

EXECUTIVE SUMMARY

Protecting Children from Substance Abuse:

Lessons from Free to Grow Head Start Partnerships

October 2000

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FREE TO GROW

Head Start Partnerships
to Promote Substance-free Communities

Free to Grow is a national program supported by the Robert Wood Johnson Foundation.

MATHEMATICA
Policy Research, Inc.



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***F**ree to Grow] has helped parents focus on the drawbacks of substance use and abuse and has given them a language to use to talk to their children about substance abuse issues. It has helped them focus more attention on themselves and on what they can accomplish. It has helped to empower parents.*

—Free to Grow Staff,
New York

Protecting Children from Substance Abuse: Lessons from Free to Grow Head Start Partnerships

Substance abuse is one of the nation’s most serious health problems, causing more deaths, illnesses, and disabilities than any other preventable health condition.¹ It is also associated with a large number of social ills, such as prenatal drug exposure, family violence, child abuse, crime, neighborhood gang activity, and unemployment. In 1994, the Robert Wood Johnson Foundation responded to this national crisis by launching a pilot program to design and develop projects that could serve as models for preventing substance abuse by simultaneously strengthening the families and neighborhoods of economically disadvantaged preschool children. The initiative, called Free to Grow, targets families and neighborhoods of Head Start children to create changes that will *free* young children *to grow* and flourish while protecting them from substance abuse and related problems.

For Head Start, Free to Grow offers a new service model that focuses on protecting children from the risks associated with later substance abuse. These risks lie both within the family and the community. By working within existing Head Start structures, Free to Grow’s family supports and new types of community partnerships have the potential to make neighborhoods and families more protective environments for children. Free to Grow strategies focus on both realms, providing intensive support to at-risk families, developing higher-level advocacy skills in strong families, cultivating leadership skills in parents of young children and other local residents, supporting grassroots efforts to achieve fundamental changes at the community level, and allowing Head Start to collaborate with a range of community service providers in support of the Head Start program’s mission.

After five years of study, the evaluation concluded that:

- Free to Grow grantees developed, refined, implemented, and integrated models into Head Start’s program structure that demonstrate the feasibility and value of implementing substance abuse prevention strategies within Head Start.
- Head Start parents and staff, community residents, and collaborating service providers have strongly endorsed Free to Grow’s approach to prevention.
- Participants feel that Free to Grow has brought about important family and community changes, suggesting that the program may be appropriate and attractive to other communities facing similar challenges.

This report summarizes the results of the evaluation of the Free to Grow pilot program conducted by Mathematica Policy Research, Inc., under contract to the Foundation. The evaluation involved a process study in two phases, designed to document the model development and implementation process and to derive lessons that would help shape a

¹ Institute for Health Policy. *Substance Abuse: The Nation’s Number One Health Problem: Key Indicators for Policy*. Princeton, NJ: The Robert Wood Johnson Foundation, October 1993.

Parents are the ones who live in the community, who know and care more about what's going on and what's needed. Free to Grow provided more opportunities for parents to get involved. Parents who participated were more likely to follow a process to get a problem resolved, instead of just complaining.
—School Principal,
California

full-scale demonstration of Free to Grow. In addition to model development and implementation, the evaluation looked at program outcomes and changes in families and communities, as well as replication and sustainability issues. Through site visits, telephone interviews, and focus groups, we gathered information from Head Start and Free to Grow staff, parents, and community partners. We also reviewed grant applications and other documents produced by the projects and the Free to Grow National Technical Assistance Center at the Joseph L. Mailman School of Public Health of Columbia University.

The Impetus for Free to Grow

The Free to Grow concept builds on a growing body of research showing the importance of family and neighborhood characteristics for either heightening or moderating the risk of developing substance abuse problems. The prevention approach is indirect: rather than targeting children directly, the models are designed to strengthen their immediate family and neighborhood environments—and by doing so reduce their vulnerability to substance abuse and related negative outcomes.

State-of-the-Art Prevention. Traditional prevention strategies are increasingly seen as providing “too little too late,” especially for high-risk groups. The Foundation hoped that Free to Grow would break new ground by working with local Head Start programs to develop and test new and comprehensive prevention models focused on the early childhood period. This approach distinguishes Free to Grow from most other substance abuse prevention programs, which focus largely on education and skill building among adolescents.

As a program concept, Free to Grow also represents a cutting-edge application of research on family- and community-level risk and protective factors. In particular, three features set it apart from other prevention efforts:

1. It seeks to leverage and enhance the preventive effects of Head Start—an existing nationwide, comprehensive early childhood program. Its immediate targets are not children, but their families, other significant adults in their lives, and their neighborhoods. In this manner, it acknowledges the complex ways in which individual, family, and community variables interact to influence the developing child.
2. It is not a curricular intervention; instead, it defines prevention in the broadest possible sense. Grantees—which represented a select group of mature, private nonprofit organizations across the country—had flexibility to assess the needs of the families and communities they served and to define their own program activities. Although each community was different, they all shared common—and significant—problems related to substance abuse. The end result is five models addressing risk and protective factors comprehensively at the family and community levels, tailored to identified needs and resources.
3. It offers potential to reach those who can benefit most directly from prevention and early intervention. Most grantees worked with Head Start families at higher risk of developing substance abuse or related problems. At the same time, the models were developed and pilot-tested in high-risk communities where substance abuse problems are easily recognized and have a clear, undeniable impact on the daily lives of all young children and their families.

Head Start as the Context. Head Start enrolls more than 800,000 vulnerable children and their families nationally. It focuses on comprehensive and community-based strategies, operates in more than 2,000 communities, and has a 35-year history of quality, comprehensive services. Implementing Free to Grow within the context of Head Start has the potential for a significant impact on substance abuse problems throughout the United States.

Grantees and Target Communities

- Aspira, Inc., de Puerto Rico (Aspira) in Canóvanas, Puerto Rico
- Audubon Area Community Services (Audubon) in Owensboro, Kentucky
- Charles Drew University of Medicine and Science (Drew) in Compton, California
- Community Partnership for Child Development (CPCD) in Colorado Springs, Colorado
- Fort George Community Enrichment Centers (Fort George) in Washington Heights, New York City

As Head Start grantees (or, in one case, a delegate agency), the Free to Grow grantees could think creatively about service enhancements, staffing, and related issues to develop, pilot test, and incorporate Free to Grow strategies into ongoing operations. While their programs differed, all the grantees offered a range of services extending beyond education and children's health. They all had close relationships with local health and social services agencies; most also had established relationships with substance abuse prevention and treatment resources.



Now, I have many more strategies to cope with stressful situations. I think that I have become a better mother and wife. Before we became involved in the project, my husband and I were very distant with each other. Our communication has improved a lot. We are a much closer family now.

—Parent/Peer Mentor,
Puerto Rico



Most grantees also had prior experience with related demonstrations or initiatives, including experience with interagency or neighborhood-based coalitions. They built on these experiences while expanding into new areas, such as community action and intensive intervention with at-risk families. (See Table 1 for more details.)

Approaches to the Problem

Each grantee had a distinct vision for Free to Grow that built on the strengths of its existing programs to meet the unique needs of the families and communities it served. Nonetheless, the projects share common goals and use similar strategies, which are captured in Figure 1. Additional information about the projects can be found in the short project descriptions appended to this summary, and in various evaluation and program reports referenced at the end. The two core program strategies are:

1. **Family-strengthening:** Family-to-family peer mentoring, case management, counseling and therapy, parent education, peer support groups, and support in making the transition from Head Start to elementary school
2. **Community-strengthening:** Neighborhood and community group involvement to assess needs, develop resident leaders, support community action, and use interagency coordination to leverage support from partners and collaborators

The short-term outcomes examined in the study are measures of implementation strength—the extent to which project strategies are implemented as intended and whether participation was adequate. With adequate implementation, we expect to see reductions in key risk factors and greater resilience among families and communities, leading to prevention, reduction, or delay of substance abuse problems among children and youth.

Free to Grow is trying to get to the underlying issues . . . not just clean-up drives and providing services. Free to Grow doesn't just fix the surface problem—we try to find out what is causing it.
 —Community Resident, Kentucky

Five projects successfully completed the initial model development phase and went on to implement their programs on a larger scale. During this second phase, grantees were also expected to institutionalize the programs so they could be sustained as an ongoing feature of Head Start.

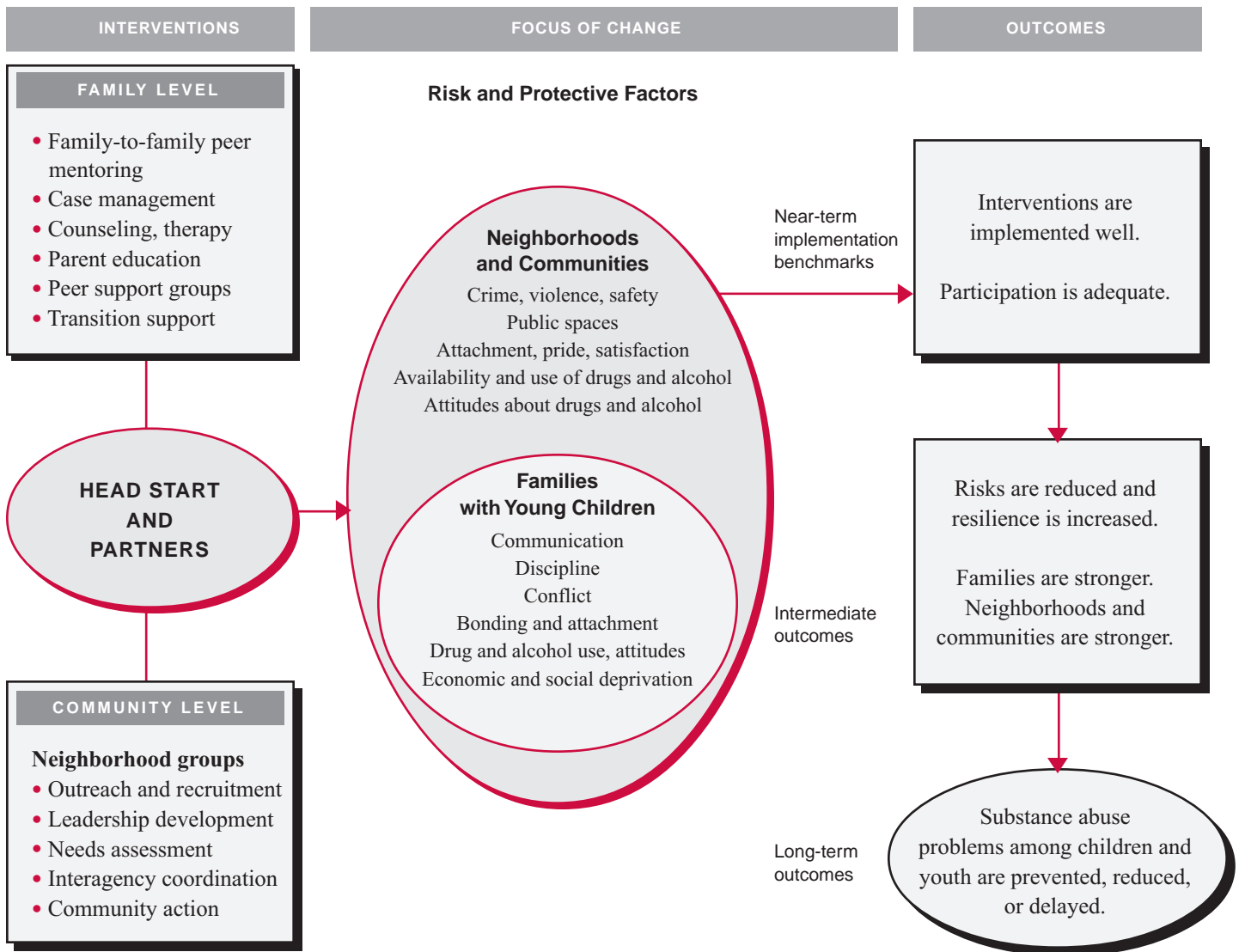
Puerto Rico and Kentucky achieved much success by developing sound models and fully implementing their proposed interventions. In addition, they integrated their projects securely into their Head Start structures, developed viable plans for sustaining Free to Grow strategies over the long term, and demonstrated preliminary evidence of effectiveness. The

TABLE 1
 FREE TO GROW GRANTEES AND THEIR COMMUNITIES

	Charles R. Drew University of Medicine and Science Compton, California	Community Partnership for Child Development Colorado Springs, Colorado	Audubon Area Community Services Owensboro, Kentucky	Fort George Community Enrichment Centers New York City, New York	ASPIRA, Inc., de Puerto Rico Canóvanas, Puerto Rico
Organization Type (Year Established)	Private, nonprofit teaching arm of the Los Angeles County Martin Luther King, Jr. Hospital (1966)	Private, nonprofit early childhood education agency (1988)	Private, nonprofit community action agency (1975; merger of two agencies in operation since 1966)	Private, nonprofit early childhood education agency (1981)	Private, nonprofit community action agency (1969)
Catchment Area	Cities of Compton, Lynwood, Carson, South Los Angeles, and Paramount (Urban)	El Paso County (Urban)	16 counties in western Kentucky (Some urban, some rural)	Washington Heights area of Manhattan Community District #12 (Urban)	Cities of Canóvanas, Carolina, Ceiba, Juncos, Loisa, Rio Grande, Rio Piedras, and Trujillo Alto (Urban)
Experience with Other Demonstration Programs	Family Services Center Family Resource Center Follow Through Program Parent Enabler Project Los Angeles Mayors' Roundtable for Children Needles in the Sandbox (playground cleanup)	Parent Education and Support program (prevention of child neglect and abuse) Head Start Substance Abuse Prevention Demonstration First Visitor Program Early Head Start	Kentucky Educational Reform Act (KERA) Initiative Early Head Start	State- and city-sponsored alliances for neighborhood needs assessment and planning Parent Service Project	Family Service Center Head Start Family Child Care Parent and Child Center Early Head Start AIDS Education and Prevention Puerto Rican Coalition Against Alcohol Consumption by Minors (COPRAM)
Population Size	90,000	Neighborhoods range from 2,900 to 6,000	Counties range from 4,000 to 6,000	60,000	7,500
Racial/Ethnic Makeup	About one-third African American, two-thirds Hispanic	About two-thirds to three-fourths white, 19 to 29 percent Hispanic, and 10 to 27 percent African American	Largely white population in one urban and one rural community; predominantly African American in another	80 percent Hispanic and 20 percent African American	100 percent Hispanic

Source: Free To Grow implementation grant applications. Data are for 1998-1999 unless otherwise indicated.

FIGURE 1
THEORY OF CHANGE FOR FREE TO GROW



There is more security, more control [at the school]. The physical plant conditions have improved a lot, too. You may ask, “But what does having a clean school have to do with substance abuse prevention or with school success?” But, you see, if children have a clean, comfortable, safe building in which to study, they are going to learn more in their classes and think: ‘No, no . . . I’m an educated, worthwhile person. I’m going to say no to drugs.’
—Parent, California

three other projects (New York, Colorado, and California) achieved important victories and implemented promising and innovative strategies, but they were less successful in implementing and sustaining their projects overall.

KEY OUTCOMES FREE TO GROW AIMED TO INFLUENCE	
FAMILY-LEVEL	COMMUNITY-LEVEL
Improved parenting skills, family management practices, and family bonding	Reduced isolation; increased interaction/connectedness among residents
Increased parental skills in advocating for family needs	Reduced neighborhood disorganization (crime, violence, physical deterioration)
Reduced family conflict	Increased knowledge and understanding of substance abuse risk/protective factors and prevention resources
More positive family norms and attitudes about drug and alcohol use	Increased advocacy skills among community residents
Reduced drug and alcohol problems among parents, siblings, and other family members	Increased parent involvement in school and community activities
Increased parental knowledge and use of available community services/resources	Stronger enforcement of laws and norms that discourage alcohol and drug use
Reduced parental/family isolation; reduced lack of support	Reduced availability of alcohol and other drugs
Fewer unmet basic needs for shelter, food, and clothing	Reduced association with drug-using peers
	Improved academic success; stronger commitment to school

Views of Change

Free to Grow hoped to improve a range of family- and community-level outcomes. Although the evaluation did not formally measure the impact of Free to Grow on these outcomes, it documented perceptions of the changes Free to Grow had brought about during the five-year pilot period. We focused on a subset of the more common outcomes and asked respondents to specify the degree of change they believed Free to Grow effected in each area. Respondents included Free to Grow, Head Start, and partner organization staff, parents, and community residents.

Respondents reported some degree of change in most areas of family functioning. The largest changes were improvements in parenting skills, bonding between children and their parents, and meeting families’ basic needs of housing, food, and clothing. Smaller changes

Before [Free to Grow] one never saw police [in our community] unless there was a shootout. Then, they would enter with their riot gear, ready for a confrontation. . . . We now have a very different relationship. [The new relationship] discourages drug buyers from coming in.
— Community Resident,
Puerto Rico

were observed in reducing the use of drugs and alcohol and domestic violence, areas in which we might expect change to take longer.

At the community level, Free to Grow usually was perceived as having brought about a moderate level of change. The greatest perceived changes were in greater resident involvement in the community and schools and in interactions among residents. Problems such as drug and alcohol sales to minors and drug trafficking were reduced to a lesser extent, although respondents reported some improvements in the level of crime and violence and in the extent to which community residents felt safe and wanted to stay in the community.

Making It Work

Many factors—both contextual and programmatic—made Free to Grow challenging to implement. Others facilitated implementation and contributed to success.

On the contextual end, the following organizational and community characteristics were important for successful implementation:

- **Organizational capacity for substance abuse prevention.** Well-established, financially stable, and respected grantee agencies and Head Start programs provided a solid foundation for Free to Grow and lent it an air of legitimacy. Grantees with a broad service agenda were especially well equipped to implement Free to Grow strategies.
- **Community receptivity to substance abuse prevention.** The severity and persistence of problems related to drugs and alcohol, poverty, and crime in all Free to Grow target communities motivated residents and providers to join together in project efforts.
- **Stability among providers and community residents.** The grantees in communities with established provider networks and low residential mobility found it easier to recruit members to the Free to Grow neighborhood groups and generate broad support for their community-strengthening initiatives. Not surprisingly, continuity of key Free to Grow staff was an important ingredient in projects' success.

On the program end, some practices contributed to overall implementation success; others were related more closely to family- or community-strengthening work. The following factors facilitated implementation and/or contributed to overall success:

- **Strong commitment to Free to Grow implementation.** Successful implementation required additional effort from Head Start staff in the short run. In the longer term, it required fundamental changes in ways staff interacted with parents and community residents. Ongoing involvement by Head Start grantee leadership was instrumental in developing a strategic vision for Free to Grow, communicating this vision clearly, and continuously reinforcing the intrinsic value of the new approaches. Other signs of strong commitment included assembling a responsible team with expertise in program development, project management, substance abuse prevention, and community development, along with knowledge and understanding of the community.
- **Adequate training and technical assistance.** Successful grantees provided and received ongoing support as Head Start staff mastered important prevention concepts. This support

helped staff learn important prevention principles and operationalize them in their day-to-day activities with families. Support often took the form of family assessment tools and procedures that (1) helped ensure that Free to Grow complemented existing Head Start services, (2) facilitated coping with normal staff turnover, and (3) supported ongoing monitoring of Free to Grow and model adjustments or improvements, as needed.

- ***Strong substance abuse prevention focus.*** Successful grantees integrated needs and resource assessments into community-strengthening links to enhance awareness of important community issues, build consensus, and define priorities for community action. Incorporating a risk and protective factor framework into needs and resource assessments and into community action planning activities helped ensure that Free to Grow focused on reducing risks for and enhancing resilience to substance abuse.
- ***Leveraging existing community resources.*** Strong projects marshaled diverse resources and continually engaged a broad cross-section of constituent groups and community stakeholders in their community-strengthening efforts. Key groups included Head Start parents, other parents and local residents, local service providers, and representatives of what was believed to be the community’s “power elite.” The active involvement of



service providers facilitated community-strengthening activities, but successful grantees learned to define boundaries for the involvement of provider representatives and local officials, to maintain residents’ ownership of the projects.

- ***Integrating Free to Grow strategies and activities.*** Successful strategies responded to the needs of a wide range of families and included clear procedures for linking families with the ongoing work of community action groups. Structuring more intensive interventions, such as case management and peer mentoring to accommodate different intensities of need and adjust as family needs changed over time, facilitated staff work and helped keep families engaged. Additional successes came through (1) linking community action

[The treatment program] gave me my life back. I had lost my mind on speed. I was in a psychiatric ward. . . . They connected me with my counselor and she showed me how to live again.
—Parent, Colorado



groups with Head Start’s parent involvement opportunities, to recruit more parents and extend their involvement beyond participation in Head Start; (2) using leadership training and technical assistance to support the work of neighborhood groups by building higher-level advocacy and civic activism; and (3) implementing community education and involvement, to foster a supportive community environment and build a base of support for addressing more challenging issues related to drug dealing, violence, and substance abuse.

Looking to the Future

It is clear that Free to Grow’s family- and community-strengthening strategies can substantially benefit Head Start. In particular, these strategies can:

- **Strengthen interventions for at-risk families.** Family-to-family mentoring, specialized case management, and family therapy or counseling built on existing case management and counseling services and enhanced Head Start’s work with families at risk for substance abuse or currently affected by moderately complex to severe substance abuse problems.
- **Facilitate family partnership agreements.** Free to Grow grantees were effective in developing these agreements, which are now required by the January 1998 revised Head Start Program Performance Standards. For example, several grantees developed and instituted more-detailed family assessment procedures to identify at-risk Head Start families needing specialized, intensive support as well as strong, healthy families that could assume leadership roles within their programs.
- **Increase parental involvement.** All grantees expanded parent involvement to include ongoing support and education groups, paraprofessional activities (such as peer

mentoring or parent advocacy), and community action groups. Parents got involved beyond their children's enrollment in Head Start.

- **Expand parent education and staff training.** Parents found the information on substance abuse prevention useful. In addition, prevention training helped staff become more aware of the symptoms of substance abuse and more knowledgeable about appropriate strategies and resources for helping families.
- **Employ parents as resources.** Employing Head Start parents as resources for other families constituted a dual intervention. Using parents as volunteers or paraprofessional staff was an effective and relatively economical alternative to hiring new staff or expanding the responsibilities of current staff. Peer mentoring and parent advocacy provided the stronger Head Start parents with opportunities to mentor, support, and serve as role models for other Head Start families. These parents also developed their own skills and gained self-confidence to meet their personal goals and take on new roles.
- **Develop parent advocacy skills.** Implementing Free to Grow strategies provided Head Start parents with opportunities to build progressively more sophisticated advocacy and leadership skills.



- **Strengthen Head Start's leadership in the community.** True to the spirit of the revised Program Performance Standards, Free to Grow offered strategies for Head Start grantees to extend their collaborative efforts to nontraditional Head Start partners. It also let them support grassroots efforts for community improvement. Assuming a leadership role made it possible for Head Start to achieve more fundamental community-level changes.
- **Create new types of collaborative relationships.** Strong partnerships with local government, schools, substance abuse prevention organizations, churches, recreational organizations, and other community resources helped create and sustain concerted action toward

***B**efore Free to Grow came in, it was real bad. Since Free to Grow came in, it's really straightened up a lot. It's peaceful over there now. The police are walking through, and they didn't do that 'til Free to Grow moved in.
— Community Resident,
Kentucky*

the improvement of Free to Grow communities. Enhanced collaborative relationships helped address concerns that extend beyond the purview of any one provider organization. Police and other law enforcement organizations are essential partners in Free to Grow community-strengthening efforts, especially in communities with severe illicit drug dealing and community violence.

Free to Grow also creates new challenges for Head Start programs. For example, community advocacy can strain established collaborative relationships when Head Start grantees encourage their partners to let resident-defined community needs and priorities inform their work. In addition, community-strengthening strategies require specialized community development skills that Head Start programs may need to cultivate. To sharpen their focus on substance abuse prevention, Head Start programs may also need to adopt new procedures, help staff develop new skills, and adapt their ways of interacting with families. Successful Free to Grow Head Start efforts in the future can facilitate the work of community groups, helping them progress toward their goals without undermining residents' sense of ownership in their community.

Should Free to Grow Grow?

The Free to Grow concept holds promise, and the findings presented here provide a strong basis for testing the approaches on a larger scale. Across all the projects, participating parents, community residents, and organizations valued Free to Grow for empowering them to become more effective agents of change within their families and communities. Although some program features need refinement, the evaluation identified more- and less-promising approaches (as well as the conditions needed for success). The evaluation also identified the types of outcomes these approaches could help bring about. The stage is set for a more rigorous test of Free to Grow strategies on a larger scale, and the Foundation will be supporting a larger-scale demonstration in many Head Start communities around the country in 2001.

Selecting the Next Generation. The Free to Grow experience suggests that not all Head Start grantees and delegate agencies are equally well suited to take on the challenges of implementing family- and community-strengthening strategies. Based on what we have learned so far, new grantees should:

- ***Be well-established, respected organizations.*** Strong reputations provide legitimacy to Free to Grow efforts and inspire confidence in projects' ability to succeed. Less well-established organizations may find it difficult to develop the requisite family and community relationships and may lack the confidence to build the capacity needed for success.
- ***Have an established record of successful collaboration.*** A strong track record will facilitate efforts to build alliances with nontraditional Head Start partners (such as substance abuse prevention agencies, the police, community development resources, recreational organizations, and faith-based organizations) and promote a new vision of collaboration.
- ***Show a strong commitment to continuous quality improvement.*** Head Start's leadership must be committed to and closely involved in the paradigm shift that will mean capacity building, learning, and adjusting. The Head Start director and other management staff

have important roles to play in forming community relationships, fostering collaboration with other service organizations, developing family- and community-strengthening strategies, evaluating implementation progress, and enlisting staff support.

Structuring Free to Grow. New grantees face many choices about how to structure their projects and manage their implementation. To be most effective, our findings suggest the following:

- ***Strategies should be customized.*** Rather than replicating current models verbatim, future efforts should be tailored to new grantees' community circumstances. Program models must reflect each grantee's strengths, resources, and needs.





- ***Strategies should build on and complement Head Start.*** To facilitate implementation, programs should be able to build on well-established, proven procedures for family recruitment, assessment, service planning, intervention, and referral for specialized services when appropriate.
- ***Community partners are an important element.*** Successful Free to Grow grantees recognized that no organization can help families and communities fight substance abuse problems alone. Police departments, substance abuse agencies, schools, and other family service providers proved important partners when implementing specific interventions and strategies (for example, specialized counseling for high-risk families or community policing). Partners also helped sustain Free to Grow efforts.
- ***Grantees should implement both family- and community-strengthening strategies.*** Successful grantees implemented both types of strategies, allowing parents to not only participate with their children in Head Start but to also develop advocacy and civic activism skills.

- ***Free to Grow should target relatively high-risk communities.*** Free to Grow can be effective in many communities through its strong message of community partnership—with Head Start parents, residents, and service providers working together to improve local conditions. This message has particular resonance and urgency when drug-related problems in the community are severe and persistent.
- ***Free to Grow outreach and recruitment should emphasize building strengths.*** Promoting Free to Grow as an initiative to improve children’s development, rather than as a substance abuse initiative, increases overall receptivity to project efforts and minimizes resident resistance.
- ***Free to Grow strategies should be integrated into Head Start from the outset.*** To promote Free to Grow’s sustainability, the family- and community-strengthening strategies should be integrated from the beginning into Head Start’s program structure and operations. Attention should be paid throughout to institutionalizing Free to Grow strategies and promoting staff training to guard against excessive turnover.
- ***Responsibility for implementation should be in the hands of experienced, highly skilled staff.*** As a team, the Free to Grow staff should possess strong strategic-planning skills, experience implementing special projects, community-organizing or neighborhood development expertise, and knowledge of the risk and protective factor framework and science-based prevention strategies.

Supporting New Grantees. New Free to Grow grantees face numerous challenges. Implementation often competes with programs’ practical, high-priority concerns, such as serving more families, expanding service hours, increasing staff salaries, and improving facilities. Family-strengthening strategies also require developing new procedures, building new staff skills, and changing how staff interact with Head Start families. Similarly, implementing community-strengthening strategies requires building specialized community-development skills, developing new partnerships, and modifying the aims of Head Start collaborations. These and other challenges mean that the next generation of Free to Grow grantees will need support in the following areas:

- ***Finances.*** Grantees felt that the close alignment of their work with the revised Head Start Program Performance Standards facilitated sustaining Free to Grow within their Head Start budgets and program structures. However, future grantees need start-up funds to cover essential capacity-building investments, such as training staff, hiring new staff, and developing procedures to support new strategies. Leveraging resources from Free to Grow partners and collaborators to support implementation was also essential—because of the many high-priority demands on Head Start program resources.
- ***Training and capacity building.*** Head Start programs and their staff will need to take on new roles and responsibilities that extend beyond their current expertise. Although each grantee’s circumstances will be different, their efforts will require (1) training and technical assistance in a number of substantive areas (substance abuse prevention, intervention with at-risk families, and civic leadership and community action); (2) ongoing, capacity-building efforts to give Head Start staff time to assimilate important new concepts and procedures; and (3) access to Free to Grow implementation materials and resources (since Head Start programs are unlikely to have the time or resources to develop their own or the resources to hire their own consultants).



A Final Note

Protecting children from substance abuse and the associated devastation it wreaks in families and communities is a critical priority. Fortunately, Free to Grow provides many excellent examples to build on. In the coming years, Head Start programs across the country will have increasing opportunities to take on the mission that this early group of Free to Grow grantees has shown to be possible.

When I (started participating) in Head Start, my family was going through a very difficult time. I used to know very few people in San Isidro; I would mainly stay in my home. I began meeting people when my compay began sharing her knowledge of the community. She's given me friendship and counsel. Thanks to (Free to Grow), I am now more involved in my church. I am also a member of the Community Association and the Neighborhood Safety Council. (Free to Grow) has helped me so much that I feel an obligation to give something back.

— Participant

We have been changed by our participation in (Free to Grow). The Aspira staff reminded us of the importance of our own “healthy minds in healthy bodies” message. They said that they could not support our activities unless we made this preventive message explicit and practiced it honestly. We are no longer selling beer or allowing parents to use alcohol or tobacco during our (recreational) events.

— Partner

CANÓVANAS, PUERTO RICO: CULTURAL COMMITMENT

Aspira, Inc., de Puerto Rico’s company model used *family-to-family peer mentoring* to provide intensive support to Head Start families affected by substance abuse problems or identified as at risk for them. Based on the Latin concept of “compadre” (or godparent), carefully selected and trained “compays”—or strong families—served as peer counselors to assigned Head Start families from the same neighborhood. Displaying a deep commitment to the physical, emotional, and spiritual development of these families, a stable corps of about 45 volunteer compay families visited about 70 at-risk families semiweekly, providing information on available resources and linking them to appropriate services. Through their example, the compays also motivated these families to achieve lifestyle changes, spelled out in family service plans, thus strengthening the families and home environments of at-risk Head Start children.

An important feature of Aspira’s prevention approach was the interrelated structure of its family- and community-strengthening strategies, which grew to complement and support each other. Many of the compay families emerged as prominent leaders in a three-level structure of neighborhood groups that worked in partnership with municipal officials, schools, the police, local recreational organizations, and other resources to improve the overall community. *Sector groups* brought concerned neighbors together to interact on a more regular basis, offer mutual support, and discuss issues of common concern. A *community association* allowed local residents to come together across sectors to address communitywide issues. Through the *leaders group*, Aspira staff offered ongoing technical assistance and support to residents on matters related to civic leadership and activism. Resident-led efforts brought about increased police surveillance, improved lighting and garbage collection, canalization of sewer waters, and the preservation of the community’s only elementary school, after it was damaged extensively in a hurricane and closed by education officials. Periodic *educational and recreational activities* for local residents and children, including an annual summer camp staffed primarily by parents and a *support group* for at-risk families who had met their goals of self-reliance, also reduced isolation and rebuilt the social fabric of the targeted neighborhood.

By the end of the pilot project, Aspira had successfully integrated all of its Free to Grow model components into Head Start. From the outset, the compay peer-mentoring intervention was grounded in Head Start’s family service structure and procedures, so it was integrated into Head Start by design. Compays were closely supervised and counseled by the program’s family social workers, who could also intervene directly with participating at-risk families if needed. Free to Grow strengthened Head Start’s service continuum to better address the needs of at-risk families, at the same time that it extended the program’s focus and reach to the larger community where participating children and families lived. While the neighborhood groups were resident-driven and self-sustaining, Aspira restructured its parent involvement coordinator positions to institutionalize Head Start’s support for community-strengthening activities. Key staff for the pilot were also convened into a special technical assistance unit to train other Head Start staff on Free to Grow procedures and provide support as the compay model was replicated in other communities.

Free to Grow (changed) the focus of the Head Start family component by making it more individualized . . . (It recognized that) some families need intensive services.

— Staff

Having researched how many times the Alcohol Beverage Control (ABC) Board checked the establishments in (our) area to see if minors are being served, (we knew) there hadn't been that many checks. Once the Free to Grow coalition intervened, ABC started checking more regularly . . . We woke them up. We questioned why they weren't doing their job . . . They began doing it because (they knew) we were watching.

— Participant

OWENSBORO, KENTUCKY: MOBILIZING ACTION

Audubon Area Community Services developed a model that combines grassroots community action with intensive case management for high-risk families. Neighborhood leaders and other community residents—formally trained in **leadership development** and **community action planning skills**—came together with program staff and representatives from key resource agencies in **community coalitions**. These coalitions developed and implemented a wealth of educational activities and action plans that addressed community-level risk and resiliency factors related to substance abuse. In addition, a restructured Head Start family service program integrated Free to Grow's **intensive case management services** agencywide, providing all Head Start family advocates with the skills and time to provide case management services to all families. The advocates focused on delivering intensive, individualized services to high-risk families, which numbered over 40 in the target communities.

Building on a history of strong collaborations and partnerships, Audubon's Free to Grow program achieved significant community-level victories, including the institutionalization of a community policing program in the original target area, improved parent support programs, after-school recreational and tutoring opportunities for elementary children, and a public-private collaborative effort to develop a new playground. Local residents also sought to strengthen the enforcement of laws prohibiting alcohol sales to minors and to change local probation and parole guidelines to help keep drug dealers off their streets. In addition, Audubon implemented an ambitious expansion plan by replicating its Free to Grow model in two separate communities, which required developing new partnerships and cultivating a new set of grassroots community leaders in each community.

Audubon Head Start was quite successful in implementing its Free to Grow model and, by the end of the pilot project, had successfully integrated all of the components into its Head Start structure. To facilitate this process, Audubon created a new Family and Community Team that included all family advocates, other family service staff, and Free to Grow's community development staff. As part of its organizational restructuring, Audubon institutionalized its three key Free to Grow community development staff positions into its Head Start structure. By doing so and garnering support from key community partners, Audubon secured the sustainability of its Free to Grow model over time. Strong strategic planning and leadership skills from the Head Start director and management team facilitated this process. To strengthen the implementation of its Free to Grow strategies, Audubon's organizational capacity-building efforts were designed to refine its case management assessment tool and to provide staff with ongoing training and technical assistance.

F*ree to Grow* bring information and education to parents . . . Connecting parents with information is critical (and) *Free to Grow* helps to fill the information gap.
— Staff

O*ur community used to have little unity. Little by little . . . we have realized that we need to become united, to help one another. The voice of one person is not always heard, but the voices of (many) are.*
— Participant

W*hen parents come in (to Head Start) they don't think of themselves as able to impact change. (Free to Grow) has allowed us to help parents (realize) that they can be an integral part of the development of their community. Over time, as parents get more involved, they start accomplishing things and (gain) some control . . . They're no longer bench-warmers; they're in the game.*
— Partner

NEW YORK, NEW YORK: SUPPORTING IMMIGRANT FAMILIES

The Fort George Community Enrichment Center, located in the Washington Heights neighborhood of New York City, used its Free to Grow project to extend the reach of Head Start and address the unique acculturation needs of its predominantly immigrant Latino population. It also prepared its parents to participate in community efforts to address substance abuse and related issues. The effort, called Project Right Start, developed a distinctive **oral and cultural history program** that used a series of hands-on activities to allow immigrant parents to explore the strengths of their roots and the isolation, stresses, and challenges of the immigrant experience. The intent was to increase self-esteem and awareness and thereby reduce the risk of alcohol and drug abuse among participating families. **Women's support and education groups** further expanded parent involvement opportunities within Head Start to enhance participants' knowledge of parenting skills, health, life skills, and other issues related to substance abuse.

Fort George also expanded the work of existing Head Start **parent committees** to engage participants in educational activities and community-focused efforts to prevent and combat substance abuse. These committees played an important role in connecting parents with information and community resources—such as those involving citizenship—and supporting neighborhood safety efforts. In close collaboration with local police, for example, dozens of Head Start parents were formally trained as “block watchers” to identify and report potential crimes confidentially to the police. Parents also worked with neighborhood bodegas to enforce laws regarding the sale of alcohol and tobacco to minors. To facilitate their work, the Right Start participants received structured, specialized **substance abuse prevention training and leadership training**.

Fort George has developed a promising model for substance abuse prevention. Its group-based approach targeted a broad range of Head Start parents and addressed varied needs. It also built directly on Head Start's traditional parent involvement committee structure while expanding the focus of the committees to encompass community issues and civic activism. Numerous challenges, however, hindered Fort George's efforts to implement the project fully. Although Head Start staff ultimately assumed responsibility for most Right Start components, Fort George was unable to secure the long-term sustainability of its distinctive oral and cultural history group. At the end of Phase II, this component was still being led by paid consultants, and Head Start was uncertain about its ability to find resources to retain their services. Moreover, although Head Start staff worked with key consultants to lead the substance abuse and leadership trainings, staff training modules were not developed, and institutionalization of these trainings was not secure.

Despite being located in New York City—a community replete with grassroots organizations and an activist spirit—Fort George was, for the most part, unable to formalize procedures to help parent leaders transition into other civic activism roles or to connect Right Start efforts to the community improvement agendas of other local groups. These shortfalls stemmed from agency difficulties in developing staff capacity for the Right Start community-strengthening work and were exacerbated by Fort George's special administrative challenges. As a small Head Start delegate, Fort George had limited autonomy and flexibility to organize resources or to access additional funds. In turn, it was difficult for Fort George to formulate and pursue creative strategies to implement or sustain new efforts. Recurring financial crises demanded the attention of Fort George's administrators, thus detracting from their focus on Right Start implementation.

Privacy, fear, dishonor are huge barriers (to addressing substance abuse) even when services are available free and absolutely confidential.
— Staff

The needs assessment showed that parents had concerns and needs (that were just as important) as those of (other residents.) The problem was that parents did not have the time to come to meetings . . . We (realized) that we had a lot of little kids running around that needed our help; we needed to change our priorities.
— Participant

COLORADO SPRINGS, COLORADO: A BROADER REACH

The Community Partnership for Child Development (CPCD) model extended the traditional reach of its Head Start program. Neighborhood-based *family advocates* worked to build an effective continuum of care for families with children from birth to age 8. These Free to Grow workers served as outreach staff for the Head Start program and case managers for pre- and post-Head Start families, providing hundreds of referrals to community agencies for needed services. *Neighborhood family councils* strengthened the overall health of the three targeted neighborhoods by bringing local residents and agency representatives together to address high-priority community concerns. Resident-led initiatives in these three neighborhoods included graffiti removal, improved lighting of public spaces, better playground facilities, and expanded educational and recreational opportunities for young children. In addition, a formal referral partnership between CPCD and the Department of Health for *substance abuse treatment and family counseling* services through a dedicated counselor dramatically improved access to services for families with young children. Innovative community- and home-based approaches to treatment succeeded in bringing about 67 families—originally fearful of the stigma of substance abuse—into counseling.

In the politically conservative Colorado Springs area, CPCD has always had to be vigilant about protecting its programs and its supporters. As Free to Grow work evolved over time to focus more heavily on resident-driven community groups, CPCD found itself in a difficult position. It recognized the importance of grassroots efforts to make neighborhoods and service delivery systems more responsive to the needs of families. However, it also worried about the impact on the agency if these groups became critics of the same schools and agencies that CPCD depended on for political and financial support. Largely for this reason, CPCD decided that it could not retain direct responsibility for the Free to Grow councils as the end of the pilot project approached. Since the work of neighborhood family advocates had also evolved over time to principally support the councils, these positions were not integrated into Head Start either. Fortunately, key partners stepped forward to assume responsibility for sustaining the Free to Grow councils and most of the project's community-strengthening work. As planned, the Department of Health also integrated the substance abuse counselor's position into its treatment programs and modified its outreach procedures to more effectively serve higher-risk families and neighborhoods, thus institutionalizing Free to Grow's counseling component. CPCD also plans to continue providing training for Head Start staff in substance abuse prevention, and it may support a family advocate position to provide outreach and serve as a liaison to the neighborhood councils.

As time has passed, the Hispanic community has grown (in Compton) and Blacks have moved to other areas. FTG has demonstrated that it is possible for the different races to work together, side by side, to improve the community.
— Participant

Free to Grow has helped raised my self-esteem. It has increased my participation in the community. Because of my participation in the task force, I feel like I am worth more as a human being, that I am being useful to society. I have become better linked with other parents.
— Participant

The thing about Free To Grow—Libres Para Crecer—that has helped get people involved is its focus is on children, on making things better for them. That gives us a message on drugs, alcohol, and violence that people can understand and relate to.
— Participant

COMPTON, CALIFORNIA: GETTING A COMMUNITY IN GEAR

Charles R. Drew University of Medicine and Science, through its Project Head Start, developed a model of civic organizing and communitywide mobilization that uses Head Start centers and community schools as the hubs for its “Safe Space” campaign. The program’s slogan, “Children Deserve a Safe Space to Live Somewhere on This Planet,” captures in compelling simplicity the spirit of the Compton effort. The goals of civic organizing differ from community organizing in their emphasis on building relationships and on making residents active participants in community institutions and governance. *Safe-space task forces* were established in two elementary schools and four Head Start centers, where parents worked to improve the physical, social, and cultural environment of some of the toughest schools in the country. Both elementary schools became Drug Free School Zones as a result of task force efforts. Other accomplishments included working with local police to establish graffiti removal and school watch programs, getting crosswalks and speed bumps installed around school property, and convincing the school district to add classroom space at the elementary schools rather than transferring students to the middle schools.

A *community coalition* composed of more than 40 residents and agency representatives met regularly and sponsored many citywide activities to increase awareness and change community norms related to substance abuse. The project also recruited and trained former Head Start parents to serve as Free to Grow *parent advocates*. Ten of these advocates stayed with the project, recruiting other parents and providing support for the safe-space task forces and other activities. Building on youth development principles, more than a dozen local youth also served as Free to Grow *youth advocates*. Trained in substance abuse prevention and given leadership and organizing skills, youth advocates planned social events for local youth and advocated for stronger enforcement of a local ordinance governing storefront advertising for alcohol and tobacco products.

Although the project continually demonstrated success in grassroots organizing, it lacked the skills to overcome major obstacles in the community and Head Start/grantee environment. By the end of the pilot program, all the project components except one elementary school task force had ceased operation. The parent advocate component suffered because the positions did not pay well and did not satisfy new welfare reform training and employment rules. The project also struggled to gain support from school and Head Start staff for many of the task forces, and the coalition and most of the task forces never became self-sustaining. At the community level, major performance problems within the school district, combined with tensions between blacks and Hispanics, made Free to Grow work all the more important but also much more difficult. Perhaps the greatest obstacles involved leadership changes and serious performance problems at the grantee and Head Start level. With attention focused squarely on addressing performance deficiencies to save its Head Start program, Drew Head Start had only preliminary ideas about how it might sustain certain Free to Grow principles and no firm plans for sustaining any of the components as implemented. In addition to skills in grassroots organizing, succeeding in this type of environment requires significant relationship-building skills, which the project lacked. Given the magnitude of the contextual problems, however, almost anyone would probably have struggled in this environment.



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For More Information

Evaluation Reports

Printed copies of the evaluation's final report, "Protecting Children from Substance Abuse: Lessons from Free to Grow Head Start Partnerships" (forthcoming; \$10), as well as individual profile reports on each project (\$6 each; publication numbers PR-0022 [New York]; PR-0021 [Kentucky], PR-0024 [Puerto Rico], PR-0028 [Colorado]), can be ordered from Jackie Allen, Publications, Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, NJ 08543-2393, (609) 275-2350, jallen@mathematica-mpr.com. Include \$3.50 per order for postage and handling. Publications can also be ordered on the web at www.mathematica-mpr.com.

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Free to Grow

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