun watching them." Kathy attempted to communicate her concern that Johnny’s behavior would challenge the nurses who would be anaesthetizing him for his hearing test. She then told Beth how she had been to the doctor’s on Monday and Tuesday and went to the hospital on Friday because her head and neck had hurt so badly every day. "If it doesn’t stop, I’m going to go to the hospital and tell them to take an x-ray." Beth responded, "Or go to the chiropractor. Maybe that would help." Beth shared that she had had a migraine headache once that a neck adjustment cured.

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Returning to the activity on the floor with Jenny, Beth modeled two-word sentences in hopes that Jenny would imitate. "Paint, please!" Jenny resumed her attention to the growing mess on the floor, sitting in the paint and glue while Beth returned to the table and turned her attention back to Kathy. Kathy looked at Jenny sitting in the midst of wet paint and glue on the kitchen floor. "I’ll have to soak Jenny’s pajamas separately before doing the wash," she said in a discouraged tone.

As Beth pulled out the Home Visit Plan to complete documentation, Kathy left the table and approached the bedroom door. "Daddy’s bad! He hasn’t gotten out of bed yet! He’s skippin’ the home visit! Daddy’s bad!" She seemed to be attempting to stir Jack out of bed without luck. Beth ignored Kathy’s commentary and asked, "How’s the job going?" Kathy replied that she didn’t work last week because of her headache and they haven’t called her yet this week. (Fieldnotes October 30, 2000)

Early in the study (March 2001), the Early Head Start staff had a recurring topic during their staff meetings: program recruitment. They were working to increase program participation and get new families enrolled. It was suggested that a group of families who had participated in the program should be available to answer questions for interested but unenrolled families. "We need to get families to speak to other families to let them know about the project [of recruitment]," suggested a home visitor. The suggestion was based on the idea that the greatest number of new referrals came to the program by family-to-family word-of-mouth. Interestingly, another home visitor commented in return, "I think we would need to help them explain the purpose of the program." Early on, this suggested that the home visitors’ understanding of the program purpose and the families’ understanding of the program purpose might be incongruous, or that the families simply didn’t understand the purpose of the program.

These early comments revealed an assumption that I carried into the study from my experience in early intervention: families and home visitors came together around shared purposes. In early intervention, parents and home visitors (generally) come

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together explicitly around the shared purpose of optimal child development for the infant or toddler with special developmental needs. However, perhaps that could not be assumed of home visitors and families in Early Head Start. Therefore, as interview protocols for home visitors and families were developed, I kept in mind to examine home visitor and family perspectives on program purpose and to consider that in the scheme of home visitor-family relationships.

In order to understand the home visitors' perspective on the purpose of Early Head Start, I asked them directly in their interviews. They likewise revealed their perspectives in their interactions with each other and with families. I also asked home visitors to explain how it was that they got connected with families. They spoke of the recruitment process (including the placement of flyers in the community to advertise the program), application procedures, and their initial interactions with families. Their most telling responses, however, came from my inquiry about which families were appropriate referrals for the program.

I also asked similar questions of parents: what they understood of the program coming in, what they believed the purpose of the program to be, and how they would describe the program to other families. Likewise, in the process of participant observation among families when they were with their home visitors, interactions between home visitors and parents were sometimes telling, such as when a parent asked her home visitor for clarification about who the program was for.

Furthermore, two community members were interviewed about how they determined which families they refer to Early Head Start. In the passages that follow, the
perspectives of home visitors, community referral sources, and families are presented separately.

Home Visitors

When home visitors explained the program purpose during their interviews, they focused on criteria for eligibility as well as who the program is implicitly for. They discussed income, parent-child interactions, and family development. Each of them indicated that the program is multi-faceted and that there were so many parts to the program that it couldn't all be explained to families in the beginning, such as at the time of referral or application. Said one home visitor: “You just try to give them an overview of what we do: we come and visit; we have socialization; we have this and that. And then, each visit, ‘OK, we have this and then we have that.’ …Just all kinds of stuff.” She meant that the different aspects of the program were gradually revealed to families as they participated because it was too much to explain all at once. Another home visitor explained that it usually takes a parent well over a year to understand the entire program, but that other parents might grasp it more quickly. “If you've got a really sharp parent, a very involved parent, maybe it takes six months to a year,” she said. As a home visitor said in regard to the program, it's “complicated.”

Income

All of the home visitors were clear about the income criterion for Early Head Start—the one criterion that was explicit to all families. Home visitors explained that sometimes people interested in the program would call to inquire about it, but when they
learned of the income guidelines, many families knew immediately they were not eligible. However, while income was a criterion for eligibility, the program also served families who might be just above the income guidelines. These families were known among staff as “over-income families.” Serving “over-income families” was a program policy designed to accommodate families who might have recently moved off TANF benefits and be working (therefore be over the income guidelines for eligibility) but still have factors (“issues”) that would make them eligible for the program (see below under “Risk Factors”).

When a home visitor was asked to explain how the program determined which over-income families were allowed to participate and which ones were not, she explained, “we really have to kind of pick and choose.” She explained further that it was necessary to look thoroughly at a family’s “needs.” When asked to explain what kind of “needs,” she contemplated and provided an example: “questions about parenting skills.” When pressed further, it seemed that “questions about parenting skills” fell into the other domain that was communicated by the other home visitors as a criterion for eligibility: the need for family development or help because they had “issues.”

“Risk Factors” and “Issues”

The home visitor above who claimed that appropriate families were ones that had “questions about parenting skills” went on to explain whose questions those were. She said that if a home visitor went out on a home visit to complete an application with a family and observed that “the mother totally had no connection with the child” or “never talked to the child other than to just scream or to say negative things,” then the home
visitor would be “very concerned.” This fell into the category of “issues,” which was a term the home visitors frequently used when categorizing family needs that made eligibility appropriate for a family.

Another home visitor explained the selection process to determine family eligibility:

You take the application and ...you assess their needs, their situation, their family setting—is there a father? Is he involved? Is there a boyfriend and is he involved? Are there older siblings? And you find out, also, their resources—do you think they have enough information about parenting skills? Or how is it they pay their bills? And then you look around and see the environment and maybe watch the interactions between the child and the mom and the interactions in the family. Sometimes we sense things.

What did they “sense”? It seemed that the home visitors made a subjective assessment about the appropriateness of the program for families, “sensing” that the family needed help.

However subjective the assessment for determining program appropriateness seemed (outside of the objective income eligibility), there were “selection criteria” that program staff used to determine eligibility. These criteria were shared with families and staff at the February Policy Council meeting in the form of the program policy and procedure (“Criteria for Selection”) as well as in the form of the program “Selection Sheet,” which was a form used to check off circumstances experienced by applicant families.86

In the process of presenting the selection sheet, a family advocate employed the by the agency clarified that “the selection sheet is used by staff and is not to be filled out by parents.” The selection sheet provided space at the top for a family’s demographic information (names and ages of family members, addresses, phone numbers). Following
that section was a section labeled "Prioritization," where the program staff completed "income," either diagnosed or suspected "special needs,"87 "risks/needs," and "risks." Both the "special needs" and "risks/needs" sections provided boxes for narrative information written in by the person completing the form. The "risks," however, were presented in the form of a list, which someone completing the form could place a check next to: TANF, SSI, Income Eligibility, Foster Child, Homelessness, Environmental Risks, Grandparents Raising Grandchildren, Identified Disabilities, Suspected Disabilities, Medical Risks, [Child Protective Services] Involvement, History of Abuse [or] Neglect, Limited English, Isolation of Family. Finally, at the bottom of the Selection Sheet was a section titled, "Status of Application" to document the eligibility determination and dates of acceptance and enrollment. The Selection Sheet provided program staff with a tool to document "issues" they either "sensed" families had or that were shared by families at the time of application and aided in the determination of eligibility.

When a home visitor had spoken during her interview of appropriate families for Early Head Start, she implied that, while all very low-income families qualified for the program, there were certain families for whom the program was more appropriate than others. Her comments connected to the "Prioritization" section of the program Selection Sheet described above. When the discussion during her interview had turned to a "good" family, she explained that a "good family" and a "good family for Early Head Start" were different. A "good family for Early Head Start" was a family that needs the program. (This discussion is taken up again in Chapter 8 with more detail.) When asked to explain what kind of family might "need" the program, she said, "No parenting skills.
No...concept of what’s okay, what’s not okay. Really loose boundaries. Kid eats and sleeps when he wants to. Eats what he finds. Eats on the floor. No set meals. No set schedule. No structure. And that’s a harder family to deal with—that’s more common than the ‘good family.’”

She meant that, in the program, there were more families that “needed” the program than there were families who were “good” (i.e. didn’t need the program). Interestingly, in the process of explaining which families were appropriate referrals for Early Head Start, none of the home visitors mentioned the Selection Sheet used to determine eligibility. Rather, they spoke more generally of family “issues” and “needs,” not a specific checklist of “risk factors.” The type of family the home visitor described above would have likely been determined to have “environmental risks” according to the “risks” listed on the Head Start Selection Sheet.

Finally, while each of the home visitors explained that referrals to the program came from families themselves as well as from community agencies, one home visitor explained the difference between the two referrals. Families, she explained:

...call up and they ask questions and they are interested in the program. ...Some families are just looking for a place that their child can go play with other kids—that’s all they’re interested in. They’re not interested in any of the social service aspects until three months goes by and then so-and-so loses their job or whatever, and then it becomes valuable. ...Families call for different reasons. ...It depends on the family.

She went on to explain the referrals from families are different than the referrals from community agencies because, while families self-referred for reasons unrelated to social services, an agency referred when the referring individual had an identified concern. The home visitor said, “There’s either neglect or abuse or a mom doesn’t—this
is either a first time mom and she’s not feeding the baby or there’s issues. There’s got to be issues when we get an outside referral.”

She continued to explain, however, that the existence of “issues” was something that referrals from families and referrals from community agencies also had in common. What was different was their identification. In her words:

And there normally are [issues] within the family, too, when they make a family referral, but they are not calling for that issue. The family is not identifying that issue when they call. They are not calling up saying, “I’m a first-time mom and I really don’t know how to take care of this baby.” They are not saying that. But if [a community agency] calls, they’ll say, “This is a first-time mom and she has no idea how to take care of this baby.”

The home visitor explained that, when families self-referred, they had “issues” (i.e. “risk factors”) that were not yet identified but that existed nevertheless, and when a family was referred by a community agency, the “issue” was already apparent, prompting the referral. Furthermore, this home visitor explained that when families self-referred, sometimes the “issues” did not become apparent until they began their program participation:

...whatever the issue is, sometimes they already know it’s an issue, and they might want to ask for help but can’t. [Families] don’t want to come out and say, “I’m really looking for information on a [Battered Women’s Shelter] or whatever. But they’ll say...” “I really want my child to be able to participate.” But knowing [social services] is part of the program might be part of it.

The home visitor meant that some families who self-referred may not have been able to directly request help around particular factors but, rather, would insist upon participation for the sake of their child’s well-being, and then the “issue” would come to the surface later.
The home visitor expressed a sense of unfairness about referrals that came from sources other than families particularly if the reason for the referral was not shared with the family:

Whoever made the referral already knows why the referral was made, and sometimes the family doesn't...know why the referral was made. They might have been told that there is this really neat program and this is what we can do. But they might not have been told that, "I'm going to tell this other person that you are having a really hard time with something."

The home visitor felt it was unfair that families were sometimes referred to the program without the real reason for the referral being explained to the family. Regardless of the families' knowledge of the "issues" that Early Head Start staff identified, the home visitors at Early Head Start and the community referral sources shared an understanding about which families were appropriate referrals.

Community Referral Sources

Home visitors explained that Early Head Start got referrals from a variety of community agencies. There was a local community health agency that frequently referred families, as well as the local early intervention program and an association of visiting nurses. Social workers at the local hospitals sometimes made referrals, as did the child protective service social workers. Two individuals in community positions who were known as primary referral sources because of their access to families and knowledge of family "needs" were asked directly, "How do you decide that a referral to Early Head Start is appropriate?" One individual explained that she thinks first of the families who "need a lot of social supports," such as those who need help getting a driver's license, who lack accessibility to human services, who need to get connected to
Section 8 housing assistance, those who would benefit from social interaction at a peer play group, and babies who would benefit from stimulation.

A second community professional said that she thinks of Early Head Start as appropriate for families when there are any sort of “psycho-social issues” such as when a parent lacks support from family, peers, the community; is a “first-time mom;” is a young mom; if there is increased stress in the home, or if there are “issues with finances, food, or housing.” The community professionals and the home visitors were aligned on which families were an appropriate match for Early Head Start, and they were all clear that they were families with “issues.”

Families

There was a particularly interesting exchange one day between a home visitor and a parent during a parent meeting. The interaction seemed to characterize the general lack of communication and understanding between families and home visitors about program purpose. The families had been discussing the previous Parent Committee meeting in which there had been a discussion about raising the rates for childcare in the program. Jackie had been present at the Parent Committee meeting under discussion and told the group of parents present in the parent meeting that one of the parents at the Parent Committee meeting had asked the group of other parents how many of them were on welfare. Jackie explained that she had spoken up at the meeting, saying she didn’t think it was an appropriate question—that there might have been some people there who wouldn’t want to say in front of the group that they were on welfare. In turn, at that moment, Vickie asked their home visitor, “Well, isn’t this program for people who are on welfare or are really low-income?” She meant that she didn’t think the question was so
inappropriate because she assumed they were all on welfare, anyway. She wanted clarification from the home visitor about eligibility for the program.

What was more telling than Vickie's question was the home visitor's response. She seemed uncomfortable with the question and replied, "Income is a criteria for eligibility." She did not, however, elaborate on the other eligibility criteria. Intentionally or not (and probably not), she acknowledged the explicit eligibility criterion (income) but avoided the criteria that remained implicit for families. The purpose of the program or "who the program is for" was left out and created what seemed to be a void in the conversation.

Families were present at the Policy Council meeting in February when the program "Criteria for Selection" policy was presented along with a sample "Selection Sheet." I sat wedged between two parents I had come to know well as the program administrator presented the materials and explained that the selection criteria were a way for the program to "make sure they were serving the families who were most in need." As program recruitment and eligibility criteria were discussed among those present, and as the program administrator asked people not to complete the sample Selection Sheet, I circled "Risks" on the paper. As I pointed to the list, I asked the parent to my right, "Hey, what's this? Are these risks to you?" She looked at the list of assistance programs and family circumstances and said, "I don't think so." Then, leaning to my left, I said to another parent, pointing to the list, "Are these risks to you?" "No," she said. "I think those are good things."

If program staff determined family eligibility on income and "risk factors," and families did not share the perception that their circumstances were "risks," then how did
they get connected and what did they think was the purpose of the program? Families
were asked directly how it was that they got connected to Early Head Start.

"My doctor's office recommended me to them," said one parent, "and then [early
intervention] recommended me." She confirmed that community agencies were a referral
source, and in her case, two different agencies apparently believed her to be an
appropriate referral. When asked how she knew she was eligible, she explained,
"Actually, I wasn't eligible. I was making too much money...but since [my child has]
got [special developmental needs], they made an exception." It was this parent's
perception that she was allowed to participate even though she wasn't income eligible,
not because her family had "issues," but because the program made an exception for her
because it would benefit her child.

Another parent said she had been referred to the program by the local community
health agency she attended for medical care. A social worker had been making home
visits and suggested the mother call Early Head Start. "[The social worker] gave me a
pamphlet and told me basically what [Early Head Start] did and told me they make home
visits just like she was doing," she explained. When asked if she understood the purpose
of Early Head Start at the time, the parent said, "Not really. [The social worker] just gave
me the flyer and had [the home visitor] come to my house, and if I didn't like it, I didn't
have to join it." When asked why she supposed it was suggested that she get connected,
she said, "for information purposes...or to get me involved with other parents and moms
and things, because that's what I want." She knew that "having low income"90 was a
criterion for her eligibility, but when asked if there were any other reasons why she was
eligible, she said, "I'm not sure."
Yet another parent explained that she had heard about the program first from her father’s neighbor and then through her friend. When asked what her impression of what the program was about she replied, “I thought it was pretty cool ‘cause [my child] would be able to play with all the other kids and stuff like that. What I liked most was that we got to go to Center Day.”

One parent couldn’t remember exactly how she got connected. She guessed it was from her doctor at the community health agency she went to. “I told [the doctor] that I wanted [my child] to be with kids more often and so she told me about Early Head Start,” explained the parent. “I called them and signed her up.”

Word-of-mouth helped another mother who said she learned of the program through a friend of hers who gave her the phone number to Early Head Start. She believed she got into the program because she could transport her child herself. She explained: “See, they had a huge waiting list when …we signed up for it. And the only way that I think that I got in was that I was a transporter…I didn’t have to depend on the bus. And they really look better at somebody that can transport than to have to ride the bus. So I think that was a big step for me getting in there.”

Finally, another parent reported that she learned of the program through her counselor at the community mental health center. “She gave me the number and I called. They scheduled an appointment with me and [the home visitor] did the paperwork.” When asked what she was told about the program she replied, “That teachers will work with kids.”

When parents spoke of getting connected to Early Head Start—how they learned of the program, got referred and were subsequently determined eligible—not one of them
mentioned “risk factors” or “issues” or a desire for access to social services. Perhaps they found it hard to ask for help, as one home visitor had suggested. Or perhaps it was simply that they were looking for the best developmental and learning opportunities for their children and, because they “had” low income, Early Head Start provided such an opportunity. This is suggested by their perception of the purpose of the program.

I also asked parents directly about the purpose of Early Head Start. Their responses generally fell in the direction of education and socialization. Said one parent: “I think it’s pretty much a play group. They teach them how to brush their teeth after every meal, which I don’t always do. ...I think it’s educational for them. And [the children] both have people to play with now.” Another parent reported:

I think the purpose is to teach them, like, manners and, like they teach them to brush their teeth, which is really cool because if they’re home, that will teach them that they need to brush their teeth at home. Wash their hands and like different activities—how to use their hands and all their senses and stuff. And I think it’s good that they get out to play with other kids and get to meet new people.

When asked what she believed to be the difference between early intervention and Early Head Start, this parent said, “The only difference, really, is that [early intervention] has to do with health, and school [Early Head Start] is more learning. [Early intervention] has to do with health and stuff like how [my child] is developing...and Early Head Start is more like teaching them manners and stuff like that.”

When another parent was asked what she believed the purpose of the program to be, she said she wasn’t sure, but she gave it some thought: “I don’t know. I just think it’s so they can—there’s a lot of monitoring of kids to see if they’re mentally at their level, and it’s for parents to interact with other parents, and so kids can play with other kids so you are not just with your kid all the time.”
A different parent believed the program was to get children ready for school. She believed Early Head Start to be more for her child than for herself: “It’s mostly learning and socializing for [my child]. See, for myself—it’s not so much. For her, it gets her involved with other children—learns how to be around other children. So when she does go to school, she’ll fit in. It won’t be like throwing her in first grade and not having a clue.”

And, finally, when another parent was asked what she believed the purpose of Early Head Start to be, she said frankly, “I don’t know. I have no clue.” It became evident that the parents generally understood that socialization and education were salient dimensions of the program. What seemed to evade them, however, were the program purposes as the home visitors perceived them—specifically, access to social services and “help” for all their family “needs” and “issues” and “risk factors” that the home visitors claimed families had.

In summary, the program itself may not have been as “complicated” for families as the home visitors claimed, as much as it was that the implicit purposes of the program were difficult for home visitors to discuss with families. Therefore, they seemed avoid discussion of them. In the end, families and home visitors may sometimes have operated at odds—home visitors understood what they did and why they did it. They were teachers and educators to help families make progress in their own development. Families, on the other hand, understood the program to offer teaching and socialization for their children and socialization and respite to themselves as adults. The extra “help” for accessing services was nice, but they didn’t participate for their own sakes.
Perhaps the program purposes became lost to families in the complexity of the program itself—designed so that the real purpose did not readily meet the eyes of parents. What families saw were explicit opportunities for education and socialization and support around parenting and child development, made available to them because they met explicit income eligibility requirements. It was one of the "benefits" of "having low income." What they perhaps did not see were the implicit assumptions being made by those who determined eligibility for the program—that some families had "issues" or "risk factors" that someone else thought were in need of being ameliorated.
"A 'good family' is somebody who basically doesn’t need the program. You wouldn’t be doing a ton of work, you’ll have easy visits—that’s a ‘good family.’" (Home Visitor)

"[‘Good’ home visitors] have to be friendly. They can’t act like they are better than you. I mean...they’re not a social worker. ...If they acted like they were, it would kind of be—that would be bad.” (Parent)

Beth rejoined Jenny on the floor to finish the activity by shaking a large canister of glitter over the wet glue. “Shake. Shake. Shake.” Beth explained that shaking the canister was good for Jenny’s muscle development. Kathy seemed to feign interest, perhaps more concerned that Jack’s absence was creating a negative impression. Kathy yelled toward the bedroom, “You’re school skippin’!” Turning toward Beth she added, “I can hear him snoring in there.” Beth responded by pulling two books from her bag. She held them up for Kathy to see and asked, “Which one do you want to read?” “Wheels Go Round,” replied Kathy, taking Jenny and putting her in her lap. “C’mon Jenny. You have to let Mama help you.”

Kathy knew the routine that was expected of her. She attempted the activity in spite of Jenny’s screaming and squirming, making it apparent that Jenny did not want to sit in her mother’s lap and be read to. Beth asked calmly, “Why do you think she is screaming?” “Because she wants to do it herself,” observed Kathy. Beth added, “She just gave me a really angry look.” Beth commented on Jenny’s runny nose, prompting Kathy to wipe it with a towel from the bathroom floor. Beth mentioned the yellow color, suggesting Jenny might have an infection. Kathy replied, “She should be going to the doctor’s soon. I usually give it ten days.” Kathy meant that Jenny would be going in soon for her two-year well-child check and that when she has a runny nose she usually gives it ten days before she calls for medical attention. “Do you think she gets headaches? Do you think she is well?” asked Beth. Jenny climbed out of Kathy’s lap and Beth observed, “She does seem a little cranky.”

Kathy went to get her in-kind card, kept in place on the front of the refrigerator with a magnet. She filled in the blank card with activities she and Jenny had done in the week such as “dumping and filling in the tub.” Beth informed Kathy, “Helen will set up a home visit with us and tell us what to do. And if we all work together, that will be...
good.” Beth referred to the strategies the mental health consultant would likely suggest and that if Kathy, Jack, and the Early Head Start would all do the same thing with Jenny, it should help to improve Jenny’s behavior and perhaps they would see a decline in her screaming. Kathy went on to tell Beth, “Jenny’s good when she is by herself. When Johnny’s here, she’s real bad.” (Fieldnotes October 30, 2000)

My findings suggest that families and home visitors got connected around the salient features of Early Head Start—socialization and education for young children. While both parties in the relationship between home visitors and families understood that low income was a criterion for eligibility, a shared understanding around family “risk factors” and “issues” was less apparent, suggesting that home visitors and families may have been operating at cross purposes and with different perceptions. Families perceived the program as an opportunity for their children with the purposes of socialization and education. Home visitors—while acknowledging these same purposes—perceived families as having “issues” and held onto a goal of helping families to make progress, getting them off the system, or making them “better.” A “good family for Early Head Start,” for example, was one that “needed” the program. Chapter 8 will present how home visitors and families viewed each other and their home visits, specifically how they defined each other in terms of being “good” and how they defined a “good” home visit. The various perspectives will be segmented into chapter sub-headings titled: “Good Families,” Good Home Visits, and Good Home Visitors.

“Good Families”

A home visitor had claimed that “good families for Early Head Start” were the families that, in her perspective (and in the perspective of many others) “needed” the
program. The distinction she made between "good Early Head Start families" and "good families for Early Head Start" came up because I had asked home visitors to clarify the notion of the "good family." Reference to the "good family" was something that occurred frequently, and its exploration was warranted on the grounds that I didn't know just what home visitors meant when they said it. "Oh, they're a good family," I heard one home visitor say to another. I also heard reference to "easy" families and "easy" home visits, and it sometimes seemed that home visitors used "good" and "easy" interchangeably. What was a "good" family or an "easy" family? One home visitor replied:

First of all, easy parents are doing a good job. You know, I mean, there may be things that you wish they could do better. You might think, "Gosh, if they just didn't do this or just did that..." but overall, it's not some horrible situation. ... It's really hard to get somebody who won't even feed their kids. It's really hard to encourage them. [They] go out and buy cigarettes but no food. That's not a good parent. An easy parent is one who cooperates with you. I mean, if you say something to a parent and you don't want them to resist. I mean, sometimes they resist. But all the time? That's going to get old real quick. Easy parents have a pretty good relationship with the child. They have their kids' welfare at stake. And it would be nice if they could interact.

This home visitor meant that when home visitors and families shared the same ideas about what was good for children, and when families "cooperated" and followed through on home visitors' suggestions, then they were "easy" or "good." When asked about a "good Early Head Start family," the home visitor said: "One that participates is a good thing, because that's a real drag [if they don't participate]. You go to their home and nobody's home, and you leave them a note.... That's okay once in a while, but if it happens very much, why are [they] in Early Head Start? It's good when they come to Center Day. I like to see a little bit of enthusiasm for the program."
For one home visitor, a "good family" was one whose ideas about what was good for children were similar to hers, and a "good Early Head Start family" was one that would participate in the program. Participation was key, as it was with another home visitor: "[A good Early Head Start family] would be somebody that is interested in the program and does the home visits. If they cancel a home visit, there is an explanation.... If they are not working or going to school, they are coming to [Center Day]. I think participation makes a good home visit...."

The home visitor believed that the family's interest in participating was what made them a "good Early Head Start family." She went on to explain that another feature of being a "good family" was that she felt rewarded by seeing their progress. She referred to an example of an "easy family" who had moved to another town because they were homeless but returned to River City—a 45-minute drive—to meet their home visitor at the public library for visits: "They are coming all the way down here to see me for home visits because they think it is good for the child. ...It is very, very rewarding. It is that they like [Early Head Start] for their child—seeing the progress." This home visitor included her feeling of reward as part of what characterized a "good family." She felt rewarded for her work because when the family participated and demonstrated "progress," such as this family had shown with an increased interest in books, then the home visitor felt good.

Another home visitor explained:

A good family for a home visitor are the ones that show up on time, are ready, that—no hygiene issues, no domestic violence, no substance abuse—no major issues. Yeah—there's always issues—but not reporting issues, no abuse. That's a good thing. That's what we're talking about when we say, "Oh, this is a great family. You'll love them. They're nice. They know the program."
She indicated once again that when the home visitor and the family shared the same ideas about what was good for children, and the family knew what to expect of the program, then they were a "good" family. She also referred to the notions of progress and change: "The one that can benefit the most is the good family," she added.

As home visitors responded to the probe about their idea of "good families" they seemed to experience a growing discomfort with their own words and acknowledged that how they sometimes referred to families wasn't right. One home visitor said point blank, "A rotten family is a family that really needs it. It shouldn't be that way, but it is. We talk about having a really good family [instead]." It seemed that, because it wouldn't be respectful or appropriate for home visitors who were family advocates to describe families as "rotten," they chose a more benign (and more implicit) label: "good." And while sometimes a "good family" meant a "good family for Early Head Start" (meaning that it was a family that "needed" the program), there were other times that a "good family" meant a family that participated, cooperated, and had "easy" home visits. In order to know what a home visitor meant by a "good family," one needed to understand the context of the description. Knowing the family helped, too.

Another home visitor scoffed at the question about "good" families, and she pulled up her nose:

Good families. You know, when you say "good," it kind of denotes "bad." I don't think it's good or bad. They are just different. They are who they are. That's it. And no one can say one's good, one's bad. Maybe one is a little bit more challenging; I have to be a little bit more resourceful. And one might be just a little bit easier to deal with or easier to communicate with. And that could just be that my personality and theirs match, and my personality and the other ones doesn't match totally, so I need to be doing some work on that.

She clearly did not want to label families as either "good" or "rotten," but
it seemed she would know what her colleagues meant if they said, “they’re a good family.” Therefore, she was pressed to explain what others meant. She explained that there was one type of family that she might have a “really good relationship with that really has an understanding of what is going on and what’s happening in the home visit and what the purpose of the home visit is, that really doesn’t have too many social service issues.” She said that was the kind of family whose home visit was basically focused on the child and education.

But, she continued, there was a different type of family she described as “challenging,” where she might not feel effective or she was having “some issues” with and was not “getting through.” Although the home visitor avoided the use of the category “good family” to describe the former, she clearly had ideas about family difference and which ones she was effective with and which ones she wasn’t. In her description of the latter family type, she used the word “challenging.” Not “rotten,” as another home visitor had said, but “challenging.” It seemed that she put the problem with the home visitor-family relationship on herself as the home visitor rather than on the family. Whereas one home visitor claimed that “good families” were really sometimes the “rotten” ones, another home visitor made the claim that the “good families” were the ones who challenged her to do things differently to be effective.

Interestingly, as the interview process progressed and the topic turned to other questions, this home visitor seemed to let down her guard about categorizing families. The home visitor interviews were in conducted in two sessions. Her comments about avoiding the categorization of families as “good” or “bad” occurred during the first session. During the second session, this home visitor described a family that she had
referred to often, with whom the home visitor had clearly had a positive relationship. I asked her, "Why does the one family keep coming up for you?" She replied:

Because she is so good. Good! Oh, I used that word! Isn't that funny? But she is! She is an awesome woman! I hate that [word, 'good'], but she is an awesome woman! I think it's because she just works so hard to get where she's at. ... She works so hard to be a good mom. And she listens to information, and she gets information from other places, too, other people. And she's involved in a nice relationship. You know, she's just—she works really hard, and I like to use her as an example.

Although the home visitor had avoided saying this family was "good" in the first interview, it came out later that there were "good" families! To her, good Early Head Start families met the same criteria that the other home visitors named: the parents participated, cooperated, and made progress by working hard.

Kathy and Jack

Based on the information that had been shared by the home visitors, it seemed that Kathy's family was probably a "good family for Early Head Start" rather than a "good Early Head Start family." After all, shortly after I began this study, their participation in Early Head Start declined. As Kathy's medical issues and home life became more complicated, she participated in Early Head Start less. By December, she even commented that she didn't know why she didn't get kicked out for not attending Center Day and for canceling home visits. Furthermore, although she initially seemed to be making progress by getting a job (that was completely unrelated to her participation in Early Head Start), when she became ill, matters got worse, rather than better. Kathy's home visitor had commented to Kathy that she was glad to know that Kathy's declining
participation was related to her stress because that explained why she wasn’t participating, but her home visitor didn’t believe she could actually do anything about it.

Ironically, Kathy seemed to have been a “good Early Head Start family” at the beginning of the study. She had regular home visits in which she was involved; she attended Center Day regularly, she participated in Early Head Start activities, she was a Policy Council Representative, and she was a leader among other parents, particularly at Center Day where she could show them “the ropes.” She even believed she stood a good chance of getting a bus monitor’s position because she had been a consistent presence in Early Head Start, and she believed that the program staff would perceive her as reliable and dependable. Furthermore, while she had formerly been on welfare, with Jack’s employment they had made progress and gotten off.

However, Kathy’s family seemed to change categories, moving from being a “good Early Head Start family” to a “good family for Early Head Start.” As Johnny’s behavior became increasingly difficult, as Jenny increasingly screamed to get her needs met, and as Jack lost his job and continued to remain unemployed while Kathy sought employment herself, they appeared to have several of the “issues” that home visitors spoke of when they identified who the program was for.

If home visitors shared understandings about what it meant to be a “good Early Head Start family” and a “good family for Early Head Start,” then surely they also shared an understanding about what it meant to have “good” or “easy” home visits, which were also references that they made in their daily work routines.
Good Home Visits

Home Visitor Perspectives

I asked home visitors to describe home visits in which they felt effective or that left them with a good feeling. In one such description, a home visitor said, “Mom really listened, and I liked that because she really wants to learn.” This pointed toward the characteristics that also described a “good Early Head Start family” for home visitors: participation and the desire for progress.

An experienced home visitor claimed that home visits early in a relationship with a family were different than they were later on. She claimed the difference was generally “…that the mom might be more involved [later in the relationship] because she will have an idea what the home visit is like.” In other words, as their relationships developed, some home visits got easier as the parent learned how to be involved. When asked specifically what made a good home visit, the home visitor replied, “When the parent is involved. When there is feedback.” She claimed that, no matter what the living conditions were, as long as the parent participated and provided feedback to the home visitor, then it was good.

Another experienced home visitor described a similar phenomenon. She said that she liked to have home visits that were planned around a family’s preferences, but that she took responsibility for planning the activities early in the relationship, presumably because the families didn’t yet know what to expect. “I plan the visits in the beginning. And then towards—when they are used to me—they plan.” Again, it was the idea of parent involvement toward which home visitors strove.
Parent participation and involvement were prescribed program values, and the home visitors indicated that good home visits had the attributes of parent involvement. However, another home visitor claimed that there was not a specific prescription for how the home visit was supposed to unfold. She referred to a different program where the curriculum was “totally set out” and there was a plan for “exactly what you do on a home visit.” It seemed to her, however, that Early Head Start home visitors didn’t have that same definition or “prescription,” which was the word she used. In her words: “We’re sort of free to say, ‘Hum. What does it look like would be useful in this situation?’ And then you start home visiting. …Nobody tells you, really, how this is supposed to go. So, as I said, it’s just…we talk a lot. We do communicate a lot.” While she knew that she had to achieve program goals of parent involvement and participation, she admitted that there was little direction on how to get to that, except through a lot of talking and communicating.

Finally, another home visitor expressed her perspective of a good home visit that agreed with the others:

A good home visit is when they are ready for me when I get there, pretty much. I mean, they could be doing little things, but they are ready for me. They know I am coming. They are there. They are willing to be involved in the home visit. …We can have conversations about issues that parents may want to bring up while… I’m doing an activity with the child. But most of the time it is when we’re all involved. When the parent’s involved in the home visit, and I feel—when I leave a home visit and I can say, “This was a good home visit” and I feel good about it, is knowing that the purpose of the activities is explained and they understand and they are listening to me. You know, they are not occupied with who’s walking by outside or who’s calling them on the phone.

Although the home visitors didn’t have a prescribed way to achieve parent involvement and parent participation, when they got it, they had an “easy” or “good” home visit. Conversely, they didn’t have “easy” home visits when families had company
Families who participated were “good Early Head Start families” and “good home visits” where those that were characterized by parent involvement, parent participation, and parent progress—the same characteristics of “good Early Head Start families.” If home visitors strove for parent participation and progress, what did families think of their home visits and their home visitors? What was a good home visit for them?

Family Perspectives

When one parent was asked about what she felt made for a good home visit, she responded:

I like it because they pretty much get paid to play with your kids all day. I’d love to do something like that! If I had the patience to do that. Sometimes it would give me a break—[my home visitor] will give me a break from one of them and play, for instance. [My child] loves to play with [my home visitor], and that will give me a little bit of individual time with [my other child]. I think that helps—one-on-one instead of two-on-one.

This parent believed that the greatest value in the home visit was that it gave her respite. She could provide her second child with attention while the home visitor played with the first or vice-versa. She saw value in being able to give her children individual attention, which she was not able to do without the home visitor there.

Another parent believed that having a planned home visit made it good. When asked what made a good home visit, she said, “Planned out. You have something that
you are going to do already.” When asked who does the planning, the parent explained that she does it with her home visitor:

I have to decide what I want to do. But it has to be, like, for [my child’s] age group. And [my home visitor] has a book to look at if we don’t know, or she helps [to plan]. We always have it planned out, and we always read, and there’s things that we always do every week—like read—and have an activity, like practice on the floor. Things like that. But I think that if you have something already that you know that you are going to do instead of just winging it, you know? That’s good.

For her, planning was key. She wanted to make sure she got the most out of the home visit for her child. She added that it was also important that her child wasn’t “cranky.” She felt that if her child were not well rested, he wouldn’t get the most out of his visit.

When this same parent was asked what would make a “lousy” home visit, she thought first and then said: “Like I said, not having anything to do or if [my child] is cranky the whole time…. And I think a lot of paperwork. I don’t think it should be all paperwork. And it’s supposed to be for [my child].” She focused on the importance of the home visit being for her child, as the first parent had. When she was asked what the most important thing was to her about her home visits, she replied, “That [my child] learns.” She underscored the importance of participation for the direct benefit to her child.

A third parent was asked what she believed the point of the home visit to be. She said, “[My home visitor] does activities with [the kids].” When asked to describe a home visit, she said, “Fun. I think it’s pretty cool. I guess I can say that it kind of gives me a break.” She valued the respite, as did the parent cited above. When asked what was most important to her about her home visits, she said, “It kind of gives me somebody to talk with about [my child] and how she’s doin’ and stuff like that. Somebody to do activities
with her to try to teach her more.” Again, it was the direct benefit to her child that the parent noted. She valued the teaching that the home visitor provided to her and her child. When asked specifically what makes a good home visit, the parent replied, “When [the home visitor] brings activities for the kids to do.” Her comment once again underscored the value she placed on her child’s learning.

When yet another parent was asked what she believed the point of home visits were and what her home visitor did, she said, “[My home visitor] reads [my child] books. And she’ll bring a certain activity to do. One time she brought fruit and had snack. That was motor skills. They take and do assessments to see if they’re up to their age.” When I asked her what she believed the purpose of the assessments to be, she told me: “They ask a lot of stupid questions like, ‘Does your child walk upstairs’ and ‘Does she jump with both feet in the air’ and ‘How many words can she say in a sentence?’ It’s stuff I don’t pay attention to.”

When pressed to explain why she believed the questions to be stupid, she continued: “Well, they’re not stupid questions. They’re just ones I don’t pay attention to. I mean, I don’t count every word she says. And I don’t watch to see how she jumps. So they’re not really stupid, they’re just—they’re just questions I can’t really answer because I don’t pay attention to them.” Aside from doing assessments and talking—“we talk a lot,” she added—this parent was hard-pressed to think what else her home visitor did. “I don’t know what else we really do. I know she reads with [my child]. And she plays with her. They gave the baby [doll] a bath the other day.”

After explaining the purpose of the home visit, this parent went on to address the question about what made a home visit “good.” She claimed that she was comfortable
with her home visitor and that she felt she could share her feelings, but it seemed she placed the greatest value, once again, on the relationship between her home visitor and her child: “Everything she does with [my child] I enjoy. Because I do it, but it’s nice to see somebody else do it with her. ‘Cause she likes [her home visitor].” When asked what the most important aspect of the home visit was, the parent answered without effort: “The activities. I enjoy the activities. ...We go to the park and play ball and made little collages with leaves and we painted them. And she reads [my child] books ‘cause [my child] loves books. But I enjoy doing the activities with them. And it shows me something I can do with [my child] at home.”

When asked if she *does* do some of those activities on her own, she said:

Some of it. Like, I won’t buy paints because it will be all over my house. Playdough. I won’t buy playdough ‘cause—every once in a while it’s all right, but not to have it in my house. [My child] *knows* the stuff that [my home visitor] has. We *do* color. We write with markers and stuff. I never allow—I’ve let her help me put the cookie dough on the sheets. Other than that, there’s not really an activity that we’ve done other than coloring that I do with just her. Because I don’t think—that’s her time with [her home visitor]. And I know I can do it at home, but some of the stuff I just choose not to do.

Although this parent valued her own comfortable relationship with her home visitor so that she could feel free to talk, she emphasized the activities that her home visitor did with her child as the essence of what made a home visit “good.” She valued seeing her home visitor interact with her child and the home visitor’s ideas about activities that she could do on her own, although they weren’t activities she actually *would* do on her own. Rather, it seemed that this parent valued the activities that the home visitor did with her child precisely *because* she wouldn’t do them on her own; the home visit provided that unique opportunity.
Another parent explained that what made home visits “good” in her perspective were “fun activities” such as “counting, colors, cooking, and going for walks.” She said she was glad that her child’s speech had improved. When asked what the most important thing was to her about her home visits, she said after much contemplation, “teaching [my child] different things.” The value that parents placed on child learning and development had become a well-established motif that was repeated in one more parent’s comments. When asked what home visitors do, another said, “Paperwork. Gabbing. They play for a few minutes and read a book. Then there’s more paperwork.” When asked what makes a good home visit, she said: “When there is no paperwork! When the home visitor is focused on and works with the child. Yapping at me about whatever—there is no purpose in yapping. Although some of that is my fault.” Finally, when asked what was most important about the home visit, she replied succinctly, “That the home visitor work with my child.” Above all else, the families seemed to value their home visits most for the opportunity that they presented for their children’s learning and development.

Good Home Visitors

Chapter 5 introduced the notion of the good home visitor from the perspective of the home visitors; this segment explores the family notion of a good home visitor. For the families, having a good home visit was closely related to having a good home visitor. When asked what she believed to be the qualities of a good home visitor, one parent responded:

Well, they have to listen to kids, especially at this age. Their language isn’t fully developed, and you have to really pay attention because they could be telling you something important, and if you don’t sit and listen, well, you’ll never know. ...I love it when [home visitors] listen. I like the individual things, too. Like she
does at Center—she plays with all the kids—but at the home visit, they have
individual time.

It was important to this parent that her home visitor listened to her children and got to
know them individually. This same parent valued her home visitor not only for the
relationship that developed between the home visitor and the children, but she also
recognized an opportunity to socialize with somebody other than her children. She
added: "...she doesn’t have any children, but she can kind of relate to what I’m going
through. Maybe she ... thinks, ‘Maybe if I was in the same predicament they were in,
maybe somebody would come help me.’" This sense of empathy was a characteristic that
home visitors also believed made them effective, or good. The same mix of child-
knowledge and parent connection was identified by another parent who claimed this
about a good home visitor: "They need to know what they are doing. They need to know
how to be with kids and how to act with kids. They need to get along good with parents
and have good communication."

Another parent claimed that a good home visitor was a “nice person” and “not
Knows what’s going on. Is alert. She knows, like if I have a question or something
about the Center, most of the times she can answer it. And if she can’t, most of the times
she’ll get back to me.” Her priority for a good home visitor at first appeared to be less
the personal relationship and more the home visitor’s knowledge of the program and of
the family. However, when I asked this parent what was the most important thing for me
to know about families and home visitors, she replied, “If home visitors are
uncomfortable around parents, then the parents are going to be uncomfortable around
them. If other people feel uncomfortable around me, then I feel uncomfortable around
them.” When asked how she knows if somebody feels uncomfortable, she said, “They are quiet. I don’t know. I can just tell.” Therefore, while this parent believed that a home visitor’s knowledge of the family and the program made one “good,” a relationship couldn’t be achieved without there first being a level of comfort between a home visitor and a parent.

When a different parent addressed the good home visitor question, she also spoke of the need for their to be a positive parent-home visitor relationship based on comfort:

She has to be caring, for one thing. You have to like your job. You have to feel comfortable going into peoples’ homes and being able to talk with people about other issues that are going on that you feel. A big thing is that you have to click with your families. If you’re in a home visit, you have to click with that person. You have to feel comfortable being able to talk to them, but they have to feel comfortable, too. ...A big thing is feeling comfortable. Because you know, you’re bringing someone into your home—a total stranger to you.

Because she brought her home visitor into her home as a stranger, this parent felt it necessary for both parties to the relationship to feel immediately comfortable. She said she wasn’t comfortable at first, and described what it was like when her home visitor first came: “I was nervous. Because you always get nervous when someone else comes in your house. What are they looking for? What are they thinking? I was very nervous. But her and I have a relationship where we can talk, and I don’t feel uncomfortable talking to her.”

Another parent paused to think about what characteristics could be ascribed to a good home visitor. She concluded that they couldn’t act like a social worker, as stated in her opening remarks at the beginning of the chapter. When asked how it was that a social worker acted, she continued to explain:

A social worker thinks they are better than you. And you’re a bad person because you’re on welfare and you don’t work and...they talk down to you. I
had one woman say to me—I was so mad because I just started on TANF and I was looking for an apartment. And I said to her, I said, "I can't find an apartment on this." "Well, that's not my problem. That's your problem." And I wasn't getting my money until— I needed it soon and it took like two weeks. "Well, that's not my problem. You have to deal with it." And they are just so rude! They talk down to you. Bad. They're horrible. [My home visitor] doesn't do that. [My home visitor] talks like she's my equal.

Interestingly, in contrast to the home visitor's perspective that they saw themselves first and foremost as social workers and then teachers, this parent identified that what made her home visitor good was that she wasn't a social worker (because she didn’t act like one!) This parent viewed her home visitor as her equal, even though she knew she was not, indicated by her saying, "She can't tell me about her personal life, which I understand because it's her job, but she's not uptight...."

In summary, it seemed that home visitors viewed themselves as social workers first and teachers second, but that parents viewed home visitors as teachers above all, who worked effectively with children when parents and home visitors had positive, comfortable relationships. The idea that home visitors and families were working at cross purposes—introduced in the last chapter—continued to be evident in their discussion of one another, and one parent articulated the void that existed because of this apparent mismatch.

The parent cited above who claimed the necessity of being comfortable because she was inviting a stranger into her house went on to discuss the role of her home visitor: "I know [home visitors] work to get [families] involved, but you know, ...my opinion of the home visit would be for her to involve herself with [my child]. That's what I would like.” She recognized that the home visitor worked to involve parents, but contrary to what she knew the home visitor was supposed to do, the parent wanted to see the
involvement between the home visitor and her child. I continued to press this relatively articulate parent to explain her perspective on what the purpose of the home visit was and what the purpose of the home visitor-family relationship was and what home visitors do.

She continued to engage the inquiry:

To be honest with you, I don’t have a clue what they are here to do. I don’t understand. I mean, I understand why she comes. It’s to involve her[self] with me and [my child] on a one-to-one basis. But what are we supposed to get out of it? I don’t have a clue. If we’re supposed to get something out of her being here, I have no clue why she would be here. If it’s to interact with [my child] as a person and myself as a person, instead of in a classroom—I can understand that. But if it’s to come here—I mean, to be honest with you, I don’t know. I really don’t understand why all of a sudden—if it’s a personal thing for her to be here because it’s one-on-one, but if it’s a reason—I don’t know.

As she answered the question, the parent seemed to become frustrated. Her understanding was that the home visitor made home visits to capture a personal relationship that could not be developed in a classroom community. She understood that parent involvement was an expectation of the program, but she had articulated that she placed a higher value on the home visitor-child involvement in spite of what she knew the program values to be. Finally, when pressed to identify a purpose for the home visit and for home visitor-family relationships, beyond the personal dimension, she remained clueless that there could be any other reason. It completely evaded her, as it seemed to evade the other parents, that someone else might have determined that she “needed help” or “had issues” or “could be changed.”
CHAPTER 9

"NUDGING" AND BEING "NUDGED"

Beth turned her attention once again to the kitchen floor. She attempted to cut out the tracing of Jenny’s body, but the wet paper made the task difficult. “Do you have a pair of scissors?” she asked Kathy. “It needs to dry first.” Beth left the paper on the floor. “What are we doing next time?” As she waited for Kathy’s response, Beth noticed a book that had been left on the table. She told Kathy it was the same one she had had as a child. Kathy seemed oblivious to Beth’s remark and said, “She’s been whining a lot the last couple of weeks.” She was referring to Jenny’s behavior. “It’s probably because she is sick,” added Beth.

Beth persisted, “What do you want to do next time?”

“I don’t know.” Kathy replied with a sigh.

“If you don’t know, we can think about it.” Beth shuffled some papers, avoiding the spill on the table that had the potential to make a mess of her paperwork. She balanced her bag and papers on the back of the couch, looking for a place to keep her materials inaccessible to a quick-moving and curious Jenny.

“I wonder about that white thing on her tongue,” Kathy said with an abrupt change of subject. Kathy pulled Jenny into her lap and had her open her mouth so that Beth could see it. “The doctors said it would go away. It’s been there since the day she was born.” Beth took a look and said she didn’t know what it was. She then informed Kathy that it was now head lice season. “Oh, no!” Kathy agonized. Beth told her that she could wash her and the children’s hair with vinegar once a month because lice don’t like the smell. “And they don’t like hair dye, either” Beth added.

Showing the same excitement she displayed with the news of Jenny’s toileting accomplishment, Kathy told Beth that Scott and Katelyn would be visiting this coming weekend. She hadn’t seen them since last April. Beth replied that tomorrow was dress-up day at the Center if she wanted to bring something for Jenny. Kathy explained that they didn’t have costumes and they would not be going trick-or-treating. Beth noted the advancing time and set up next week’s home visit for 8:30, in one week. Beth wrote it down on her schedule. As Beth gathered her things, she told Kathy she hoped to see her at Center Day tomorrow. “I need to be here when the hospital calls about Johnny’s

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appointment for his hearing. And besides, Jack has court at 8:00. Sometimes you have
to do jail time for that. I kind of want to be there.”

Seemingly at a loss for words, Beth ended her visit with an acknowledgment of
the implications for Jack’s possible sentence, “That would not be good.” She parted,
saying good bye to Jenny and Kathy, and likely doubting she would really see them in
one week. (Fieldnotes October 30, 2000)

It was sometimes said around Early Head Start that if there weren’t parents to
participate, then there wouldn’t be a program. Indeed, if there weren’t home visitors and
families, then there wouldn’t be the act of “nudging” and the response to being “nudged”
in the context of Early Head Start. Certainly, nudging occurs in other contexts, as well.
Parents who value independence may nudge their children out of the nest. Health care
professionals who value healthful living may nudge their patients to quit smoking, eat
more fruits and vegetables, and get more exercise. Teachers who value academic
pursuits may nudge their students to go to college. The notion that home visitors nudged
families was introduced in Chapter 6 as home visitors spoke of what they valued and
wished to achieve in their work. It was revealed that they used cultural modeling and
nudging to gently prod and even push families into a different place.

In order to get positioned for “nudging,” however, it seemed that certain
conditions needed to be met. First, the program provided socialization and education for
families and children, which was an incentive for families to participate. Clearly,
families sought socialization and educational opportunities from Early Head Start. Once
families became enrolled, they were introduced to program values and rules. Chapter 9
illuminates various other program incentives for families and rules for participation,
revealing embedded nudging above and beyond the cultural modeling and “nudging”
provided by the individual home visitors. The process of “nudging” and “being nudged”
at the Center (in the classroom as well as in the Parent Meetings) and in home visits is illustrated in the following sections. Each section describes the incentives, rules for participation, and the dynamic of nudging in each context.

Program Nudging

Incentives

Parent participation was critical to sustaining the Early Head Start program, and the staff continually sought and encouraged the parents' participation, enticing them to participate with various incentives. They were challenged to get parents there for weekly Center Days, for monthly Policy Council meetings, and for monthly Parent Committee Meetings. Incentives ranged from the concrete and tangible to the abstract.

Among the relatively concrete incentives, the program offered free childcare for meetings and provided transportation to families. If childcare was not provided by the program, then reimbursement was available to families who obtained it on their own. Likewise, if transportation offered by the program was not used, a family could seek mileage reimbursement from the program. As further enticement to get families to participate, there were door prizes at Parent Meetings and free food at every event. Home visitors, teachers, and family advocates universally made a note of the food to families. "And there's a catered lunch!" was often heard as a way to get families to come to one meeting or another.

Not only were families enticed to participate, the home visitors also rewarded families for their participation. At the end of the program academic year,91 home visitors awarded families with certificates that commended families with comments such as
"commitment to the program" or "excellent attendance at Center Day." Parents were encouraged to display their certificates at home (as Kathy did), as a reminder of the program and their commitment to it. Enticing parents to participate—and enticing them to continue participation—seemed to be a significant part of the home visitors' job.

As further reward, although less immediately felt by families, family participation was documented at every event with "in-kind" records. At each Early Head Start activity, parents signed in as participants on an attendance record as well as on a separate document, indicating the "in-kind" contribution they provided. (See Chapter 4 for a discussion of in-kind contributions and parent participation.) This provided a financial reward to the program for parent participation, which, in turn, was promoted as a benefit to families. "This is your program," staff members and administrators would say to families to emphasize the benefit of in-kind contributions.

Another reward for participation, which became even less tangible, seemed to be the feeling of value that came when a parent took on a leadership role. Vickie, for example, seemed proud of her role as a Policy Council member and attended monthly meetings, advocating for increased acknowledgment of the Early Head Start program within the larger Head Start community. She seemed to value her leadership in the program. Opportunities for leadership among one's peers were an incentive to participate, and the value derived from playing a leadership role could potentially be a reward to any family who desired it.

Participant families had another apparent incentive to participate: training opportunities. The program ran annual training programs for cafeteria substitutes and childcare substitutes. One day, after completing the childcare substitute training, parents...
on break from Center Day encountered an excited group of parents who had just received flowers and certificates in honor of their accomplishments; they seemed proud.

Another incentive that nearly all the parents valued was the opportunity to meet other parents. In their interviews they claimed that meeting other parents was a program benefit. They enjoyed each other and learned from each other. They were “in the same boat together” and could help each other out. Furthermore, because they all had young children, there were opportunities for them to learn about parenting together and from each other. The opportunity for this social interaction seemed to be an incentive, and the resulting relationships were the reward to families who participated.

Perhaps one of the greatest incentives for participating was the perception that participation in the program was a good thing for parents to do with their children. Parents saw the program as an opportunity for their children and as being good for their children. Parents wanted to do what was right and good for their kids; however, doing what was right was also an incentive because participation might mean that others would perceive them as being good parents. There seemed to be incentives to participate at multiple levels, and when parents participated, there were natural rewards (e.g. new relationships) and program-implemented rewards (such as expense reimbursement) which served to reinforce parent participation.

Rules

Once families enrolled in the program, they began the process of learning the rules. The rules for participating in Early Head Start were numerous. They were set out in the 25-page Parent Handbook that every family received after enrollment. Some of
them were identified as "Guidelines to Keep the EHS Program Running Smoothly" and others were identified as program policies and procedures. Some rules were not written down but were imposed by staff members based on individual values. One such case was the issue of language on the bus. During a break, one parent complained to the other parents that the bus driver had asked her not to swear on the bus that morning. She reported that the bus driver reminded her of the policy that was in the Parent Handbook when she said "pissy" on the bus. The parent reported to the group, "I can't swear at work! I can't swear at Early Head Start! I can't swear on the bus! It's really hard—it's like a second language for me!" This parent was disturbed that she had to alter her language style just to ride the bus to Center Day!

Home visitors reviewed the rules with participating families either individually on home visits or in the parent meeting during Center Day, touching on the biggest and most important rules for Early Head Start such as child safety, illness and attendance policies, and smoking. It seemed inappropriate to review every single rule in the handbook item by item; rather, following the routine of a day at Center or on a home visit seemed the best way to learn what was expected. When a mistake was made, such as when I left a jug of bottled water on the table at lunch time, the staff or families were quick to correct and point out the rule. In this example, I was informed that the USDA dictated that they could only have on the table at meal time what is being served to the children and families.

Despite the myriad rules detailed in the Parent Handbook and in the Program Policy & Standards (that got translated into the Parent Handbook as well as into program practice), it seemed the biggest and most important rule for parents was to participate and
be involved. Participating meant being present for home visits and Center Days, and participation entailed family involvement. Family involvement and parent participation were documented and made tangible through the process of in-kind. Even if it occurred naturally, the program had to document it. As one home visitor explained:

[One family] had a hard time doing the in-kind card of the activities that they do at home, even though they did painting and cooking and coloring and bath time. I knew she did all that. But she would never write anything down. I would have to write it down and ask.... She doesn't see herself as [the program sees her.] She sees that as the normal parent role. “Of course I read books; of course I did this stuff.”

The process of in-kind documentation seemed to have the effect of attempting to identify for families what the program valued (child development activities in which parents were involved) and the outcomes the program hoped to achieve (increased parent participation with children). The incentive for increased outcomes was tied to money—in order to obtain the grant money for the program, it was expected that there be documented a particular in-kind contribution, which was generally recorded in quantities of time.

**Nudging**

This entire process of families biting at incentives, being rewarded for participation, and then learning the rules as they went, set up a dynamic of nudging that seemed to be embedded in program participation. Although home visitors had claimed that they valued parent participation, it had not been clear to what extent they came to the program with that value or learned it from the program (see Chapter 4). Either way, the necessity of documenting in-kind put pressure on the home visitors, perhaps more than any of the other staff members, to generate or encourage parent participation. If parents
were not going to do it autonomously (as in the example cited above), then home visitors were responsible for making it happen.

How would home visitors make parent participation happen? They would entice families into the program by pointing out incentives, which were broadly what parents sought: education and socialization. Once families were enrolled, it was the home visitors’ jobs to nudge families to be involved with their kids and to participate in Early Head Start activities. The nudging happened simultaneously and in concert with the families’ learning the rules of participation. This embedded nudging seemed to be focused in three areas of the program: at the Center during the parent meeting, during Center-based classroom activities, and during home visits. Each context seemed to have its own context-specific incentives for participation, rules for participation, and dynamic of nudging that required the home visitor to be in the role of “nudger.”

Nudging at the Center

Parent Meetings

Incentives. The incentives for parent participation in the parent meeting seemed primarily to include the opportunity for parents to socialize with other adults and do activities they would enjoy, such as making crafts or going on fieldtrips of their choosing. Parents made pillows, picture albums, picture frames, tie-dyed T-shirts, Easter baskets, Christmas cookies, jewelry, etc. Fieldtrips included trips to the store to choose craft supplies, going on walks, or doing something that benefited the parents directly, such as going to a local beauty school to get haircuts and manicures. While they worked,
parents often talked freely and at ease, creating the natural reward of relationship with each other and respite from their infants and toddlers.

Rules. Regardless of the ease with which parents were able to share topics of conversation that interested them and built parent-parent relationships, there were rules to be followed in the context of the parent meetings. As was often the case (such as with my water jug violation), the rules remained hidden until they were violated. For example, during one parent meeting Kathy expected a friend of hers to be present (and wasn’t). Kathy said to the group, “You know, [parent] is not here again today, and I think she just wants to send her child off and not be involved in the program.” At Kathy’s comment, the home visitor appeared to be stunned at what she believed to be accusations of one parent by another. The home visitor promptly turned the parents’ attention to the donation closet and told them, “I’ll give you guys enough time.” She meant that she would allow time in the meeting for the parents to go through the items in the closet, and she did not acknowledge Kathy’s comment, which violated a program rule.

In this particular example, the home visitor called Kathy following the Center Day and told her she could not speak about other parents in the manner that she had because it was not fair to the absent parent. At the next parent meeting, the home visitor introduced a list of nine “group guidelines” that were reviewed as a group. This was the list:

- Non-judgmental attitudes
- Lean into discomfort and take risks
- No stereotyping
- Speaking only on personal experience. Use I...
- Keep personal information confidential
- Respond respectfully, no personal attack, accusations
• Sharing speaking times
• Respect
• Listen well to others, especially differences

The guidelines represented the "rules" for parent meetings, which had not become explicit until one was violated. When the rules were revealed to families, they often seemed to have already experienced the reward for their participation (satisfaction from group relationship and respite from their children).

**Nudging.** Nobody challenged the rules, which nudged families into different ways of being in relation. In the situation presented above, it was a dynamic that looked simply like this: Families came to the program seeking socialization; they participated and enjoyed the natural reward of relationship with others; when the rules for continued participation were revealed, they seemed readily accepted so that the rewards could continue; by following the rules, their behaviors were (usually) modified. In this dynamic, Kathy learned that she could not talk about her friend in the parent meeting.

The home visitors had indicated that, although there was a *purpose* to the program, the families and the home visitors were not always "on the same page." In her interview, one home visitor described the difficulty this sometimes created during the parent meeting portion of Center Days: "They don't want to be led by me! You know, even though...we all had a really good relationship, ...that's just the way they are. They don't want to sit there with me being the teacher."

Perhaps this home visitor was pointing to the implicit program expectation for "home visitor-nudging." There seemed to be an expectation that home visitors use their parent meetings to "nudge" families. For example, the parent meeting was an opportunity for the home visitors to elicit leadership for Policy Council and to encourage
families to “have a voice” in Early Head Start. Within the small group of familiar people, a parent could potentially attain the position of Policy Council Representative for the group by being voted into position by one’s peers. That parent would be “rewarded” with leadership responsibilities and the ability to participate in the program decisions made by the Policy Council (a claim made by the program). The outcome appeared to be the parent’s education about the rules of democracy and how to operate in a bureaucratic system.

More evidence pointing to this dynamic is included in the following interaction that occurred at a parent meeting. A parent asked her home visitor when the next monthly Parent Committee Meeting was being held, and the home visitor responded that it would be the next Friday. When the home visitor asked the parent if she was coming, the parent asked, “What are they doing?” The home visitor responded, “Health and nutrition.” To that, the parent remarked, “They have some boring ones.” She meant that she probably would not attend because the topic did not interest her. The home visitor met the parent’s remark with this comment: “The parents decide what the topic will be. If you go, you could say what you want to do.” The parent sighed deeply and said, “I know.” This interaction reflected the parent’s understanding of the “rules” (participation) and the potential “reward” (having a choice if she participated), but this parent wasn’t moved to participate.

Classroom

Incentives. The incentives for participation were perhaps most salient in the program classroom where children and families were welcome and where the rooms were inviting. The Early Head Start classroom consisted of two adjoining rooms with ample
space for gross motor activities—facilitated by foam climbing structures, riding toys, and a large wood-frame structure with steps and a slide. One corner invited pretend play with a toy kitchen set up and ample dress up clothes. A quiet nook at the far end of the distant room was adjacent to the small nursery, complete with cribs; a couch and two glider rockers invited parents to sit with their babies to cuddle, read, nurse or feed.

In an adjacent room, two child-height tables were surrounded with plastic cubes that could be adapted to toddler height or flipped for adult comfort, and wooden chairs with attachable trays were available close by for younger babies who were not ready for independent sitting. The tables easily accommodated both craft activities and mealtime. Fine motor activities and manipulatives were accessible so that a child could easily take a puzzle (or other toy) off a nearby shelf and complete it at the table. Bright colors, well-organized materials that were pleasantly displayed, and comfort for children as well as adults, contributed to the family-friendly atmosphere in the classroom. With so many inviting activities at a child’s disposal, it was an environment that fostered positive parent-child interactions, and it was hard to avoid having fun with a child there.

The resource-rich environment was a powerful incentive for families to participate in Early Head Start. Some families who initially accessed the environment for childcare were drawn into the Early Head Start program as a result. When parents participated in the classroom, the natural rewards abounded; parents wanted their children to have socialization and education, and there they could get it. The context granted socialization opportunities among children; adults had other adults with whom to socialize, and the environment was full of educational activities for children. As one mother said on the bus, “I like going to [Early] Head Start! It beats staying home all
day!" With fieldtrips, activities, and just plain fun, it gave parents and children alike something enjoyable to do together.

Another incentive for participation was that the classroom provided parents with a context in which they could receive early intervention services. Several parents met their early intervention home visitors at the Center to receive services. One parent in particular, however, chose to have her early intervention visits exclusively at the Center. She said in her interview that she liked that Early Head Start would allow early intervention staff to make visits with her at the Center rather than in her home, which she preferred not to do.

As indicated in the opening of this chapter, free meals were another incentive for parents to participate. Families were provided with breakfast and lunch on the Center Days, and all meals met USDA guidelines for school lunches. Parents, children, classroom staff and home visitors ate together at the two tables. Meals were prepared at the Center, served family-style, and there were always ample serving sizes.

Rules. As if incentives and rules for participation were expected to balance, there were far more rules for participation in the classroom setting than there were for either parent meetings or home visits. In the classroom, there were first and most explicit the rules and practices that came along with childcare regulations, USDA guidelines for food and nutrition, NAEYC accreditation, and Early Head Start standards, policies, procedures, and practices. Childcare regulations, for example, stipulated adult-child ratios and group size as well as food consumption (e.g. hot dogs must be cut in lengthwise strips so as not to pose a choking hazard.) USDA guidelines for food and nutrition stipulated that children could only drink milk with meals, unless juice was
specifically served. In other words, parents could not provide their own drinks for children, such as juice in a Sippee cup. They were required to feed their children either 2% or whole milk from the cups provided by the Center. Children under the age of two were required to have whole milk, and children under the age of one were not allowed to drink milk but had to have formula provided by their parents. When one mother brought special milk for her child because she was lactose intolerant, a teacher informed her, "We have to have a doctor's note to serve anything that is different. We have USDA guidelines to follow."

NAEYC accreditation, while it was never explained to the parents while I was there, meant that the program was following what early childhood educators know as "developmentally appropriate practices" and met strict guidelines established by the National Association for the Education of Young Children. Several of these practices were evident in the classroom, although it was sometimes difficult to determine which actions were being guided by which regulatory agency. An example of a practice that may have been guided by "developmentally appropriate practices" was the rule that babies who were drinking bottles needed to be held by an adult, rather than have their bottles propped.¹⁰⁵

On top of the specific rules and regulations, there were the classroom practices that Early Head Start staff reinforced that were believed to make their program run smoothly and were believed to be good for children and families. While some of these practices were likely derived from their various regulations, others seemed to involve practical matters for the staff and families. Rules that seemed broadly oriented to Early Head Start were: always wash hands before meals; brush children's teeth after meals;
parents assist their own children when in the classroom, and urge children to early independence such as serving themselves during meals and clearing their own spots after eating.

There were also what may have been program-specific practices, such as making sure that parents returned from their parent meeting in one group rather than individually so that all of the children would be reunited at once. (The rationale provided for this rule was that a child might become upset if a peer’s parent returned and hers didn’t.) Along a similar vein, parents were not allowed to leave the classroom without saying goodbye to their children, even if it meant interrupting their activity and making them upset. It was not uncommon for teachers to ask parents, when it was time to leave for the parent meeting, if they had said “good bye” to their children. One time a parent said, “No. He’ll just cry.” The teacher explained, “You need to say ‘good bye’ so that he knows you are leaving.”

Of all the rules, regulations, and guidelines in the classroom, it was not so important which rule came from which rule book as much as it was important to know that the classroom, while it was the most appealing part of the program for families, was governed by a tremendous number of rules. As the rules were cited to families, they were often attributed to Early Head Start in general and not attributed specifically to one governing agency or another. For example, when the Early Head Start nurse and a home visitor reviewed some of the program policies with families during a parent meeting at the beginning of the year, they simply said, “that’s the rule.” In this particular example, they had reviewed the “Smoking Policy.” It was pointed out in the Parent Handbook, which simply stated, “There is no smoking in any Head Start building.” The home visitor
and the nurse explained that parents could have a smoking break, but they would have to
go outside by the dumpster. Both staff members spoke in an apologizing manner to the
families, explaining that, "that's the rule." 106

Although some (even many) of the rules for participation were explained to
families as they participated, the rules only seemed to become salient to families when
they violated one. Like Kathy, whose experience with breaking a rule during parent
meeting was described above, Nancy discovered a classroom rule when she
unintentionally broke it. When Nancy was new to the program, she arrived at Center one
day without baby food for her ten-month old son. She had also had only one bottle,
which he apparently drank shortly after he arrived. At mealtime, when it became evident
that Nancy had not brought her own baby food for her son and was not accustomed to
feeding him table food, she was offered water in a bottle. A teacher explained to Nancy
that the program could not provide milk to children under one year of age. Although her
son was nearly one year old, and, although he apparently received milk at home, they
could not provide her with milk. Those were the rules. When provided with water in a
bottle, her child cried and refused to drink. Eventually she was offered juice in a bottle.
Nancy accepted the juice for her son, and he drank it.

Nudging. At a later date, I asked Nancy why she thought that some families
participate in Early Head Start and why some don't. The "no milk" event described
above came up. She explained why she thought that some families might choose not to
participate:

They might not like what the teachers have to say or do with their children. It
might bother them. They might yell at the kid or speak to the kid for doing
something wrong, and the parent might not think it's wrong or don't like it,
like how they told me I couldn’t give [my child] milk. That made me really upset.

Nancy had been upset that she had done something the program had perceived as wrong. Although she continued to participate in Early Head Start (she consistently received home visits, but she did not attend Center Day for several months), she imagined that other families might have a similar experience that would cause them to withdraw from services.

Nancy’s experience is another example of embedded nudging. Nancy participated in Early Head Start for her children’s socialization and education. For her, the most important aspect of the program was that her children got to play with other children. Furthermore, she believed that her children benefited from participation more than she did. Once she came to the classroom, however, and inadvertently violated a rule, she may have felt incompetent because her behavior as a parent (providing her son with milk when he was under one year old and not having him accustomed to eating table food yet) was counter to program values and expectations, which were articulated in the form of rules. If she would follow the rules and continue participating, the result would have been an outcome of modifying her behavior, moving her to a different place with regard to her child’s eating and drinking habits. She would have been nudged.

The home visitor played a crucial role in this nudging dynamic that was actually initiated between the classroom staff and the parent. Following the day that Nancy did not have formula for her son, the classroom teacher approached the home visitor. “We need to talk about Nancy,” she said. The teacher pointed out that Nancy had been diluting her child’s milk and that she didn’t have food for him. It then became the home visitor’s responsibility to bring it up to the parent and discuss it on her home visit.
This same event came up in the home visitor’s interview when she was asked if there was anything she struggled with as a home visitor. She responded that there weren’t broad things but that there were some specific issues, and this one in particular came up. She reported that she was feeling a lot of pressure from the classroom teachers and the program nurse to address children’s food and nutrition with the parent. When asked to specifically describe the problem, she said:

The problem is that he is drinking milk and a child’s body can’t digest...at the age that he’s at. And...unless there’s allergies or a doctor’s note, or doctor’s orders that it’s OK because [he’s] a child, I guess.

The home visitor understood the reason behind the rule—that apparently someone somewhere had determined that babies under one year of age don’t digest milk well. And she understood that this translated into a rule that the classroom teachers enforced, “No milk under the age of one.”

When the home visitor was asked why she was feeling pressure in the situation, she answered:

Because it’s something that has to get—I mean ...it’s something we are required to talk about.... I go about things a little bit more subtle than ...just coming out and saying,... “You can’t give that to her here.” If that’s what they have to do, they have to do that. I just felt like that the parent maybe felt embarrassed and ashamed and—because after that, the teacher gave her water.

After that, the parent also didn’t return to Center Day. The home visitor knew she had to address the parent’s absence at the home visit. She said,

...so then I had to somehow bring this up with her at the home visit. I mean, this is like my main focus now. And the other issue was that she didn’t feed the child any type of finger food or anything on Center Day. So that was something else the teachers were concerned about...and wanted me to bring up. I don’t want to make any parent feel uncomfortable. ...Something—even just one word can make somebody feel, you know, can just offend somebody, I think. I can get offended really easily.
The home visitor understood that she was responsible for nudging Nancy into following the rules, and she wasn’t sure how she was going to do that. She seemed to be feeling like a tightrope walker, balancing family needs and behaviors with program rules. If families didn’t play by the rules, they couldn’t participate. If the rules weren’t followed, the program would get sanctioned. And if there weren’t families, the program wouldn’t exist. It was the home visitor’s role to nudge families into alignment with the program so that they could exist together with consistent behaviors and expectations. Unfortunately, it seemed that, because the program rules were hard and fast, families consistently required nudging. There was seldom, if any, evidence of program compromise.

The home visitor described how she went about nudging:

And so, what I did is, I brought—and I don’t even have to do yet—I think it’s due soon. And I brought [a nutrition assessment]—one for each child, so it wasn’t just focused on [the child who didn’t have formula]. ...Mom filled it out, and she put solid foods on there that [the child] was eating. I encouraged her to bring—I said, “Is he still eating jar food?” And she said, “Yeah.” And I encouraged her to bring that stuff to Center Day. And I just felt better after I did that. I felt like that was an easy way of bringing it up. And I didn’t really bring up the issue of milk...because that is what [the teachers] have to do. It is part of USDA regulations or something.

The home visitor had followed through with the nudging that was expected of her. She nudged in such a way that she believed she was being sensitive to the family. Her actions demonstrated the need of home visitors to respond to families in ways that suited the families and would be least likely to alienate a family from the program. This situation also reflected the delicate balance between the classroom staff and the home visitor and how it played out in the home visitor’s relationship with a family. It seemed to fall largely on the home visitor to negotiate the program rules, including the many classroom rules, with the family. Not only did she have her own personal relationship
with families to consider, the home visitor was also required to carry with her and negotiate the concerns of the classroom staff.

**Nudging on Home Visits**

**Incentives.** The primary incentive for families to participate in home visits seemed to be the individual attention that was bestowed upon their child or children during that time. Chapter 8 revealed that families placed a priority on the home visitor-child relationship, and the home visit was the time during which that relationship could unfold. Individual time between home visitor and child seemed to represent a unique educational opportunity for children, and it also seemed to be a time when parents could sit back and observe their children in relationship with others. No doubt there was a natural reward for parents, derived from the satisfaction that they received when they observed other people enjoying their children.

Another incentive may have been access to transportation to social services appointments through home visitors, although parents did not report this as a priority when asked about their home visits. Perhaps that was because, if they were out and about with their home visitors on social service appointments, they were *not* in fact, doing a *home* visit. While home visitors viewed all of their visits as “home” visits—not making the distinction between a *home* visit and a *social service* visit\(^\text{107}\) --families may actually have made that distinction for themselves. In any event, access to transportation for families was seldom mentioned, but since so many families used their home visitors to get them to the food pantry, to WIC appointments, to the doctor’s office, or to health and
human services appointments, it seems difficult to imagine that it would not be an incentive for families to participate.

Sue provided a case in point. She reported that, when she was a new home visitor and hadn't yet learned which appointments were appropriate to take families to and which ones weren't, she had a parent request her transportation to and from his appointment for a vasectomy. At first she had agreed, but then when she sought supervision for the situation, she had been advised she shouldn't. Sue had to decline this parent transportation, and she had to learn where to draw the line between what benefited a child, and what was for the parent. Sue described her feelings:

So I just felt awkward. I don’t know. Maybe I felt a little guilty because... he had said, when he had asked me the first time, he had said, “And if we don’t get this done... you know we don’t want any more babies, and I don’t want my wife, you know, to have to be on the shot anymore. And we definitely don’t want any more babies....” He just kept saying that to me.

Since the family already had four children and it was the parent who was initiating the sterilization, it seemed appropriate to the home visitor to provide transportation. Sue could see a direct connection between the parent’s need for transportation to the vasectomy appointment and the well-being of the enrolled baby. However, although families were allowed to access transportation from their home visitors, which was a likely incentive for program participation, there were rules around what was an appropriate use of home visitors’ wheels and time.

**Rules.** If there seemed to be the greatest number of rules in the context where there were the greatest incentives to participate (at the Center), then the converse was true for home visits. There were incentives to participate *if* parents needed transportation and *if* they valued the relationship between their home visitor and their child. As for rules,
there were few. Primarily, a family had to participate. They had to be home when the home visitor arrived, and they were asked not to have guests or have the television on or be otherwise distracted when the home visitor was there. But, while these were program and home visitor preferences, they were not hard and fast rules such as existed at the Center. Families still had guests; they continued to have the television on; and they didn't avoid distractions such as telephone calls, people walking by the window, or smoking cigarettes. In all likelihood, this was the case because home visitors acted on family turf where they could not call the shots, and families understood that.

**Nudging.** If home visitors carried the largest responsibility for program nudging, and they were expected to do it in the context where they had the least power—on home visits—then how could they get it accomplished? What was the dynamic of nudging on home visits? There seemed to be a variety of home visitor-family dynamics that represented home visitors' attempts to get families to modify their behavior to meet program values and goals. The following list attempts to identify some of the dynamics. It is not meant to be exhaustive but, rather, offer a glimpse at the variety of ways in which home visitors and family members were observed to interact with each other and nudge and be nudged (or not). Each dynamic is briefly explained:

- **Avoidance.** Kathy and her home visitor went outside with the children, and the home visitor commented that it was good and important for children to play outside. While they were out, Kathy's home visitor told her that she would have to get a beach chair to sit outside where she could watch the kids play in the summer. Kathy chuckled and said something about not liking the sun. Kathy left the impression that she had no intention of getting a chair to sit out in the hot sun with kids in the summer. There
was little shade. Indeed, as the summer progressed, she spent the entire summer inside keeping cool with an air conditioner and a fan. She had avoided her home visitor’s suggestion. Kathy’s home visitor had approached Kathy with her individualist value for children’s outside play, but the home visitor’s nudge seemed completely avoided by Kathy.

- **Defense.** When Beth mentioned Jenny’s nose, observing that it was draining a yellow color, Kathy responded, “She should be going to the doctor’s soon. I usually give it ten days.” Kathy seemed to be defending her competence as a parent. The home visitor approached Kathy with a prescribed value of seeking appropriate medical attention. Hearing the home visitor’s questions about Jenny’s health may have had the impact of undermining Kathy’s parental competence, and she responded with what seemed to be a defense of her competence. In this situation, Kathy had actually been nudged to call the doctor’s office, which she did upon the home visitor’s leaving.

- **Table-Turning.** During a visit when the home visitor was overseeing the activity of making muffins with Jack and Jenny, the home visitor suggested that Jack take over the egg-cracking so that Jenny didn’t get shell in the batter. Jack responded by getting Jenny a separate bowl. “I’ll let her crack the egg in here, and then if she gets shell in it, I can just take it out,” he said. The home visitor approached the parent with the individualist value to keeping shell out of the mix, but the parent took control of the home visit, “turning the table” on the home visitor; Jack refused to be nudged.

- **Recasting.** When Jenny was left at the table to cut up a banana on the bare table, it got smeared all over the table top, and she wasn’t eating any. The activity was
promoted as a fine motor and sensory activity. When Jenny started to fuss, Jack observed, “She’s got a bad attitude now.” The home visitor recast the parent’s remark: “She is frustrated.” The home visitor suggested the intervention of showing the child the star pattern in the middle of the banana, which apparently didn’t make sense to Jack, who said, “Me and her don’t usually do this sort of stuff. We do Legos, matchbox cars, and watch Teletubbies.” The home visitor met Jenny’s behavior with an interpretation of Jenny’s behavior, and she modeled a prescribed intervention—redirecting Jenny’s attention. The home visitor and Jack recast each other’s comments and interpretations, never coming to an agreement on what was going on or what should be done about Jenny.

• Questioning. When a home visitor presented Diane with paperwork during her home visit, she explained that the paper was the program-required permission to do all the screenings that were part of Early Head Start. It included developmental screening, vision and hearing, and mental health. The home visitor explained to Diane that she was required to do a developmental screening within 45 days of the child’s enrollment in the program. Diane responded by telling the home visitor that her child had had her hearing professionally tested the previous year. Diane also asked her home visitor what it meant to “share information with the school.” If Diane had refused permission for her child to be screened, her refusal would have run counter to the goals of the program. The home visitor had approached the parent with a prescribed program value (paperwork reflective of bureaucratic systems), and the parent was nudged to sign it, but she did not do so without questioning it first, and she signed although her questions were not answered.
• **Compliance.** To be sure, just as there were several incidences of nudging and being nudged (or not), there was also a dynamic of compliance which was frequently observed. Sometimes home visitors approached families with prescribed program values, which may have been embedded in their activities or suggestions, and families responded by participating and cooperating. Many times families complied with home visitor and program expectations. When home visitors presented families with in-kind cards and they were completed, families complied. When families followed through on suggested activities, they were compliant. When a home visitor handed a parent a book and said, "Do you want to read a book with him while I write?" it would have been awkward to refuse the nudge, and families more often than not complied. After all, good families in Early Head Start were compliant families, and there were several of them who were compliant at least some of the time, because that seemed to be what made the program a program. Had all of the families been "difficult" or noncompliant all of the time—if they didn’t participate—there wouldn’t have been an Early Head Start program.

In summary, it seemed that families and home visitors came together around salient program features (education and socialization) and shared goals (doing what was good for children), even if they operated at cross purposes. The dynamic of “nudging,” aimed at moving families into a niche of behaviors that were more closely aligned with home visitors and other staff, seemed to remain elusive to families and home visitors alike. “Nudging” also seemed to be a dynamic that had to be *learned*; a new home visitor felt pressure to learn it, and an inexperienced home visitor claimed to want to learn “the pressure thing” from a more experienced home visitor. Sometimes families were nudged,
and sometimes they weren’t. It seemed the more fully they participated in the program and complied with rules and home visitor requests, the more likely they were to be “nudged.” Families who allowed themselves to be nudged were “good” Early Head Start families, and home visitors who were successful at “nudging” were deemed effective.
PART IV

GIVING MEANING TO THE EXPERIENCE

Peering around the open door to see who had arrived, the landlord asked, "Wanna see?" He resumed his place in the kitchen and leaned on a shovel as he talked. He wore latex gloves. A lamp cast both light and heat as he shoveled the squalor into heavy-duty trash bags. Boxes that had been packed since November continued to line the walls, evidence that Jack and Kathy had been preparing to leave. It looked like the only items they took were their TV, computer, and what little food was left in the cupboard.

"Did it always smell like this?" The landlord's question was jolting. The remains of a bologna sandwich lay on the floor. The reality of the situation offered a sharp contrast to the comfort that had been known there previously.

He continued, explaining he would be putting Jack and Kathy's belongings in storage, giving them the right of 28 days to claim it. "They left no forwarding address or telephone number. If they come back for their stuff, I'll call the police to accompany me. Most of the stuff doesn't have any value anyway—except to them." He tossed aside the broken kitchen chair that I had often pulled up alongside Kathy so we could chat by the computer, and I suddenly understood that my relationship with Kathy and Jack had come to an abrupt close. (Fieldnotes January 14, 2002)

In a study such as this, where the attempt is made to explore perception and experience, the result is to open up complexity for view by others. It sets the stage for a far more ambiguous closing than a tidy experimental study where conclusions can be neatly packaged. Given the nature of this study, it seems appropriate to bring closure by pointing to some of the dynamics that make this study so complex. Part IV is an attempt to open up some of the complexity uncovered by my participation among families and home visitors in the context of Early Head Start and in families' every day lives.

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These examples of complexity revealed themselves in the forms of mixed messages and paradoxes, the topics of Chapters 10 and 11, respectively. To understand that life itself is inherently paradoxical is to understand that the complexity that is revealed in this study is inseparable from life, such as it is with many facets of our lives. As long as we have helpers, there will be people in need of help. As long as we have Early Head Start (or until comparable services are available universally), some families will be eligible and others won't. By examining the mixed messages and paradoxes, the intent is to place home visitors and families in juxtaposition and provide an opportunity to examine the relationships in which intended support is provided to others.

Chapter 10 will address some of the mixed messages that I received by participating in Early Head Start alongside families. Chapter 11 will describe some of the paradoxical situations that emerged from the existence of the program, and I will attempt to make sense of those. Finally, Chapter 12 will provide a justification for why this story should be believed and, in turn, I will name implications and make recommendations for practice. The aim is not to claim a conclusive understanding about how things are for all families and all home visitors in all Early Head Start programs. The aim is to share how it is that I came to understand how things were for some families and some home visitors who participated in River City Early Head Start at one point in time and to offer insights on how service might be provided differently.
CHAPTER 10

MIXED MESSAGES

Mixed messages appeared when home visitors' messages or program messages seemed to indicate one position, which contrasted with a different position, reflected in associated behavior. Much like the confusion that exists for children when an adult's reprimand is delivered with a smile, mixed messages seemed to appear for families when Early Head Start staff said one thing but behaved in a manner that was not consistent with their words. Some of the mixed messages that appeared in this way are shared below.

Who's Calling the Shots?

There were few guidelines about the parent meeting that occurred during Center Day while children were in the classroom. Nothing was written specifically about parent meeting in the Parent Handbook, other than one reference under the topic of Family Involvement that stated: "On days when parents and children attend the Center, a special adult learning time is planned for each group. Topics for these groups might include health and safety, parenting, child growth and development, nutrition, education opportunities, and job training options."

Additionally, perhaps because there seemed to be little program direction for the home visitors about how the parent meeting was to be planned—or who would do the planning—it appeared that home visitors took different approaches to it. Said one
home visitor of the parents and their parent meeting: “It’s their meeting. It’s really their meeting. It’s not mine. And I want them to really feel responsible for it.” She claimed to want the parents to decide what they would be doing during “their meeting” and “their time.” She wanted the parents to call the shots, so to speak. It was evident, however, that parents did not have expectations about what they should be doing in the parent meeting, and they nearly always waited for guidance from the home visitor. Several times, early in the year when I didn’t know what to expect next during Center Day, I asked another parent what we would be doing next or what I should expect to be doing in our parent meeting. Very often the response was, “I don’t know.” It was clear that parents waited to be told what to do when they were at the Center.

The position of home visitors who said they desired parent-planned parent meetings contrasted with the position of home visitors on the other end of the spectrum who desired more home visitor control over parent meetings. In contrast to the home visitor who wanted parents to call the shots, another home visitor’s comments reflected the other extreme. In reference to her thoughts about what might interest parents, one home visitor said she had a connection with someone who knew how to make wreaths: “I said, ‘Well, OK, this would be a good thing to do with my parents,’ so I just brought in all the materials and said, ‘Hey! We’re going to make wreaths.’” It became apparent that there were two vastly different approaches to planning parent meetings that became evident from home visitor interviews, as well as from my attendance at parent meetings on two different Center Days. Some home visitors opted to have control, and other home visitors opted to have parents in charge.
Regardless of how a home visitor expected to proceed with planning, it seemed that home visitors had a lot of program business to conduct during the parent meetings that neither parents or home visitors had control over, anyway. For example, early in the fall, home visitors used the parent meeting time to pass out the parent handbooks and get forms signed that stated the parents had read them and had asked questions. The parent meeting time was used for “orientation,” such as when the program nurse reviewed program policy and rules with the parents. Early on, a family advocate used the parent meeting time to discuss Policy Council and other program opportunities such as a parent advocacy day and “Good Guys” (more about “Good Guys” later). Home visitors often used the time to distribute program and community information, such as opportunities to take CPR classes. And sometimes there were program activities that were simply expected to occur during the parent meeting, which the home visitor seemed to have no control over, such as when the mental health consultant came in to discuss with parents her role in the program and to answer questions parents might have about their children and their behavior.

In one of the two different Center Days I attended, one home visitor often posted the agenda for the day on a dry erase board in the room. It was evidence that she attempted to call the shots herself in planning the parent meeting. A sample agenda looked like this:

- Collect and vote for Center Day topics
- Good Guys flyers
- Parent Handbook Receipts
- Mental Health day releases
- Donation closet
The written agenda seemed to send the message that this was “her” meeting and did not necessarily belong exclusively to the parents.

Although she explicitly worked to facilitate the parent meetings, she attempted to give the parents choice when she could. For example, she explained that parents needed to vote on what it was that they wanted to do during their parent meeting time. “Crafts” was a popular parent choice, and the home visitor respected this choice by providing ample opportunities for parents to create craft projects, such as picture frames and animal masks, for which she simply provided materials. One time, she accommodated the desires of two parents who wanted to make Thanksgiving decorations, even though it was an activity that hadn’t been planned.

The home visitor also gave parents the choice of keeping folders with their names on them in the room or taking the folders with them. When none of the parents voiced a preference, the home visitor then encouraged the parents to leave them in the room. In the end, it felt as though the home visitor had worked to make it look like parents had been provided a real choice, but they ended up being guided to make a particular decision.

When this home visitor could not be present for a parent meeting, she made arrangements for someone else to facilitate the meeting in her place. Usually it was the program nurse, who would address the parents on a topic that the nurse chose, such as “woman’s health,” which had not appeared on the list of topics that parents had expressed an interest in and for which they had voted.

In contrast, another home visitor, although required to meet the same program demands of paperwork and other people’s agendas, used the parent meeting with less
apparent effort at trying to control an agenda. It seemed she was more willing to let the parents call the shots, and she told parents directly that she would like to see the parents themselves decide how they would like to use their time. She also reminded the parents that she was not required to be present for their meeting, and if she was out because of illness or staff development, the parents were encouraged to meet without her. During the parent meetings of this home visitor's Center Day, there seemed to be more free talk than planned activities. This group of parents freely discussed their family situations and concerns of the day. For example, one day the group discussed their concerns about biological warfare and the threat of anthrax. This home visitor had stated that she didn't like to interrupt the moms when they were talking with each other and sharing freely.

On the surface, it appeared that this second home visitor was willing to let go of "calling the shots" and gave the choice to families about how they would use their time. However, she still maintained control. For example, she scheduled a local food and nutrition expert to come to the Center and teach parents about cooking and nutrition. It was a decision that the home visitor had made independent of input from the families. The class would take four consecutive sessions. There would be one session before the cooking class started, and the parents decided they wanted to make blankets. One parent suggested that the materials could be purchased at a local discount store, and the home visitor agreed that could be accomplished at the next parent meeting before the cooking class started. She reminded the group that it would be five weeks before they could work on the blankets because there was a holiday break after the cooking class.

On the day when the parent group was expected to go to get blanket materials, the program nurse came, instead, to present on the topic of women's health. After listening
to information about breast self-examination and annual pap smears, she led the group in making a dry cookie mix that they could take home with them. Following Center Day, I asked the home visitor, “What happened to the blankets?” She explained that she had called each of the parents before Center Day and asked them if they minded waiting until after the food and nutrition class because it would be five weeks before they could get started on the blankets. I was left to conclude that, although parents in this group had more apparent autonomy over their parent meeting time than the other group, it was still ultimately subjected to the veto power of the home visitor.

The mixed message became: “Who’s calling the shots?” While one home visitor seemed to send the message that she was in charge, there appeared to be attempts to make the families seem like they were calling some of the shots. The other home visitor clearly sent the message that the families were calling the shots for their parent meeting time, but her behavior indicated that she ultimately controlled it. Without an explicit understanding of how the time was to be allocated and who should do the planning, it sometimes felt as though home visitors and families both operated in confusion.

What are the rules?

Earlier chapters established that there were rules in every context of Early Head Start. Mixed messages arose again, however, when the individual behavior of the home visitors or Early Head Start staff did not match the program rules. One example of this mismatch has been pointed out in a previous footnote regarding the home visitor’s and the nurse’s apology to parents that they were required to smoke outside by the program dumpster. To add further confusion to this smoking rule, the Early Head Start program
encouraged smoking cessation, promoted good health for the families and children, and
discouraged smoking outside windows where young children could view smokers. As a
rule, home visitors encouraged families to refrain from smoking on home visits.
However, when it came to taking care of families on Early Head Start turf, the home
visitors were careful about respecting family values and habits such as smoking.

This mismatch between message and behavior was evident on a fieldtrip when a
home visitor asked a parent, “Do you smoke?” The parent nodded in answer. When the
home visitor then understood that the parent had missed having a smoking break, the
home visitor said, “You do. I’m sorry. You should have had a break before we got on
the bus.” The parent responded, “That’s OK. I left them behind. I can go hours without
one.” Home visitors frequently checked in with parents like this to make sure that
parents took their breaks. This behavior, however, seemed to contradict the Early Head
Start message about the negative effects of smoking.

There were other times that home visitors seemed to put a higher priority on their
personal relationships with families than they did on prescribed program values:

- One home visitor, expressing sensitivity to family’s need for “space” after a child was
  born with special developmental needs that would qualify the family for early
  intervention, seemed to be acting contrary to the way the service system might have
  her. She seemed to be doing her job as an advocate for the family by not introducing
  another “system” until she felt the family was ready.

- During a home visit, the home visitor didn’t say anything about the television that
  remained on during the home visit. Her behavior—to avoid requesting the television
  be turned off—contradicted the program rule.

- When one parent shared that the bus driver had asked her not to swear on the bus per
  rules stated in the Parent Handbook, she went on to say that she swears when her
  home visitor is in her home. When asked what her home visitor says about the
  parent’s language, the parent claimed, “She don’t care!”

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In what was an apparent effort to make parents comfortable for their first parent meeting of the year, one home visitor provided Dunkin’ Munchkins for the parents as a treat. While the parents seemed to enjoy them, they had already had breakfast, and they knew that it was a goal of Early Head Start to provide nutritious meals and snacks.

Mixed messages resulted when home visitors seemed to prioritize their interpersonal connection with families over prescribed program values. In their effort to align themselves with families (which may have improved their ability to nudge implicitly), home visitors’ behaviors actually often conflicted with the program messages. When it came to receiving messages about the rules, who were families to believe—the home visitors themselves or some vague Early Head Start bureaucrat?

Ex-cons or “Good Guys”?

River City Early Head Start promoted the involvement of men in their program through a model called “Good Guys.” The family advocate who facilitated the group claimed that its purpose was to “encourage a male presence in the classroom, on fieldtrips, and in a child’s life.” Under the direction of a Family Advocate employed by Head Start, the “Good Guys” met periodically (about once a month) and planned events for which children could be present. Men in the group were also encouraged to individually attend program activities that involved children.

One day two parents were discussing their partners’ involvement in “Good Guys.” Jackie’s partner, who had recently been released from the state prison, had attended “Good Guys” as part of his parole agreement. Vickie, whose partner was incarcerated at the time, said that Early Head Start staff were encouraging her partner to get involved with “Good Guys” when he got out of jail. Vickie and Jackie agreed that it didn’t make
sense that there weren't background checks for the "Good Guys" because both men had been in jail. Vickie also said that, when she was in court, she had seen an Early Head Start dad who was known to be a "Good Guy" in court for a driving while intoxicated violation. In her exasperation that "Good Guys" were apparently not so "good," Vickie said, "It's not like they are child molesters or anything, but they are ex-convicts." She said that she would not want her child at an event unsupervised if she knew there would be convicts there.

On another occasion when a group of parents chatted together, Jackie shared that her partner's parole agreement stipulated that he attend three Alcoholics Anonymous (AA) meetings a week, join a town basketball team, and attend "Good Guys" at Head Start. She said it was impossible for him to do all that because it didn't leave him time to spend with his family, in addition to the fact that he couldn't get to AA meetings when he worked second shift. What bothered her most, however, was an unanswered question she posed: "How many other men are in 'Good Guys' as terms of their probation?" The group of mothers decided they didn't want their children hanging around with convicts, and someone stated, "we don't know who's hanging out with our kids." While surely the Head Start organization had good intentions for the benefit of both children and parents, the message that the parents were getting was mixed—where they "good" guys or not? And how could convicts be "good" guys, even if they were their children's fathers?

Is Early Head Start a Good Thing?

During a parent meeting, one parent worked on a housing application with her home visitor while the rest of the parents worked on crafts. When it came time to put
down references on the application, the parent asked her home visitor who she should put
down. The home visitor suggested that the parent not list Early Head Start "...because
then it will be difficult to know what information I can release." The home visitor later
recommended the parent use her home visitor's name and identify her as "home visitor,"
and not identify her as a personal reference.

The situation reminded me of an episode that happened early in the study when I
was "hanging out" with home visitors, before I focused on families. The home visitors
were gathered at their desks before their weekly staff meeting, and one home visitor
shared with her peers, "One of my moms put me down as a reference for a job. Interesting, huh?" She seemed perplexed that a family member would list her home
visitor as a reference, as if it were inappropriate.

The question of whether or not parent disclosure of participation in Early Head
Start reflected positively on the parent came up for me again when Kathy was
interviewing for jobs. When she came away from her interview at the childcare for the
position of cafeteria assistant, she told me that she had told her interviewer that she
participated in Early Head Start and Head Start. Kathy had disclosed her participation to
her potential employer because she seemed to believe that it was "a good thing." I
immediately questioned (in my mind), however, if Kathy should have made such a
disclosure and how it impacted her employer's perception of her. I felt that she had,
perhaps, hurt her chances of employment with such a disclosure because it might be
perceived negatively by her interviewer who was likely to be a community member who
shared an understanding with other community members about which families were
appropriate referrals for the program.
When I considered home visitor responses to parents who desired to use their home visitors as references, a mixed message emerged. Families perceived their participation in Early Head Start as positive; however, it seemed that home visitors were reluctant to have families disclose their participation and to have families use home visitors as references. Beyond making the confidentiality issues complicated, it seemed that asking home visitors to speak positively of families to potential landlords or employers might put the home visitors in an awkward position. I was left to ask, "Is participation in Early Head Start a good thing, or not?" It seemed to be a positive program for families, but disclosing their participation to potential landlords and employers might not have been "a good thing" to do.

The mixed messages that got sent and received in Early Head Start were unintentional and seemed to be embedded in participation, invisible to the participants. It seemed that everyone was doing what they perceived to be right and what they were "supposed" to be doing—from home visitor attempts to facilitate parent meetings to family disclosures that they were enrolled in Early Head Start. The messages themselves seemed to come directly from the paradox that existed with the program, which is the topic of the next chapter.
CHAPTER 11

THE PARADOX OF HELPING

"The whole program, to tell you the truth, is kind of a paradox. The issue is—[families] know what the program is about. OK? But nobody wants to be told what to do. Nobody wants to feel incompetent. And that’s not what we are there for. We are there to make them feel competent. This is a kind of a paradox.” (Home visitor)

One home visitor believed that families eventually came to understand that the implicit purpose of the program was to change or move families from one set of circumstances into another. However, this same home visitor believed that many families also came to understand that having a home visitor meant that somebody thought that something needed to be changed. And if something needed to be changed, then it must be that it wasn’t quite right or good enough. If whatever “it” was wasn’t good enough, then families may have gotten the message that they were either incompetent or needed to be told what to do by somebody with more knowledge or competence. It was a paradox because, as the home visitor above recognized, Early Head Start was promoted among families as an opportunity, but if they were eligible and enrolled, then something likely wasn’t right. Participating families often became defined by the program rather than having the ability to define their opportunity.

To discover that the program itself was a contradiction of sorts was enlightening. With the vision of this paradox came a vision of several others, which are all related to the broader paradox of helping. For the purpose of casting a different light on the
experience of families as participants in Early Head Start, an explanation of these various paradoxes, which contribute to complexity, follows. Finally, I describe how I made sense of the dynamic of “nudging,” which seems to directly emerge from the existence of the paradox of helping in the context of Early Head Start.

**The Clean House Paradox**

Home visitors claimed that clean houses didn’t matter to them—that they were not “spies” for health and human services programs and child protective services. Indeed, home visitors were family advocates and were many times parents themselves, and they understood that having a clean house was not a prerequisite for being a competent parent. On the other hand, home visitors also claimed to be first and foremost social workers; clean houses did matter, and they took note of them. One of Beth’s earliest concerns for Kathy’s state of depression came from her direct observation of the state of chaos in the household.

Families also understood, on one hand, that they did not have to clean their houses for their home visitors. On the other hand, they seemed to want to be perceived as competent, and they knew that having a clean house was one sign of competence. They more often than not cleaned their houses for home visits. If their houses were beyond a level of tidiness that they believed might be of concern to the home visitor, then the families were known to cancel their home visits. When they didn’t, families invariably apologized for the state of their house when the home visitor arrived.

To make this more complicated, keeping one’s house clean and tidy requires a significant amount of effort. For individuals enrolled in Early Head Start who often
struggled to maintain their competence to begin with, getting their house clean for a home visit often required greater effort than that required of more competent individuals. As if families in Early Head Start didn’t already have enough to contend with, they allowed individuals (home visitors) into their homes—to mess them up! Invariably, home visitors introduced activities that were messy: paint, playdough, glue, pudding, shaving cream, mashed bananas, etc. The home visitors were always well-intentioned; they believed that messy activities were good for children’s sensory and fine motor development. However, home visitors often unintentionally left in their wake even more work for families, rather than “help.” Note Kathy’s frustration that she would have to soak Jenny’s pajamas separately before washing them. Kathy hardly seemed to need one more thing to be concerned about, let alone have it come from the person who was supposed to be helping her.

The Participation Paradox

One day in November, Kathy had had a home visit scheduled for 8:30 am. She left a note outside on the door for Beth requesting that she not come so early. Later Kathy said, “I think I am drifting away from Head Start because I have missed so many appointments.” She needed a calendar to keep track of all of her appointments, but she couldn’t manage to keep her Early Head Start appointments, and Beth would have been the most likely helper to assist Kathy with the calendar. When it was mentioned that she had been having her appointments at 8:30, Kathy responded that 8:30 used to be better, but now it wasn’t good. When asked if she had talked with Beth lately, Kathy said, “Beth told me to call if I need anything.” It was apparent that Kathy could not identify
what it was she needed. I asked her if there was anything that Beth could do to help and she replied, “I don’t know what Beth could do.”

By December, Kathy was neither participating in Center Days or regular home visits. I asked Beth if she had heard from Kathy. “No. I went last Thursday. I know they were there. Their vehicle was there. I left a note and asked her to call me. I guess I have to bug her. I don’t like to do that.” When asked why she didn’t like to do that, she stated simply: “Because it feels like bugging. I don’t even know if they live there now. I know they have an eviction notice. Fun always goes on the back burner. If I were them, I wouldn’t want to come here if I needed to be out finding a new place [to live]. On the other hand, there is a waiting list to get in here. I guess I better call her.”

Beth and Kathy’s relationship pointed to the paradox of participation. As Kathy’s life became increasingly complicated with appointments, and her health declined to boot, she could potentially have benefited from participation in Early Head Start, if it provided the right kind of help. However, as her life became increasingly complicated, participation in Early Head Start itself created another complication, keeping Kathy from the help that she might have gotten. It became a paradox that the families who seemed to “need” Early Head Start the most were the ones who found participation most difficult—often made more difficult by the very system that Early Head Start was supposed to help families negotiate.

The Professional Helper Paradox

Home visitors acknowledged that, in order to be effective helpers, they had to be in relationship with families that put them on the same level. On the other hand, since
they were professional helpers, they had professional boundaries to maintain. One parent said that her home visitor "drew the line" between being a personal friend and a professional friend. When asked to describe a situation in which that line had been drawn, the parent explained that her home visitor had declined a birthday party invitation: "I invited her to [my child’s] birthday party. She can't do that—it’s too personal. If I were to say, ‘Well, [home visitor], I’m going to go so-and-so place on Friday, if you would like to join me....’ She can't do that. We can't go out to dinner. To a club. Which I would do with my friends.”

The professional helper—or “bureaucratic friend”—paradox exists because of the very nature of “bureaucratic helping.” When people depend on a system of helping that is bureaucratized, then their helpers seem to be constrained by a “work day,” vacation time, holiday time, staff development and program planning—many of the very same aspects that make their jobs professional ones. On top of the time constraints, their relationships are governed by "professional boundaries."

If families want to be accepted and valued and to experience caring relationships, those relationships may not come from individuals in the context of a system of care that puts so many constraints on them. When a child with special developmental needs was born to a parent in the program, the home visitor’s position as a "bureaucratic friend" limited her access to the parent. If she had been a personal friend, she would likely have been at the parent’s side in a moment. Because the home visitor was a bureaucratic friend, she had a different relationship to negotiate and decided to give the parent "space.”

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After one of Kathy’s home visitors had left her job, I made reference to her leaving. Kathy said, “Yeah. I thought she liked Early Head Start. I thought she would stay a while.” She went on to say that she didn’t know if she would stay in the program when the program manager left, too, who was another former home visitor of Kathy’s. When asked if she had changed home visitors before, Kathy said that she had. She said she missed her last home visitor and thought she might call Early Head Start to see if they could call Kathy’s last home visitor. Kathy said that Jenny had liked the woman and that she was like a grandmother to her.

When relationships are bureaucratized, they have unnatural beginnings and endings. The relationships between home visitors and parents became a paradox because they needed to be personal to be effective, but the very nature of their professional status limited their ability to be personal.

The Literacy Paradox

Literacy has been established as a prescribed program value. It is also a value that home visitors seemed to hold individually. The program promoted the use of books on home visits; the agency which housed the Early Head Start program was also home to an Americorps Volunteer reading and literacy program. Reading is Fundamental, a community organization, also worked in cooperation with the Early Head Start and Head Start programs, providing families and children with free books.

Likewise, literacy was a necessary component of parent participation. Parents were expected to complete in-kind cards on a weekly basis and with every component of participation. With each weekly parent meeting, a parent was asked to take minutes. At
every monthly Parent Committee meeting, a parent was asked to take detailed minutes. (I did it once, and it was a very challenging task!) Parents were expected to review meeting minutes and submit corrections. They were handed paper after paper to read and form after form to complete. They were asked to contribute to and read newsletters. Parent participation entailed reading and writing.

The literacy paradox became thus as it became more and more apparent that literacy was necessary for participation. And, yet, among the families who participated, literacy seemed to be one of their greatest challenges. Consider Jack. He was highly engaging and had a great deal of social competence. However, his phonetic spelling reflected a literacy challenge, in spite of his social finesse.

Consider the other parents. During one parent meeting a mother said that she had hated taking notes in school and certainly didn’t want to take minutes at Early Head Start! Many of the parents struggled in high school; many of them did not graduate, and many of them did not even have their Graduate Equivalency Diplomas. It could be speculated that many of the parents, while very worthy people, had challenges with literacy. Ironically, however, they participated in a program that demanded the very skills they were apt to lack, perhaps undermining parental feelings of competency and self-worth.

The Free Lunch Paradox

Although it was not always the case, it seemed that home visitors generally assumed that families would sign up for holiday food baskets as well as other holiday assistance, such as gifts. Home visitors also assisted families in getting their food. Not
only did home visitors often provide rides to the food pantry, they helped families in their arrangements for getting their holiday food. This seemed to be consistent with the identity that home visitors had as social workers.

At holiday time, one home visitor expressed frustration and disappointment at getting her families’ Thanksgiving baskets and that “the families didn’t even say thank you.” She felt that she had expended significant effort to assist families, and she did not feel that anyone appropriately felt or communicated gratitude. Furthermore, it was common practice among all the home visitors, following a family’s receipt of assistance, to take construction paper and materials to the home visit so that the family could express thanks to the appropriate helping organization.

This “free lunch” phenomenon became a paradox when it became apparent that home visitors were “nudging” families to express gratitude and appreciation to the very system from which they were supposed to be getting families out. It seemed that nudging families to express gratitude would have been more consistent with developing dependency, not independence. The paradox also became disturbing for two reasons: First, if getting free food and help is part of being in The System, then why should anyone express gratitude to an individual? Second, why would anyone feel gratitude to the same system that actually mired families in so much bureaucratic complexity that it was often nearly impossible to negotiate? It was as if families couldn’t win.

The Privacy Paradox

It was evident that parents, particularly parents who shared the same Center Day, were often interested in or concerned about one another. However, they were not
allowed to share information in the parent meeting because of the interpretation of rules governing confidentiality. Kathy learned the group rule the hard way—by violating it. Parents were not supposed to talk about each other in parent meeting. Following Kathy’s error, her home visitor expressed concerned that Kathy was “sticking her nose into business where it didn’t belong” because the parent’s absence was an understood situation between the home visitor and the parent. Whether it was this situation or any other, home visitors typically did not share information with parents about other families. Therefore, when it came to Center Day and the parent meeting, the home visitor was typically privy to who would be absent and why, and she would also had knowledge about who *extra* might be there and why. But because this information was generally not shared with the group, it became difficult to establish a group community.

This phenomenon of confidentiality was an important aspect of maintaining family privacy and was necessary given the circumstances of the program and the participant families. However, it became evident as a paradox as I grew to understand the potential of the parent meeting group to be a supportive community of folks who often had much in common. Parents often came to Center Day specifically to seek peer support and socialization. When parents were present, they were welcome to share their own experiences with the group. They often built what home visitors called “connections.” One home visitor told how two families had gotten together so that one could assist another with childcare. However, when families were absent—which may have been an indication that they could benefit from the support of the group—the rules around confidentiality created a barrier to the development of the parent community.
During one parent meeting, one of the parents asked where the others were. The home visitor responded, “Stuff comes up.” She knew what the others were doing but was not at liberty to say. The home visitor didn’t discuss the “stuff” that came up, which limited the parents’ ability to support one another outside the program. The “stuff” that came up was often eviction and relocation, relationship difficulties, or emergency social service appointments. Membership in the Early Head Start community was paradoxical because there seemed to be so many rules attached to membership that true community could not be achieved.

The Segregation Paradox

When a parent had been told during meal time that she could not provide lactose-free milk for her child at Center without a physician’s prescription, it seemed that parents who participated in Early Head Start were segregated by the very same rules that were meant to protect them. Had this parent participated in a community play group, or had she accessed childcare in a more normalized setting, she would very likely have avoided the level of scrutiny and imposition of rules that existed at Early Head Start. In the normal, daily routines of families, if a child was lactose-intolerant, she received lactose-free milk. If a child was on an antibiotic, parents often mixed it with liquid in a cup so that the child could drink it. If a child wanted a drink of juice, then he got it. At Early Head Start, there could only be milk (or formula) or water in a cup or bottle.

While most of the rules could be legitimized for group care and were consistent with the larger society, they also could be perceived as penalizing families for participating. If the parent was going to get her physician’s permission to serve her child lactose-free milk at Early Head Start, she would have likely been required to go through a
series of hoop-jumping that a middle-class parent in a middle-class situation would very likely have been able to avoid. The same could be said of many of the other situations that parents in Early Head Start faced.

The paradox of segregation was directly linked to the federally funded, bureaucratic organization that it was. The income-eligibility criterion and the opportunity for families to access socialization and education seemed to create a self-segregating population when families volunteered to participate. Families saw a potential opportunity where there was one and subsequently seemed to become segregated by the rules that defined both the program and the participants.

The Dynamics of Nudging

There were compliant families, and there were families whose behavior was modified by program participation and home visitor nudging. It is the dynamic of noncompliance, however, that remained most intriguing and perhaps revealed the deepest assumptions because those were the dynamics that were not going to lead to desired program outcomes. Such seemed to be the experience with Kathy and Jack. Upon reflection of the “nudging” process and the subsequent result of being “nudged” or not, I recognized the elements of the dynamic, the manner in which they seemed to interact, and where they seemed to exist elsewhere.

Consider where nudging occurs between familiar players in other contexts. Parents who value independence may nudge their children out of the nest. In addition to the embedded nudging described in Chapter 9, others may be recognized: A spiritual leader who values a parishioner’s spiritual journey may nudge the individual along a
Insurance agents who value economic security nudge their clients into an appropriate insurance plan. In each case, it might be assumed that the customer or client or "seeker"—the individual who is looking for a particular outcome—is paired with an "agent." The agent is the individual who has the power or knowledge or experience—the one who acts on behalf of the seeker or whose actions benefit the seeker. Seekers and agents come together around shared values—the seeker desires what the agent has the skill and ability to provide. Through a trust relationship that is established between the two parties, outcomes are achieved when the parties operate around shared values.

If I desire a particular outcome, I seek one with the authority—the vested knowledge and interest—to nudge me. It is explicit action. If my taxes get too complicated, I seek a tax preparer (agent) who has the knowledge and experience (power) to help me submit an accurate and honest tax return form (outcome). The action takes place explicitly around the shared value of accurate and honest record keeping and reporting. If I desire to complete a research study for a doctoral degree, I seek a dissertation advisor (agent) who has the knowledge and experience (power) to guide me through a complex study and complete a dissertation (outcome). The action revolves around our shared value of inquiry amid complexity.

Consider, now, the relationship between families and home visitors. Families come to the relationship seeking socialization and education for their children. Home visitors come to the relationship with the desire to create change for families. Families value competence, care, control, and change. Home visitors value what the program prescribes for optimal child development—parent involvement—as well as their own individual values, such as outside play or women’s rights. But there are also the
submerged values that operate implicitly in their relationships with families that remain hidden from sight—such as home visitor values about what is good and right. A clean kitchen might come to mind.

For families in Early Head Start, it appears that there may be “successful outcomes” (i.e. “change”) when families conscientiously ascribe to salient program values. In other words, families are most likely to change if they seek it to begin with. Vickie said she wanted change, but her ability to make change may have been compromised by other factors such as her threat of eviction, inconsistent relationships, and the effects of participating in a bureaucratic system of “supports” which were meant to help her. She also valued family ties, which may have been jeopardized had she distanced herself from that which was most familiar. Her effort at making change may have been further stymied by an inability to conscientiously ascribe to the values and behaviors that might translate into change or success for her and her daughter. How could she conscientiously ascribe to values and behaviors that remained elusive—embedded in practices that were unfamiliar to her?

There appeared to be a continuation of the status quo for families when parents and home visitors took action around implicit goals and values. If families continue to seek education and socialization without seeking change, home visitors and families will likely continue to operate at cross purposes, and neither party to the relationship will be rewarded. If I seek a realtor without being serious about selling my house—perhaps I demand an unreasonable selling price—we are likely not to create the outcome of selling my house. Perhaps my actions are unconscious and subtle such that the realtor does not understand my motive—perhaps I don’t understand myself that I really do not want to sell
my house, which might be reflected in the unreasonable asking price. Either way, we do not generate the anticipated outcome.

Consider Kathy and Jack. Kathy had been enrolled in Early Head Start and Head Start for years. She enjoyed her participation in Early Head Start, and she developed positive relationships with home visitors that she valued. However, she never seemed to indicate a desire to change; it seemed that her greatest priority was to be a competent parent and provider. On the surface, it seemed that her participation in Early Head Start could have provided her with the support to be both a competent parent and a provider. However, when she became mired in a system of helping that required her to change (i.e. seek employment and earn wages), her efforts toward competence appeared to be undermined. The result may have been feelings of failure on both sides of the home visitor-family relationship. She likely felt incompetent (or at least threatened) as a provider and parent, and her home visitors felt ineffective because they were unable to effect change. 114 Kathy would not be “nudged.”

The dynamic of nudging prompts me to ask the question: At what point should Early Head Start personnel make their prescribed goals and values explicit to families so that families and home visitors can come together around shared purposes and values so that both parties can experience “success”? As this program currently existed, there was a very high number of transient families 115 and what appeared to be high home visitor turnover. 116 It seemed that when a family’s needs or expectations were not being met, families left the program (as Kathy did). The program would then take the next family to see if they would discover the “real meaning of Early Head Start” 117 and work for change.
Here is a thought experiment: Perhaps if families and home visitors worked toward *shared goals* around *explicit values*, the program could experience increased stability among home visitors and families alike, and the outcomes desired by *both* parties might be achieved. Further, if home visitors recognized that families must first *desire* change and then be committed to work toward it, nudging might be more effective. It seems that the locus of change must reside in the parent for nudging to occur effectively. If there were genuine shared interests and values (i.e. change for families) on the part of both agents and seekers, perhaps it wouldn’t be necessary for so many program incentives to entice family participation. Participation might occur naturally.

Home visitors could not do their jobs with families who didn’t want to participate in the manner that Early Head Start demanded. In this system, home visitors were expected to document outcomes. If a parent simply wanted to participate for the socialization and education of her child, without desiring *change*, then the home visitor appeared to be ineffective because the family wouldn’t make “progress” as determined by the system. Should there be a loss (of the program) to the family that doesn’t want to make change? It seems that the more social service “issues” families have, the more “The System” expects families to change, which requires greater effort by home visitors to nudge the families into a different place and the greater the likelihood that families will not be nudged (if they do not desire change themselves). Kathy and Jack seem to provide an excellent example of this dynamic.

Here is another thought experiment: What if, in this system of bureaucratic helping, home visitors let go of their intention to *change* families and, rather, viewed *all families* as having “opportunity factors” (not “risk factors”) that could serve as a
foundation for increased parent participation with children? Explicit program values and
goals—parent participation and positive parent-child interactions—could still be
promoted. And "progress" and "outcomes" might be measured, not by getting a family
"off 'The System,'" but instead by individual happiness and satisfaction at being
competent providers and parents, being in caring relationships with home visitors, having
some real control, and making change if families want to.

One day, following Center Day, I remained at the Center for the discussion that
occurred between the home visitor and the classroom staff. It was a time that the staff got
together and discussed individual children's development and family circumstances that
might impact a child's classroom behavior. (It was also a time where classroom staff
could set home visitors to work with new nudging goals.) Being witness to this
systematized way of tracking children's development and this open discussion of goals
and objectives for children caused me to question the group. My question was prompted
by my participation in the program alongside parents, and I had—up until this moment—
no idea that this meeting after Center Day was a routine event.

I asked the classroom teacher, "Do parents know that these classroom objectives
exist? How are these goals communicated to parents?" I thought, perhaps, that I had
missed something.

The teacher responded to my inquiry by telling me, "No. I don't know why. But
everything is open to families." She meant that the objectives were not communicated to
families explicitly but that class records and objectives were available for families to look
at. She wanted to be sure that I understood that they were not keeping the information
from families, but they did not necessarily share everything with families, either. This
exchange brought me back to the comment of a home visitor early in the study who said that families in the program might have a hard time explaining the purpose of the program. Of course they would, since it had not been explained to them! They were, however, not prevented from finding out, if only they would seek the information, as the classroom teacher implied.

At another time, when a group of parents had gathered outside of the program specifically to talk about their experiences with Early Head Start, there was a theme of complaints—mostly about classroom rules and ways of being in the classroom for which the parents did not understand the rationale. Some of the complaints pointed to safety issues in group care, which were likely childcare regulations. Others were USDA guidelines. It struck me that, if parents understood the explicit reasons for the rules, they might not think them so unfair. They attributed their not knowing (or not being told) to their youth and inexperience vis-à-vis the Early Head Start staff. If only parents understood and were supported to seek information and get it—if the program goals had been explicitly revealed to them—perhaps they would not have felt confused or devalued.

Often the rules simply didn’t make sense. “They are retarded,” one parent would say of the rules. This parent did not understand why they were not allowed to smoke or swear in front of their children, because it was going to happen all of the time at home, anyway, she reasoned. If she understood the reason why, making prescribed values salient, she may have had a different experience at Early Head Start. She might have been nudged.

Families came to the program for socialization and education. Home visitors worked for change. Indeed, the program represented a real opportunity for families to get
connected with each other and their community and to participate in fun, positive parent-child interactions. It didn’t seem to be enough, however, for families to participate in caring, positive relationships with their children, with their home visitors, and with other families. Participation in Early Head Start entailed change—when participation happened the way it was “supposed” to. When change occurred, families experienced “progress” according to the rules of “The System,” and home visitors subsequently felt effective. When change didn’t occur, it seemed that home visitors interpreted the lack of change as failure—failure on the part of home visitors to be effective and failure on the part of families to change.

Rather than value human relationship for the simple sake of human relationship—recognizing its inherent value—home visitors operated in a context that seemed to put an economic price on it. They learned to see change as “progress” and learned to measure it according to “outcomes” and demonstrated “success.” Not one home visitor and not one family member seemed to feel that it was simply enough to be in relation. Rather, participating in Early Head Start meant that there were families who needed “help” and there were home visitors to “help” them.

Understanding home visitors and families in this way points to recommendations for practice. The final chapter addresses the “truth value” of this perspective and how it might inform helping relationships and work with families.
CHAPTER 12

TRUSTWORTHINESS

"It would be nice if we could take you out to lunch—you’ve been kind of one of us."
(Early Head Start staff member to Patrice)

"Patrice is turning into one of us!" (Parent observation)

An important part of any research study is trustworthiness—or the reasons why a reader should believe what is claimed. The goal of the chapters in the preceding parts was to provide a narrative based on evidence gathered during 16 months of fieldwork among families and home visitors in Early Head Start. The aim of this chapter is two-fold: First, I will submit the reasons why my readers should consider the evidence I have provided; second, in light of the evidence, I will identify the implications of the study and make recommendations for practice.

The opening vignette for Part IV points directly at the issue of what Rossman and Rallis (1998) refer to as the “truthvalue” of this study, that is, the accuracy of what it reports. I had come to know the lives of Jack and Kathy. I had become a familiar and trusted friend, and they seemed to have grown in their comfort of me, as I did with them. Our relationship was indicated, for one, by the increased casualness with which they answered the door. When I first started dropping in back in June, I would knock at the door, and Kathy would come to the door to answer it, opening it slightly at first to see...
who was there. By the time this study came to an end, the door was open to me, and they
didn’t even bother to get up and answer it.

Our relationship was also characterized by the growing comfort I had experienced
in their home. After I came to understand their interactional style and began to appreciate
the complexity of their lives, I actually sought out their home as a refuge, of sorts, when I
was hanging out in River City. Their place was my “home away from home”—a place
where I knew I was always welcome and was not considered a guest. On the day that I
stood in their living room with the spotlight literally casting a new perspective, however,
I felt shattered into reality. Whose perspective defined the lives of Jack and Kathy? Was
it the perspective of Jack and Kathy, whose experience was their own? Was it the
perspective of the landlord, who had the power to evict them? Was it my perspective, in
the process of attempting to make sense of it all?

Standing in the living room with the landlord called into question my own version
of the truth—had I become so comfortable and familiar with Jack and Kathy that I could
not accurately see the conditions in which they were living? I wondered in shock: had I
missed the Truth? By stepping out of the situation, I understood that there were multiple
perspectives for one set of circumstances. I had missed the landlord’s perspective until
that point because I had achieved what I set out to accomplish: getting at the perspective
of families. Because parties to a relationship are situated differently, individuals have
varying perspectives. Such was the case with Jack and Kathy and their landlord. Such
was also the case with families and their home visitors in Early Head Start.

I do not expect my readers to take the perspective I have offered as the sole Truth.
I will, however, submit evidence of having undertaken rigorous methods and strategies
that should provide the grounds for having a trustworthy and credible perspective that meets the requirements for an anthropological field study. The narrative that has been provided is not enough; it is necessary to know how it was achieved. Following a review of methods and strategies, I will discuss implications and make recommendations for practice.

Methods and Strategies

Participant Observation and Interviews

The preceding narrative is based on participant observation and interviews conducted in the course of fieldwork. Whenever I lived an experience in the field, I made headnotes, scratchnotes, and detailed fieldnotes.\textsuperscript{118} Participant observation occurred throughout the study, from March 2001 through June 2002. I used it as the basis for my interview protocols for home visitors and families, which resulted in interview questions that were not predetermined. All of the home visitors already knew me from two previous relationships,\textsuperscript{119} so it was comfortable to interview home visitors early in the study, relatively soon after I participated in their context. I refrained from interviewing families until I had participated alongside them long enough that I felt we had established a trusting relationship.

In addition to carefully planning my fieldwork strategies in terms of developing interview protocols and conducting interviews, I also worked to spread out my participant observation among a variety of contexts. I conducted participant observation alongside home visitors, outside of their contact with families. I conducted participant observation alongside families, outside of their participation in Early Head Start activities. And I
conducted participant observation for several hours when home visitors and families were together. Furthermore, I attempted to spread out the contexts in which I observed home visitor-family interactions: I conducted participant observation at the Center, on home visits, and at activities such as Parent Meetings and Policy Council Meetings. Please refer to the charts of fieldsites and interactive settings that appear in the Appendix.

“Checking in”

Throughout the study, I “checked in” with my informants to see if my analysis and interpretation of what I observed were accurate and consistent with their perspectives. This occurred informally, particularly with families, and in a more formal setting with home visitors. I also checked in with others along the way.

**Kathy and Jack.** With families, my checking in process happened spontaneously, at opportunities when I could “seize the moment.” I increased my chances of such opportunities by continuing participant observation after I had stopped writing and coding copious fieldnotes. One month after I thought I had “lost” Kathy and Jack, for example, my field activities brought me into contact with Jack, who seemed excited to spot me in a parking lot as he was driving by. He informed me of their whereabouts, and I “seized the moment” to go visit Kathy in a border town in a neighboring state. Following Jack’s directions, I found Kathy living in a small camping trailer that she shared with Jack, Johnny and Jenny, and Jack’s brother, his girlfriend, and her toddler.

To a casual observer, it might have seemed that Kathy’s situation had grown worse. She lived in crowded conditions in a home that was not designed for winter weather. Windows and doors were covered with plastic and blankets for insulation.
Electric space heaters provided heat, and water was provided through a garden hose that frequently froze. They had electricity for minimal refrigeration and cooking. In spite of substandard living conditions, Kathy looked and acted better than she had in months. She also reported that Johnny’s behavior had improved and that Jenny’s speech had increased.122

I went back to visit Kathy again two weeks later.123 I offered her my interpretation of what had happened with her relationship with Early Head Start. I told her that it seemed “things were going pretty well” for her until Jack lost his job, and then it seemed to “get harder and harder for her to participate in Early Head Start because she had more and more appointments.” I shared my observation that “the more complicated things got for her, the harder it was to participate, and the less help Early Head Start really was.” Kathy agreed and responded, “Yeah. And I didn’t know my home visitor.” She reminded me that she had liked her last home visitor and that Beth was “brand new” to Kathy in September. I went on to tell Kathy that I thought “things really hit bottom for her when they got kicked out of their apartment” and that it seemed that “life in the trailer was a lot easier.” I told her, “You seem more relaxed than when I saw you last (before the eviction).” She agreed that she was.

The trailer, although crowded, was much easier for her to keep organized. Johnny was not required to go to school (Head Start), which eliminated the opportunity for him to be oppositional. He could play outside for hours on end, which meant he was not in conflict with Jenny. Jenny had her mother’s attention because Kathy was not distracted with the job of meeting all of her appointments. And, finally, Kathy signed up for TANF benefits in her new state, and the caseworker was “friendly.”124

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Other Families. Checking in with other families did not prove as straightforward as the day I went to Kathy’s. I had taken opportunities along the way to do “mini check ins” with the others, such as the time that Vickie’s boyfriend was incarcerated, and she invited me in so that we could talk. That was an opportunity that had formerly been unavailable to us because her boyfriend was not comfortable with me. She affirmed many of the themes that I had uncovered, such as connection to family and the importance of being among those who are familiar and comfortable. When we chatted, I directly asked her about some of my observations, such as the use of language, particularly the word “fuck,” which had seemed ubiquitous among families. Vickie affirmed that there was no sexual meaning to the word; they simply have it in their vocabulary and say it “all the time.”

I had planned a “formal” check in with a parent that fell through. I had planned to meet with her and share a draft of my Table of Contents. She agreed to meet me at a designated place on a designated day and time. However, she didn’t arrive. I was not surprised, given the frequent inconsistency in family lives and the nature of our appointment. I decided not to pursue another appointment.

I also had the intention of checking in one more time with Vickie toward the end of the study, but she did not have a phone, and I could not be sure who would be at her apartment were I to drop in unexpectedly. In the end, my word about the experience of families rests largely on the amount of time I spent among them outside of their interactions in Early Head Start, on my copious detailed fieldnotes (roughly 600 pages), and the positive, authentic relationship I had with family members.
Home Visitors. I checked in with home visitors more formally. After completing a draft of Part II, I gave a copy to each of the two program managers\textsuperscript{126} and each home visitor that had granted an interview and each home visitor currently employed by the program. Two months later, on April 10\textsuperscript{th}, I met with the program manager and four of the home visitors.\textsuperscript{127} I asked each person to consider three questions:

- Does the writing accurately reflect the way it is for home visitors in Early Head Start?
- Does it make sense to you?
- Does it feel right?

We reviewed the specific content of the draft chapters. The home visitors agreed that they saw themselves as social workers first, but families perceived them as teachers because it was “safer” and felt better. Each home visitor expressed gratitude that I had accurately reflected the burden of paperwork, and one recalled that she had once asked her supervisor, “Do you want me to do a good job or make it look like I am doing a good job?”

Home visitors thought that the terms “advocate” and “tightrope walker” were accurate and most appropriately described their roles. They also agreed with the concept of cultural modeling and felt that “nudging” was, indeed, what they do with families. Further, the chapters made sense to them and “felt right.” Following the discussion of themes in the chapters, I provided the home visitors with a draft Table of Contents that included the themes from family life and a presentation of mixed messages and paradoxes. We briefly reviewed those, which the home visitors found interesting and did not dispute. They generally believed that the work presented was an accurate reflection of their perspective.
Others. There were others I checked in with along the way. When I felt the need
to check information for accuracy, I would contact an appropriate official, as I did when I
questioned how Jack could register a vehicle in Kathy’s name since she was not a
licensed driver. Sometimes I consulted written documents, such as my frequent reference
to the Parent Handbook. I deliberately avoided specifically consulting the program
Policy and Procedures Manual, however, because this study was more about people’s
perception about how things actually were than how they were supposed to be.

This issue of the difference between perception and reality came up in regard to
program nudging and operating at “cross purposes.” As another part of my checking-in
process, a former program manager (who had also been an Early Head Start home visitor)
reviewed all of my draft chapters. When she read Chapter 7, she became concerned that I
had not participated in initial home visits in which an Early Head Start home visitor
would complete application paperwork with a new family and explain the program. She
said to me, “Hopefully, the program is explained during the application process (as well
as a program like Early Head Start can be explained in an hour). That initial meeting is
supposed to be used to explain all five content areas…and to stress it’s for the whole
family, not just the child.” She wanted to be sure that I understood that it was the intent
of the program that families understand the purpose of the program. I regretted that I had
not been on an “ap” (an application home visit), and I appreciated her insightful
comments; however, I maintained that what people intended to do and what they actually
understood in the end is what is at the heart of this study.
Reconnaissance Reports

I took deliberate steps to check in with my dissertation committee through the dissemination of "reconnaissance reports," as recommended by Wolcott (1999). The purpose of these reports was to step back, "get oriented," and "take a look around." I had agreed with my committee at the proposal stage on the questions I would address at each stage. Following my dissertation timeline, I communicated these reports in July and November 2001, and March 2002. The reports served the valuable function of keeping me oriented and keeping my committee informed of my progress. Likewise, the reports opened the opportunity for members to alert me to possible missteps along my research path.

Such was the case early in the study when a committee member responded to remarks I made in my first Reconnaissance Report. He brought my attention to my deliberate exclusion of certain participants from the study based on the concern that predetermined "risk factors" would jeopardize the validity of the study. I was able to examine carefully why I had taken such a stance, consider my direction and orientation, and take corrective action before it was too late.

Other Writing

Throughout the duration of my field work, I maintained other writing activities to enable a reflexive process of looking both inward at myself observing and outward at those being observed (Wolcott 1987, 1994, 1995, 1999; Miles & Huberman, 1994; Geertz, 1973; and Seidman, 1998). I "monitored my subjectivity" (Peshkin, 1988) and kept track of my self as research instrument (Powdermaker, 1966). I kept a process
journal that was especially useful in the difficult fall and winter months, following the events of September 11th. I also maintained consistent correspondence with my advisor, met periodically with him and another committee member simply to talk through the research process, and I wrote letters from the field, which summed up my progress and provided a means to highlight salient themes and discoveries as they rose to the surface.

Perhaps the most valuable of these writing exercises was the documentation I continued to keep of the "evolution of my titles" (Peshkin, 1985). Following the suggestion of Tom Schram, my advisor, I tracked my titles, which reflected how I was making sense of what was going on in the context. The exercise paid a most valuable dividend when I struggled to separate my self from the research in order to obtain an appropriate perspective. Tom asked me to go back and consider the evolution of my titles. During this exercise in early January, I saw how I had confused my "motives and intentions with my analysis and interpretation," with the result that my subjectivity clouded my ability to use culture as an orienting concept. The exercise was a prescription for self-corrective lenses, and I remain indebted to an insightful advisor who understood that I needed to step back and observe myself observing.

In summary, the specific narrative in the preceding pages is based on fieldnotes and interviews from fieldwork. The entire work, however, has been the result of a rigorous monitoring process that kept me aware and self-conscious in my role as researcher throughout the course of the study.
Implications

In light of the questions that were posed at the beginning of this study and the evidence that has been procured as a result, this study points to implications in three related but distinct areas: use of the ecological perspective to understand child development; parental goals; and models of helping. Moreover, in light of the process by which I attempted to answer my questions, there are methodological implications, as well. These implications relate to the researcher's responsibility to "protect the integrity of the questions" (Tom Schram, personal communication, September 13, 2002) while engaged in an open-ended process.

The Ecological Perspective

As stated in the Introduction, child development professionals have learned that development must be considered in context in order to be appropriately understood. Development occurs in the context of families and communities and is shaped by people and institutions that reach beyond the immediate family. (Dunst, 1994, 2000; Lewis, 2000; Ogbu, 1981; Meisels, 1992; Harkness & Super, 1996; LeVine, 1974, 1980; Small, 1998). Babies bring their own biological organization to a setting, and development is the result of the dynamic interaction between what baby brings and what the context provides. (Eliot, 1999; Nelson & Bosquet, 2000; Shore, 1997). This study underscores the importance of considering each family's unique experience as it relates to the development of a child and family in context.

It is not enough simply to recognize that there exists a relationship between context and development and that development is the result of this dynamic interaction.
In order to more effectively support families, child development professionals and home visitors need to establish long-term relationships with families to understand what experiences families bring with them to their relationships and how it is that families make sense of them. In all of the complexity that relationships entail, and in all of the complexity that children as biological beings bring to their relationships with family and community members, the dynamic interaction is not one that is easily discerned. That interaction can only be revealed as the result of authentic relationship—when one human shares experience with another over time.

Programs such as Early Head Start count human relationship in economic terms, which is inconsistent with the dynamics of genuine relationship. We have developed “countermeasures” for “disadvantaged” families in order to “revitalize the socialization process” (Bronfenbrenner, 1970). Bronfenbrenner proposes that “the concern of one generation for another” should be a criterion for judging the worth of a society. But if concern and other qualities of caring are reduced to units of time and money, then “bureaucratic friends” will never be able to do the job of authentic friends. And when “bureaucratic friends” come and go and work under the constraints of their paid positions, their relationships with families are likely to be counterproductive. Until we can place a higher priority on authentic relationship (doing a good job) than we do on documented outcomes (making it look like a good job is being done), then children will be “culturally deprived” of their “humanity,” as Bronfenbrenner (1970) suggested in his plea for a change in American social institutions thirty years ago.
Parental Goals

In the process of understanding the experience of parents and families and how those experiences affect the dynamic that influences development, child development professionals and home visitors need to understand parental goals and how parents transmit their values in the process of child rearing (LeVine, 1974). LeVine professes that "parental behavior is directed to vital and conspicuous short-term goals," which overlooks a child's long-term psychological development. He claims that parental "behavior is more adaptive than parents are aware of or can articulate." Such is the case with most cultural behavior—it remains elusive until pointed out by another.

In order to be effective "agents" with families, child development professionals need to be skilled at looking beyond a particular parental behavior and determine what is the underlying parental goal. If parents desire to change their interactional styles from the ones they learned in their families of origin, or if they seek some other change, "agents" in Early Head Start need to be skilled at helping families examine their behavior and look at the underlying cultural beliefs that reinforce it.

Should child development professionals and home visitors be anthropologists? Perhaps. "Cultural competency" is a growing expectation among those who work with families because of the increasing diversification of our society; yet, there remain questions about how one becomes "culturally competent." This study affirms the importance of understanding how interactions with others are affected by individual values and the values prescribed by the agencies for which child development professionals work. The first step in to becoming "culturally competent" should be a professional's thorough understanding of the beliefs underlying their own individual
behaviors. Then professional helpers should receive training in helping the families with whom they partner to identify the beliefs underlying their behaviors. If families are seeking change, then they need to be able to identify and articulate why and what it is they want to change so that they will be better prepared to avoid passing on undesirable beliefs and values (and, consequently, behaviors) on to their children.

Models of Helping

Early Head Start was founded on nine principles, one of which is “Principle 7. Comprehensiveness, Flexibility, Responsiveness, and Intensity: Program services are grounded in the belief that all families can identify their own needs and strengths, set their own goals, and are capable of growth.” (See http://www.ehsnrc.org.ehs.htm.) This positions Early Head Start in the realm of family-centered helping practices which “place families in central and pivotal roles in decisions and actions involving child, parent, and family priorities and preferences” (Dunst, 2000).

Clearly, the intent of Early Head Start is to be family-centered. Evidence from this study calls into question, however, the extent to which home visitors and Early Head Start personnel have the ability to be truly family-centered when there is an implicit program expectation that participating families will make change. If families are to be central to decisions and actions regarding their priorities and preferences, then they need to identify which changes they want to make or even if they want to make change.

Participation in Early Head Start seems to imply that a family should be making change—progress, growth, development—however change is defined. As long as the idea of “making change” remains implicit on the part of Early Head Start, then home
visitors will likely be challenged to maintain the position of “tightrope walker” and “nudger.” If families and home visitors worked together around explicitly shared goals, which may (or may not) include family goals for change, then it seems the role of tightrope walker might be eliminated. The evidence suggests that home visitors engage in the dynamics of “tightrope walking” and “nudging” because the idea of change remains implicit. Working toward explicit goals that are truly family-determined and the priority of families is a requirement of family-centeredness. Evidence from this study suggests that Early Head Start may actually be program-centered with a family-centered veneer. As it relates to family intervention and models of helping, the evidence from this study further suggests that it becomes incumbent for organizations to explore their own organizational values, goals, and priorities—making cultural behavior explicit—as they seek interventions with others.

Methodological Implications

Two questions framed this study. How do socially and economically diverse families perceive infant well-being? And, what is the experience of families who participate in Early Head Start? A qualitative study is necessarily open-ended and emergent (Miles & Huberman, 1994; Powdermaker, 1966; Seidman, 1998; Wolcott, 1987, 1994, 1995, 1999). My methods and strategies allowed me to share in the experience of families in their daily lives and in their participation in Early Head Start. I learned of the ins and outs of family life, about family relationships, and how families perceived Early Head Start and their participation in the program.
The ability to answer my first question, however, was greatly impacted by my methods and techniques. I had hoped to understand the complexity of the social context of infants who are born into and develop in poverty. I wanted to understand what goals parents have for their children in the context of poverty and the values and behaviors of families who are chronically poor, and what values they passed on to their children. I expected to question parental perceptions of infant well-being. In the end, it became evident that the research context was very rich, indeed. However, the struggle of families in the midst of chaos and stress brought about by their very circumstances colored my ability to determine their perceptions of infant well-being.

What spoke more loudly to me were family struggles to achieve competence, participate in caring relationships, have control over their lives, and create change. The chapter “What Families Want” speaks to these themes and provides insight into the complexity of the social context. It might be concluded that parents are likely to pass on to their children a sense of helplessness and lack of effectiveness of “The System.” The study, however, falls short of answering the question I originally set out to answer about how families view the well-being of their infants.

Upon reflection, I speculate that my original question points to a cultural assumption of my own: that families value and desire wellness for their infants at all, even if they struggle with the articulation of what it means to be well or to experience wellness. Perhaps I can give consideration to the notion of infant well-being because I am a competent middle-class professional woman who lives in a relatively orderly and predictable world where I make choices, exert control, and conscientiously change that which I want to change to improve my life and the lives of my children. Although the
research context revealed much about the complexity of the social context of poverty. I question the assumption that families would have a notion of wellness.

The light shed on this assumption should cause responsible, educated people to consider further questions. If child development professionals have a concept of infant well-being that should be shared with others to advance the well-being of all, then should they not make that notion of infant well-being explicit to all, including the families with whom they partner? If advancing a notion of infant well-being among families who live in poverty means bringing about family change, to what extent do early childhood professionals and home visitors have a responsibility to make change happen for families? If family contexts in chronic poverty are so overwhelmingly complex and stressful that families cannot fathom a notion of infant well-being, to what extent are citizens of our society guilty of not working to eradicate poverty? To what extent are individuals who have knowledge and power responsible for the perpetuation of social and economic disparity that infringes on the right of infants and children to grow up and learn that they, too, can take control over their lives?

Recommendations for Practice

This study provides evidence from the experience of families that “The System” of social supports has the potential to mire families in such bureaucracy that, for every step “forward” they take, they could very well end up “two steps back.” This point was driven home for me by Vickie’s experience. When she got childcare for her daughter so that she could work, it seemed like progress. It was also encouraging that she got a job at the same fast food restaurant as her friend, ensuring she had a ride. When her daughter
got “kicked out” of childcare, however, Vickie had to quit the job she was required to have to be a wage earner. Vickie’s TANF benefits got “messed up” as a result, and she ended up further behind than if she hadn’t made what was supposed to be “progress.” She was without work again, and a cycle of failure seemed to be initiated with her daughter’s failure at childcare and Vickie’s subsequent failure at work. Yet Vickie had also claimed to want to “make change,” although she was unable to articulate what change she wanted to make. Presumably she could make change with the support and help of Early Head Start. But would she?

This begs the question, “What needs to happen so that she can make the change that she wants?” Recommendations can be extended from the stated implications. Home visitors should have the opportunity to develop relationships with families that enable the discernment of genuine family goals, priorities, and values. Home visitors should have professional development opportunities to enhance cultural responsiveness, such as the ability to identify beliefs underlying cultural behavior. And, home visitors should learn how to help families articulate their goals and priorities so that services become truly family-centered.

The evidence provided by this study should also be considered alongside the insight provided by Lisa Delpit (1995) in her analysis of how teachers and students of other cultures can be more successful in the classroom. Delpit points out that there is a move away from explicitness and toward indirect communication when there is an attempt to de-emphasize power. Her observation suggests that, in Early Head Start, the party to the home visitor-family relationship with more power (the home visitor) is apt to use indirect communication (cultural modeling and “nudging”) to de-emphasize their
power vis-à-vis families. As Delpit points out, an indirect communication style, while well-intentioned, ends up confusing the student who may not understand it. Such may be the case with families who don’t “get” cultural modeling and “nudging.”

Vickie provides a case in point. She claimed to want to change the interactional style she learned in her family of origin, citing the names that her mother called her when she was a teenager. However, when Vickie called her daughter a “brat,” there was no evident direct intervention. A trained observer would note that a home visitor or classroom teacher might use implicit methods such as modeling or redirection to take the focus off of Vickie’s name-calling in the classroom. However, there was a lack of direct instruction to Vickie: no one pointed out to her that she was initiating a cycle of interactions that would likely undermine her daughter’s healthy growth and development—precisely the cycle that she had claimed to want to break.

In Other People’s Children: Cultural Conflict in the Classroom, Delpit suggests that the way to break through the barrier of different communication styles is for the person in power (the teacher) to learn the discourse of the student, and teach the student the rules for success within the culture of power, that of the middle-class American mainstream. She claims:

In short, teachers must allow discussions of oppression to become a part of language and literature instruction. Only after acknowledging the inequity of the system can the teacher’s stance then be, “Let me show you how to cheat!” And of course, to cheat is to learn the discourse which would otherwise be used to exclude them from participating in and transforming the mainstream. (p. 165)

Perhaps it could be so in Early Head Start. If parents come to Early Head Start to make change, then perhaps one way they could achieve it is with direct instruction. During one Parent Meeting in Center Day, a guest speaker came to discuss with parents
their children's challenging behavior. The guest was an invited behavior expert who asked parents what was challenging them. The parents responded with tales of bedtime procrastination, challenging mealtimes, and clingy-ness. In telling and sharing, parents came to understand that their problems were not unique to them, and there was value in the event in that parents understood their children's behavior as a normal part of development. However, what was missing was direct instruction. Parents were missing the tools to help their interactions with their children improve. They were not introduced to different parenting styles and their consequences, which seemed to be the next logical step to helping families learn to have a sense of control.

When families want competence, care, control, and change, it is their child that provides a direct link to a home visitor who acts as social worker, teacher, and advocate. Rather than assuming that change is effected through cultural modeling and embedded "nudging," perhaps home visitors could experience success by using direct instruction with parents around explicit goals. Home visitors need to learn how to hand power over to the parents with whom they partner so that the parents can have real control in their lives.

Making change for families in Early Head Start has the potential to come from families themselves. Home visitors have a direct link to families, and they can teach families the rules and the language of child development to increase parental feelings of competence and control. Home visitors also have a unique opportunity to show parents how to interact in the cultural mainstream and be effective if they acknowledge and talk about inequities in the social structure. Until parents can extend their effectiveness to
their broader social contexts, particularly with the institutions designed to give them help, they will likely continue to end up “two steps back” for every step forward they take.
REFERENCES


APPENDIX A

SECTION 8 HOUSING ASSISTANCE

The US Department of Housing and Urban Development (HUD) operates three major federally funded programs that provide housing assistance to income-eligible families: Public Housing, Section 8 certificates and vouchers; and Section 8 project-based programs. Although River City had its own low-income housing “projects,” the participants in this study who accessed Section 8 assistance participated in Section 8 certificates and vouchers. In “the projects,” as they were commonly known among families, poverty was concentrated, and the quality of life was typically perceived by families as being poor. Many families in River City did not think that “the projects” were a good housing option for raising small children. On the other hand, Section 8 vouchers increased a family’s choices for housing among privately-owned rental property.

Section 8 funds are administered through a Public Housing Authority (PHA). The PHA compares a family’s annual gross income with the HUD-established income limit for the area. In order to be eligible for assistance, a family’s gross income cannot exceed this limit. The application process required families to apply for assistance at a local PHA that administers the HUD program. When an eligible family would come to the top of the PHA’s waiting list, the PHA issued a housing choice voucher to the family. The family then located an appropriate unit that met quality standards, reasonable rent, and other requirements. The PHA then executed a contract with the property owner to make subsidy payments on behalf of a family. The PHA paid the owner the difference between 30% of the adjusted family income and the PHA-determined payment standard, or the gross rent for the unity, whichever was lower.

Housing assistance is not an entitlement program (such as Temporary Assistance to Needy Families or TANF). As a result, there were more eligible families than families who are provided assistance. Many of the families who received Section 8 also received TANF. In the state where the families of this study resided, 34% of families that received TANF also receive housing assistance households (HUD figure). The HUD recommended that a family budget 25-30% of their income for housing. In the participants’ county of residence, median family income for 2001 was $52,800. The income-limit for two-person families, therefore, was $21,100 (very low-income) and $33,800 (low-income). It was left to the discretion of the PHA to determine how much money would be allotted to very low-income households and how much would be reserved for low-income households. In Greenfield, the vacancy rate for rental property is 6.0%. In River City, it is 2.8%, compared to the county-wide figure of 2.4% (US Census Bureau).

Information for this brief overview of housing assistance was gathered from the websites of the US Census Bureau and the US Department of Housing and Urban Development.
Fieldsites by Percentage of Total Fieldwork

- 55% Families
- 27% Home Visitors
- 18% Setting

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Interactive Setting Contexts

- Center Day: 67%
- Home Visits: 8%
- Other activities: 25%
REFERENCE NOTES

1 "Early intervention" refers to the system of services mandated in Part C of the Individuals with Disabilities Education Act to provide supports and services to families with infants and toddlers with developmental delays and disabilities. Service providers hail from a variety of disciplines: occupational therapy, physical therapy, speech therapy, early childhood education and special education, social work, and nursing are frequently represented. I came at this from the perspective of early childhood special education.

2 All of the names of people and places have been changed to protect the privacy of the individuals.

3 Families typically have one day each week where they participate in Center-based programming called "Center Day." The program provided bus transportation to participating families.

4 One informant declined audiotaping. Another interview location (McDonald's "Play Place") did not lend itself to audiotaping.

5 Families often referred to the Department of Health and Human Services as "welfare," not making the distinction between different programs such as child protective services and assistance programs.

6 Families' perceptions of being "homeless" and the housing authority perception of being "homeless" differed. Families claimed "homelessness" when they did not have a place of their own to live, even if they were sharing residency with family or friends, often not by choice. Families reported that the housing authority did not consider them "homeless" unless they were living in a shelter or on the street.

7 For a brief explanation of Section 8 housing assistance, please refer to Appendix A.

8 In April, 2002, the Governor signed legislation aimed at easing the state's housing shortage. The governor noted that housing vacancies were at an historic low and that working families were struggling to find a decent place to live.

9 Temporary Assistance to Needy Families. TANF replaced AFDC (Aid to Families with Dependent Children) with the Welfare Reform Act of 1996.

10 Section 8 and TANF are actually different programs and, while many families are eligible for both, Section 8 eligibility is determined separately from TANF. Families who do not receive TANF may be eligible for Section 8.

11 Vickie admitted, however, that the landlord claimed she was verbally abused when Vickie "lost it" over the landlord's comments about a dirty oven when the apartment was inspected. Apparently the landlord's comments about the dirty oven precipitated a bigger problem between Vickie and her landlord when Vickie called her landlord derogatory names.

12 Kathy's Section 8 caseworker had told Kathy that their office was short-staffed due to a maternity leave that left Kathy's caseworker with a doubled caseload. While they were supposed to be once a week, Kathy's Section 8 appointments were often less frequent, apparently because of the office's work load.

13 People in this study often referred to "Title XX " in reference to federal assistance to pay for childcare expenses incurred by low income families who either work or are seeking employment without making a distinction between where the funds actually originated. Federal assistance for childcare expenses is available to families from the Child Care and Development Fund as well as through tax credits, the Social

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Services Block Grant, Head Start, the Child Care Food Program, and through TANF. Benefits are determined at the state level and are administered through state and local social services agencies.

14 WIC stands for Women Infants and Children, a US Department of Agriculture program that provides nutrition assistance through the provision of free milk, juice, eggs and iron-enriched cereals. WIC required appointments once every three months to check children’s height, weight, do a nutrition assessment, and provide nutrition advice.

15 The forms were Conners’ Rating Scales to be completed by Johnny’s former classroom teacher at Head Start and by Kathy. At about this same time, the school district sent a request to Kathy that she complete the same forms that she had completed for the behaviorist. She completed them again to comply with the school. The school informed her that they would test Johnny during the first week of Head Start.

16 While Kathy’s job search intensified, Jack was also looking for work and had had a string of possibilities, none of which panned out. His mechanic tools had been repossessed, leaving him without the tools for his trade. Although he had been a steady wage-earner in the past, he had a history of short-term employment at low-wage jobs.

17 They had applied for TANF and unemployment since Jack had lost his job two weeks earlier, and it had become evident that he was not going to have another one immediately.

18 Kathy reported that she had suggested waitressing and hairdressing as employment options with her caseworker because she was interested in both of those jobs. However, her caseworker discouraged her.

19 Some comments are kept completely anonymous to protect the privacy of the informants.

20 Jack frequently took their family vehicle “four-wheeling,” which often resulted in costly repairs. This time he “blew the rear end out” and it was temporarily unable to be driven.

21 Jack and Kathy had a stipulation in their lease that they could not smoke in the house. Kathy was not a smoker. Jack sometimes smoked in the open doorway but usually went outside completely when the landlord was not present. Jack’s brother and girlfriend would sometimes smoke cigarettes in her car, but Kathy and Jack’s bigger concern was their smoking pot, which Jack and Kathy disapproved of severely.

22 There is a common misperception that couples who live together for seven years are married under common law. This is true in only a few states, and with strict guidelines. It is not true in the state of Jack and Kathy’s residence.

23 It later came out that Jack could not register a vehicle in his name because he had had an accident with an uninsured vehicle. He registered the vehicle in Kathy’s name so it was officially hers, and he assured me that a vehicle could be registered with an unlicensed driver. This fact was deemed correct by a city official.

24 Eventually Kathy did not pursue the Head Start position citing that it would be a summer job, and she needed something year-round. Later it came out that she believed she would also need a GED to work for Head Start.

25 In October, Jack got his truck back at the end of a week, and he also paid back fines so that he could be legally licensed to drive until November. He had been driving while his license was suspended.

26 Families often referred broadly to the bureaucratic network of welfare, assistance, and child protection and family support services as “The System.”

27 She also maintained that he missed his last court date because he was hospitalized due to a car accident, but the court would not take that into consideration.

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A friend of another who was incarcerated was willing to put her car up as "assurity," meaning that the court would hold the vehicle registration while the defendant was out on bail to assure that the defendant would appear in court. The idea was that the person whose car was being held would make sure the defendant appeared in court so that possession of her car would be returned.

The process for this was for Kathy to go to a discount department store, price the clothes that she needed, then go to the Section 8 worker who would cut the check made out to the department store, then have Kathy return to the store to purchase the clothes. Kathy purchased knit pants, a dark shirt, and sneakers.

It was common for families to seek medical attention for themselves and for their children in the emergency room rather than through their primary care providers. This practice was common in spite of recent attempts by the insurance industry to lower the cost of medical care by encouraging families to have "medical homes." Adults often spoke of going to the emergency room for treatment of their own coughs, colds, congestion, and headaches, while they took their children for those symptoms as well as for cuts and vomiting and diarrhea.

At the time of her severe headaches, the threat of the power being disconnected continued. Kathy was hypervigilant about activity on the street and one time discovered that the activity out front was the meter reader, not a disconnection in progress. She knew the electric bill was due, but she had forgotten the account number when Jack had last taken her to get groceries. She routinely paid the bill with cash at the local grocery store across town and depended on Jack to get her there. Around this same time, a screening procedure done at Head Start was suspect and determined that Johnny's hearing might be impaired. He was referred for an early morning hearing test at the local hospital, which would require anesthesia, and was to occur the next week. Kathy and Jack were concerned about how Johnny would react to being put under and about his hospital behavior. As if that weren't enough, Jenny became sick with a cold and congestion that same week, which was significant for Jenny because she had a history of bronchial pneumonia.

She also had a doctor's appointment on Monday. Kathy seemed to have so many appointments that it became increasingly difficult for her to remember them, which created complications particularly when there was a conflict.

She spoke with the pharmacist who assured her that she would not experience any drug-interaction problems. That calmed her concerns about the various medications so she began taking each of her prescriptions, with the exception of the antidepressant that was in pill form. She would need to have it in liquid form because she couldn't swallow a pill.

Kathy was under the regular care of her primary provider who attributed her symptoms to stress. Kathy reported that she and her doctor discussed whether or not she felt like harming herself. Kathy shared that she did not feel like harming herself but that she often wished she would go to sleep and not wake up. She reported that the doctor had inquired about her ability to care for the children, and she assured him that she could. When he asked if she was able to care for the house, she told him she could not. She finally got her antidepressant in liquid form.

The girlfriend also had with her a toddler who added his own element of chaos to the living situation.

The benefit of female companionship sometimes seemed offset, however, by the fact that Jack and Kathy did not approve of many of this woman's behaviors. One time Jack apologized to me for her actions and claimed that she was "not the brightest bulb in the tree." Since she was the girlfriend of Jack's brother, however, they included her in their network and she became their friend.

Kathy raised her concern with the pediatrician at her check-up, but the doctor said her height and weight were "just fine."
I had the opportunity to carefully observed Jenny’s development both in the context of her family as well as when the two of us were alone for an extended period while Jack and Kathy accompanied Johnny to the hospital for his hearing test. Removed from the chaos of the family, Jenny revealed developmental skills (such as communicative imitation and attention to an activity) that she did not show when her family members were at home with her.

Jack may have sensed my own discomfort about the guns, which I attempted to hide, but was very real given my heightened anxiety resulting from the recent terrorist attacks on September 11th as well as the wanton manner in which Johnny brandished the weapons.

He had his primary care provider; an Ears, Nose, and Throat doctor, and now his “Behavior Doctor,” or “bad boy doctor,” as she often referred to the child psychologist when she was talking with Johnny.

At an age when typically developing children often experience a “language explosion,” Jenny increasingly relied on screeching to communicate her needs and desires. Jenny’s screeching alone was stressful.

Jack and his brother both contributed to housework. Jack and his brother were both observed vacuuming and sweeping, and Jack mopped the kitchen floor. Jack sometimes tidied his computer workstation. However, neither had the same standard of cleanliness and tidiness that Kathy maintained and liked to reflect, particularly for visitors.

This comment was interesting because Kathy hadn’t worked in at least two weeks because of her illness. And when she was able to work, it had only been for two days.

The business advertised an array of communication services: long distance telephone, Internet access, Internet shopping, an eCard, WebBuilder, paging, a variety of low-cost rate plans, top quality phones, and nationwide coverage. Additionally, one could become a representative to market the services for $245. By becoming a representative and getting other representatives to join, financial success was promised. It was a convincing plan.

It would have been hard to imagine that anyone would have had a problem. Her home was very clean and orderly.

When I made this observation, I had wondered why a family with such limited resources had purchased canned salmon, which I considered to be expensive and a relative luxury. Later I learned that canned salmon is a common item distributed by food pantries because it is nonperishable and high in iron, calcium, and other nutrients.

His sweatshirt was covered with grease from helping Jack the previous day, and he had slept in his clothes. Additionally, he had not bathed in a day and was wearing evidence on his hands and face that he had spent the previous day with his father doing mechanical work.

Families in this study universally referred to Early Head Start Center Day as “school.”

In addition to support Linda received from Early Head Start, she also received home visits and support from another agency.

After a discussion with the pediatric office staff, Kathy was advised to give Jenny additional fluids. “They said it sounds like a bad cold,” Kathy explained when she got off the phone. This information confirmed what Kathy had believed but what had contradicted the suspicions of the Early Head Start home visitor who had advised Kathy to seek medical attention for Jenny.

Although I would not have placed a flag on my vehicle, I put a higher value on my relationship with Jack and his feelings of acceptance (and desire to help me feel accepted) than I did on the symbol of pro-military action that the flag might have stood for at the time. I left the flag on my car, in spite of my ambivalence about it, and it stayed on through the winter until it fell off by itself from the toll of winter.

There was only one Early Head Start program for the two communities; it served families from both River City and Greenfield. However, there were multiple Head Start programs, and there was one in each of the communities of River City and Greenfield. At the age of 3, children were expected to transition to the Head Start program in the community in which they resided.

Parent Meetings were held monthly. Early Head Start provided childcare for meetings when there was the capacity to do so.

This policy was clearly stated in black and white, posted on the doctor’s office door so that people waiting to see the doctor could view it.

As explained in the Parent Handbook, “Policy Council is part of the governing body of Head Start.... The group meets once a month and members receive training in leadership, group decision making, and communication skills.”

In order to get a sense the informants’ self-concepts, I asked each of them to tell me how they would describe themselves to someone they didn’t know.

When Kathy told Jack how the teacher had greeted her at Head Start one morning with the comment about being early, Jack responded, “She irritates me. I don’t like her. I want to slam her head in.” Then he turned to me and smiled. He added dryly, “Some people say I’m violent. I don’t know why.”

After all the anxiety that Jack and Kathy experienced about Johnny’s needing to be anesthetized for the hearing test, when he underwent the procedure the attending physicians discovered he had an ear infection and couldn’t complete the hearing test anyway. They had to repeat the experience about a month later.

Kathy had commented at this time, “I am depressed that we couldn’t get Jenny’s bike off lay-away and now Johnny’s birthday is coming up and we can’t get him a present.”

Consideration must be given to those parents who may have had a happy childhood and who may be happy adults who also desire happiness for their children. Interestingly, however, of the parents interviewed for this study, only one reported a happy childhood. I take this loosely to indicate that the happiness that these parents desired for their children was a happiness they perhaps did not experience as children.

Jack was an avid and successful hunter.

Kathy had explained one time that City Welfare expected families to pay back any money provided to them, even if it was at a rate of $2 or $5 a week.

It seemed that the effort to get a tree and decorate it was often greater than the actual expense, given that families usually had access to free or donated trees. Providing the decorations seemed the greater expense, and the effort to keep toddlers away from the tree seemed to require the greatest effort.

She explained to a group of parents that she lost custody of him when he was 4. At the time of this study he was 14. She visited him monthly and claimed to severely dislike the fact that her visits with her son were so closely supervised. She said she tried to ignore the person who supervises the visits, but she always looked forward to seeing her son.
Although I generally downplayed the significance of this study by referring to it as “my project for school,” we discussed the details of the informed consent, which clearly stated that this was a dissertation for a Doctor of Philosophy degree in education. They understood that the results could possibly be published as a book. While the concept of a dissertation seemed foreign to many parents, they related to the idea of a “big project for school.” They all appeared to value higher education and wanted to participate because they valued an educational pursuit for the sake of education, as Jack said. They seemed to want to support my academic endeavors for the sake of my education, not simply because I was “cool.”

All of the parents in this study participated in Early Head Start voluntarily. However, sometimes families were court-ordered to participate as a result, for example, of a child protection case.

Pseudonyms are not paired with characteristics because the characteristics alone are identifying. Therefore, although some home visitors are referred to by name, they are separated from their identifying features.

On my interview guide, I asked home visitors to report individual income as well as combined family income within ranges of $10,000 (e.g. $40,000 to $49,000; $50,000 to $59,000, and so on.)

They were given the options of “lower class,” “lower-middle class,” “middle-middle class,” “upper-middle class,” and “upper class.”

I avoided the “class question” with families. I disclosed to families my interest in understanding how they viewed the development of their infants as well as my interest in home visitor-family relationships; however, I did not explain my interest in class difference perhaps because it felt awkward.

The parent handbook explained: “In-kind means that your contribution is not in the form of a cash donation. Instead, you give your time and talent. Each time you volunteer time, it is assigned a dollar value. We are required to collect $251,161 of in-kind services; therefore, you will be asked to fill out an “IN-KIND” CARD for each home visit, if you are home based, and for any parent participation.”

The program manager clarified that there were actually five components, with the fifth being “parent participation.” However, none of the home visitors included “parent participation.”

The relationship between Early Head Start home visitors and child protection social workers was openly friendly. Later in this study, the child protective agency invited the Early Head Start staff to join them for a spring barbecue that included lunch. The event was promoted as collaboration because the two agencies worked with “many of the same families.” Notice of this event circulated around the Early Head Start area, printed on bright orange paper, and was easily visible to Early Head Start parents and families.

The “Agreement Between Parent and Home Visitor” stipulated that parents understand that they are encouraged to 1) turn the television off; and 2) refrain from smoking during and just prior to the home visit; and 3) refrain from having extra guests in the house. (Italics added)

Income eligibility was determined upon application and did not require verification at a later date. A certain number of “slots” were reserved for “over-income families” who did not meet eligibility requirements because they were “slightly above” the income guidelines but could benefit from the program.

In his cross-cultural model of “parental goals,” LeVine (1974) suggests that there are cultural “prescriptions” for child-rearing customs about which parents are unaware. I have extended this idea to include the child-rearing customs, beliefs, and practices that are held by middle-class American child development professionals that are likely promoted by and consistent with the agencies for which they work.

Spindler (1999) describes “submerged cultural knowledge” in “Three Categories of Cultural Knowledge Useful in Doing Cultural Therapy.” His ideas provided a source for my own.
My role as an early childhood special educator was fully disclosed in the informed consent, and I spoke candidly with families about my past role as a home visitor in early intervention. However, outside of our discussions at the time of seeking families’ consent, I seldom spoke of my expertise in the area of early childhood development, except when it was particularly salient. I did not hide that I knew the early intervention providers that frequented the program and often served the families among whom I participated. On the other hand, I did not go out of my way to make our relationship visible. Likewise, both Early Head Start home visitors and early intervention providers understood the nature of this study and my relationships with families and were sensitive to my need to establish a rapport with families that downplayed my professional role. Therefore, they, too, were very cooperative and sensitive about not making our relationship visible to families.

At the outset I could not have articulated why I felt this to be true; it was something I intuitively felt. Upon reflection at the conclusion of this study, however, I believe that if the parents perceived me as an early childhood professional before they perceived me as a parent, they might have believed that I would value them less than I would have valued them as their peer. I am grateful to have had the insight early, before I had an explanation for it.

Although I didn’t have a child young enough to attend the program with me as the other parents had, I often felt that the fact that I have four children helped to earn my respect among families. I frequently referred to my parenting experiences much as the others did, and among families I shared some of the genuine frustrations and experiences of parenting, which I believe helped to build our rapport. In their eyes, I was first and foremost a parent.

Home visitors were always gracious and willing to help me. They frequently offered me access to information (such as their home visit schedule) and they would have likely cooperated had I requested to shadow their activities. It was even suggested by home visitors early in the study that I might find shadowing useful. However, I held fast to my goal of accessing the families and accessing home visits through the families themselves, not through the home visitors.

One experienced home visitor estimated that probably 60% of program referrals came from families who had knowledge of the program from other families.

Income guidelines for Early Head Start and Head Start are based on the federal Health and Human Service poverty guidelines. A family of two (one parent, one child) was required to have an income that met or did not exceed $11,250 a year. For a family of three (one parent and two children, for example), it was $14,150. It seemed that any parent who received TANF benefits was automatically eligible. Indeed, most of the families were TANF recipients.

At a Policy Council meeting on February 26, 2002, the program administrator reported that the program currently reserved 10% of its referrals for “over-income families.” The recommendation has been made to the federal department of Health and Human Services to increase that number to 25%.

It came to my attention at the end of this study that the “Selection Sheet” presented at the meeting was actually one for the Head Start program, which was different than that used by Early Head Start. Although the “Risk Factors” are not listed on the Early Head Start Selection Sheet in precisely the same manner that they are on the Head Start Selection Sheet, it appears that “risks” nevertheless are part of the discussion around eligibility. My discussion with the program manager revealed that placement decisions for Early Head Start are not “first-come, first-served.” Rather, it is by “need” largely determined by the home visitor who does the application. She explained that “high risk” and families with involvement with child protective services are prioritized and that, if a family meets income eligibility but does not have “other concerns,” other families take priority. Therefore, although the list of “risks” did not appear on the selection sheet for Early Head Start in the same manner as it did for Head Start, subjective home visitor assessment and group consideration of family “risk factors” was nevertheless part of a family’s...
determination of eligibility by the Early Head Start staff and seemed to happen outside of direct discussion with the family.

87 It was also program policy to reserve 10% of program referrals for children with special developmental needs in order to create an inclusive early education environment.

88 Social Security Insurance; family members with a documented disability sometimes received social security benefits.

89 One of the parents frequently referred jokingly to Early Head Start as her "welfare class." Although she always laughed, I sensed that it was really no joke for her.

90 It is noteworthy that she said she "had low income" rather than identifying herself as a "being low-income." This is an important distinction. "Having" low income implies less permanence than "being" low income.

91 Home visitation occurred year-round while the Center Day activities operated on an academic calendar with start and stop dates and vacations and holidays that were similar to the public school system.

92 Here was another contrast to the experience I had as a home visitor in early intervention. Policy in early intervention stipulated that families would be informed of their parental rights and program "rules" prior to their eligibility determination. The idea was that families understood their rights and the goals of the program prior to eligibility determination. If a family was then determined eligible, it was up to the family to decide if they wanted to participate. In Early Head Start, it seemed a reverse process was in operation. First eligibility was determined. Then families were enrolled. Then they learned about the details of participation, which included incentives, rules, and more incentives (and more rules).

93 A review of the Parent Handbook did not indicate any reference to language or profanity. I speculate it was the bus driver's personal preference not to hear the language that was so familiar to many of the parents and which had been freely spoken on the bus until he curtailed it.

94 In this particular instance, a parent who was allergic to milk was provided bottled water to drink with her meals, which was not an option for the others. Since the parent was busy getting lunch for her own two children, I offered to get her a drink of water, and I set the jug on the table, unaware of the rule. When one of the children gestured toward the water, I was informed of the rule and that the water needed to be moved. I made a note of it in my notebook, and a teacher asked, "You're not going to write that down, are you?" Her question indicated to me that they had little realization of what impact all the rules had on their interactions with families.

95 Although not all participating families attended Center Day because of their work schedule or other agreement, it was generally expected that families would participate in both home visits and Center Days.

96 These were the three areas of the program that were most familiar to me. I speculate that nudging might have been felt in other aspects of the program, as well.

97 They had access to the snapshots that home visitors took with the cameras they nearly always had with them.

98 Parent meeting field trips were different from classroom fieldtrips. When the classroom went on a fieldtrip, the parents and home visitors accompanied the children and classroom staff. When the parents went on a fieldtrip, they went alone with their home visitor.

99 Although this fieldtrip was planned, it didn't actually occur.
Home visitors generally did not have an excess of eight families if they were fully enrolled, and if one parent from each family attended Center Day, there would not be more than eight present. However, Center Day parent meetings typically consisted of three or four parents.

At each Parent Committee Meeting and Policy Council meeting, a Family Advocate participated to guide the parents through the proper implementation of Robert's Rules of Order.

The program worked in collaboration with Health and Human Services agencies to provide childcare to eligible families. Since the Early Head Start program and many human service programs were in the same building, it was convenient for families, as well.

Of 11 families participating in this study (the ones I came to know best), four received early intervention. Early intervention home visitors worked closely with the Early Head Start program to provide optimal services. It was often the case that families received some of their early intervention visits at the Center, which was a natural environment according to the mandates of Part C, and received other visits at home, in an attempt to balance both contexts for families.

This program met the state licensing requirements for group center-based care and was accredited by the National Association for the Education of Young Children.

This may have been a childcare regulation as well.

Both the nurse and the home visitor told families they didn't like having to tell them they had to go smoke by the dumpster because it sounded so rude. On the other hand, I felt confusion because I knew that both staff members found smoking to be personally repugnant and it was something they didn't approve of for health reasons, but yet they apologized to the parents for making them smoke by the dumpster. It was as if their personal values matched program values, but they did not want to claim personal accountability for them. It was more comfortable for the staff members to point to the program rules.

This was parallel to early intervention home visitors who didn't make a distinction between home visits for families at home or "home" visits for families at the Early Head Start program. A "home visit" was a home visit, regardless of where it occurred. This was an assumption I carried with me throughout the study, which didn't come to my attention until the analysis. Indeed, a "home visit" is not always a home visit; a home visit is sometimes a home visit and sometimes a visit some place else. Sometimes a "home visit" would happen at the library, or the park, at the WIC office, or even occur at the Center.

In the process of "checking in" with my informants (see Chapter 12), a home visitor agreed that my observation was correct.

That parents "got" the idea that Early Head Start valued and provided nutritious meals was humorously communicated by a parent at mealtime. One parent asked if something on the table was butter. This other parent responded, "Well, if it is, it's 'good-for-you-butter!'"

Kathy and Beth had earlier agreed on the 8:30 time because it would be after Johnny had left for Head Start so he would not be a distraction in the home visit. When Johnny stopped going to Head Start, it became more difficult for Kathy to have herself and Jenny up and ready for the 8:30 time.

From September 26th to October 24th, Jenny went regularly to weekly Center Day with either Jack or Kathy for a total of five weeks. October 24th was their last day of attendance. From September 6th to January 14th, the family had seven home visits. Home visits had become inconsistent by the first of November.

One day there was an unfamiliar parent who came into the parent meeting specifically to hear the mental health consultant address the parent group. Apparently she was an enrolled parent in Early Head Start. However, she had not been in the parent meeting in the past, and her new, unexplained presence created a
sense of awkwardness in our group. It seemed like nobody in our group knew who she was or why she was there, and nobody seemed to dare ask, perhaps because they might violate some “rule” by asking. Curiosity overcame me, and when the home visitor stepped out of the room, I asked the newcomer, “So, are you new?” She said that she was. Then I asked, “So, is your baby out in the classroom?” She said he was. I was left with the impression that this parent would be joining our group, but then I felt too nosy, so I stopped asking questions. She never came to Center Day again.

Not all families who participated in Early Head Start volunteered; some were court-ordered. However, all the families who participated in this study were voluntary participants in Early Head Start.

Feelings of ineffectiveness were reported to me by three of Kathy’s former home visitors, all of whom also said they really liked Kathy and liked working with her, but the fact that she wouldn’t or couldn’t make progress was frustrating for her home visitors.

The program director claimed at a Policy Council meeting that the county was the “most transient” in the state.

One indication of home visitor turnover was that Kathy had had six different home visitors since she enrolled in the Early Head Start program three years earlier (October 1998) with Johnny. High turnover was also indicated by the longevity of the interviewed home visitors; only one had been at Early Head Start more than four years.

This comment was made by an administrator at a Policy Council Meeting in the context of the discussion about transient families.

Sometimes it was appropriate to write events and words down. Sometimes it was not. I always carried a small pocket notebook and a pen with me. When it was appropriate to jot down words and events that would prompt my memory later, I would. When it was awkward to take notes in progress, as was usually the case when I participated among families, I would stop in my car on the way home and turn “headnotes” into chronological “scratchnotes” to aid my memory. In my first months in the field, I spent roughly one hour writing detailed fieldnotes for every hour I was in the field, which seemed to produce the effect of living every experience at least twice—once in “real time” (Emerson, Fretz, & Shaw, 1995) and then again as I documented it in fieldnotes. My full fieldnotes were almost always written within 24 hours of leaving the field; usually they were written within 8, increasing accurate recall.

I had served as a graduate assistant when the program first began, and five years later we were professional colleagues when I directed a local early intervention program and our respective programs worked closely together.

I made the transition on March 8th to adopt an abbreviated fieldnote-writing strategy to allow myself more time to transcribe and code parent interviews and to write.

Kathy told me that a sheriff delivered eviction papers on Friday, January 11th, and they had to be out by Sunday, January 13th. They moved into the camper on Sunday the 13th. The camper was furnished with a sofa bed, a small table, and two chairs. Jack traded their computer for a vehicle so that they could move and have transportation since their last vehicle had quit.

Her report was consistent with my direct observation.

I knew I needed to act quickly because I could lose her again without notice. Although I had determined it was not appropriate for me to do a formal, audiotaped interview, she had answered all of my questions in the course of our relatively long relationship. When I “lost” Kathy in January, I reviewed her Early Head Start file, thinking I might never see her again. The documentation in the file corroborated what I had learned from her. I had an accurate picture of her experiences—the file confirmed the facts. The file did not, of course, reflect the qualitative essence of living her experience such as the pain she experienced from
being expected to leave her young daughter in Jack's care while she went out to work at as a wage-earner. I knew it would be necessary for me to check in with her about how I came to make sense of her experience in Early Head Start in order for our relationship to have the research validity I sought. Therefore, when I went back to her two weeks later, I talked with her very directly about what I had observed over the course of the preceding months.

124 Kathy understood that the months she could get benefits were running out. She determined that she had about one year in which she could continue to receive TANF. She reported that "the welfare people in this state are so much nicer" than they were in River City.

125 As a former home visitor, there were some unwritten safety rules I had learned about working with families. One rule is that you shouldn't drop in on a family unexpectedly unless you are sure it will be safe. The longer Vickie's boyfriend was incarcerated, the more unpredictable (and questionable) were the people in her home. I didn't think it would be safe for me to drop in unannounced.

126 There were two because I remained in contact with the program manager who had left. Neither program manager was interviewed, but they each provided valuable feedback on the accuracy of my story.

127 One home visitor who could not be present for the meeting e-mailed feedback to me.
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APPL DATE        2/9/2001
IRB #            2465
REVIEW LEVEL     FULL
DATE OF NOTICE   2/27/2001

PROJECT
TITLE           Infant Well-Being and the Participation of Families in Early Head Start

The Institutional Review Board (IRB) for the Protection of Human Subjects in Research reviewed and approved the protocol for your project.

Approval is granted for one year from the approval date above. At the end of the approval period you will be asked to submit a project report with regard to the involvement of human subjects. If your project is still active, you may apply for extension of IRB approval through this office.

The protection of human subjects in your study is an ongoing process for which you hold primary responsibility. In receiving IRB approval for your protocol, you agree to conduct the project in accordance with the ethical principles and guidelines for the protection of human subjects in research, as described in the following three reports: Belmont Report, Title 45, Code of Federal Regulations, Part 46, and UNH's Multiple Project Assurance of Compliance. The full text of these documents is available on the OSR information server at http://www.unh.edu/osr/compliance/Regulatory_Compliance.html and by request from the Office of Sponsored Research.

Changes in your protocol must be submitted to the IRB for review and approval prior to their implementation; you must receive written, unconditional approval from the IRB before implementing them.

If you have questions or concerns about your project or this approval, please feel free to contact our office at 862-2003.

Please refer to the IRB # above in all correspondence related to this project. The IRB wishes you success with your research.

For the IRB,

Julie F. Simpson
Regulatory Compliance Manager
Office of Sponsored Research

cc

File

Thomas H. Schram, Education Department
The Institutional Review Board for the Protection of Human Subjects in Research has reviewed and approved your request for time extension for this protocol. Approval for this protocol expires on the date indicated above. At the end of the approval period you will be asked to submit a project report with regard to the involvement of human subjects. If your project is still active, you may apply for extension of IRB approval through this office.

The protection of human subjects in your study is an ongoing process for which you hold primary responsibility. Changes in your protocol must be submitted to the IRB for review and receive written, unconditional approval prior to implementation. If you have questions or concerns about your project or this approval, please feel free to contact this office at 862.2003.

Please refer to the IRB # above in all correspondence related to this project. The IRB wishes you success with your research.

For the IRB:

Julie F. Simpson
Regulatory Compliance Manager

cc: File

Thomas H. Schram, Education Department
The Institutional Review Board (IRB) for the Protection of Human Subjects in Research has reviewed and approved your request for modification and/or addition to this protocol with the following contingencies:

1. Investigator needs to remove identifying information from the response sheet, such as date of birth and informant name (a code can be used instead of informant name). Investigator needs to be careful about recording any other obvious identifiers on the response sheet.

Approval for this protocol expires on the date indicated above. At the end of the approval period you will be asked to submit a project report with regard to the involvement of human subjects. If your project is still active, you may apply for extension of IRB approval through this office.

The protection of human subjects in your study is an ongoing process for which you hold primary responsibility. Changes in your protocol must be submitted to the IRB for review and approval prior to their implementation. If you experience any unusual or unanticipated results with regard to the participation of human subjects, please report such events to this office promptly as they occur.

If you have questions or concerns about your project or this approval, please feel free to contact this office at 862-2003. Please refer to the IRB above in all correspondence related to this project. The IRB wishes you success with your research.

For the IRB

Julie F. Simpson
Regulatory Compliance Manager

Modification approved: 1/25/2002