Two years in the operation of a local HIPPY (Home Instructional Program for Preschool Youngsters) are examined to highlight the impact of changed context on processes and impacts. Over the two years of operation, the program went from a staff consisting of a program director and paraprofessionals to an augmented staff which included a family support specialist. “Reaching out to families” and “making a difference” in their lives was a strong norm during both years of the program. The more resource-rich service context present in the second year, however, altered the nature of problems observed, directness of interventions tried, and the meaning and limits of what it meant to reach out to families and make a difference in their lives. Alternative interpretations are briefly discussed and eliminated. © 1998 John Wiley & Sons, Inc.

The recognition that preschool and other service programs must be studied in context has become increasingly recognized over the last 20 years (Powell, 1994). Contextual factors present special challenges that may alter a program’s ability to work with families. This article presents a case study of a home-based, preschool program called HIPPY (Home Instructional Program for Preschool Youngsters). Over a two-year period, this midwestern city program negotiated additional resources that augmented its capacity to assist families with non-HIPPY related problems such as child management, drugs, and illness. This case study examines the implications of different combinations of problems and resources for families served by HIPPY.

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Focusing on HIPPY’s Organizational Dilemma

HIPPY is a home-based preschool program that works with parents of 4- and 5-year-olds over a two-year period. The focus of the program is to prepare the children for school and to help the parents assume the role of first teacher to their children.

In HIPPY, paraprofessionals interface with parents on alternating weeks in their homes and at center-based parent group meetings. The paraprofessional delivers materials assigned to the parents, role plays these materials, serves as a consultant regarding how the materials can be used and how the role playing between parent and child should take place, and monitors the use of materials by parent and child. These interactions are supplemented by group meetings. Topics for discussion at these center-based meetings may include parenting strategies, budgeting, or simply other things that the parents want to talk about (Winter, Westheimer, Niehaus, & Romano, 1995).

As formally defined and implemented through training, the relationship of paraprofessional to parent is supposed to be professional in nature, with rapport an implicit prerequisite for the delivery of the program (Winter et al., 1995: pp. 23–24). A narrow range of problems is defined as appropriate for interaction between the paraprofessional and parent: Only issues directly related to the delivery of the HIPPY program are considered appropriate. Relevant issues include strategies for doing lesson plans, arrangement for assistance in getting to group meetings, explanations of course materials, strategies for keeping children involved, and encouragement regarding program commitment. By contrast, family needs regarding housing or landlords, drugs in the family or the neighborhood, abuse of children or spouses are some of the issues and problems which fall outside the paraprofessional’s framework of responsibility.

In practice, it appears that in some of the HIPPY programs in the United States, there is a growing realization that rapport and trust are critical components in making the program work (Lovejoy & Westheimer, 1994: p. 10). The everyday operation of the program may be at a somewhat deeper level than described in official documents. Lovejoy and Westheimer (1994: pp. 10–11) describe how the rapport that may develop between parent and paraprofessional engages a paraprofessional as a listener, advice giver, or tangible support giver for parents as they confront everyday problems. Yet, as the following statement makes clear, this broadening of the paraprofessional’s responsibility creates a dilemma for programs:

As coordinator [of the Brownswell program], Tanette insisted that the paraprofessionals not see themselves as social workers, nor feel compelled to resolve parents problems not related to HIPPY. However, paraprofessionals were encouraged to listen to parents and remain sensitive to problems that might be interfering with their ability to do HIPPY. Tanette stressed that, given the opportunity to talk through a problem, parents were often able to arrive at their own solutions (Lovejoy & Westheimer, 1994: p. 10).

Both the depth and breadth of paraprofessional involvement are issues discussed in this article.

METHODS

Analytic Strategy

This report describes a two-year qualitative study that focused on the evolving nature of reaching out and working with clients. It is not a quasi-experimental study in which al-
ternative interpretations may be eliminated through design considerations. Context has not been manipulated here. Expanded service capability was not given to some programs while kept from others to promote program comparison. Rather, we have examined different aspects of service delivery in a single program, as the service context was changed by service providers as a result of enhanced resources accessed from their environment (Felner, Felner, & Silverman, 1997; Halpern & Larner, 1988).

Data Sources

Several sources of data were used to reveal the changing nature of service and its meaning. One- and one-half-hour interviews were conducted with 14 of the 80 parents in the program. Two graduate research assistants tape recorded the subsequently transcribed parental interviews. These parent interviews were complemented with hour-long, semi-structured interviews with five of the eight paraprofessionals affiliated with the program during the same time period. These interviews were also conducted by the graduate research assistants. The author conducted semistructured interviews of at least one hour’s length with all of the other program staff (program coordinator, family support specialist, and secretary). Shorter interviews were conducted by the author with the principal and teachers in the preschool, where half of the HIPPY children were enrolled (the other half were not in a preschool).

Additional information came from field notes taken by the four researchers who participated in the project. The research assistants attended many of the biweekly group meetings of parents and paraprofessionals. Both the research assistants and the senior researchers at the HIPPY–Detroit site attended several of the program’s weekly information, discussion, and training sessions. Data were also gathered from program files (e.g., background data on the client families routinely gathered by the program, staff-meeting and end-of-year notes). Paraprofessional assessments of families taken during the middle of the first year of the program were used to cross-check and validate how specific family and neighborhood problems were being addressed. More data were gathered from preschool administrators and teachers, staff of the host department out of which the HIPPY program was run, from some members of the local section of the National Council of Jewish Women (a sponsor of the program), and members of HIPPY USA staff.

Researcher Roles

The author was the initial principal investigator for the program and hired the program director. However, before the program started, it was decided that the program should be administrated from a college and department with which the author was not affiliated. This directly removed the author from administrative authority over the program, and increased the autonomy of the program director.

Confronting the Dilemma in a Midwestern City,
Year One

During the first year of the program, the staff consisted of a program coordinator and five paraprofessionals. As is the case with most HIPPY programs, the program coordinator was college-educated while the paraprofessionals involved were community people with a range of educational experiences. Most had not been employed previously. This staffing pattern is the minimum required by HIPPY USA to run a program. The Midwest
City HIPPY program was housed with an urban families’ program that had a history of providing service to low-income families. From the beginning, the HIPPY program was treated by the parent department as an autonomous unit with access only to its own resources. Consequently, any individual and collective program strategies had to be constructed out of the program’s limited resources.

The dilemma generated by a combination of narrow program goals and broader needs of parents undeniably existed for the Midwest City program. Two months into the program year, a paraprofessional showed up late for an administrative meeting between the program coordinator and the paraprofessionals. In explaining her tardiness, she said in a tone full of annoyance and frustration:

I was working with one of my families . . . These families have lots of problems, and if we don’t do something about them, they’re gonna drop out of the program!

This exchange highlighted our dilemma as it was being presented and confronted by those who were on the frontlines of program delivery. This event (Denzin 1989), together with subsequent discussions defining the dilemma and possible solutions, revealed the situation’s importance to the paraprofessionals, program director, and parents. This was further validated by the amount of time and effort the program director and paraprofessionals put into dealing with the dilemma both individually and collectively. We could also provide validation by documenting the range and extent of problems faced by families in the program, although this would be considered self-evident (Hammersley, 1991). From the standpoint of theory, the dilemma makes sense in the context of prior work (e.g., Tobler, 1994) as well as more general theory on the contextually-specific nature of organizational success (Hagedorn, 1994).

To more fully describe, interpret, and explain the effort to cope with the organizational dilemma, we must document three points: (a) the depth and breadth of the paraprofessional role as it was being interpreted and enacted by Detroit paraprofessionals during the first year; (b) how these boundaries were reinforced by various individual and organizational strategies; and (c) the strategic limits of this manner of confronting the organizational dilemma.

**Depth and Breadth of the Paraprofessional’s Role**

To begin, consider the description of role responsibilities and perceived obligations given by a paraprofessional in an extended interview:

My responsibility in being a [paraprofessional] is making sure my package is done properly . . . Making my parents as comfortable as possible with doing the package, and getting a response back.

This is a standard rendition of paraprofessional role responsibilities. Winter et al. (1995: pp. 23–24) provide a similar, “official” rendition. Yet, there is also the suggestion of how the role of paraprofessional in practice may differ from the official definition.

Specifically, the perceived obligation to make the parents feel as comfortable as possible is an acknowledgement of the rapport and trust that the program needs to work in practice (Lovejoy & Westheimer, 1994). This latter obligation confirms the need to reach out to parents in a deeper and more supportive way than is dictated by delivering the lesson-plan “packages” and eliciting a parent response.
This perception of the obligation to reach out is voiced by another first-year paraprofessional:

Some parents, at first, you have problems. You know, they don’t want any invasion of their privacy, per se . . . so you have a problem getting into the home. Now [at this later point in time after the parents and I have negotiated a working relationship] . . . some of them go to school, some of them work, so you have to juggle your schedule to fit their schedule (Paraprofessional interview).

Here, making the parents feel comfortable is expanded to include respecting the family’s privacy and adjusting her schedule to accommodate a regular meeting time with the parents.

There is also the need to be nonjudgmental with parents and their condition:

We might go into the homes and you have little critters running around, or the house may not be tidy, the kids may not have their clothes on . . . but you got to go into there and have to accept that parent as they are, and you have to accept the community as it is . . . If the parent feels you don’t want to be there, they’re going to pick up on that fact and then, eventually, they will leave the program (Paraprofessional interview).

The paraprofessional’s nonjudgmental attitude is grounded in a deeper understanding of, and empathy for, the circumstances of the family and the neighborhood in which they are living. In this particular case, the paraprofessional communicates the reason why such an attitude is so important: The parents may drop out of the program. Operating as a paraprofessional, therefore, requires more than simply delivering a service.

Juggling schedules, being flexible and nonjudgmental are viewed by paraprofessionals as strategies in a deeper negotiation process with parents. Consider the following midyear commentary by one of the first-year paraprofessionals:

She [the parent] knows that I am always available to her because she has my phone number as well as my other parents; but she is not afraid to use it.

And with respect to another parent:

She has a job now so sometimes I have to change the time of my home visit. She does not like being behind, so therefore she tries to see me as soon as possible when she misses an appointment.

Contrast these comments on the cooperative, jointly-committed attitude of a parent with the following comments about another parent with whom the paraprofessional was having a more difficult time:

She always has an excuse as to why she could not make it or why she does not have her package finished. When we role play sometimes she acts like she does not really feel like doing it.

Part of the depth of the paraprofessional role, then, is reflected in the subtleties of developing rapport with parents, and turning that rapport into a joint commitment to getting the business of the HIPPY program done. The comments by this paraprofessional reveal that the complement to the paraprofessional’s being available, nonjudg-
mental, and flexible is the expectation that the parent will try to keep up with the program.

There are the beginnings of reciprocal moral evaluations and expectations in these comments. As the parent and paraprofessional negotiate with one another regarding the program, the parent is assessing the trustworthiness and skill of the paraprofessional while the paraprofessional is assessing whether the parent is “workable.” This was a label given during Year One to families with problems when the paraprofessional and the program coordinator believed that they could collectively work with the family to deliver the program. “Workable” often found its way into internal program notes on family progress, and in the “open forum” sessions where strategies for working with parents were formulated.

Defining a situation as “workable” suggests that the depth of the relationship between paraprofessional and parent is related to the breadth of that relationship. As Lovejoy and Westheimer (1994: p. 10) report, for example, friendly conversations between parent and paraprofessional “often moved from the topic of HIPPY into discussions of problems that parents were experiencing in other areas of their lives.” As rapport is established between paraprofessional and parent, then, the range of family issues which may be addressed appears to increase.

Such an understanding of the paraprofessional role is deeper than might be expected in terms of the rapport that should be obtained between paraprofessional and parent and broader than might be expected in terms of the range of nonprogram problems that are deemed to be relevant. As one paraprofessional put it:

It goes back to the commitment [to the paraprofessional role] that you have . . . If [paraprofessionals] don’t feel like they can make a difference, they’re not going to convey this to their parents.

“Making a difference” speaks to this broader and deeper definition of, and commitment to, the paraprofessional role than simply focusing on educational materials. As another paraprofessional put it in thinking of her impact, “When I really sit down and talk to them, then they realize that, you know, they can do it too.”

“Making a difference” may mean only helping a parent get to the hospital (“I couldn’t just not take her; I was there!”), but it appears to mean much more when stressful problems occur. As these problems insinuate themselves into the relationship between the paraprofessional and parent, the limit and effectiveness of the paraprofessional role are tested. Consider again the comments of the paraprofessional who initially grounded this dilemma for us:

I was working with one of my families . . . These families have lots of problems, and if we don’t do something about them, they’re gonna drop out of the program!

The frustration conveyed by this comment in the context it was delivered (coming late to a scheduled meeting and being challenged regarding being late) is palpable. To this paraprofessional, “making a difference” in the lives of their HIPPY families means going beyond the narrow confines of delivering educational materials to work with them on coping with other things as well.

How making a difference by going beyond the typical paraprofessional role is to be accomplished is not specified. The phrase, “. . .unless we do something about it” implies, however, that sometimes a problem might come up that the paraprofessional is able to handle alone (like taking someone to the hospital). At other times, he or she may need
additional support. As an example of a collective effort during Year One, one parent wanted to drop out of the program because she was only marginally literate did not feel that she could keep up with the lesson plans, and was embarrassed to come to group meetings because the lesson plans were practiced in public at such meetings. The paraprofessional and the program coordinator decided to tape record the practice sessions between the parent and the paraprofessional. The parent could then listen to these tapes until she was confident enough to role play the lesson plans with her child.

This shared effort by the paraprofessional and program coordinator worked to keep the parent in the program. Her child went on to do very well in school, and the parent became a paraprofessional in the program halfway through the second year. Note the character of this strategy. It is not a separate intervention devoted to literacy (e.g., getting the parent into an adult literacy program). Rather, it is an attempt to augment technically the delivery of program materials, and increase personal support and encouragement for staying involved in the program. The technical and symbolic elements of this strategy are important for they link the expansion of the paraprofessional role with the expectation that the parent will be motivated to work with the program. There is another characteristic of this strategy that is important—the use of the program to give parents a greater sense of control over problems in their lives.

Reinforcing Boundaries. The commitment of the paraprofessionals to working with hard-to-reach families evident in these discussions was reinforced in several ways. The program director recruited paraprofessionals based primarily on their commitment to work with hard-to-reach families. In some instances, this required special permission from HIPPY USA to hire someone who did not live in the neighborhood (Paraprofessionals are typically hired from the pool of parents with 3- and 4-year-olds who live in the neighborhood):

She [the program coordinator] wanted someone who had experience working with low-income programs and parents, and so she was able to get special permission for me to be in the program the first year (Paraprofessional long interview).

Frustrations will inevitably set in with some parents in some circumstances, however, so the program cannot rely solely on the recruitment of paraprofessionals who are inclined to reach out to families. More is involved that is supervisory in nature. Interactions between the program coordinator and the paraprofessionals often reinforced the norm of reaching out to distressed families, as in the following exchange:

Paraprofessional: I just can’t get it going with Jennie Smith. She hardly ever keeps appointments. I show up sometimes and I know there’s someone there, but she doesn’t answer the door. The materials [that the parent was working on with her children] are not in order. And she doesn’t seem interested in the lesson plans when we’re role playing! I don’t think it’s worth the trouble.

Program Coordinator: I know it’s hard, but it’s the Jennie Smiths that this program is about. If we could just drop the materials off in the mailbox, or have parents whip out their appointment books to schedule home visits, what the hell would we need the program for?!(From an administrative meeting, Year One)

1“Supervisory” is used here to capture the use of authority to impose and regulate ways of thinking and acting with respect to clients. Supervision is an integral part of program culture. There is not, however, space in this article to elaborate upon that theme. It has been developed in a companion paper.
Such discussions usually led to brainstorming about how to work with such families. The paraprofessionals believed that the “open forum” sessions existed to help staff collectively discuss problems they were having with families and develop strategies for resolving them.

Strategic Limits. Looking at outcome statistics, the program seems to have been successful in working with the hard-to-reach or multi-problem families during the first year. Sixty percent of the families who began the program stayed the entire year, a retention rate that compared favorably to other urban HIPPY programs. Of those families that left the program, 25% had moved. Of those who moved, 80% were up-to-date with their lesson plans, suggesting that they might have stayed in the program had they remained in the area. Illustrative of the program’s first year success is the case of a marginally literate mother (her sessions were tape recorded), whose child subsequently did well in school, and who also became a paraprofessional near the end of the second year. This case was celebrated internally as a successful intervention, and used as an example that through collective hard work, the HIPPY program could “make a difference” in the lives of hard-to-reach families.

Digging under the surface of these statistics, the limits of doing good with such limited resources become more clear. One such case involved a mother suspected of substance abuse, and of being the victim of relationship abuse. Although this parent did not come to any of the group meetings, she and her daughter finished all of the first year’s lesson plans and her child had a good attendance record in the preschool program. The paraprofessional’s comments about excuses from the mother as to why she could not schedule home visits reflects the difficulties encountered in establishing a relationship, a situation which might have stemmed from the suspected substance abuse.

This parent is one that I had to work with really hard because I found a lot of excuses coming up when I would call her to schedule home visits. The excuses were something like, “I am asleep, or I am about to leave.” (Paraprofessional long interview)

The paraprofessional and the program coordinator initially convinced themselves that this was a “workable” situation:

(Paraprofessional—from midyear family assessment) She has yet to come to a parent group. The problem is not transportation because she does not have that far to walk. I even offered to come pick her up if necessary. . . . She is suspected of being a substance abuser but her children do go to school so therefore I know that she cares about their education if nothing else.

(Program coordinator—from notes written on outside of file) Substance/workable, special mom.

From this example, “workable” families have at least one parent who is committed to the child’s education, even though there may be obstacles which interfere with the parent’s becoming committed to the program and acting in a responsible manner in terms of home visits, the materials, and parent groups. Such parents are presumed to be deserving of greater than normal effort and more patience (in this case, “special mom”). This moral construction permits the paraprofessional and the program coordinator to convince themselves that working harder to reach the parent is worth the effort.²

²Gans (1995) has persuasively argued that there is much negative labeling of the poor at the national level which acts as a self-fulfilling prophecy to (among other things) reduce the chances of effective anti-poverty policy. This is a small-scale counterinstance.
The limits of making a difference in the first year, however, show up in the second stage of the decision regarding how to work with the family. After being convinced that the situation was “workable,” the kind of intervention that was tried focused on the symptoms (the excuses) rather than the presumed underlying cause (the substance abuse):

(Paraprofessional—from midyear assessment) I think that she is a very self-conscious person and I am going to have to work harder on motivating her.

(Program coordinator—from notes on outside of folder) Needs mature (older) paraprofessional who can be “kind,” gentle.

The emphasis here is on trying to motivate the parent to participate in HIPPY, to complete lessons, to adhere to a schedule, and come to group meetings. The paraprofessional thinks in terms of “working harder to motivate.” The program coordinator thinks in terms of assigning an older, more mature paraprofessional to the relationship to stabilize and regulate the parent’s participation in the program.

The intervention focuses on using a combination of tactics to increase the chances of compliance by the parent to the dictates of the program. A more mature and older paraprofessional may be seen by the parent as a mother figure with greater credibility and authority. This paraprofessional may apply a “get tough” attitude to push the parent to engage in the program in a more committed fashion. None of the recorded discussions and observations suggest, however, that there was any consideration of an intervention relating to the suspected substance and relationship abuse. This case emphasizes the need for broader program involvement, enabling staff to work directly with parents to better cope with their everyday problems.

Confronting the Dilemma in a Midwestern City, Year Two

In the second year of the program, a family support specialist was added to the program staff. This person had a two-year Nursing degree, experience with a family-support program for families in which child abuse was present, and experience with a drug treatment program. Her job was to work directly with higher-risk families, train the paraprofessionals on the recognition of problems, and the development of strategies for referring families to her, and enrich the parent group meetings by providing information and advice on a range of family problems.

The addition of the family support specialist also changed the nature of the context within which the HIPPY program operated. It did so first, by changing the skill and experience mix of the staff. Second, it permitted a more proactive approach to surfacing and dealing with non-HIPPY family problems. This process of surfacing problems often took time and was dependent upon rapport and trust developing between the parent and the family support specialist. In one case, for example, the family support specialist worked with a parent for two months before the “real” problems facing the family came to light.

The addition of the family support specialist also changed the nature of possible responses to extra-program family problems present in the HIPPY families and neighborhoods. Rather than focusing predominantly on excuses for poor or low participation, the program now had the capacity to work directly with parents on the reasons for these problems. For example, the family support specialist dealt with families in which there were
combinations of mental health and substance abuse problems, child rearing and work conflicts, drug trafficking in the parent’s building, literacy issues, and unstable income-source problems, health and self-esteem problems complicated by rat infestation, as well as numerous health problems. The most frequent source of problems in the home was the use or sale of drugs by parents or siblings of the HIPPY child.

Looking at the outcome findings for Year Two, the family support specialist worked directly with fifteen families (20% of the enrolled families). The increased resources of the program during the second year coincided with an increased retention rate—72% of the families stayed in for the entire year as opposed to 60% during the first year. As in Year One, 53% of the families that dropped out of the program did so because they moved out of the area. Of those who moved, all were up-to-date on their program lessons.

One significant indicator of the program’s evolution in the degree of client–family involvement is that the family support specialist linked up six of her parents with the adult literacy program at the local elementary school. The principal reported that all of the families referred by the family support specialist had stayed in the adult literacy program “for several months” and that they seemed committed to learning to read. She attributed this success to the continuing support of the family support specialist. Efforts such as these focus independently and directly on the other problems facing families, but do not capture the changes in meaning relating to the program context. Two case descriptions provide insight into these changes.

The first case is a mother suspected of substance abuse by both the paraprofessional and program coordinator. “Dirtiness” of the parent’s house seems to have been an indicator of drug use to both the paraprofessional (who mentions this during her midyear assessment) and the program coordinator (in folder notes). Near the end of Year One (before the family support specialist had joined the staff), the parent was considered “workable,” perhaps because everyone around her attributed her problems to the drugs she was using and not to her personally:

She started off good completing the packages, then she fell off a little. It was hard to catch her due to substance abuse (Paraprofessional report).

She may also have been given the benefit of the doubt because she “has a nice personality (paraprofessional report)” — even though she was a drug user, interacting with her was experienced by the paraprofessional as pleasant and nonthreatening. She may also have been considered workable because her child seemed to be doing well at midyear, or because she completed all 30 lessons in the first year. Whatever the case, the director and paraprofessional were convinced that working harder with the parent — either through greater discipline or through greater positive motivation — was worth the effort.

This parent was considered by the program coordinator to have “made a lot of progress this (first) year” (folder notes). There were, however, no direct interventions into the drug situation. The paraprofessional listened, was patient and flexible (often to the point of making repeated attempts to deliver the lesson plans), discussed the situation with the program coordinator, but true to the program’s premise of working harder to motivate and structure parental involvement, did nothing else. There was no indication that the drug problem was being resolved. All that was being accomplished was to curtail the potentially negative impact of the parent’s drug use on her program involvement. The plan for the future, as outlined by the program coordinator, was to have
a “stronger intervention”: “I think with some added strong intervention she will do well.” (folder notes). This is the same sort of “get-tough” attitude reflected in other interventions characterizing the first year.

In the second year, this parent’s case was accepted by the family support specialist after a group meeting. The paraprofessional continued with the delivery of the HIPPY program. To the family support specialist, the parent had obvious signs of substance abuse (e.g., hungry for sweets, fidgety, restless, avoids eye contact and conversation)—a much deeper understanding than that apparent in either the paraprofessional’s or the program coordinator’s references.

The family support specialist’s intervention with this parent was a long and difficult process. She made 10 home visit attempts before meeting the mother by chance at someone else’s house. From this point on, the parent and family support specialist developed a strong rapport. The drug problem was “attacked head on” over a period of three months. The family support specialist used a variety of strategies (like taking the parent to the library to get materials on impact of drugs on children) to encourage the mother to deal with her substance abuse.

Progress was made over this longer period because the parent felt that “she’s got someone in her corner” (family support specialist interview). This was not a “stronger” intervention characterized by a get-tough attitude and increased discipline regarding scheduling home visits and completing lesson plans. Nor was it an attempt to use involvement in the program as a way of stabilizing the life of the parent. Rather than controlling symptoms, the emphasis here was on proactively working with the parent to surface and resolve problems encountered by the family. Consequently, involvement in the program became less problematic for both the parent and the paraprofessional. The paraprofessional simply worked with the family on lesson plans. She bore no responsibility for working with the parent on her drug problem, and was comfortable having the family support specialist take on that burden of responsibility.

The second case details a combination of ways of reaching out to the parent and thus, making a difference in the life of the family. This young mother had a history of illness and disease; she had suffered through a hysterectomy and other major surgery. At one point early in her involvement in the program, she was ready to drop out, as related in the following interview exchange:

You see, at the time I got into the HIPPY program, I had cancer. I had a hysterectomy. And I was . . . I was going to drop out of the program, and then (paraprofessional’s name) came, and I told her that I don’t think that my children will be able to go through this program because I’m going through a time . . . having cancer and stuff. And she said, “Oh, no, that’s nonsense. We don’t drop our parents in this program. Let’s get moving (on the lesson plans).”

And I said, you know, I said to her, “What?”

She said, “You got to motivate yourself because your children need you.”

And that’s what kept me in the program . . . I was dropping out because I didn’t think I could deal with it.

Here is the familiar pattern of using increased motivation (“. . .got to motivate yourself”) and empowerment (“. . .deal with it”) that characterized almost all of the Year One broad interventions by the paraprofessional. From the paraprofessional’s point of view, here was a chance to reach out to the parent and make a difference in her life and that of her child by using the HIPPY program as an empowerment tool. And it worked. This
“workable parent stayed in the program for the entire first year with the extra effort and support provided by the paraprofessional.

Early in the second year of the program, it appeared again as if this mother was going to drop out of the program because her younger brother (who lived in the home) was involved in drugs. The following exchange during our long interview with the parent is instructive:

You know, there’s a lot of social problem’s that affecting families . . . and if you don’t have that sector in your program, such as (name of the family support specialist), you don’t fit the needs of the families. It could fit the needs of the child, do the activity packets . . . But you need . . . I needed [family support specialist] at the time, because my brother was on drugs. He was on crack bad.

Um hum.

. . . “Until I talked to (paraprofessional’s name), and said ‘I need some help . . .’” And (the family support specialist) talked to (brother) and came out once a week. He’s doing great . . . (family support specialist) helped him live . . . period—because he was going to kill his self.

At the request of the paraprofessional, the family support specialist got involved with the family. Over a period of a few months, she was able to work (“once a week”) with the younger brother to get him off drugs, and reduce the risk of serious harm to himself and the other members of the family. This more comprehensive approach to working with the family could not have occurred during Year One. Reaching out and making a difference was necessarily focused on increased motivation and discipline regarding engaging in the program. Neither the time nor the skills necessary for paraprofessionals to attack such problems directly were available. In Year Two, however, the combined efforts of the paraprofessional and the family support specialist made such approaches possible. Their coordinated efforts were able to reach out to the family both by increasing the parent’s motivation to work in the program, and by working independently on the drug problem of the younger brother.

DISCUSSION AND CONCLUSIONS

The context of service delivery appears to have shaped the nature of strategies for dealing with family problems and the meanings of “reaching out” to families and “making a difference” in their lives. With the constrained resources available during the first year of the program, the need to reach out to families and make a difference in their lives had practical limits on involvement that were reinforced by moral decisions regarding how “workable” the families were. Consequently, efforts involved working through the program to increase the capacities of parents to deal with problems or to lessen the potentially negative impact of problems on program involvement.

With the addition of a family support specialist in Year Two, the tension generated by the dilemma between the relatively narrow focus of the HIPPY program was greatly reduced. The staff members were able reach out to families with greater confidence and make a difference in their lives by attacking problems rather than symptoms. In some cases, the family support specialist took sole responsibility for working with their families on problems, so that the paraprofessionals found it easier to negotiate home visits and conduct the program. In a small number of cases, however, reaching out and making a difference involved more comprehensive interventions in which the paraprofes-
sional worked harder to motivate the parent, and the family support specialist worked
directly with the parent on family problems. Also, the paraprofessionals were less likely
to get into situations which they could not handle, and were less likely to judge the moral
worth of families.

The examples presented here to illustrate our observations regarding the altered
meaning of reaching out to families and making a difference in their lives need not be
accepted simply because they are plausible. There are certainly other ways in which these
altered meanings could have developed. Because elimination of such alternative inter-
pretations is not possible through design considerations, we must instead follow the es-
tablished qualitative practice of examining different aspects of the situation over time
(Maxwell, 1992).

Plausible alternatives may be constructed from five sources: the distribution of re-
ported or actual problems in both years, a maturation effect, a positive trend in staff en-
thusiasm, a positive trend in recruitment and control efforts, increased influence of the
host department, and historical events which came at the end of the first as well as the
beginning of the second year.

Problem Distribution

One plausible alternative interpretation for the observations we have made could be
based on a trend in the seriousness and distribution of family problems, or in reports of
problems. Problems represent challenges for the staff to overcome, require more time
and effort, and may be associated with greater defensiveness on the part of parents. If
the families in the program during the second year had fewer and less serious problems
(or reported fewer and less serious problems) than families in the program during Year
One, then it might be expected that the staff would be better able to reach out to their
families and make a difference in their lives during Year Two. Ironically, if clients report
fewer problems, it may be easier for the staff to reach out to them with more confidence.

By compiling sources of data gathered in different ways and at different times, we
were able to develop profiles of reported problems for each of the program years. The
problems reported in the second year were greater in number and seriousness than those
reported in the first year. We estimate that 68% of families in the first year, and 28% of
families in the second year experienced serious problems. It appears reasonable to con-
clude, then, that the addition of the family support specialist increased the program’s
ability to surface problems, and work directly with families on these problems. Conse-
quently, a simple alternative interpretation based on a declining number of serious prob-
lems cannot provide a compelling alternative interpretation of our results.

Increased Attention to Hiring and Supervision

If more paraprofessionals were hired on the basis of their commitment to reaching out
and making a difference in the lives of families, paired with greater supervisory attention
to these norms, it might be expected that during the second year of the program
there would be more reaching out and helping families. Such an alternative explanation
is contrary to both the intended and observed patterns of hiring and supervision. Dur-
ing the first year, the program coordinator deliberately selected people on the basis of
their commitment to reaching out to families. She was also consistent and deliberate in
her supervision with respect to trying to reach out to families. She also defined reach-
ing out as central to the identity of the HIPPY Midwest Program. These factors explain the high level of reaching out present during the first year of the program.

In fact, it appears that there was less attention to hiring and supervision during the second year. The addition of the family support specialist represented to the program director such a strong program commitment to reaching out that she relaxed her hiring criteria for paraprofessionals and reduced her direct involvement in matters of supervision regarding reaching out. Instead, she concentrated on program expansion and establishing relations with the parent department. Consequently, an alternative based on the program director’s attention and involvement in such matters cannot be accepted as a viable alternative.

**Influence of Parent Department**

The HIPPY program was housed administratively in an Urban Families Department that had a history of providing support to at-risk families. If the host department’s influence were greater in the second year than in the first, it would provide a plausible alternative interpretation of the differential meaning associated with reaching out and making a difference.

The parent department did make a concerted effort to bring the HIPPY program under its direct authority. Accountability was an underlying issue for almost all of these efforts. These efforts, however, alienated the HIPPY program and reinforced the sense that the program had to be on its own. Yet even if the parent department had not alienated the HIPPY program, there is little reason to believe that the parent department could have served as a positive model and influence during the second year of the program. The parent department’s programs were run out of centers where clients came for medical treatment and paraprofessionals kept to a set attendance schedule. Their accountability requirements, therefore, were very different. Consequently, the influence of the parent department cannot be used as the source of an alternative interpretation.

**Increased Enthusiasm**

Reaching out to families and trying to make a difference in their lives requires enthusiasm and commitment. If there were more enthusiasm during the second year than during the first year, perhaps enthusiasm was responsible for the observed increase in reaching out during the second year of the program.

Indeed, there was a lot of enthusiasm during the second year of the program. At the end of the first year, the program was reviewed by a local foundation who then pledged money during the second year to augment the secretarial support of the program. The secretary who was hired had a child in the program, and had served as a paraprofessional during the first year. This led other paraprofessionals (and parents) to believe that their involvement in the program might lead to future employment opportunities. Additionally, the program received funds from a second local foundation to hire the family support specialist. In combination, these donations made funding for the program more secure. The program was also reviewed at the end of Year One both by HIPPY USA and by the President of the Midwest Senate. Both sources concluded that the program was a “model” program. Enthusiasm among the staff was understandably high.

For enthusiasm to provide an alternate interpretation of the heightened proactivity associated with reaching out in the second year, however, the level of enthusiasm would
have to have been lower during the first year. This does not appear to have been the case. There was intense enthusiasm during the first several months of the program. The recruitment of staff and families went very well. The local school was very supportive. Parents responded positively to the program. After only six months, the program coordinator was recognized as one of the leading young coordinators in the country and the paraprofessionals were recognized as being “very professional.” Enthusiasm, then, was very high during both year. Undoubtedly, enthusiasm contributed to the level of commitment to, and the definition of, reaching out to families as important during both years, but it cannot be used to differentiate the years from one another.

**Increased Professionalism**

Finally, it could be argued that the paraprofessionals were simply better at doing their jobs during the second year. Such a maturation effect could account for the differential effectiveness and meanings associated with reaching out and making a difference in client-family lives if there were any indication that the paraprofessionals more actively confronted family problems during the second year where the family support specialist was not also involved. There was not a single instance of such action.

In conclusion, the only explanation for the changed meaning associated with reaching out and making a difference was based on the changed context of service delivery. This explanation is made more credible by the elimination of alternative interpretations. Reaching out and making a difference was a strong norm in both years of the program. In the second year, however, making a difference in the lives of families meant directly and independently attacking family problems, as well as working with families to make it easier for them to be involved in the program.

**REFERENCES**


