

P.E.D.S.
Play, Exploration & Developmental Support
Learning History

The question of how to marry theory and practice in building healthier communities is among the oldest and most pressing challenges to human flourishing. The gulf between creative ideas and practical solutions is often wide, and the task of transforming vision into lasting value is rarely easy. Over the past decade, we at Memorial have experienced some of the frustrations and rewards of confronting this challenge in reevaluating both our vision of a healthy community and our understanding of the role we can best play in helping to bring this vision to fruition.

One important lesson we have learned is that working to foster a healthy community is a lot like building a relationship. First and foremost, high hopes, promises, and lavish gifts are no substitute for hard listening, steadfast commitment, and careful stewardship of resources. Moreover, in our friendships and community building efforts alike, there is always more to learn, both about ourselves and from others. Accordingly, we must be prepared in each of these endeavors to address our strengths and weaknesses openly, to discern carefully how they complement the capacities of those working with us, and to risk investing ourselves even though we don't always know at the outset where the relationship will take us.

It is precisely this set of challenges that Memorial has addressed through the development of specific strategic alliances or partnerships. What follows is the story of the important role that alliances and partnerships have played (and continue to play) in the implementation of our initiatives to aid in the creation of a healthier community. This particular partnership with The Center for the Homeless has included several distinctive and different initiatives. The focus of this story is on one such initiative, P.E.D.S. (Play, Exploration & Developmental Support).

Shared Goals

Since its establishment in 1988, The Center for the Homeless (CFH) has become a national model. With its vision of “taking the best community resources and making them inclusive of our neediest citizens,” it has become a hub of services for its many guests. Memorial was one of CFH's first partners, initially handling all the Center's laundry. The hospital next assisted with the development of CFH Landscaping, a commercial landscape maintenance business that

employs homeless and formerly homeless persons, and became its first customer. Memorial's role at CFH has continued to expand in response to the needs articulated by the Center.

It was one such need that attracted Suzanne Makielski, MS, OTR, Clinical Manager of Occupational Therapy Services at Memorial Hospital, and later became the catalyst for the PEDS program. In May 1996 Suzanne participated in one of Memorial's community plunges (www.qualityoflife.org/ich/plunge/plunge.htm). The topic of this particular plunge was "housing." The group spent the morning at The Center for the Homeless where they listened to Center guests speak about their experiences. Lou Nanni, the Center's Director at the time, spoke about their "continuum of care" approach and discussed how the Center worked to best meet the needs of its guests. Suzanne remembered, "I heard Lou speak and I was moved by his presentation. When he talked about the continuum of services I recognized a gap. There was nothing offered to children 0 to 3 years old. After the meeting, I approached Lou about my observations and he was very interested. This set the wheels in motion." Several meetings were held between Memorial and CFH staff to discuss the needs of children 0-3 years old. The results of the meetings encouraged Suzanne, Beth Ann Shoup, R.N., and Victoria Vierling, OTR, to approach Memorial's Community Health Action Group (CHAG) to ask for funding through the Memorial Tithing or Community Benefit Fund (www.qualityoflife.org/learning.htm) program. Beth Ann and Victoria both worked at Memorial's Regional Center for Children's Developmental Progress, and their involvement in the creation of the program was also critical. Memorial agreed to fund training for CFH staff to complete developmental screenings at the Center and for Memorial staff to provide screenings on-site as well.

Once this initial funding was secure, a high period of collaboration began to get PEDS off the ground. Victoria and Carol Graham, a speech therapist at the Regional Center for Children's Developmental Progress, offered extensive training to CFH staff, and Suzanne and other occupational therapists from her department were active in this early mission to prepare people working at the Homeless Center to screen young children for developmental delays, monitoring growth and activity that was age-specific. As the training progressed, however, CFH staff raised the concern that they wouldn't have time to complete enough screenings to feel expert in their application. At a luncheon meeting Suzanne, Beth Ann, and Beth Morlock, Director of Family

Services at the Center for the Homeless, met to discuss this issue. Suzanne suggested field placement students as a solution. These students could help with the screenings, working with the children consistently on developmental concerns. Through this idea another valuable partner was brought to the program; Ann Chapleau, MS, OTR, Director of Occupational Therapy Services at Madison Center, placed two full-time student interns at PEDS, sharing some of her own expertise through supervision.

With interns in place the collaborative base of the program broadened even more. Beth Morlock points to this wide partnership as one of the most positive results of the program's inception: "The beauty of it, in my mind originally, was that there was so much cooperation... We had an idea for one project, and as we collaborated on that project the idea for something much better... evolved. And it evolved through conversations, through the sharing of ideas, and a willingness of all involved to really put themselves out... to start something for the children at the Center for the Homeless." Ann brought her experience of psycho-social occupational therapy, while Suzanne came from a clinical background. The Regional Center for Children's Developmental Progress, where Beth Ann, Victoria, and Carol worked, specialized in multi-disciplinary evaluation services for infants and children, important expertise that could be applied to PEDS' target audience. Beth Morlock, in her role at the CFH, remained the in-house liaison for the program there. Everyone seemed to fit a unique need of the program. With this structure in place, PEDS began the real work of helping children learn and grow.

Building the Reality

The initial PEDS program had two full-time Occupational Therapy (OT) interns who often worked with up to eight children in the activities room upstairs. They worked largely from a psycho-social model while Suzanne continued work on a model for curriculum that would ultimately become more clinical. Jammie Herendeen, one of those first interns, describes the program's focus as centered on both the child and parent education. "We even did home evaluations after some of our children left the Center with their families." She readily admits that it was a lot of work, and entailed more than simply putting their model of education to work. "We cleaned out the room, ordered equipment... got the snacks..." She characterized her work with the program then as challenging and self-directed, and she stresses the importance of not

assuming what it is families should and shouldn't be able to do—"not to judge, but to educate." She recalls the novelty of working with children for whom the simple motion of a swing is new phenomena, or even kids who have had such limited opportunity to move around on the floor in a safe environment that their motor skills were delayed. "I realized the impact of poverty and environment on growth and dynamics in the family," she says. "...Even though [the program] wasn't quite as organized as it could have been yet, I wouldn't change my experience for the world."

In January 1999, Memorial began placing its OT student interns at the CFH in conjunction with the new curriculum developed by Suzanne. The curriculum's design currently follows a sensory integration model; interventions are culturally competent and family centered. This clinical internship for occupational therapy students from all over the country is a unique pediatric experience that provides developmentally at-risk children with a healthy beginning. The student's experience uses a collaborative model to promote clinical and leadership abilities in a non-traditional setting. Students assess re-evaluate children using the Denver II, Peabody Motor

PEDS Mission: *To nurture the God-given potential of every child we serve.*

PEDS Purpose: *To provide developmentally at-risk children, ages 0-3, with a healthy beginning and to prevent developmental delay.*

To fulfill this mission, the PEDS program is designed to:

- *Provide developmental screening and assessment to determine a baseline for monitoring age-specific developmental growth and achievement.*
- *Establish individual program goals based upon developmental status and needs.*
- *Provide a safe and structured learning environment to facilitate play and exploration.*
- *Provide children with nurturing relationships and opportunities for developing trust, positive self-awareness, and encouragement to develop self-mastery skills.*
- *Teach self-help skills such as feeding, bathing, hand-washing, brushing teeth, grooming and dressing.*
- *Promote an increase in parents' sense of confidence and competence when caring for their children by providing encouragement, family support, and education.*
- *Provide home assessments upon referral from case managers.*
- *Refer families to St. Joseph County First Steps for access to early intervention services.*

Scales Assessment and the Hawaii Early Learning Profile to document progress. Students

develop and implement individualized intervention plans and monitor the progress of each child weekly. Students also attend weekly interdisciplinary case management meetings with Center staff and partner agencies. Educational opportunities include in-service and community site visits. Family education is provided on an individual basis as well as in group interactions through parent open house events and parent night activities. Population risk factors include the following: developmental delays, drug/alcohol exposure, feeding disorders, exposure to impoverished environments, prematurity, exposure to violence/abuse, sensory processing disorders, and exposure to neglect.

Going Forward

The demand for OT student fieldwork placement grew tremendously. According to Suzanne Makielski, “I’ve done some marketing, but the creation of our web-site (www.qualityoflife.org/ich/peds/peds5.htm) was instrumental in getting information out about the program. This included information about the program, student objectives, reading requirements and the philosophy of the model. It’s been mostly by word of mouth that we’ve ended up with so many interns interested in this program.” With the increase in interns and the number of CFH guests interested in the program, the need for a larger and more functional space grew as well. During this period of time, CFH was undertaking a major bricks and mortar campaign to raise funds to expand their existing space. It was a perfect time for the PEDS program space to expand. A larger facility, planned to the requirements of childcare licensing, was designed with opportunities for Suzanne to add her input. The new space would accommodate more children and provide the proper layout and equipment. “The Center was very accommodating to our program. They obviously wanted to continue the partnership. There was a lot of positive learning and involvement from our mutual goal and this led to the development of this state-of-the-art facility,” recalls Suzanne.

Guests at the Center for the Homeless had the advantage of easy access to the facility. Many would drop their children off in the morning on their way to Center programming or work. According to Tasha Bricker, a former Center guest and PEDS parent, “The student interns were so nice to the children. And there were enough of them that all the children seemed to get enough attention. The whole program is so helpful to both parents and children.” She goes on to explain,

“My son, Junior, was the first one here at the PEDS program; Brenda, my daughter, came later. Junior was not used to interacting with other children but at PEDS he learned to interact. He used to be shy and not speak much but after a few weeks in the program he was singing and clapping. They taught him sign language and he used it to communicate with me. They also taught me how to work with my children to stimulate them and teach them to do things.”

In 2001, the Center began to use cutting-edge brain research, in particular for people living in poverty and those who had experienced trauma, as a way of understanding the cycle of homelessness and working to break that cycle. According to Drew Buscarano, current CFH Executive Director, “We had begun to bring this brain research material to bear on adults; then we more fully appreciated just what the PEDS program was offering to the 0-3 population.” Drew goes on to explain that, “The vision for the Center is - only the best for the most in need. So bringing the best resources to those most in need is what the PEDS program is all about – bringing Memorial’s own expertise to the development of these children who are most in need.” The Center has integrated Dr. Becky Bailey’s *Brain Smart Discipline* and Ruby Payne’s *A Framework for Understanding Poverty* in helping them understand the impact of poverty on a person’s development. They have focused on how to work with children who are at-risk by creating an environment to grow smart brains. According to Drew, “These ideas have shaped how we have worked with Memorial to develop our continuum of care.” These core principles and mutually shared goals helped to evolve a natural and innovative role for the PEDS program within the Center for the Homeless, playing a vitally important, high leverage role in breaking the generational cycle of homelessness.

As PEDS began to grow, Memorial had moved Suzanne to full-time oversight of PEDS. A testament to PEDS’ success, this commitment served in many ways to formalize Memorial’s investment and acknowledge the work that implementing the program required. Nevertheless, in other ways the new structure marked the end of the natural growth of the partnerships acquired at the beginning of the program. Madison Center no longer places interns at PEDS, and the role of the Regional Center for Children’s Developmental Progress, without the need for staff training, was diminished. A future challenge to the program may be to look at how partnerships might be reinvented as PEDS continues to evolve.

After the PEDS program moved into its beautiful, new space and enlarged its numbers served, the need for additional financial support became evident. In 2001, a grant from the Bureau of Family Protection/Preservation, Division of Family and Children for Children's Trust Fund was awarded. In the pursuit of this funding the PEDS program more clearly defined outcomes and objectives:

Outcome #1: Ninety percent (90%) of all referred mothers with children between the ages of 0-3 will choose to participate in PEDS parent education and will demonstrate increased parental involvement.

- Mothers are informed about the developmental status of their child and are apprized of early intervention services available through First Steps of St. Joseph County.
- Mothers will demonstrate an increase in their ability to successfully engage their child in feeding and play activities (NCAST Scales).
- Parent satisfaction surveys will be implemented at four weeks and at discharge.
- Mothers will follow through with recommended early intervention services to meet the needs of their child.
- Ninety percent of all mothers will demonstrate increased awareness of early intervention services available in the community.
- Seventy-five percent of the population will demonstrate an increase in NCAST teaching and feeding scores.

Outcome #2: Fifty percent (50%) of all children referred will be deferred from First Steps as a result of participation in the PEDS program.

- Each child will receive developmental screening or assessment with follow-up assessment every six (6) weeks for monitoring.
- Upon completion of initial assessment, mothers are informed about developmentally appropriate play activities that will enhance their ability to nurture and promote their child's growth and development. This is carried out continuously and as long as the child participates in the program.

- Pre- and post-testing will document and substantiate the fifty percent of all referred children who participate in the PEDS program who will be deferred from First Steps referral as a result of program participation.

Outcome #3: Fifty percent (50%) of all PEDS families will be re-contacted at three and six month intervals after discharge.

- Increased communication with Center for the Homeless counselors and case managers regarding families who have completed Center programming.
- Administer follow-up developmental teaching.
- Administer follow-up assessments at three and six months via outreach.

With the increase in funding and expansion of the program came the need for evaluation and self-assessment. The Children's Trust Fund grant not only spelled out the program's objectives in a clear and concise way, but it required specific evaluation and reporting on the progress being made to meet those objectives. This process helped the PEDS program obtain both quantitative and qualitative evidence of program success. In its first biannual report to the Division of Family and Children, the PEDS program reported to be well on the way to meeting the goals set out in the grant application. Percentage levels were on track for reaching the quantitative goals established by the contract.

The Future

In the last two years the focus has been primarily on developing the program, doing the work, evaluating what's been done, looking at what the needs are, improving the quality of the work, building and strengthening the partnership and relationships with the Center, getting the word out to universities, drawing more students, and finally, looking at expansion of the program.

According to Suzanne, "At this point, we have evolved the program to a very stable place. Feedback from the interns has indicated that there isn't a lot of need for programmatic change right now. So, now we are thinking about the future and long-term goals. We know we need to be more integrated in our approach to serving families and with the Center as a partner." Drew Buscarano, CFH Executive Director, agrees, "We're at a very important stage right now. We

need to begin a new visioning process. What will the future look like – how can we integrate what we are doing in PEDS in other programs at the Center? How can we take the knowledge base and transfer it to other things we do – in other Center programs? We are trying to focus on an action-oriented future where we can see where we have been and what we've done – now we need to think about what we can do in the future.”

The future of the PEDS program will also include the creation of a long-term plan that will incorporate strategies for an endowment locally and securing other funding sources for future program expansion and sustainability. Suzanne believes that “As we grow and expand the program, we recognize that the needs of these mothers and children are great which impacts on the community. What we've learned so far is invaluable and will help us in creating a brighter future for them. The partnerships between families, Memorial Hospital, The Center, universities, and the community have shaped the program in most significant ways.”

Programmatic/Planning Recommendations:

- Be creative and innovative in your approach. Think outside the box!
- Create measurable objectives that work for both partners and use them to engage in quality improvement.
- Don't forget to include the perspectives of those who are doing the work.
- There are resources out there already! Don't try to recreate the wheel – there are plenty of models already out there and people are willing to share. Take advantage of this.
- You must have an understanding of and be an advocate for those who are most in need and most vulnerable. They are often our youngest citizens - those in the 0-3 age population.
- It is critical to have an understanding that what you do in the 0-3 age population to develop the brain is never lost. The brain is in the developmental mode from 0-3 so this effect is permanent because of the brain's continued formation and has lasting effect – for a person's lifetime.

- You may not be able to put a “medical” model at a Homeless Center – consider all the options and be willing to look at new concepts and models that will work in the environment you find yourself.

Partnership Recommendations:

- You must be able to identify a good community partner. Look for mission compatibility, executive/leadership commitment, and demonstrated innovation. These shared values and visions will help you weather any storms. Don’t try to fit a square peg in a round hole. If there is no shared mission, the relationship has no foundation.
- Don’t start with finances. Instead, start with what is possible and move from idea development and story telling to resource development.
- Rely on the leadership when the going gets rough. Have patience, patience, and more patience.
- Seek first to understand! Develop a shared understanding of the strengths of people in poverty. How can you help people transform their own experiences into positive growth opportunities?
- Just Do IT! Don’t get lost in the planning. Start with a small prototype, if possible, with real live people. The more planning you do the more complicated things get. Focus on action and execution. Clarify roles, trust your partners and don’t micro-manage.
- Invest in “value-added” services; outcomes will be greater and more significant.
- Share the story and keep on telling it, again and again - it makes a difference. Celebrate every milestone and really focus on the “small stuff.” Engage parents and encourage them to celebrate their children.
- Don’t accept limitations - they are all self-imposed. Always be looking to move to the next level – ask where can we go from here.