

ADULT LEARNING WITHIN THE CONTEXT OF EARLY HEAD START: THE
CASE OF THREE FAMILIES, THEIR COMMUNITY CULTURAL
WEALTH, INFORMAL AND INCIDENTAL LEARNING

THESIS

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by

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DEDICATION

This thesis is dedicated to members of my family. First, I am grateful to my mother Antonia Garza Runkle, who offers her constant support in every way possible and encourages me when I need it the most. To my deceased father, Pedro Ramon Elizondo, who taught me the importance of receiving an education and shared with me his passion for helping people. I need to thank my stepmother, Linda Louise Elizondo, for all the times she diligently listens and supports me regarding my work, studies and life. To the late Roger Dudley Runkle, my stepfather, who shared with me his passion of farming and showed me that you can do the work that you love to do. Lastly, to my sister, Antonia Suzzann Lyman, thanks for listening, lending your advice and being a great sister.

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ABSTRACT

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SUPERVISING PROFESSOR: CLARENA LARROTTA

This qualitative case study focuses on three families—the Smith, the Lopez, and the Salinas—as they interact, struggle, survive, and at times evolve while participating in an Early Head Start (EHS) Program in rural Central Texas. The research questions guiding the study are:

- (1) What can we learn from studying the focal families in terms of their community cultural wealth?
- (2) What incidental adult learning occurs as a result of being involved with Early Head Start in rural Central Texas?

Study findings are formed by Yosso's (2005) framework on community cultural wealth and the tenants of informal and incidental learning. Data were generated through home visits, field notes, the researcher's journal, interviews, and documents. As a result, data

findings support the presence of four types of community cultural wealth: aspirational capital, social capital, familial capital, and navigational capital. In addition, data indicated that informal and incidental learning manifest through (1) social interactions and problem solving, (2) experiential learning, (3) transformational learning, and (4) incidental literacy development. Pedagogical implication and recommendations for adult instructors and for community-based programs serving families are provided.

CHAPTER I

INTRODUCTION

I attend the parent meetings and learn new things such as nutrition and potty training. I participate in all the workshops even the ones that I have already been too because so I can learn something that I might have missed. (Linda)

I have learned a lot since being involved with Early Head Start. I'm more responsible and we have learned how to be a family. That is why we try to attend the parent meetings so we can learn about different things. (Monica)

I participate in parent meetings and I learn about nutrition, literacy and activities that I can do at home with my girls. Actually I have participated in everything at EHS except for policy council. (Laura)

These three vignettes capture the essence of the study by illustrating the adult learning that occurs from being involved with Early Head Start (EHS). All names used are pseudonyms. Many parent education opportunities occur within EHS that allow the program to engage their parents. These opportunities include parent meetings, parent educational opportunities (workshops), policy council and home visits. Many families attend such functions in order to learn information that will assist them with parenting, personal goals and to gain new knowledge on a given topic. The educational outcomes also enable EHS parents to acquire information necessary to navigate through social service programs, continue their education, and build a network of community resources. After working with EHS families as a family advocate, I learned that these families have the perseverance to move forward despite the obstacles of dealing with homelessness, crisis situations, low income, abuse and depression. Most families have a strong support

network of family members and there is a resonating sense of camaraderie among their communities. Although many families have low income, low educational outcomes and struggle with employment, these families have a wealth of knowledge that has given them the necessary skills to sustain in society. This study and research questions are a result from my professional experience and studies as a graduate student for the last several years.

Purpose of Study

The goal of this study is to provide a rich description of the three focal participating families in order to present a picture of who they are and the type of adult learning that is taking place because of their participation with EHS. The expectation is that this description of the families and their participation in EHS helps other professionals in the field of adult education and community programs serving families. It is crucial to understand the different types of incidental learning that can happen within the context of informal education and the need to be more intentional when delivering instruction to these adults. Finally, this study will also add to the body of literature on home visits, incidental learning and community cultural wealth as related to disadvantaged families.

Research Problem

The problem that concerns us in this study is related to the type of educational opportunities provided through EHS that mainly focus on child development. Even though the goal of the services provided by EHS is to guarantee the well-being of the children in the families, it is the parents and the adults in the families who receive formal and informal instruction/learning opportunities. In other words, formal education and

informal learning are taking place through the type of instruction that EHS experts deliver on nutrition, health, mental health, family literacy, child development and safety. This type of education is federally mandated. EHS adults are also participating in informal learning activities such as parent meetings, home visits and social interaction (e.g., working with staff, interacting with other parents, discussion, information advice and guidance). We are providing all of these educational opportunities and we are not fully aware of the amount of adult learning that is taking place.

From my professional experience working with these parents and their families, I have learned that as adults they also have learning needs. According to the 2009 Community Action, Inc. (CAI) reports, only 54% of the adults in the Central Texas program have full-time work and 57% have less than a 12th grade education. However, we expect them to be the head of their families and make informed decisions about their children's health, nutrition and education. We also expect them to exert their leadership in their communities and become active participants in society. In summary, our final expectation is for the families to become self-sufficient. Therefore, it is very important that we become aware of the different types of learning that is occurring among EHS adults so that we take advantage of these opportunities and become intentional while delivering formal instruction to them.

According to the 2009 CAI report, in San Marcos, HS and EHS programs serve 475 children in which 23% live in Spanish dominant households. The services that these programs provide are vital to bridging the gap of low educational levels and high dropout rates. HS and EHS in Hays and Caldwell counties include 12 childcare centers. All of the families served are 100%-120% below the poverty level; most of them have more

than one child and the parent has a low level of education. Unfortunately, many of the families in need of services are placed on a waiting list until an opening becomes available. However, at least a portion of families are receiving some type of service since there are counties without these programs.

While working for CAI-San Marcos, Texas, I have learned that this institution offers many social service opportunities for adults seeking education, health services community services and childcare. As posted on their website and official documents, the mission of CAI is to mobilize resources and engage the community in order to move families out of poverty and to ensure their children's success in school. In central Texas, this agency provides a wide range of services in rural areas within 10 counties.

Currently, this organization works with local partners and school districts to ensure that the main objectives of the program are reached. This allows the program to help disadvantaged families in the community by educating them on the skills necessary to succeed as parents and as a family in an effort to end the cycle of poverty. Yet, according to CAI's 2009 report, the agency is able to provide only temporary relief to families in need especially once they leave the EHS programs.

EHS has set protocols that address preventive measures to families on topics such as health, pre-natal, post-natal, mental health, early childhood education, parental involvement and self-efficacy. One way EHS programs in San Marcos have met these measures is by requiring EHS teachers to conduct three home visits and family advocates to complete three additional home visits. In other words, families receive six visits per year plus parent meetings and educational opportunities. Program staff collects and analyzes data from these visits to determine appropriate educational opportunities for

parents that will be helpful in order to accomplish the goals established by EHS. The end results assist the program in improving home visits and improving staff interactions with parents which foster development of the family. The premise is to provide EHS families with the resources and knowledge to be self-sufficient, transition their children into the school system and continue with their lives without EHS support. Unfortunately, some of the EHS children and families are hard to track after they leave the program. If we take a close look at research, one realization is that it focuses on studying children in the family and not the adult development and learning needs.

In addition, research on the effectiveness of EHS centers on studying children in the family. There are a few studies that focus on the type of learning that takes place when adults engage in learning activities with their children (Larrotta & Ramirez, 2009). The researchers in these studies suggest that the literature reporting on parental involvement activities study the benefits for children and neglects the learning made by the adult. A longitudinal study conducted by Ames and Ellsworth (1996) on North Country Head Start participants reports on how participation in Head Start (HS) programs can assist people in coping with life and empowering women. Narrative stories told by the women of this HS program were gathered to measure how the effective of the program transformed them. Women in the program reported that being a part of HS changed their lives. They were able to go back to school, get professional training and become economically stable for the first time in their lives. This study provided a glimpse of the possibilities that investigating families can provide to these programs, social workers, counselors, adult education and policy makers. Nonetheless, more recent

research is needed to support the reality that further resources are needed for these families, such as full-time on-site counselors for EHS adults and children.

Research Questions

This qualitative study focused on the participants' community cultural wealth and the informal and incidental adult learning that takes place through parent education opportunities in Early Head Start (EHS). The main three occasions where interactions with families occur are parent meetings, educational opportunities and home visits. The research questions guiding the study include:

1. What can we learn from studying the focal families in terms of their community cultural wealth?
2. What incidental adult learning occurs as a result of being involved with Early Head Start programs?

Definition of Terms

The following definitions aim to provide clarity and a better understanding of this study. In order to provide definitions that fit this study, I will draw on the work of several researchers as follows.

Early Head Start—A grant funded program through the federal government that provides services to pregnant women and low income families with children up to three years of age. The program was implemented in 1994 to further assist Head Start efforts with attention to pre-natal and early childhood development. This program was created as an additional preventive measure to foster school readiness and success in life for families and children.

Home Visits—These are visits scheduled with an EHS parent to discuss important matters such as health concerns, crisis situations, family needs (utility assistance, food, clothes, etc.), parent education topics and goal setting for family and child. Parents-as-teachers activities are also a main component of home visits for this study.

Community Cultural Wealth—This is the wealth of knowledge that people obtain from their daily social interactions with people, schools, social service networks, doctor's, family and friends. The framework consists of six descriptors which includes aspirational, social, familial, navigational, linguistic and resistant capital in which people of minority origins possess (Yosso, 2005).

Formal Learning—This is institutionally sponsored, classroom-based and highly structured learning (Marsick & Watkins, 2001).

Informal Learning—Informal learning occurs through all kinds of activities and within a wide range of social contexts such as families, workplaces, communities and leisure activities. Informal learning is everyday learning because it takes place in all the private and non-organized contexts of everyday life (Illeris, 2004, as cited in Merriam, Caffarella, & Baumgartner, 2007).

Incidental Learning—This is unintentional learning or unplanned learning that results from formal and informal activities. It occurs in many ways including observation, repetition, social interaction and problem solving (Kerka, 2000). Informal and incidental learning take place wherever people have the need, motivation and opportunity for learning (Marsick & Watkins, 2001). There is not a clear boundary as to when informal or incidental learning is taking place.

Experiential learning—People learn from experience in a variety of ways such as reliving a past experience, a direct result of an embodied experience, through collaboration with others or through introspective experiences such as meditation or dreaming (Fenwick, 2003).

Transformational Learning—This is the learning that occurs when there is a transformation of beliefs or attitudes, or a change in one's perspective. It includes three fundamental concepts: experience, critical reflection and development (Mezirow, 1997). In this study, transformational learning refers to examining the events or circumstances from which a change in one's mindset emerges from participating in EHS.

Adult Development—The cognitive, psychological, spiritual and social development of adults that occurs among participants involved in an EHS program. This involves how the participants' adult development has changed, been modified or otherwise affected since the first day of becoming involved with this program.

Adult Literacy—The language development of adults through informal educational opportunities such as parent meetings, home visits, policy council participation, workshops, classroom volunteering, literature and community socialization. This pertains to the type of literacy learned in these situations and practiced by the parent in certain scenarios such as a doctor's office, dentist's office, grocery store, thrift store, meeting, etc., and the ability to retain the English learned.

Researcher's Perspective

Because I have been working with families for nine years and specifically the families in this study for two years, I consider myself a participant observer (Patton, 2001) in this study. Therefore, it is necessary for me to disclose some information on my

background as a person and as a professional. I worked overseas teaching English as a Second Language (ESL) to adults and children in Barcelona, Spain, for a year and I completed my student teaching at the International School of Curacao for three months.

During the last nine years, I have worked at different institutions serving culturally and linguistically diverse populations. For example, I have taught ESL to immigrants and families involved in family literacy programs in Texas. I have worked in many different organizations teaching citizenship classes, Pre-GED (General Educational Development) and various levels of ESL. As part of my professional duties, I have served as a student counselor for career, life and survival issues. During the last three years, I have been conducting home visits with families as a certified Parents as Teachers (PAT) educator. Currently, I am a Parent Community Involvement Specialist. I provide services to families related to literacy, family development, and parenting skills. The three families that I will be presenting in this study have been a part of my responsibility while working for EHS and we have built a good repertoire through home visits and PAT activities for children and parents. This long-term relationship has provided me with the opportunity of serving these families in terms of educational, health, housing, nutrition, career, employment and literacy needs. The sum of these experiences has given me the chance to understand families more fully in order to better serve and help them with their needs. Upon graduation, it is my hope to continue conducting research with community-based programs serving families and to pursue PhD studies. In summary, my professional experience working with adults and their families serve as my motivation to explore answers to the research questions formulated for the present study.

Assumptions

During my time working with EHS, I have witnessed the interpersonal growth of the families that I serve. Upon implementation of this study, I assumed that they were learning new skills and knowledge. However, I did not understand to what extent or how to explain that learning. I assumed the participants were adults who have some knowledge about what they need and how to get those services. Even through my professional interaction with them as a parent educator, I was not knowledgeable of their social, cultural and familial strengths. Because of involvement with EHS, I expected the adults in the families to increase their literacy skills such as building their vocabulary through parent meetings, workshops and home visits and improving their reading and writing skills. However, as I will explain in Chapter Three, this was not the case.

Road Map

This qualitative case study focused on three focal families (the Smith family, the Lopez family, and the Salinas family) who represent typical families participating in an Early Head Start Program, a project of Community Action Incorporated in rural central Texas. Chapter One presented the statement of the problem, the researcher's background, the research questions, EHS as the main context and setting for the study, and the definition of relevant terms. Relevant literature will be presented in Chapter Two regarding the history of Community Action Incorporated in San Marcos, Texas, EHS, adult learning theories concerning incidental learning, informal learning and the framework of community cultural wealth. Chapter Three explains the methodology in the study and the work of Creswell (2007), Glesne (1999), Merriam (1998 & 2000), Patton (2002), Seidman (2006), Stake (1994), Tesch (1990) and Yosso (2005) as the basis

for the data collection, analyses and ethical considerations. Chapter Four provides a rich description of each family who participated in the study to acquaint the reader with the history, culture, personality, talents and desires of each family. The findings of the study are presented in Chapter Five and reveal the community cultural wealth, incidental learning, informal learning, experiential learning and transformational learning demonstrated in each participant. Finally, Chapter Six supplies recommendations, pedagogical implications, lessons learned and future research.

CHAPTER II

REVIEW OF THE LITERATURE

The main goal of this chapter is to review relevant literature that is necessary to understand and support study findings. This review of the literature includes the background of Community Action Incorporated (CAI) San Marcos, Texas; History of Early Head Start (EHS); home visits; adult learning theories and models that include informal, incidental, and transformational learning; community cultural wealth; and the gaps in the literature.

Community-based programs serve society in several capacities, such as providing health care needs, educational opportunities for adults and children, and housing opportunities. The purpose centers on the principle of serving families to assist them with a supportive network that eventually improves their quality of life and fosters stability for their future. Such programs obtain funding through government, private foundations or ecclesiastical support in order to continue missions related to social reform. In particular, Early Head Start (EHS) programs focus on the importance of preparing children for school, implementing child development practices, and the need for professional development to provide the fundamentals for executing such methodologies.

Background of Community Action Incorporated

CAI in Central Texas serves as a not-for-profit organization that has been in operation since 1965 under the War on Poverty initiatives created by President Lyndon B. Johnson. The mission reflects community services such as Head Start and Early Head Start programs

which have been serving communities since CAI's inception. These programs operate under federal funds created for preschool children from disadvantaged families and work under the Administration for Children and Families of the Department of Health and Human Services. The federal goal is to offer opportunities for child development, health and nutrition education, to prepare low-income children for entering kindergarten and to improve the conditions necessary for their success in school. Head Start also builds community partnerships that provide services to families. Each specific EHS community contributes its own unique services such as clothing from local thrift stores, assistance from churches, food banks and various health providers just to name a few. In 2009, the U.S. Department of Health and Human Services Administration for Children & Families served 1,091,452 children. Seventy-one percent of these households received services such as emergency assistance, crisis intervention, housing assistance, transportation, mental health, adult education, health and parenting education.

History of Early Head Start

The Head Start Bureau in Washington D.C. launched Early Head Start in 1994 to provide a wide range of services to pregnant women and children through age three. The Secretary of Health and Human Services formed an Advisory Committee on Services for Families to implement the design of EHS. Early Head Start began as a home-based program with center-based services being offered after parents gained employment skills. Early Head Start and Head Start share the same program goals; however, it is important to note is that EHS focuses on healthy prenatal outcomes, educating parents on their child's development and fostering healthy family relationships (Parents in Community Action, Inc., 2009, website). Another major difference between EHS and HS is the eligibility requirement for

families to participate in services. According to Federal Government regulations, EHS requires both parents to either be enrolled in school or working. Every EHS program implements its own procedures; for example, a specific criterion for EHS San Marcos requires family advocates being Parents as Teachers (PAT) trained and certified.

Family Advocates involved with EHS San Marcos are required to attend professional development training in PAT to teach parents about the various stages of a child's development. This includes educating parents on the development of their child's intellect, the stages of physical development and the child's socio-emotional well-being. Procedures for home visits consist of a parent and child activity, handing out researched-based literature and follow-up on any parental concerns regarding the child (see Appendix for a more detailed description).

In addition, parents may request to be educated on a certain parenting topic or skills for their own adult development. Protocols for EHS in San Marcos require family advocates who serve as case managers to help provide support in any area that a family may need. Each family advocate is expected to complete three home visits throughout the school year. However, in order for family advocates to fulfill their PAT certification requirements, five families receive one additional home visit.

During home visits, family advocates discuss health-related topics as well as a family's current needs; they also help with crisis situations and provide referrals and promote family development. Often families need assistance with food, clothing, housing, education, mental health and finding work. EHS programs are required to follow specific guidelines that promote quality child development, family development and community building practices (Parents in Community Action, Inc., 2009, website). Program practices also require

program staff to evaluate children enrolled in EHS as preventive measures and interventions for children who may otherwise be neglected. Part of these preventative measures for EHS consists of prenatal and early childhood development education for parents to facilitate a caring long-term relationship between the child and the parent (U.S. Department of Health and Human Services Administration for Children & Families, 2009). Moreover, parents are taught how to build community relations continually which helps parents work toward becoming self-sufficient. Each of these intricate components mentioned provides the foundation for the premise of EHS, a family support system that serves the families of infants and young toddlers throughout the United States.

Home Visits

Rector's (2002) dissertation on EHS and home visiting points out that parental involvement in this type of organization is a key component for successful programming. As a case in point, Rector explains that parental involvement within the context of EHS includes participation in decision making through policy council and committee membership, professional development, personal contact through classroom volunteering, home visiting and parent education. Home visiting has been steadily gaining popularity since the early 1970s as a strategy to improve the life course of children who are at risk of poor outcomes like developmental delay, mental illness, poverty and child maltreatment.

Rector's (2002) study on EHS home visiting investigates what happens during home visits and parenting group sessions, the quality of relationship between the parent and staff member, and the variations in patterns of use and participation in EHS home visits. The author studied various programs that implemented home visits as program protocols. This researcher found inconsistencies between services that were supposed to be offered and the

services that were actually offered to the families. For example, program plans stipulated that families receive services in counseling but these were not offered. In addition, families were more concerned about covering their basic needs (food, clothes and shelter) than in program participation. These findings are relevant to this study because the parent's ability to participate in the programs goals impact the parent's overall educational opportunities.

Research (Gomby, Culcross, & Behrman, 1999) indicates that home visits have been implemented as protocols in various programs such as the Nurse Home Visitation Program, Parents as Teachers, the Comprehensive Child Development Program, Hawaii Healthy Start, Healthy Families America and the Home Instruction Program for Preschool Youngsters. These programs utilize home visits to advance optimal child development, foster parent involvement, improve pregnancy outcomes and empower parents (Gomby et al., 1999). For the present study, home visits are visits scheduled with an EHS parent to discuss important matters such as health concerns, crisis situations, family needs (utility assistance, food, and clothes), parent education topics, and goal setting for family and child. Parents as Teachers (PAT) activities are also a main component of home visits.

Frequent home visits and parenting group strategies are used to accomplish the goals of early intervention programs, as well as to facilitate the development of diverse parent social networks (Guterman, 2001). The mechanism of home visits and all that they accomplish are substantial for the child's development and educating the parents in regards to that development. Parents at home have opportunities to communicate more comfortably in their own territory and can start gaining a sense that the school is more approachable should they need help (Gestwicki, 2004). This is important because the main goal is effective parent education that benefits the child. In addition, two-way communication that

encourages and facilitates true dialogue, with parents actively reacting and responding, is vital for the success of a home visit (Gestwicki, 2004).

Moreover, the work of Gonzalez, Moll, Tenery, Rivera, Rendon and Amanti (1995) suggests that home visits help in identifying and documenting knowledge that exists in the students' homes, their funds of knowledge. Their work pointed to examining the misconception that minority and low-income households are inadequate for providing a solid educational foundation. Funds of knowledge referred to those historically developed and accumulated strategies (skills, abilities, ideas, practices) or bodies of knowledge that are essential to a household's functioning and well-being (Gonzalez, Moll, & Amanti, 2005; Velez-Ibanez & Greenberg, 1992). In addition, Gonzalez, Moll and Amanti's (2005) findings concluded that the venue of using home visits to collect data to shed light upon minority households is beneficial for understanding the culture. More specifically, understanding the culture of a specific group can help school-based programs incorporate better relationships with families. The purpose of Gonzalez, Moll and Armanti's (2005) study was to learn about minority groups in order to adapt curriculum to better serve the need of this population. The authors found that utilizing home visits allowed teachers the opportunity to interact with parents in order to build a trusting relationship. Over the course of the study, relationships matured and helped parents feel comfortable. As a result, parents became more involved and offered suggestions for helping teachers build curricula based on their diverse population in their classrooms to help their children. The goal was to reach these families on their level and ultimately help their children in school. Home visits were found to play a critical role in this process. This research helped professionals gain a better

understanding of their students' culture, social life and life history. It provided an avenue for building multicultural curricula and relationships with the families throughout home visits.

St. Pierre Layzar, Goodson & Bernstein (1999) through the Comprehensive Child Development Program (CCDP), explains another important aspect of home visits in the literature. This program provides case management and home visiting to assure low-income children and their parents receive a range of services such as education, health and social services. The CCDP model calls for home visits to begin during the child's first year of life until they entered school. Program staff work with families on their goals and service needs. They provide referrals, counsel parents and support family members. For many years, a range of service providers including professionals such as social workers, paraprofessional peer home visitors and volunteers (Rector, 2002) has delivered home-based services.

Adult Learning Theories and Models

There is not a single unified theory of adult learning and therefore it is important that I present a short review of the different theories and models available. In the following section I will present a concise summary of the most salient theories and models.

Adult Learning Principles

Andragogy (the science and art of learning in adults) explains how learning in adults differs from the way in which children learn (Knowles, 1980). Andragogy is based on the assumptions that adults (a) tend to become more self-directed as they mature; (b) have had rich life experiences; (c) want to learn and are internally motivated to do so; (d) want learning to be purposeful, practical, relevant, and immediately applicable; and (e) are more problem-centered than content-centered. A sixth assumption was later added: Adults need to understand why they are learning a particular topic (Knowles, 1990).

According to Merriam, Caffarella and Baumgartner (2007), an adult accumulates a growing reservoir of experience, which is a rich resource for learning. The readiness of an adult to learn is closely related to the developmental tasks of their social role; as time passes, an adult becomes more problem-centered than subject-centered in learning. Self-directed learning is when adult learners take the initiative to independently direct their own learning either in informal or formal educational settings (Merriam, Caffarella, & Baumgartner, 2007).

Informal Learning

Golding, Brown and Foley (2009) suggest that informal learning occurs through all kinds of activities and within a wide range of social contexts such as families, workplaces, communities and leisure activities. Informal learning is depicted as the learning that occurs through the daily lives of every person in any given situation. The authors specify that this type of learning is an unintentional, unorganized and unsystematic process that accounts for a great percentage of any person's total lifelong learning. What is important to recognize is the fact that informal learning can happen anywhere, anytime and in any situation. The authors state that informal learning is more organic which emphasizes personal, hands-on, collaborative, activity-based joys associated with the informal learning process. Individuals who have a personal connection to learning retain information that allows them to utilize it within the social contexts of their world. The authors also mention that informal learning is a social practice, which focuses on individual development, cognition or the acquisition of knowledge. Every day individuals are learning within a variety of social settings such as at work, within the community, at the doctor's office, at their children's school or at home. Golding, Brown and Foley (2009) point out that the value of informal learning extends to

contribute to the life experience of the participant. They also state that diverse individuals and groups are able to make sense of their learning, explain their learning and the benefits they experience from learning which take place in less formal contexts. However, it will be necessary to understand the influence that informal learning has within the context of more systematic educational institutions especially since the authors mention that there is a power imbalance created by authority figures that devalues the whole principle of informal learning. Informal learning should be viewed as equally important to formal learning processes because both enhance the individual development of the learner in a variety of contexts. These contexts provide the experience that is needed for adults to develop and expand their own knowledge base, and in some cases, transform their beliefs and assumptions. The experience will provide a richer understanding that will assist individuals with future experiences. Furthermore, Golding, Brown and Foley (2009) indicate that informal learning is practical and unique which can help people particularly with survival when unemployed. The contribution that informal learning makes is simply too important to ignore especially in a society experiencing economic strife and educational challenges.

Incidental Learning

This is unintentional learning or unplanned learning that results from everyday activities. Kerka (2000) asserts that incidental learning occurs from social interaction and problem solving, watching or talking to peers and experts, making mistakes and attributions or from being forced to accept or adapt to situations. Marsick and Watkins (2001) said that incidental learning takes place wherever people have the need, motivation and opportunity for learning. They also mention that incidental learning generally takes place without much external facilitation or structure but offers the learner new methods to obtain a wider range of

options for implementation in any given situation. Individuals use their resources of prior experience to comprehend a new situation and decide how to problem solve their current dilemma. Marsick and Watkins (2003) point out that many contextual factors influence the ability to learn well in order to successfully implement the desired solution. In addition, success in implementation depends on the individual's capabilities that are adequate to complete the task. Incidental learning experience can contribute to that success and equip the learner to be better at handling stressful situations. The authors also mention that individuals who want to enhance their incidental learning skills can increase their own awareness of the learning opportunities posed by life experiences and gain insight into their learning preferences. This may help facilitate self-analysis and self-reflection for individuals to transform their perspectives and form new frames of reference to incorporate into their life. Moreover, the authors' state people learn in families, groups, workplaces, or other social settings, and their interpretation of a situation and consequent actions are highly influenced by social and cultural norms of others. This allows the addition of other opinions and beliefs, which may be useful for an individual to use when making a decision or fostering personal growth. Mealman (1993) studied the incidental learning of adults and his findings concluded that small group activities provide rich opportunities for incidental learning. Discourse between people stimulates incidental learning, which can occur in meetings, workshops, teacher conferences, and home visits to name a few. In addition, the author stated that another variable that promotes incidental learning was the climate or environment. Research in education has suggested a connection to adult learning in which the importance of context and learner's interaction with the environment can explain behavior. Environments that promote learning opportunities or model appropriate behaviors can often be situated in

informal settings. These informal settings offer a rich context in which incidental learning can occur for learners. Mealman (2003) also suggested that certain incidental learning outcomes may remain unknown or be unconscious to the learner. He added that more self-reflection techniques will help the learner bring that learning into consciousness which then falls into the realm of transformation learning processes.

Incidental Vocabulary Learning

Gass (1999) points out that incidental vocabulary learning is the vocabulary we acquire when we are doing something else different from formal studying of language, such as when we watch television, converse with others or read a newspaper. In addition, Pulido (2003) found that sight vocabulary does increase incidental vocabulary learning. In other words, reading text increases a person's amount of vocabulary and fosters language learning. The study further revealed that learners demonstrate greater vocabulary gains after reading familiar topics or reading a book for personal reasons. Pulido also found that immediate vocabulary gains are greater when learners read within culturally familiar versions of everyday scenarios. In this study, English language learners increased their reading proficiency. Krashen (2003) suggests the use of extensive reading and free voluntary reading or reading for pleasure as a means to help learners increase their vocabulary in the second language. Vocabulary learning is an important part of developing literacy and does not always happen in a formal context.

Transformational Learning

Transformational learning is the process by which people redefine their taken-for-granted frames of reference such as schemes, habits of mind, or mindsets and make them more open to change through reflection to guide their actions (Mezirow, 2000). This occurs when there is a transformation of beliefs or attitudes that changes one's perspective (Mezirow, 1997), particularly when the individual examines the events or circumstances. Mezirow suggests three key concepts are fundamental for transformational learning to occur: experience, critical reflection and development. The experience can add knowledge, which may transform our perspective or change our frame of reference. However, Mezirow mentions that transformation cannot take place without a critical self-reflection of the experience. Learners can then begin to use that information to build alternative viewpoints that can be used in their decision making process. Mezirow (2000) mentions that in order to arrive at the best possible judgment, learners seek out a variety of discourse to search for a common understanding and it is important to equally participate in that discourse. This participation forms a solidarity among the participants and like-minded individuals can work together to achieve their desired results. Mezirow (2000) states that personal transformation lead to alliances with others of like mind to work toward effecting necessary changes in relationships, organizations and systems. Social interactions within organizations open up the possibilities for us to see ourselves and allow us to make changes where we feel they are needed. The author also suggests that certain events such as a dilemma or crisis prompt the learner to self-examine which is often accompanied by feelings of fear, anger, guilt or shame. However, the events trigger analysis that fosters growth and adult development. This

development can foster better relationships, new knowledge, new skills, build competence and self-confidence as indicated by Merriam, Caffarella and Baumgartner (2007).

Experiential Learning

People learn from experience in a variety of ways such as reliving a past experience, a direct result of an embodied experience, through collaboration with others or through introspective experiences such as meditation or dreaming (Fenwick, 2003). An individual interprets their social encounters and makes sense of the meaning behind it, which directly results in comprehension. A person learns lessons in different contexts that involve the whole self that provides new knowledge from the action of that experience. Merriam, Cafferella and Baumgartner (2007) postulate that individuals learn from experiences which include collaborations with others in a community. Social contexts offer a rich environment for experiences to take place. In addition, the authors mention that learning is a life experience that helps individuals define themselves by their experiences, describing themselves as parents, spouses, workers, volunteers, community participants and so on. Individuals have experiences every day and those experiences offer life lessons to help deal with the frustration and stress of these encounters. The more experience an individual obtains, the easier it will become to handle crisis more efficiently; it is a process of learning. Merriam, Cafferella and Baumgartner (2007) mention that learning from experience can generate problem solving techniques, decision-making abilities and analytical abilities so ideas and concepts can be conceptualized. Learners acquire valuable skills from their experiences, which are personally beneficial. Furthermore, the authors state that in order for people to interpret experiences positively and to learn effectively, they need to have confidence in their abilities, good self-esteem, support from others and trust in others. A

strong supportive social network within an organization can foster learning, help participants look at their experiences within a positive light and cultivate personal growth. Experience is the foundation of learning and what people learn from that experience is an important element to the whole experiential learning process.

Community Cultural Wealth

The work of Yosso (2005) addresses the factors that must be considered when studying disadvantaged families. This researcher advocates for eradicating deficit-thinking practices that overlook the assets of these families and describe them as lacking and deficient. Yosso (2005) describes community cultural wealth (CCW) in terms of aspirational capital, linguistic capital, familial capital, social capital, navigational capital and resistant capital that disadvantaged families possess. Therefore, CCW encompasses the ability to maintain hope and dreams, intellectual and social skills attained through communication experiences, cultural knowledge nurtured by family, networks of people and community resources, skills to maneuver through social institutions and knowledge which arises from opposition or crisis.

According to Yosso (2005), people acquire a number of different skills through their social networks, experience in working with different systems or through experiences. These experiences can also generate further support and social interactions, which can foster hope and alleviate despair. The author mentions that social interactions help people to recognize that they are not alone and help them maintain a more positive outlook especially in times of difficulty. Yosso states that these capitals promote empowerment of the individual and that a healthy disposition equals happier people who will make every effort to contribute to their community.

There is a gap in the literature examining the type of adult learning and development that occurs as a result of incidental learning when a parent or any other adult in the family receives instruction that focuses on family improvement. Research conducted on home visits has centered attention on studying children or family's funds of knowledge, not on adult learning or adult development. The present study provides insight into different types of adult learning occurring within the context of EHS. It is my hope that this thesis will help EHS professionals become aware of how services provided have a significant effect in the lives and learning of the participating adult in addition to the children. If we are to end the cycle of poverty, we need to fully understand the people we serve and their educational needs. The next chapter on methodology discusses a plan of action for data collection and data analysis for the study.

CHAPTER III

METHODOLOGY

This qualitative case study focuses on three families—the Smith family, the Lopez family, and the Salinas family—as they interact, struggle, survive, and at times evolve while participating in an Early Head Start (EHS) Program housed at Community Action Incorporated (CAI) in Central Texas. It is important to explain that I use case study as a data collection strategy and as the method to write up study findings. Case study methodology allows for using rich description and studying the real world of the three focal families as it unfolds (Patton, 2002). Merriam (2009) explains that “a case study is an in-depth description and analysis of a bounded system” (p. 40). In this case, I describe in detail three families who represent the population involved with EHS at CAI.

For Stake (1994) a “case study is defined by interest in individual cases. . . . It draws attention to the question of what specifically can be learned from the single case.” In the present study the goal is to describe what we can learn from looking closely at these three families in terms of their knowledge, skills, culture, and talents in order to reveal the informal and incidental learning that occurs through their participation with EHS. “Perhaps the major point about case studies to keep in mind is that they are richly descriptive in order to afford the reader the vicarious experience of having been there” (Merriam, 1998, p. 238). In the following two chapters, Chapter Four and Five, I am aiming to provide sufficient details about the participating families so that readers get a rich picture of these families.

Through this description, the readers can decide what is transferable, what they want to learn, and what conclusions to draw in order to understand the complexity of the phenomena being studied. The two research questions that I intend to answer are

- (1) What can we learn from studying the focal families in terms of their community cultural wealth?
- (2) What incidental adult learning occurs as a result of being involved with Early Head Start in central Texas?

Setting

The study takes place within the context of an Early Head Start (EHS) Program offered by Community Action Incorporated (CAI) in Central Texas. The program has six centers, which serve 172 low-income families. The purpose of the program is to provide services such as health, nutrition, social services, family services and parent educational opportunities to participants. The three occasions where interactions with families occur are parent meetings, educational opportunities, and home visits. For this study, *home visits* constitute the main research setting. In other words, the homes of each of the three participating families serve as the main scenario for data collection for the study. Home visits and interviews with the participants took place at their houses. This was helpful during the data collection process because my informants felt at ease while participating in the study which allowed them to answer my questions in a relaxed manner. It also helped me to learn about them in their own environment.

Participants

The Smith, the Lopez, and the Salinas are three families constituting information-rich cases that fit the purpose of the study; in other words, they were chosen using the *purposive*

sampling technique suggested by Patton (2002). They have the characteristics of the population I wanted to study and are “representative” of the large population of participants involved with EHS at CAI in this rural area in Central Texas. The three families have been involved with EHS for at least one year. According to the 2009 CAI report, thirty five percent of families in Central Texas have participated in EHS and HS for two years.

The focal families share the following characteristics: They have two or more children, they have been in the EHS program for two years, and they have overcome significant education or employment barriers. In addition, I have worked with them as a parent educator and we have established a good working relationship for the past two years. This relationship made the data collection process less artificial and provided me with the advantage of prolonged engagement (Patton, 2002) even though I was not acting as a researcher at the time I started working with the families. They did not see me as an intruder but as a person who cared and who was genuinely interested in them. More importantly, as part of the selection criteria, participants agreed and signed a consent form to participate in the study. The following is a brief synopsis of the three families. In Chapter Four I will provide a more detailed description of the families. All names that appear in this document are pseudonyms.

The Smith Family: All of the family members were born and raised in rural Texas. I have worked with them for two years assisting them with information support on health and housing resources. I also conduct Parent As Teacher (PAT) home visits with them.

The Lopez Family: Both parents were born and raised in Mexico. They are legal immigrants and have two children who were born in Texas. I have worked with them for two

years. They have received instruction on family literacy, family development and they still receive PAT home visits.

The Salinas Family: This family is from central Texas and I have worked with them for two years. They have taken advantage of instruction on literacy, nutrition and family development. I also conduct PAT home visits with them.

Data Collection

Data were generated through home visits, field notes, the researcher's journal, interviews with the families, and already existing documents. Using several data collection sources was my attempt to cover the different angles of the phenomenon and to add credibility to the study findings. Data were collected during the spring 2010.

Home visits. I conducted two 90-minute home visit sessions with each of the families. During the home visit, I made some general observations regarding the family, their interactions, and the home environment. When I first arrived at the home, each parent and I became reacquainted and they began to discuss their current situation. Once we were settled in, I implemented the steps for the home visiting protocol as established by EHS (see Appendix).

Field notes. These are notes written while in the field (Patton, 2002). Field notes were helpful in triggering my memory and noting important pieces of information on site. While conducting the home visits I took notes when observing or talking with the participants and at times with family members depending on available interactions. In addition, the field notes assisted me to develop ideas for writing reflections in my journal.

Researcher's journal. This journal focused on critical events during the home visits and interviews with the participants. I also noted general reflections and impressions on what

I was learning during the data collection process. This helped as a tool for the on-going data analysis (Merriam, 2009). The journal allowed me to take a step back and reflect.

Interviews. I was able to interview participants twice and do follow-up interviews as necessary. The duration of the two interviews was approximately of an hour with each family. These semi-structured formal interviews focused on past, present and future plans on adult learning experiences (see Appendix) while involved with EHS. I followed the guidelines suggested by Seidman's (2006) interview series model. This researcher asserts that the first interview should put the participants' experience in context by asking questions about the past and in light of the topic being studied until catching up with the present time. Seidman also explains that the purpose of subsequent interviews is to concentrate on concrete details of the participants' present and future experiences in the topic area of the study.

Documents. These are data already available and containing relevant information about the participant (Merriam, 2009). Documents constituted an important source of information in this study. There was plenty of documentation available on each participating family in the program files. According to Glesne (1999), "beyond corroboration, [documents] may raise questions about your hunches and thereby shape new directions for observations and interviews. . . . Data also provide . . . historical, demographic, and sometimes personal information that is unavailable from other sources" (p. 58). For this study, the participants' application form, the parent training survey and the family goal form administered by EHS are examples of documents.

Data Analysis

I used the textual data gathered through home visits, field notes, the researcher's journal, interviews, and documents in order to come up with findings for the study. I

transcribed the interviews with the participants immediately after I conducted them. Of course this required a lot of discipline on my part since transcribing interviews can be an exhausting task. However, doing this provided me with the opportunity to reflect on the type of data I was obtaining and to go back to the families and ask follow-up questions. I also followed the guidelines provided by Creswell (2007) and Merriam (2009) in terms of open coding techniques. I read the textual data a couple of times before starting to write notes on the margins of the transcriptions. This step allowed me to get a sense of the whole and assisted me to become immersed in the data, make connections and become familiar with the data in the transcripts.

I followed this process several times keeping in mind the research questions that I was trying to answer. One of my first discoveries I made was that I did not have enough data illustrating the literacy development that I expected was taking place in the participating adults as a result of their involvement with EHS. This was alarming news at first and, as a novice researcher; I was not sure about what to do. I met with my adviser and she provided me with new guidance and told me to “listen to the data I had and to open my mind to new findings.” As a result, I shifted my mind to learning about the families as if I did not know anything about them. I had to take off my hat as EHS staff and wear my hat as the investigator who wants to be a learner. As Merriam (2009) asserts, analysis is an ongoing process and that was what happened in my case.

The next step was then to build the cases of the three families (Chapter Four) and to open my eyes and ears to the data. As I became more immersed in the data, I used my researcher’s journal, field notes and EHS documents as a guide to build the stories of the three families. I used different pieces of data to be able to put in perspective what I learned

from studying these families. Once I had put together all of this information, I met with my adviser again. As we reviewed this chapter, Chapter Four, we realized that I had collected two sets of data. One portion of the data illustrated the *community cultural wealth* (Yosso, 2005) of the families and the other portion corresponded to my initial inquiry on the *incidental learning*.

The study findings were particularly challenging for me as a novice researcher. The first portion of the chapter was easy to write due to the specificity of Yosso's (2005) framework. I was able to go back to the data and look for the examples that illustrated the community cultural wealth (CCW) of the families. Yosso (2005) identifies aspirational capital, familial capital, social capital, linguistic capital, resistant capital, and navigational capital as six forms of CCW. Keeping this framework in mind, I went back to the data and found that they described four types of CCW: aspirational capital, social capital, familial capital, and navigational capital. As I said, this was a straightforward process; however, presenting incidental learning results was overwhelming. There was too much data and I could not find a clear order to interpret what I had.

In order to better understand and illustrate the meaning and relevance of incidental learning in the study, I had to go back to the literature and read again the work of researchers such as Gass (1999), Kerka (2000), Kolb (1984), Livingstone (2006), Marsick & Watkins (2001), Mealman (1993), Mezirow (1997, 2000), and Packard (2001). Revisiting the literature helped me enhance my understanding of incidental learning which led to including informal learning as part of this framework. Informal and incidental learning were the big umbrella (basis) to present the different types of adult learning that occurs as a result of being involved with EHS. In addition, I also decided to include literacy development as a product

of incidental learning. During this stage, I followed step by step the textual data analysis suggested by Tesch (1990) and continued to review and re-review the data bank to identify informal and incidental learning in order to be able to reduce and combine categories into a small number of themes. As a result, the data indicated the presence of (1) social interactions and problem solving, (2) experiential learning, (3) transformational learning, and (4) incidental literacy development.

Ethical Considerations

As stated by Merriam (2009), the researcher is the tool and filter of the information; one of my roles in this study was to observe ethical conduct and refrain myself in order not to judge the comments made by the participants, but to provide them with voice. More than once, I caught myself expressing my biases towards the participating families and expressing my conservative point of view about education and the way I envision functional families. Whenever this happened, I took a step back and subtracted my opinion providing only the facts and the straightforward comments made by the participants. Doing this helped me develop a new understanding and a more profound respect for these families. I constantly revisited the interview transcripts and the trail of paperwork and documents that EHS has in the file of each family in order to provide credible and accurate information about the participants.

Protecting the identity of the institution and the families participating in the study was also my concern. I did my best not to provide specifics about the families as to make them identifiable within the large group of families that we serve in rural central Texas. All names are pseudonyms and locations are disguised. Another ethical decision I made was not to include the family whose child died while the study was in progress. As a gesture of respect

toward the family, I continued to offer them my professional and personal support but I did not include any of their data in this study and I discontinued data collection with them. Instead, I took the time to start collecting data with a new family that shared similar characteristics. These actions meant the risk of falling behind in the data collection stage, but the wellbeing of the families was my first priority.

Summary

This chapter described the methodology I followed in order to generate data for the study and how I analyzed these data in order to claim study findings. I present the use of case study as a data collection technique and as the method to report study findings. I also discuss some ethical considerations for the study. More important, I explain step by step procedures that preceded study findings. As a result, community cultural wealth and informal and incidental learning will be presented as the theoretical frameworks that will help present study findings. A more detailed explanation will be provided in the next chapter.

CHAPTER IV

PARTICIPATING FAMILIES

This chapter presents a detailed description of the study's participants. As explained in the previous chapter, I selected three families to be the focal participants for this study: the Smith, the Lopez, and the Salinas families (all names are pseudonyms). Using my expertise as a Parental Community Involvement Specialist, I selected these three families because they share the characteristics of the typical families who are enrolled with EHS in this rural area of Central Texas. They constitute a purposive/representative sample of the participating EHS population. Each family includes two or more children who have been in the EHS program for two years and has overcome significant education or employment barriers. As part of EHS regulation requirements, parents must be working or in school for continued enrollment in the program. It is also important to highlight that in the context of this study, the concept of "family" differs from the traditional definitions of family. Often, a traditional family is composed of two parents and their children. However, in this study, a family is made of the adults and children who live under the same roof and take care of one another. In the following pages, I will provide a portrait of the three focal families to encompass their background, lifestyle, education, and participation in EHS.

The Smith Family

Seventy-four percent of the families who receive services from the San Marcos EHS are Anglo with low income and low educational levels. In general terms, the Smith family is

a typical family representing this group of families. Although this is a blended family, they identify themselves as Anglo and their lifestyle and traditions reflect those of the American culture. Linda Smith and Jacob Chavez are the parents in this family and the main participants in the study. However, I decided to call them the Smith family using Linda's last name and not Jacob's because Linda is the primary caregiver on the EHS application. In addition, the data collected for the study come from interviews and home visits that took place mainly with Linda. I have worked with the Smiths for two years—first as their family advocate and then as their parent involvement specialist. The family composition is comprised of Linda Smith, Jacob Chavez, Annie Smith (10), Alice Smith (8), Emma Smith (5) and Nancy Smith (3). Jacob is the father of the two youngest daughters, Emma and Nancy. Annie and Alice's biological father is currently incarcerated and they receive letters from him periodically. Jacob has been a part of the Smith family for the last eight years. The children do consider Jacob to be their father and accept him as part of the family. Linda explained to me that "Annie knows that Jacob is her step-dad. . . . Annie loves him as her dad." In addition, two members of the extended family live with the Smiths. Linda wanted to provide better living conditions for her mother (Sarah) and younger brother (Peter) who is 10 years old.

Linda Smith is 29 years old and she was born in a small town in Central Texas. She became pregnant during her senior year in high school but fortunately had enough credits to graduate and receive her high school diploma. However, she was unable to attend graduation because her daughter Annie was being born. Although Linda has never attended college, she has completed a workforce training certification through a CAI program for a Certified Nursing Assistant (CNA) and has passed all her exams. Linda told me, "I am hoping to learn

new medical skills through my work experience when I get a job at any local hospital.” She currently works as a nursing assistant taking care of Sally, a woman who needs medical attention; she has been taking care of Sally for the last 10 years. In Linda’s words, “this position has helped me obtain substantial work experience . . . so . . . with my new workforce training certificate I should be able to find a job to make more money.” Linda informed me that she has been searching for a higher paying job that will accommodate her schedule and allow her to continue taking care of her family and share quality time with her children. In her own words, Linda explains:

It is PRN [per diem nurse] hours that will work for me . . . because even if I have to work an additional hour, it will be OK . . . cause it’ll be the weekend . . . when I don’t have to be home to get the kids off to school. I’ll come home Saturday and sleep all day, go back to work on Saturday night then sleep all day on Sunday, and Monday morning I’ll get the kids up for school.

Linda has given considerable thought to a work schedule that will accommodate her family and work needs, as well as Jacob’s work schedule. Linda expressed some frustration with her job hunting prospects: “I am just trying to get a job any place, but no one is calling me back.” At the time of our interview, she mentioned several places where she had applied on her own and other places that the career counselor from CAI had told her about.

Unfortunately, the hours could not accommodate her schedule. Despite these obstacles, Linda remains optimistic: “All I am asking for is the easiest shift, I’m not giving up.” Linda mentioned Jacob several times: “I realize how much Jacob means to this family and me . . . and I am not going to let him go.” Linda and Jacob are not the traditional married couple, but they had lived together for eight years by the time of participation in this study. They met through a group of friends in 2002 when Linda was alone raising her children due to her

former husband going to jail. Linda said, “Jacob always liked me. . . . He got along with the girls...my mom...so we just got together.”

Jacob Chavez is a 29 year old Mexican-American born in a large city in Central Texas. Linda and Jacob have lived in Texas their whole lives. Jacob works for a sanitation company delivering portable bathrooms to various clients and has worked there for over a year. He completed up to the 10th grade; according to Linda, “Jacob has no intention of getting his GED [General Educational Diploma] at this time, but he works and supports his family the best way that he can manage.” In addition, Linda said the following during the interview:

I want Jacob to look for another job because he is working hard; he has been there over a year. . . . They have not given him a raise . . . they treat him like crap and they run all over him. Right now he can't quit his job to look for another because we need his job to pay rent or we will be out of rent and all that. But he wants to look for something in construction or making furniture. He is tired of driving around and delivering everywhere.

In other words, Jacob has been working a job that treats him badly and does not pay him well. He would rather be doing something else but unfortunately cannot find the time to look for another job. Linda mentioned “He [Jacob] is good to us . . . and pays for almost everything.” Linda told me that her relationship with Jacob is having some problems: “We need to stop fighting. . . . He won't go see a marriage counselor or anything . . . I just keep telling him that we need him and that I love him.” Linda is not sure if the relationship can take the strain of their current problems and she expressed that they may end up apart. She told me, “I'm not sure what it is going to take.”

Over the past two years, the Smith family has lived in three different places. For six months, they lived in a three-bedroom trailer in great need of repair which was Linda's mother's house. They moved to a new trailer where they lived for six months, but due to

high utility bills and Linda's unstable work schedule (not working as many hours), the rent became too expensive for the family to afford. Linda tells me the story of how they got into their current home:

It was sort of a miracle really. . . . I drove by, did not see any sign . . . then I just happen to be driving by again and there was a sign [rental]. So I called him and he told me he needed someone who would be willing to deal with the driving range [this is a golf driving range behind the rental home where people pay to practice their golfing skills]. . . . There were a lot of people who wanted this place but we were the only ones who were willing to work the driving range while we lived here . . . so he rented to us.

The Smith family currently lives on 26 acres of land that provides their children with plenty of space for practicing outdoor activities, such as riding bikes and playing softball. This is a four-bedroom house with two living rooms, two dining rooms and a large kitchen. Their home is located within 18 miles of a metropolitan city. They have lived in this house for about a year; however, the owner has decided to sell the property and the family will need to find a new home soon. Linda did not seem too worried that her family would have to move again; she simply told me:

We are talking to this guy and he is remodeling a trailer down the road. Jacob is going to help him finish fixing up the place . . . we are pretty sure that we will be able to move in there because he knows our situation already.

Jacob is helping the landlord refurbish the trailer. Linda said, "I wish Jacob would borrow money from his family so we could stay here. That way we won't have to move and the girls can finish elementary school here."

The Smith family has been participating in the EHS program for almost three years. Their youngest daughter, Nancy, two years of age, has been in the program since she was about two months old. According to the Child Outcome Planning & Assessment (COPA) database with EHS, Linda has been an active participant in parent meetings, educational

opportunities, home visits, and special events held at the center. She has attended workshops on toilet training, nutrition and family literacy. In addition, she has attended ice cream socials at EHS, open houses and a ribbon cutting ceremony for the new EHS center. In summary, Linda is taking advantage of all the service opportunities offered by EHS.

I have always participated in parent meetings. I have learned healthier ways of feeding my kids. I learned about potty training several times and a lot of it is repeated information but I don't mind going again because maybe I did not catch all the information.

The previous comment refers to the support that parents receive in order to nurture the development of their children (see Appendix, Goal 9).

Linda also shared her general attitude about EHS, the staff and the parenting opportunities:

They [EHS Staff] have all been good. I never had no problems and they seem to help me out. They [staff] are great and full of energy. I like the fact that they also sit and read with the kids. I can't tell you the last time I had time to sit and read to my kids. They [EHS] helped me at a time that I needed it. They helped out with childcare and it helps that my children are able to learn more things that I can't teach them at home.

Partnerships with families occur over time and allow trust to build through social interactions at the center. This is an ongoing process and a goal of the EHS program. Linda is pleased with what EHS is teaching Nancy at the center. She commented that she particularly enjoyed Nancy's teacher teaching her sign language. She stated:

I really liked that Nancy's teacher taught her sign language. If she grows up knowing sign language that would be awesome because she could help others. There are a lot of people who use sign language. She would come home and sign but at first I could not understand her so I had to ask her teacher what sign language she learned that day so that I knew what she meant when she signed at home.

EHS teachers are trained to interact with parents especially because one of the program's objectives is to encourage parents to ask questions about their child's education.

Another important aspect of the home visits is to collaborate with parents in order to help them identify and meet personal goals (see Appendix, Goal 9). The Confidential Family Partnership Goals form is completed based on parent input during home visits. The written documentation of the family and staff commitment to the identified goals includes (1) description of the family goals; (2) strategies for achieving the goals; (3) timetable for achieving the goals; (4) responsibilities; and (5) progress towards achieving the goals.

During the first home visit with Linda, she established four family goals. The first goal was to get a better job with her new certification. We discussed strategies for her to implement a plan of action for continuing a job search, a timeline when she wanted to achieve this goal and a follow-up meeting to be scheduled with her family advocate. Her second goal consisted of finding Jacob, her partner, a better job. She and I talked about Jacob's desires for the type of work he wanted to do and an approach for achieving this goal. The third goal concerned Linda getting her teeth fixed. She already had a referral from her family advocate at EHS. As part of Linda's plan of action, the EHS family advocate needed to follow up to make sure that Linda received the services she needed. The last goal was about her daughter Emma's language development. For this goal, Linda needed to seek the counsel of her family doctor and she committed to doing it: "The doctor can give me a referral so I can take Emma to a specialist." Again, her family advocate would do a follow-up concerning this issue. Immediately after this home visit, I was responsible for informing the EHS family advocate of all that transpired during my home visit with the families.

Looking at Linda's EHS file, home visits and interviews, I have witnessed the struggles that Linda and her family have gone through while being involved with EHS for the last two years. I have seen the family evolve from being homeless to eventually finding their

own place to live. The family's dynamic also changed when the incarcerated father returned. This put an emotional strain on Linda's and Jacob's current relationship. However, the problems were worked out and the family stayed together. Despite the obstacles, the family has persevered and Linda has continued to seek support from her community resources such as CAI. As her parent involvement specialist, I will encourage Linda to continue working toward her goals and provide her with direction when needed.

The Lopez Family

Twenty-six percent of CAI families being served in the Early Head Start programs in this Central Texas location speak Spanish as their dominant language. These families often have low income and low educational levels. The Lopez family is a typical family representing the Hispanic/Latino group of families. Monica Lopez and Anthony Lopez are the parents in this family and the main participants of this study. In addition, the data collected for the study came from interviews and home visits that took place mainly with Monica. I have worked with the Lopez's for two years—first as their family advocate, then as their parent involvement specialist. They are an immigrant family from Mexico and their two children were born in the United States. The family is composed of Monica Lopez, Anthony Lopez, Anthony Lopez Jr. and Angel Lopez. Anthony Jr. is 3 years old and Alicia is 13 weeks old. Monica's father lives with them because he is in poor health and needs someone to care for him.

Monica Lopez is 34 year old and was born in a big city in Mexico. She has completed up to the 10th grade in her country. When she moved to the United States 15 years ago, she knew very little English, so she decided to take English as a second language (ESL) classes. At the time she lived in Houston; she told me, "I was younger and I wanted to go out

... not go to school.” However, she attended four years of ESL classes and enrolled in an accounting class. Monica mentioned, “I did not really like the accounting classes. Since it was so expensive, I dropped out because I felt like I should like it [the classes] for that much money.” Monica has never attended college but has plans to continue her education. Here is what she said:

I started my GED classes. . . . I am still enrolled at the learning center [with CAI] but I need to take the exams and finish my GED. I don't think I will have any problems in the subjects . . . taking the tests. I just need to find the time. I would rather not have to sit and re-learn things I already know if possible.

Monica has aspirations to get her GED, but she does not want to waste any time learning material she already knows. Monica also stressed, “I always thought education was very important...especially if you want to get ahead in life.” Monica has had her own business cleaning houses for about three years and she has returning clients seek out her services. She has been unable to work since the birth of her new daughter: “My doctor told me that I could not go back to work yet. I have to wait until he tells me it's okay; [however,] my people want me back. . . . They have been calling already and asking me to come clean their houses”. I asked Monica how she was going to manage cleaning houses with the baby and she already had a plan:

I told them I have to bring the baby along because there is no one to watch her. My dad is too old . . . he can hardly get around so I have to take her with me. But they [her clients] said it was ok and that it would not be a problem. Now I am just waiting for the baby to get a little older.

Monica had already thought about a plan of action for her current circumstances and her clients agreed to let her bring the baby. Monica mentioned during a home visit, “If we don't get our permanent residency, then we will have to go back to Mexico.” The family is on a waiting list but the process has been rather slow. She has already thought about what the

family will do if they have to move back: “If we have to go back, I think that I can teach people English and go back to school in Mexico.” Monica and Anthony have been married since 2004. She laughed when she told me, “I did not want to get married, but I met Anthony and all that changed.”

Anthony Lopez is 25 years old and he was born in a big city in Mexico. Anthony finished up to the 11th grade and he has taken ESL classes with the CAI learning center. However, due to his demanding work schedule, he has been unable to attend class lately. Anthony currently works as a contractor installing wood floors for various clients and sometimes his work takes him away from home for a few days. He has been working as this job for about a year. Monica mentioned:

He can fix cars and cars that have been wrecked. He did that for awhile, but he did not get enough business. . . . We needed something more stable. He can do a lot of different things. He did cable connections like the Internet for about a year.

The family has struggled with inconsistent work and Anthony has been willing to take any job to support his family. Monica also mentioned:

Anthony is very happy that we have Alicia now. [However] it was hard for awhile because my husband did not pay attention to Junior. He was going out all the time. I kept telling him how important he was to this family and that we needed him . . . and we need to be a family. The fatherhood workshop that EHS provided helped us a lot.

Monica utilized her community resources by approaching her family advocate and requesting a workshop to help her husband develop parenting skills on how to interact more often with Anthony Jr.

The family lives in a two-bedroom trailer with a kitchen, small living room and one bathroom. They are currently in the process of refurbishing their trailer because the bathroom has a hole in the floor, which overlooks the ground. Their trailer does not have central heat or central air and the children do not have their own bedrooms. The family

began refinishing their trailer when I first became their family advocate back in 2008. At the time, the walls were unfinished and the floors were only plywood boards without carpet or tile. The home did not have a lot of furniture at the time—they did not even have a washing machine to wash their clothes. The second bedroom barely existed and outside walls needed to be added to the structure. The trailer sits on a rather large lot; there is plenty of room for Anthony Jr. to ride his toys or play outside.

The Lopez family has been participating in EHS since Anthony Jr. was eight months. They have been in the program for over two years and they hope to get accepted into the Head Start program next school year. Eventually, Monica would like to have Alicia attend EHS too.

When I start working, I will need daycare for Alicia and I will fill out an EHS application. For now, I want to keep her at home with me as long as I can. He [Anthony Jr.] has benefited from being involved with EHS and I understand why it is important to take him to the center every day.

Monica expressed “Anthony Jr. benefits from attending EHS and it is my hope to get Alicia enrolled with EHS too.”

I like the teachers and the family advocates who always help me and my family when we need it. I like the center director too and I am very thankful for everything that EHS does for my family. My husband and I attend parent meetings. I want him to go with me so he can learn these things too and how to take care of our son. . . . I think that I have learned how to be a family. EHS has helped my family a lot! My child has really learned a lot from me reading to him and I can tell his vocabulary is increasing. I like to learn anything that helps me become a better parent. That is why we try to attend the parent meetings so we can learn about different things that are important for our children and us.

It is important for EHS family advocates and staff to build relationships with parents as part of protocols, which assist in building a foundation for an effective case management system (see Appendix). Anthony Jr.’s primary language is Spanish; this is why a bilingual

family advocate is assigned to the Lopez family (see Appendix). Providing bilingual services enables family members to benefit from EHS education and health opportunities.

The Lopez family regularly participates in activities that are held at EHS. According to the family file, Monica and Anthony attend parent meetings and educational opportunities together at the center. To date, Monica and Anthony have attended workshops on toilet training, nutrition, family literacy, fatherhood activities, and cooking great meals on a budget. At the home visit, Monica completed the Parent Training Survey, an EHS document that families fill out at a home visit to request the training opportunities that they would like to receive. The family requested a parenting education opportunity on two topics: discipline and sibling rivalry. Anthony is three years old and is experiencing jealousy after Alicia's arrival. The Lopez family also participated in ice cream socials, a ribbon cutting ceremony for the new EHS center and open houses. Monica is very active in EHS events and also serves as the Vice-President for her EHS center.

About Monica's personal goals, during the home visit, she filled out the *Confidential Family Partnership Goals* form and established four family goals. Her first goal consisted of completing potty training for Anthony Jr. Monica told me that she already had spoken to the EHS teachers to let them know that her intention is to complete Anthony's potty training. She also mentioned that she is working with him at home. She will continue these efforts at home and will follow up with teachers to check on Anthony's progress in this area. An immediate goal is to get the car fixed. She stressed that Anthony is already working extra hours and that they know what is wrong with the car and how much it is going to cost them to fix it. Later, I conducted a follow-up with the family as part of our postnatal protocols and the family had indeed fixed their car. The third goal was for Monica to go back to school.

She said, "Once the baby has grown a little more then I will feel comfortable to put her in daycare and I can go back to school." Finally, her fourth goal was to understand what is wrong with her baby because she was constantly vomiting. Therefore, she made an appointment with the family doctor. I also spoke to her family advocate about Monica's situation so she can take action and do follow up.

Examining the Lopez family's file, home visits and interviews, I noted that the family had been through some significant changes in the two years I have known them. There have been conflicts to resolve within the family such as the concern about the language development of Anthony Jr., the detached relationship between father and son, and Monica's concerns regarding the addition to her family, baby Alicia. As I guided and supported this family, I made recommendations to assist the family in dealing and overcoming these issues. At times, it was necessary for me to seek experts (doctors, psychologists, etc.) outside of CAI to provide the family with the resources that they needed. The family and especially Monica have been receptive to my advice and have taken immediate action to help their family.

The Salinas Family

Fifty percent of families being served under CAI's Head Start and Early Head Start programs are single mothers with low income and low educational levels; Laura Salinas represents this specific population. However, she is a single mother who has support, even though her daughter's father died while when she was pregnant, because soon after she met Marcus. Now, Marcus Vargas is the father of her youngest child, Michelle. Marcus is very active in the family's life and the eldest child calls him Dad. I decided to use Laura's last name to refer to this family since she is the main participant of the study and data were collected from interviews and home visits mainly with her. I have worked with Laura and

her children for two years—first as their family advocate, now as their parent involvement specialist. This family is Laura Salinas, Marcus Vargas, Nelda Salinas and Michelle Vargas. Nelda is three years old and Michelle is two. Laura lives with her father, stepmother and two younger brothers in her parents' house. Occasionally, however, she and her two daughters stay with Marcus at his home.

Laura is 24 and she was born in a small town in Central Texas. Laura dropped out of high school when she was in 10th grade, but six months later she decided to go back and complete her GED. Laura became pregnant with Nelda and soon after Nelda's father passed away. Laura told me, "I was looking for a man . . . someone to be there for me and then I found Marcus." Laura started working for Head Start (HS) when she was pregnant with Nelda in 2006. In her own words: "Getting pregnant really changed me because before I was not responsible." Laura has been working in the HS and EHS centers for four years assisting teachers in the classroom. She claims, "I have learned a lot from working with HS and the teachers." Laura said she learned how to be patient and how to handle children better:

Working for HS helped me learn how to handle the girls better at home. . . . Whatever I learn at the centers, I would come home and practice that with my kids. [For example,] I try to have activities for the girls to do when they get home . . . things I learn from the teachers.

Laura has taken HS knowledge and applied it to her own parenting skills. She also has just completed a workforce training certification with CAI so that she can get a better job in the medical field. Laura commented, "Brenda [the CAI career counselor] is trying to help me find a job . . . I have to keep looking [for work]. Afterwards, I want to do something else like be an RN [registered nurse]." Laura is confident that she will find a job and be able to move forward with her work experience. In addition, it is important to highlight that Laura did not

want to attend school at first, but her attitude toward school has changed. She realized that she actually likes taking classes and learning.

It is all due to CAI putting me through school because I was like . . . I don't want to go to school . . . but when the opportunity came, it's like ok! I felt that I should I do it. But during the four weeks of classes for the certification program I was way into learning and learning more stuff and everything . . . like [gaining] more knowledge.

Laura also is trying to find a place to live where she and her daughters and Marcus can have a stable place to live. Laura mentioned, "I want my family to find a place together . . . a home so that we can be a family, together and not separate from one another." At one time, Laura and the girls tried to move in with Marcus, but Marcus lives with his mother and this caused problems. Laura expressed, "It was hard! Especially living in a small place together! His mom lives with him on and off." On top of that they have had other problems dealing with Child Protection Services (CPS). One night when Marcus became angry, Laura called the cops:

The CPS was a stressful situation and I learned not to be fighting . . . definitely . . . and if you are going to fight . . . don't do it around the kids. . . . Don't call the cops just because you can. I learned that I need to be stable in one place for my kids.

It seems like this served as a valuable lesson for them. Laura speaks very highly of Marcus and told me, "He has been there for me even though we have been through some rough times."

Marcus Vargas is 34 years old and he was born in a large city in Central Texas. Marcus dropped out of high school when he was in 9th grade. Laura mentioned, "He is not interested in getting his GED or going back to school." Marcus has been employed with the same company for two years and his occupation consists of painting fences with a special powder so that they will last longer. Laura told me, "He likes his job . . . before that he was hauling hay." Marcus financially supports Laura and helps her with the children's expenses.

Laura stated, “I barely make enough money. . . . Everything we are wearing comes from Marcus.” Laura mentioned to me, “We have been through jail, CPS and probation. It has taken all that to open his eyes. It made us a lot stronger. . . . We support each other through these crisis situations.” Despite the obstacles, Marcus and Laura have learned to support one another and that has helped create a stronger bond between them.

The family lives in rural Central Texas with Laura’s father in a four-bedroom house, with a kitchen, living room and dining room. The mother has to share a room with her two girls. The backyard is rather large and the girls have a swing set outside to play on. Marcus lives 30 minutes away and it is very expensive for Laura to go back and forth. Laura was excited to tell me at the time of the interview, “My cousin is moving out of her house so I am hoping we can move in there.” Unfortunately, after speaking to Laura on a follow-up call, she told me, “They [a relative who owns the house] decided to rent to people who could pay more rent than us.”

The Salinas family has been in EHS for three years. Nelda started with EHS when she was three months old and Michelle started when she was eight weeks. Laura plans on keeping Michelle with EHS and she has filled out an HS application for Nelda to attend next school year. Laura regularly attends parent meetings and participates in EHS special events. “I really like all the information that EHS has taught about nutrition, literacy and parenting.” Laura reads the newsletter and literature that EHS provides on various parenting topics.

I learned about nutrition; I try to buy fruit and vegetables. EHS has helped me learn how to do activities with my kids; the newsletters sometimes tells us activities to do in the summer time. EHS has helped me with literacy. I knew that I was supposed to read to the kids, but I did not understand how important it is for the kids. They learn a lot by it.

Overall, Laura has a good attitude about her experiences with EHS and really has enjoyed working with her family advocates and center director. She feels that EHS is a good opportunity for kids and parents both.

I think EHS is really good. I think it is a good opportunity for kids to go there and it is a good learning opportunity for parents. The family advocates and center director communicate with me, make me feel comfortable and make me feel cared for like someone actually cares about me and my family. I don't have that kind of relationship with the teachers and it has been awkward for me.

Marcus and Laura were required by Child Protection Services (CPS) to attend workshops to help them manage their relationship and anger issues. Marcus was not permitted to see the children until he finished his sessions with CPS, and they cleared him to see the children again. Marcus was required to take anger management classes with CPS because of their dispute when the police were called. Overall, this has been a good experience for the family and it has brought the family closer together. Laura and the two girls have mostly lived in her father's home.

Looking back on the family's files, documents, home visits and interviews, I have observed the crisis situations, emotional turmoil and growth that Laura and her family went through while being involved with EHS for the last two years. Laura has changed her attitude from never wanting to continue her education to exploring the possibilities especially after her experience with CAI's workforce training certification program. She has experienced difficult relationships with some of her family members and is still learning how to be in a relationship with Marcus. Still, Laura continues to improve herself and work on her relationships; she seems less frustrated about her life in general. As her parent community involvement specialist, I will continue to work with Laura on achieving her goals and offer my guidance when she needs it.

Summary

This chapter presented a detailed description of the Smith, the Lopez, and the Salinas families as the focal participants for this study. The Smith family represents the Anglo group of families. The Lopez family represents the family that has immigration issues and that is composed by bicultural parents. Finally, the Salinas family represents the case of the single mother who struggles to provide a better life style for her family. It is my hope that this rich description (background, lifestyle, education, and participation in EHS) allows the reader to capture the essence of the families who participate in EHS and the complexity of their lives. The next chapter, Chapter Five, will add to our understanding of the three focal families and will present important findings of data collection and analysis. These findings will describe the community cultural wealth of the families. In addition, we will learn about the incidental adult learning that occurs as a result of being involved with Early Head Start in rural Central Texas.

CHAPTER V

FINDINGS

This chapter reports the findings after conducting a qualitative study on the incidental learning that takes place through participation in an Early Head Start (EHS) program in Central Texas. As explained in the methodology chapter, when I started the study my goal was to find answers to two research questions, one related to incidental adult learning and another related to adult literacy development. However, after carefully analyzing the data gathered for the study and after reconsidering the limitations and scope of the study, I realized the existent that data do not provide sufficient evidence to provide substantial information about the literacy development of the participants as a direct result from participating with EHS. This issue will be further addressed in the section “future research” in the following chapter. It is important to highlight that there is evidence of incidental literacy learning taking place in one of the participating families. In fact, this information will be presented as part of the many instances describing the unintended learning that occurs when adults participate in EHS programs with the goal of providing education, health, and wellbeing opportunities for their children and families. Therefore, the following research question guides the presentation of the findings: What can we learn about these EHS families as a result of being involved with Early Head Start programs?

Early Head Start (EHS) focuses on providing educational opportunities to help the adult participants succeed as parents. The program focuses on promoting the wellbeing

of the family and more specifically of the children. However, these adults learn more than just how to become better parents. We need to acknowledge that before they enroll with EHS, these adults have already been enacting their roles as parents. As a result, even after working with these families as a Parent Community Involvement Specialist for the last two years and from conducting this study, I discovered new information about the participating families that is often overlooked. These families possess knowledge, skills, and talents—what some researchers call “funds of knowledge” (Gonzalez, Moll & Amanti, 2005) and “community cultural wealth” (Yosso, 2005).

Community Cultural Wealth

The work of Yosso (2005) on community cultural wealth (CCW) provides the appropriate framework to describe overlooked assets of the participating families in the study. This researcher identifies six types of community cultural wealth: aspirational capital, familial capital, social capital, linguistic capital, resistant capital, and navigational capital. Data collected for the present study describe four of these elements— aspirational, social, familial, and navigational capital, which will be presented in that order.

In this study *aspirational capital* refers to the hopes, dreams, goals and desires of the participating EHS families regarding education, employment, lifestyle and finances. *Social capital* pertains to social connections and relationships developed as a result of involvement with EHS and the social networks and relationships with family members, community and friends that the families already possessed. *Familial capital* refers to family bonds, ways of caring for children and providing support to children and other family members such as in-laws and siblings. Lastly, *navigational capital* relates to how these families understand and

obtain different social services provided through EHS and their ability to maneuver and navigate the system in order to get resources and provide for family needs.

Aspirational Capital

Each family demonstrated aspirational capital and this by far was the most reoccurring capital throughout the home visits and interviews. For example, Linda's interviews disclosed her aspirational capital:

I am trying to get on with the hospital where I can work Friday and Saturday nights and this would be good money for us. I am just trying to get in the door over there, but no one is calling me back. They said I could fill out an application online and I did that. I called and they said the lady was off that week and she will call me next week which this is next week! I'm going to call her and see what she says. I will work weekends. I want to get a job at this other place but they keep telling me that they are not accepting applications. My friends from school tell me that they got a job and they are working there. I'm not going to give up though. I'm trying to get my mom to actually go through the workforce training certification that I went through, too, so she can make more money. My boyfriend needs a better job, too, because they treat him like crap. This community is not a place for kids to grow up and when my oldest finishes elementary school, we are moving. There are no local parks, no buses, no community centers and they end up meeting friends that are not good for them.

Linda is working hard to find better employment and also states her hopes for her partner, Jacob, to find a better job. Her concern also extends to her mother; now, she is trying to get her mother to sign up for CAI's workforce training certificate program. Linda, as any other parent, worries about the wellbeing of her children and wants the best for them. She wants them to have good role models and friends while growing up. As a parent specialist representing EHS during the home visits, Linda and I brainstorm places where she can apply and put a plan of action into place. I also have an open door policy and any parent can make an appointment with me to help them with their resume or apply for jobs online. At the center-level, we post jobs available in the community on a weekly basis and parents can request workshops regarding finding a job, interviewing skills, dressing for success and

choosing a career. In addition, in the interview transcript from the Lopez family, Monica said:

I still want to go back to school. I need to finish my GED. I think that I want to help people, like you. I see you helping people in the community and I think that I would really enjoy that, too. Or maybe I could teach people English. If we can't get our permanent residency then we will have to go back to Mexico. If we have to go back, I've thought about what I can do over there. I think that I can teach people English and go back to school in Mexico. I am hoping that President Obama passes some laws to help us stay here. I would rather stay here because my son will have good schools and there are more opportunities for my family. I still need to get a better job to support my family and I need to go back to school so that I can make more money. We are on the list at the immigration office. . . . Well hopefully . . . we can get our papers. I would like to fix the house up or find another one.

This participant manifested her desire to go back to school, find better employment and provide a home for her family. She longs to obtain her citizenship because she believes that the United States has better schools and more opportunities. During the home visit, Monica and I discussed strategies for working toward her goals and a plan of action for completing these goals. This included checking with the immigration office on her status, asking them for advice on how she should proceed and asking them about her chances of getting a green card. At the center level, her family advocate can continue to work with her to find better employment and she can continue to encourage her to go back and finish her GED.

Similarly, during the home visits and interview with Laura she shared the following:

I dropped out in 10th grade, then six months or less after I dropped out, I got my GED. I want to be able to do more with my workforce training certificate and afterwards just be in the medical field. I want to do something else after that . . . probably in the medical field like an RN. I want to be more than I am and see what my potential is. I am motivated now and I actually have goals now. I need a better a life for my kids; I want my family to find a place together . . . a home so that we can be a family. Hopefully, that is coming soon.

It is evident that Laura is hoping for a better life for her family and that she wishes to reach her full potential. She aspires to finding better employment and more importantly a new

home so that her family can be together. Laura and I spoke about her plans and we thought about ways for her to reach her goals. Her first goal is to find two references from CAI for her applications. I offered to be one of her references because I have known Laura for two years and have seen all that she has overcome and accomplished. She was happy about that and told me, "That would be great, thank you." The EHS family advocate offers Laura guidance on accomplishing her goals and the CAI's career counselor is working with her to help her obtain a job. At any time, Laura can request help from her family advocate in any aspect that she may need for her endeavors towards finding work. She knows the resources are there for her to use and all that she has to do is ask.

Despite the many barriers that these families face on a day-to-day basis, their ability to remain hopeful and look to the future to accomplish their desires is evident in the interviews. Each family has personal goals to work toward and anticipate finding better jobs, continuing their education and providing a better life for their children. Yosso (2005) explains that research has shown that people with low educational outcomes have high aspirations for their children's future. Each family demonstrates their active participation in their child's life by attending EHS parent meetings, workshops and home visits. They are invested in the future of their child's educational outcomes and continue to build relationships with EHS staff to achieve optimal results. The EHS families in this study talked about their plans; as their parent involvement specialist, together we made plans of action to start realizing their dreams for themselves and for their families.

Social Capital

This form of capital represents the second most common community cultural wealth disclosed from the home visits and interviews with the EHS families. Comparably, the data collected from interviewing Linda reveal her and her family's social capital.

We are talking to a guy in the community and we are going to help him fix up his trailer so we have a place to live once this property gets sold. He knows our situation and he is pretty sure that we will be able to move in. My family advocate has given me places to go look for a job. . . . The career counselor of CAI gave me a list of places too.

Data reveal that Linda utilized her community and her social skills in order to create an opportunity for obtaining a new home for her family. She also has been working with her family advocate at EHS and the CAI career counselor to find work. Linda is using her social networks and the resources available to her to accomplish her goals. EHS, CAI and Linda's family advocate according to Yosso (2005) are her social capital. Another example of social capital from Monica's interviews reveal:

I ask my friends and family when I need information and sometimes I go to the library. I need some literature on colic or books so I can learn more about it to help my baby. Juan's mom helps me out [other EHS parent], she takes the kids and picks them up until we can get the car fixed. I know EHS moms now and we help each other. I still want to go back to school and I am still registered with the CAI learning center.

Her social network expands to include other EHS parents and this link provides a collaborative partnership for the families. Monica also has family and friends that she can ask for information that she may need. She uses her local library as a community resource to obtain information and the CAI's learning center to further her education. These resources are Monica's social capital.

This commonality is also shared with the Salinas family's social capital which is exhibited through her social interactions within the community.

Working for HS, I deal with different teachers and staff. I do learn a lot from them and things that I can do at home with my kids. CAI put me through school and EHS role- modeled for me. I ask my step-mom for resources that I may need because she knows everything since she works for CAI. The family advocate and the center director help me when I need it.

In other words, this parent asserts that working for HS and her interaction with staff has assisted her with her children at home and provided her with activities that she can do with the girls. Laura utilizes her stepmother as a valuable resource when she needs a referral or some guidance of available social services. She sees her family advocate and center director at EHS as additional resources that she can utilize, too.

Each family has used their social capital to assist them with their daily lives and they take advantage of the new and old resources available to them. Each of them has built relationships with EHS staff, community members and other EHS parent, which strengthen their peer and community contacts. These contacts according to Yosso (2005) will allow families to be reassured emotionally that they are not alone. This will assist them in their ability to cope with complicated situations especially since the role of the EHS family advocate is to provide the necessary tools to help families learn to manage these circumstances.

Familial Capital

Familial capital is a sense of connection to our extended family, kinship, and connections from our families that stretch out into our communities. Each family in this study lives at home or a parent lives with them in their house. In the case of the Smith family, the EHS parent has her mother and younger brother living in the house with her family.

My mom and my younger brother live here, too, because the other place where they lived was a dump. When we move, they will go where we go. I am trying to get my

mom to actually get involved in the workforce training program with CAI that I went through . . . so she can make more money. I got her an application to fill out but she has not done that yet. I keep pushing her to fill out the application because her current job is not paying her enough. Jacob mostly pays for everything; without him we would not be able to pay rent or our bills. Alice is in a school play so I will be attending that to see her perform. I encourage them to get involved in school activities.

Linda's mother and younger brother live with her and her plans are to take them with her when the family moves. During the home visit, Linda expressed some concern over her mother's current work situation and how she is trying to help her mother enroll in the same CAI workforce training, she went through. In addition, Jacob is not married to Linda, yet he provides for them and pays for the rent and bills. Linda told me, "He is really good at providing for us." Also, Linda showed another aspect of her parent involvement by attending her daughter's school play; she encourages her girls to be active participants of after-school functions.

Similarly, Monica's ailing father also lives with her family. She shares her concerns about her father and her family, which is mentioned here:

My dad lives with us; he is sick and he needs someone to take care of him now. I know that I have to keep this family together...I know that it is important to keep my family as a family. I lost my mom at a young age and I know what I went through and it is important to have family. Not just one parent, but both parents because together they need to be actively involved in the lives of their children.

The interviews with Monica exemplify her familial capital that embraced a further understanding of kinship as described by Yosso (2005). The deep connection to her familial ties and the responsibilities that she willing takes on in helping her father become evident. Her family is very important to her especially after experiencing the loss of her mother.

In a similar instance, interesting results emerged from interviewing the Salinas family.

I want my family to find a place together, a home so that we can be a family. I live with my dad, step-mom and two younger brothers. The girls love being around their grandpa and grandma especially Nelda. She [Nelda] also follows the boys around all the time...and they [her brothers] are really good with her and let her play with them. I have learned from different experiences since being involved with EHS; it has made me not want to ruin our family and our relationship. We have been through some rough times like jail, CPS and probation. It has taken all that to open my eyes...it made us a lot stronger as a family. We support each other through these crisis situations.

Laura lives with her father's family and mentions the strong attachment that Nelda has to the family. She recognizes that although it is not the ideal living situation she likes, it still has some benefits for everyone. The family has experienced some difficult situations since being enrolled in EHS. However, Laura points out that that the family has been supportive. In fact, in a separate comment she mentioned, "These crisis situations have strengthened our relationship and the support that we give one another."

In summary, each of the three participating families possesses strong familial capital. They have sound relationships with immediate family members and genuinely care for one another. Linda's role within her family is one of caregiver and manager of the household while working toward making a greater financial contribution. Jacob is the main provider of the family and this is has been his role since he met Linda. Monica plays the role of caregiver, supervises the household and works part-time to help her family. Anthony is the main provider for the family, works overtime and helps Monica with the parenting responsibilities. Laura is a single mother who lives with her family, but she is reaching towards her independence and becoming a family unit with Marcus. She is the main caregiver for the children and Marcus helps her by providing necessities such as clothes for her and the children. All three women are working toward goals to continue their education and work experience in the hopes of providing a better life for their families. Their tenacity

and resilience among their daily struggles does not affect their overall goal of being a good parent, learning more about parenting and being actively involved in the lives of their children and family.

Navigational Capital

This capital refers to the skills of maneuvering through social institutions. Data collected uncovered the navigational capital of each family. In Linda's interview, this was mentioned in the following vignette:

I filled out a Head Start application and a CCMS [Child Care Management Services] application to get childcare for my kids. I finished the workforce training certification program offered through CAI and they gave me weekly money to go to class, too. I received utility assistance from CAI when we needed it. A family sponsored us from the church this Christmas and that helped us so much. I'll take Emma to the doctor. . . . They will give me a referral to so that I can take her where she really needs to go for her hearing.

According to Yosso (2005), Linda has the knowledge she needs to steer through these various social service systems in order to fulfill the needs of her family. She exhibits an understanding of the Head Start application process and the Child Care Management Service application. Over the years, Linda has also become acquainted with the various social services that CAI provides to the community. She has learned how the referral system works at the doctor's office so she can get her children in to see a specialist if need be. Monica shared incidents of navigational capital mentioned in her interview.

I know where to get things now. I use the referrals and any information I need to get for my family. I am worried about the baby but I have an appointment with the doctor already. The baby may need to see a specialist. . . I am going to suggest that, since the doctor cannot seem to help her. I have already filled out a HS application and I am sure he will get in because we meet the requirements still. CAI can help me with my educational goals so when I am ready to go back to school, it will not be a problem.

From her experience, Monica has learned how to make suggestions to her doctor regarding Angel, the baby, to make sure her baby gets the care she needs. She also is familiar with the referral process and she knows how to retrieve the information that she needs for her family. Monica is confident in her knowledge about the HS application and the requirements that families must meet in order to participate. She also knows the process for attending classes with CAI and she knows what is expected.

Similarly, Laura shared her experience:

I filled out the application for Nelda for HS next year. Michelle will stay at EHS since she just turned two. Nelda has not recently had any seizures but I know where to take her and what to do if it starts happening again. I completed my workforce training certificate through CAI. It was tough to get in the program, it was a lot of stress for me . . . a lot of paperwork to give them, tests to take, but I finally got it all taken care of.

Demonstrating her knowledge about the HS and EHS protocols, Laura knows that Nelda cannot attend EHS next year since she is three years old now, and Michelle will be able to continue with EHS since she is just two. From her experience in dealing with Nelda's medical condition, Laura now knows what to do for her child and where to go in case it happens again. She also has been through the CAI's workforce training certification program and now has a better understanding of the process.

The fact that these three families are enrolled with EHS and take advantage of the many services provided by the program means that they have gone through the experience of learning how to navigate this system. For example, each family understands the application process to the extent that they know that their children are at an age that will not allow them to continue participating in EHS. Also all three families understand how to navigate through the educational opportunities that CAI provides in regards to workforce training, ESL or GED classes. These families already have a good grasp of the expectations of these

programs, what it is that they need to do in order to participate and how to tell others so that they can participate too.

Summary

Each family demonstrated their community cultural wealth to assist them with their daily lives and they took advantage of the new and old resources available to them. Each of them has built relationships with EHS staff, community members and other EHS parents, which strengthen their peer and community contacts. All three women are working toward goals to continue their education and work experience in the hopes of providing a better life for their families. Evidence provided a look at the relationships between immediate family members and the genuine care that they had for one another. The fact that these three families are enrolled with EHS and take advantage of the many services provided by the program means that they are familiar with the system and how to maneuver through it to get their needs met.

Incidental Adult Learning within the context of Early Head Start

The previous section examined the community cultural wealth of the participating families. If we look closely at the data illustrating aspirational capital, social capital and navigational capital, it becomes evident that incidental learning is interwoven with these forms of capital. In other words, an example that illustrates any of these three capitals can also be used to explain adult incidental learning. However, for the purpose of presenting the findings and providing enough examples to support the claim that incidental learning is occurring within the formal and informal education and learning opportunities provided by EHS, it was necessary to classify the data as belonging to either of the capitals or incidental learning.

According to Merriam, Caffarella and Baumgartner (2007), “informal learning refers to the experiences of everyday living from which we learn something” (p. 24). When an adult sets a goal and starts a project with the purpose of learning outside of the classroom, and as a personal endeavor, this type of learning can be considered informal learning.

McGivney (1999, p. 1 as cited in Golding, Brown & Foley, 2009) explains that

Informal learning can be unpremeditated, self-directed, intentional and planned. It can be initiated by individuals (for example in the home, in the workplace); it can be a collective process (arising from grassroots community action or social protest), or it can be initiated by outside agencies responding to perceived or expressed needs, interests or problems. These may include educational providers who wish to offer previously excluded groups learning experiences in their own environment.

The nature of informal learning provides opportunities for incidental learning to take place. Incidental learning is also the unintentional learning or unplanned learning that results from other activities that adults do. According to Kerka (2000), incidental learning occurs in many ways including observation, repetition, social interaction, problem solving, but also incidental learning occurs in the process of completing tasks from implicit meanings, watching peers, talking to experts about tasks, talking to peers or from being forced to accept or adapt to situations. After a close examination of the definitions of informal learning and incidental learning, we can conclude that there is not a clear boundary as to when informal or incidental learning is taking place.

Data collected for the study illustrate the presence of incidental learning through four themes: (1) social interaction and problem solving, (2) experiential learning, (3) transformational learning, and (4) incidental literacy development.

Social Interactions and Problem Solving

Incidental learning transpires as a result from solving problems, socially interacting and building relationships. In this study, Linda, Monica and Laura have experienced

unintentional learning in a variety of social contexts. In the home visit with Linda, she explained the following:

When I drop off Nancy at the center, I usually sit in the classroom and observe. I have noticed that the teachers are having a hard time handling the children in the mornings. They [the teachers] end up missing something that happens between the kids. Like the other day, two of the kids were fighting over the same toy, but the teachers could not do anything about it since they had to take care of the children arriving for the day. They should not have to take care of these children when it is the responsibility of the parent to make sure their child washes their hands, goes to the bathroom or the diaper is checked before leaving the center. But parents are just signing in their kid and leaving! Parents need to do their part when they arrive at the center, then the teachers could do their jobs by watching the kids. We need to go back to the parent handbook and give them training or something because it is a problem and something needs to happen to fix it.

Observations are one context in which unplanned learning can transpire. In this case, Linda observed the environment at EHS and noticed that there was a problem. She formulated a plan of action to solve the problem and made suggestions. EHS classrooms foster a rich climate, which increases the chances for incidental learning to occur. Linda is also building relationships with EHS staff and this process is fertile ground for incidental learning. The following vignette is an example:

I have been talking to my family advocate about employment. She has given me a couple of places to go and apply. I am also working with the CAI career counselor who is helping me find opportunities in the community.

Linda is using her resources and she is building relationships with the people who can assist her in finding better employment. Building relationships falls under the context of social interactions with experts who provide a task and as a result informal or formal learning takes place. In this case, because of Linda's relationships, she was able to learn how to proceed in her job hunting and what steps to take next. Linda is informally learning about ways to solve her problem of finding a job. She mentioned:

I have been applying for a number of different jobs, but I keep running into problems or people won't get back to me. I have been calling to check up on the status of my applications. I guess I am going have to call again. I have experience and my workforce training certificate and I know that I will need to be trained for the position at the Heart Hospital.

Through her issues with trying to find a job, Linda is learning that she has to apply at several places. Through this process, she is incidentally learning the best action to take and that follow-up on the status of her applications is a critical step in the process. Linda also realized that she might not have the right experience for these jobs.

The second mother, Monica, also provided evidence of her incidental learning which included:

I'm a little concerned that he [Anthony Jr] does not know how to defend himself at school. He comes home with scratches and the other kids are beating him up. I need to talk to his teachers because two children in the classroom beat him up all the time and they need to do something about it. I told his father that we need to teach him how to defend himself. I already told the family advocate and she is trying to work with the other kids to teach them not to hit other kids. I told her we need a workshop for all the parents to learn about this so they can teach their children at home. That way the child is being taught at school and at home. I am willing to learn whatever I need to do at home.

Monica recognizes that there is a problem at the center because her child keeps coming home with injuries. Informal and incidental learning generally take place from an action on the part of the learner who seeks options to learn new skills to implement toward a solution.

Monica took the initiative to solve her problem and chose different approaches. In the data, Monica stated that she is trying figure out what is wrong with her baby. She indicated:

The baby is having problems keeping her food in her stomach. She keeps throwing up everything. I have taken her to the doctor and he said she might have acid reflux. He told me that the tube that runs from her throat to her stomach may not be fully developed. I noticed that when she is in a certain position after I feed her, she does not spit up as much. So I went out and bought this chair for her so it keeps her upright after she eats. It helps but she is still spitting up some. I have another appointment with the doctor and I think she might need to see a specialist.

There was a problem with Monica's baby that she needed to address so she observed all the times when the baby spit up and found a temporary solution. Individuals continue to improve their incidental learning through life experiences. In addition, Monica is also building her relationship with her family doctor that facilitates more informal learning through a social context. She is also building relationships with EHS staff. Her comment was:

I have a good relationship with EHS staff. I know that I can go to my family advocate and the center director if my family needs help. I am working on building my relationship with the new family advocate now.

Social circumstances allow individuals to learn incidentally on a daily basis. Resources are available for EHS families and Monica is fully utilizing her social network to learn and seek assistance for her family.

Laura developed interpersonal skills through socially interacting with people at work, which is a component for incidental learning.

I am not as shy as I used to be and I am able to work with other people now. I visited a lot of different centers and met a lot of different people. Because I was very shy growing up so being around Head Start teachers and staff has made me less shy and more social. When I first started working at Head Start, I was very shy.

Laura's objective was to gain work experience, but indirectly, as a result of her social interactions with HS staff, she became more social. Another experience that Laura's home visit disclosed was the relationship that she has with her children. She explains:

I do activities with the girls when we are at home. I read to books to them and do activities with them that I learned from observing the teachers in the classroom. We blow bubbles together and sing in the car. They love to sing! I learned a lot from the teachers and it helped me learn how to deal with my girls.

Laura learned how to do different activities with her children from observing and watching experts perform a task. Incidentally, she learned how to build a better a relationship with her girls as a result. Laura also mentioned her parents and said:

I have a better relationship with my parents because before I thought that I knew everything especially when it comes to the girls, but I found out that I don't know it all. They help me when I need advice and I have learned to listen to them.

Laura realized that by listening to her parents she was able to build a better relationship with them. Her relationship building experiences have unintentionally resulted from social interactions with teachers and her extended family. Laura has good relations with EHS staff and explained that:

I feel comfortable talking to my family advocate and center director. I have a good relationship with them and I feel that they help me when I need it and the EHS staff has been role models for me.

Social interactions with EHS staff help Laura solve problems by obtaining new information. The EHS staff is providing learning for Laura through their role modeling.

In summary, all three families exhibited some form of incidental learning that occurred as a result of interaction with EHS staff, EHS classrooms and social opportunities. Study findings suggest that EHS is a rich environment that fosters incidental learning. Participating families face crises that may include homelessness; mental health and medical conditions; lack of resources; and poor or unhealthy working conditions, which urge them to accept or adapt to situations. In addition, study participants developed interpersonal skills, built relationships and problem solved— all of which contributed to their community cultural wealth as mentioned earlier.

Experiential Learning

Study findings reveal that lessons learned through experience helped focal participants to be able to develop new skills and acquire new knowledge. For example, Linda's home visit and interviews illustrate the learning that occurred as a result of making a mistake:

I do learn from my mistakes but I think it also depends on the situation and how severe the situation is. What I learn is to not make the same mistake twice [referring to her criminal background]. I understand the consequences from breaking the law and the impact it has on me and my family. I guess that I mature from my mistakes I have made. I learn from the situation.

Linda learned from the situation that she encountered in her life. These experiences offered her informal lessons from a complicated situation. Linda learned a valuable lesson from her experience which allowed her to judge her own actions and the affects of those actions. In addition, Linda commented:

I know how much stress we went through when we did not have our own place to live. We have been in and out of places a lot and that affects us all. We need to keep this place in good condition especially after the one place where we left holes in the walls from Jacob getting angry one night [Jacob punched the wall]. It was hard to find someone who would rent to us after that.

Linda learned from this past experience which she applied to her new situation. She made a connection between what she had learned in the past and transferred that knowledge to present situation.

Monica also expressed moments where she had learned from experiencing certain situations. She explained:

I have a problem asking people for help. However, when our car broke down I did not have a way to get Anthony Jr. to the center. So finally I had to ask another EHS parent in the community to help me get him to school. I am trying to get better about asking people for help.

Monica's life experiences offered her a learning opportunity. Monica found she did not like asking people for help, but the experience from the car breaking down offered a lesson and a moment of reflection from that experience. Moreover, Monica learned how to view daycare differently from her experience. She said:

At first I was scared to take my baby to daycare, I heard awful things about daycare and I did not want Anthony Jr. to go to daycare. I heard that EHS was different so I applied and we got accepted. What I found out was that it [daycare] was okay. The people were good to him and I saw that it was helping him. He actually liked going to the center. I changed my mind on how I viewed daycares after that.

The essence of Monica's experience presented a rich lesson for her to learn. This gave Monica the opportunity to explore her world and learn through being an active participant.

Laura has also learned from an array of different experiences. She comments on her learning experience from working with HS. She conveys:

From my experiences with working with HS, I have learned a lot about what to do with kids. I learned how to handle things in the classroom and how to handle certain kids. I learned how to keep my patience. Working with teachers, I have learned a lot from watching them work with the kids. I learned different activities that you can do with kids so that they can learn.

The HS environment provided an experience that engaged Laura in her learning process.

When Laura had this experience, she was able to construct new knowledge and acquire new skills. Another experience in which Laura was an active participant pertains to her Child Protection Service occurrence. Laura stated:

The Child Protection Services (CPS) situation was a stressful situation and I learned a lot from that situation. I learned not to fight especially around the kids and I learned don't call the cops just because you are having a fight. I learned that I need to be stable in one place for my kids; we need to live in one place. I matured and it has made me think before I do something. It has made me not want to ruin our family or my relationship.

This experience allowed Laura to define herself. This experience provided clarity on a complex situation and the end result offered Laura a broader perspective.

Summing up, experiences offer a rich context in which learners can be active participants in the learning process. These EHS mothers have, and as their parent involvement specialist, I have had the opportunity to help them become more aware of these experiences. An important aspect of learning from our experiences occurs when we take time to reflect on the experience.

Transformational Learning

The families in the study disclosed that they had learned from some of their experiences and part of this learning occurred as a result from reflecting on their actions and changing their perspectives. Linda talked about some of her transformations and stated:

I know to stay out of trouble when it comes to the law and I don't want to make that mistake again because a criminal record follows you for the rest of your life and it does not help when you are trying to get a job, rent a place to live or anything really. It makes you think about the consequences and I know better now and I have learned my lesson. You realize how it [breaking the law] affects your family and life. I think about the mistakes I have made and I learned my lesson.

The transformational process for Linda began when she reflected and decided to revisit her way of thinking. Linda thought about her actions and how those actions affected her family and life. Linda made an assessment about the way she turned out and transferred that knowledge into how she currently feels about raising her children. She commented:

This is not a good place [her community] to raise kids. There is nothing to do out here and then you end up hanging out with the wrong people and getting into trouble. I know because I was raised out here and I use to run around all the time. I got into trouble out here and I know what can happen. I don't want my girls to go through that and ruin their life. We are going to move as soon as Alice gets finished with elementary school. There is just not enough out here to do. We live out in the middle of nowhere and there is nothing out here for the girls to do. There are no local parks for them to walk too or a community center for them to attend.

The assumptions that Linda had about herself changed due to a prior experience. Linda made an assumption and reflected on prior experience to devise a new frame of reference, which

may have been based on her feelings of fear, anger, guilt or shame. Also, Linda's homelessness offered a learning experience which resulted in transforming her attitude. She mentions:

I know that I don't want to be homeless ever again. I learn from situations especially depending on how severe the situation is. I have learned how to be more responsible from some of my experiences because I don't want it to happen again. I think about what happened so I can change the way I view things. That way I can avoid it happening again. Sometimes you have to change so that you don't get stuck in the same situation or have the same problems.

Linda learns from her experiences because she thinks about how to change or view things differently. She takes the time to reflect on experience and modify her point of view or behavior. Linda thinks this is a critical step in minimizing reoccurring circumstances or problems. Because she was able to analyze her underlying beliefs and assumptions, as a result, she became a more responsible individual.

Monica experienced similar situations and states:

Before EHS, I did not like to ask people for help, but I changed my way of thinking because sometimes it is okay to ask for help if you really need it and I know that now. I just did not feel comfortable asking people for help. It made me feel funny and I don't like to do it. But when something bad happens and you can't fix the problem then you have to rely on other people to help you. Sometimes you have to break down the way you think about things and change your mind. Like when our car broke down, I have to get Anthony Jr. to school so I had to ask another EHS parent to take him. EHS has influenced me to be more responsible and to be a better parent, too. We have routines in the house now and I know it is important to keep them. I never use to like to read then EHS taught me how important it is to read to my child so I changed.

The unexpected event of Monica's car breaking down prompted discomfort and confusion.

This provided an opportunity of self-examination that transformed her current viewpoint of asking people for help. Monica further commented:

EHS has influenced me to be more responsible. They have helped me understand how important it is to take Anthony to the center every day. I see how much he learns so I now know he needs to go to school unless he is sick. Before I did not realize how important certain things are to do with your child like read to them every day, make sure they eat certain foods for their development and have a routine in the house and make sure they get plenty of rest. I have become a better parent and I work on that because EHS has helped me realize how important it is for Anthony. It is important to recognize that if something needs to change to help the family then it needs to happen. You have to think about it and do something to make an effort. I learn from talking to EHS staff about these things.

Group discourse with EHS changed Monica's perspective because of the different outlooks that each staff member possess. She was able take the information provided, self-reflect and come up with a new point of view that would help her family. EHS provides an ideal situation for discourse, which can foster transformation learning. The social experience from EHS provided Monica an opportunity to reflect on how she viewed certain parenting protocols. She realized that it takes conscious effort through action to make the change that may be needed. She also discussed:

I am more confident now than before I got involved with EHS. The staff makes you feel comfortable and helps you realize things that you need to learn. They help you think about things in a different way and how it important it is to have confidence to do the things necessary for being a parent or whatever. This has helped me be confident and changed the way I think about being a family, goals I want to achieve and things that I would like to see changed.

In most cases, EHS provides a trusting environment for learning, promoting independence, collaboration and providing activities to encourage personal growth and reflection. For Monica, the process of critically analyzing herself is a constant variable that occurs in her daily life.

Laura experienced different occasions where she changed her attitude. Laura's replies from the home visit included:

I am more responsible now because before EHS I was not responsible and I was doing nothing. It's just like I had no life. My bad attitude changed where I didn't

care about anything or anyone but I grew out of it and I realize if I am having a bad day and someone does not get my order right then it's not their fault. I had to learn to change because it was affecting people around me. I realized that I need to think about my actions more and how that really can be a problem. I am much more conscious of that now especially if I want to have good relationships.

Self-reflection from her experience was necessary for transformation to take place. Laura changed her attitude because she became conscious of how her actions affect other people.

In addition, she added:

I get along with my parents now because I changed my attitude. Before I just thought that I knew everything that there is to know about raising my own kids, how to run my life and how to deal with my issues. But I realized that I don't know everything and that my parents actually have good advice for me. So I changed the way that I thought about this and it has helped me realize that we can have a better relationship. I don't listen to everything that they tell me, don't get me wrong, but I do make an effort to listen to them more.

Laura realized that she needed to change her attitude of thinking that she always knew what was best for her children and that no one could offer valuable input on how to raise them.

Once she changed her viewpoint, she was then able to build a better relationship with her parents. This development occurred from Laura's self-reflection and helped her transform.

Lastly, Laura mentioned:

I did not want to go back school or anything. It was hard enough for me to finish high school and I just did not want to go through that all over again. I remember telling you a year ago that I would never go back to school. It is funny how we change our minds about stuff because really I had my mind made up about school. But that changed for several reasons, maybe because I am more confident now, mature and I know how important it is to have steady income and a stable job. I went through the workforce training certification for my CNA (Certified Nursing Assistant) through CAI. I actually really got into it and I enjoyed learning. I have changed my mind about school and continuing my education. I want to maybe get my RN (Registered Nurse), I don't know really, but at least I am more open to possibilities than I was before. It was good that CAI offered the training and everything was paid for. It was very stressful for me to get accepted into that program, but it finally happened and I was glad it worked out.

Laura changed her mind about the way she felt about going back to school. Laura realized the importance of going back to school from critically reflecting on her life and figuring out what needed to change. She came to recognize that she was the one that needed to change in order to accomplish certain goals in her life.

The transformation process allowed the focal participants to acquire new knowledge, skills, build competence, self-confidence and renew relationships. All of the EHS families experienced different incidents where they changed their attitudes, assumptions and perspectives after thinking about their experience or actions. All the mothers gained insight from their experiences and took some sort of action to change. This change helped facilitate a new perspective for them and in some cases provided a new frame of reference to incorporate into daily lives. In the next section, it is important to mention the incidental adult literacy development that was uncovered in the data.

Incidental Adult Literacy

The fourth finding related to incidental learning corresponds to adult literacy development. Data collected for the study point out that the only family manifesting substantial evidence of literacy development was the Lopez family.

My English has improved and I learn new words when I read to Carlos. EHS has helped me read to my child. . . . When you were my family advocate you taught me how to read to Carlos and the importance of reading to him. He loves books! I read to Carlos a lot! Because I see how he learns so much from me reading books to him. I learn new words and how to pronounce certain words and I learn what the new words mean. I can read better in English now because I am reading to Anthony Jr. and learning more English. My husband has learned a lot of English since we have been with EHS too. We learn at the parent meetings and even though there is a translator we hear the words in English and I think that helps us to learn more English. My husband and I both want to go back to school, but we are both very busy right now. He is working a lot and I am taking care of the baby.

The interviews and home visits revealed that literacy development did occur as a direct result of being enrolled in EHS. Parent meetings, educational opportunities and taking English classes with CAI have provided exposure to the English language for the Lopez family.

Monica's language development is increasing every time she reads to her child. Her interview revealed:

You taught me how to read to Anthony Jr. and why it is important for me to read to him as much as possible. We read books together all the time, he loves for me to read to him. I don't do much personal reading because I really don't like to read but I do read to Anthony Jr.

Monica learned valuable family literacy skills from her family advocate which motivates her to read to her child despite the fact that she does not enjoy reading. Monica is playing a vital role in her child's literacy development, but it is important to consider the bi-directional benefits that promote family literacy. It was clear from the interview that Monica enjoyed reading to her child and she felt that a special bond had been created between her and the child, which was centered on reading. The sharing of multicultural literature between Monica and Anthony has brought them closer together, especially as they are developing their literacy skills together. Monica also mentioned that what she has learned from reading with her child are the types of things that he likes, such as animals.

He loves books especially about animals. We sit together and read a book, but now he is trying to tell me the story. He is trying to read to me now. I let him make up the story about the pictures when we are reading together. He knows a lot of words and he can point to the pictures and say the word. His language has increased and he is learning a lot.

Reading has helped Monica and Anthony build and maintain their relationships. Monica mentioned:

We read together almost every day, there are some days that I don't get to read to him. I enjoy reading to him and he really likes me to read to him. He loves books and stories. It is our special time together.

Monica and her son are bonding through literacy and building a better relationship. Monica's interactions and discussion with Anthony can close the intergenerational gap in terms of language and traditions, which foster a better understanding of each other. Also, stories are a form of narrative learning which is the oldest and most natural form of sense making which allows Monica to gain analytical skills from reading. Both the parent and child are being exposed to language and the story may promote further discussion to take place between them. The simple act of reading books to her son has assisted in helping Monica with her literacy and her son's language development while fortifying a foundation for a strong family relationship to last throughout their lifetime.

Summary

This chapter proceeded to explore evidence, which provided insight into the various community cultural wealth exhibited in each family, informal and incidental learning in accordance with social interactions and problem-solving, experiential learning, transformational learning and literacy. Each family demonstrated their community cultural wealth (CCW) to assist them with their daily lives and they take advantage of the new and old resources available to them. Each of them has built relationships with EHS staff, community members and other EHS parents that strengthen their peer and community contacts. All three women are working toward goals to continue their education and work experience in the hopes of providing a better life for their families. An important aspect of learning from our experiences occurs when we take time to reflect on the experience. Through conversations and interactions with EHS staff, these mothers have been able to make sense of the meaning behind these experiences. In addition, the transformation process allowed the focal participants to acquire new knowledge, skills, build competence, self-

confidence and renew relationships. All the mothers gained insight from their experiences and took some sort of action to change. It is important to mention that the vignettes in this chapter often overlap or connect to one another in regards to CCW, experiential and transformation learning. At times the reader may have found incidences where both experiential and transformational learning seem relevant for the example given or in some cases all three are present. Overall, the evidence provided significant evidence to answer the study's research questions. The findings will offer important data for Chapter Six. Next, Chapter Six will provide pedagogical implications for professional development, limitations, lessons I learned through this research process, recommendations and further research which needs to be considered.

CHAPTER VI

CONCLUSION

This qualitative case study focuses on the Smith, the Lopez, and the Salinas families, as they interact, struggle, survive, and at times evolve while participating in an Early Head Start (EHS) Program in rural Central Texas. The research questions guiding the study are:

- (1) what can we learn from studying the focal families in terms of their community cultural wealth?
- (2) what incidental adult learning occurs as a result of being involved with Early Head Start in Central Texas?

Study findings are formed by Yosso's (2005) framework on community cultural wealth and the tenants of informal and incidental learning. Data were generated through home visits, field notes, the researcher's journal, interviews, and documents. As a result, data findings support the presence of four types of community cultural wealth (CCW): aspirational capital, social capital, familial capital, and navigational capital. In addition, data indicated that informal and incidental learning manifest through (1) social interactions and problem solving, (2) experiential learning, (3) transformational learning, and (4) incidental literacy development.

This chapter presents a brief discussion of the findings and establishes important connection with the literature on CCW, deficit thinking, and informal and incidental learning. First, I will revisit the research questions that guided the study. Next, I will provide

implications and recommendations on the basis of study findings. Finally, I will discuss some possible avenues for future research.

Question # 1: What can we learn from studying the focal families in terms of their community cultural wealth?

Two main questions guided this study; the first question addresses the community cultural wealth of the three focal families. Yosso (2005) defines community cultural wealth as “an array of knowledge, skills, abilities and contacts possessed and utilized by Communities of Color to survive and resist macro and micro-forms of oppression” (p. 77). Even though, in the present study the focal families are not communities of color, Yosso’s framework still applies to these families because they are families at disadvantage in terms of their socioeconomic status. These are families who live at the other end of the spectrum where resources are scarce and access to quality education, housing, health, and job opportunities are limited. In addition, it is of crucial importance to get to know the wealth that these families possess so that the people who work with them and for them envision these families from an asset point of view instead of a deficit thinking point of view, which “typically offers a description of behavior in pathological or dysfunctional ways—referring to deficits, deficiencies, limitations or shortcomings in individuals, families and cultures (Valencia, 1997, p. 7).

As explained in the previous chapter, four forms of CCW were identified in the data collected: aspirational capital, social capital, familial capital and navigational capital. Yosso (2005) states, “Aspirational capital refers to the ability to maintain hopes and dreams for the future, even in the face of real and perceived barriers” (p. 77). Study findings revealed that

the participating EHS families' aspirational capital relates to education, employment, lifestyle and finances.

Social capital “can be understood as networks of people and community resources...that serve as instrumental and emotional support” (Yosso, 2005, p. 79). The three focal families in the study display their social capital as the connections and social networks with EHS staff, family members, community members and friends.

Familial capital is the “cultural knowledges nurtured among familia (kin) that carry a sense of community history, memory and cultural intuition. . . . Familial capital implies a commitment to community wellbeing” (p. 79) and expands the concept of family to include immediate and extended family members. In the study, the three families display a strong sense of belonging to a family. Family bonds encompassed taking care of children, the elderly and the sick. It also means to provide emotional and economical support for all living under the same roof.

Finally, navigational capital “refers to skills of maneuvering through social institutions” (Yosso, 2005, p. 80), similar to what the participants in the study did when they learned about the different services provided by EHS and how to access those services.

Navigational capital thus acknowledges individual agency within institutional constraints, but it also connects to social networks that facilitate community navigation through places and spaces including schools, the job market and the health care and judicial systems. (Yosso, 2005, p. 80)

In the study, the focal families explain their navigational capital; evidence of families navigational capital can be seen in their understanding of the EHS application process or maneuvering through health systems—for example, when they needed to get a referral to see a specialist for health issues.

If we look closely at the data illustrating aspirational capital, social capital and navigational capital, it becomes evident that incidental learning is interwoven with these forms of capital. In other words, an example that illustrates any of these three capitals can also be used to explain adult incidental learning. However, for the purpose of presenting the findings and providing enough examples to support the claim that incidental learning is occurring within the educational and learning opportunities provided by EHS, it was necessary to classify the data as belonging to either of the capitals or incidental learning. For example, as the participating mothers revealed their community cultural wealth, adult incidental learning occurred. This included learning how to be more responsible from attending classes which was an aspiration, goal or desire, social networking that incidentally taught parents how to build better relationships, knowing how to navigate social services systems incidentally taught self-confidence and an example of navigational capital and incidental learning.

Yosso's (2005) framework provides an excellent guide for EHS and community-based programs whose objectives are to assist families with their everyday challenges, struggles and overall quality of life. It is imperative that programs understand the wealth of knowledge that families possess and the contribution that they make to their communities to decrease deficit thinking and overgeneralizations. Equally, it is important for programs to be aware of what families may need to learn in order to increase their aspirational, social, familial and navigational capitals.

Question #2: What incidental adult learning occurs as a result of being involved with Early Head Start in Central Texas?

Informal learning is “generally intentional but unorganized and unstructured learning events that occur in the family, the workplace, and in the daily life of every person, on a self-directed, family-directed or socially-directed basis” (Golding, Brown & Foley, 2009, p. 40). This definition of what informal learning looks like overlaps with the definition for incidental learning provided by Marsick and Watkins (2001). These authors remind us that incidental learning is a “by-product of some other activity such as task accomplishment, interpersonal interaction, sensing the organizational culture, trial and error experimentation, or even formal learning” (p. 25). Informal and incidental learning can occur in the same settings. The mothers in the study explained that adult incidental learning occurred as a result of their participation in parent meetings, home visits and social interactions with EHS staff, other EHS parents and family members. Looking closely at informal learning and incidental learning, we can conclude that there is not a clear boundary as to when informal or incidental learning is taking place.

Data collected for the study illustrate the presence of incidental learning through four themes: (1) social interaction and problem solving, (2) experiential learning, (3) transformational learning, (4) incidental literacy development. The study’s participating families experienced informal and incidental learning from social interactions, which allowed them to solve problems. This included instances of coming up with solutions from a problem that the families witnessed or a problem that they had at the current time. Incidental learning also took place when families observed behavior modeled by EHS staff. From these observations the mothers were able to learn a new skill such as activities to do at home with their children or discipline techniques they could use with their children. Families also mentioned, through their social interactions of working with EHS staff, they were able to

build interpersonal skills that helped them overcome a fear, become more responsible or have social interactions with different people that they were not self-confident enough to have before. Also, the interactions with staff members during home visits, parent meetings and career counseling sessions proved helpful in practicing how to build better relationships with EHS staff and others such as their family, friends and community members.

Another finding from the study highlights the incidental development of English literacy in one of the focal families because of participating in formal education opportunities with EHS. They participated in family literacy sessions, nutrition, toilet training and fatherhood activities. Monica reported that she has learned the importance of reading to her child, having learned new vocabulary and English through reading children books with her son. Other incidental adult learning taking place as a result of enrollment in EHS is connected to developing skills on how to find a job, sorting out a current dilemma or crisis, and learning about new community resources to help participant families.

Implications and Recommendations

Data presented in this study show that EHS parents are building social interactions and developing problem-solving skills; they are going through experiential learning and transformational learning, and some of them are further developing English literacy. It would behoove programs to help staff recognize the many nuances of adult development and learning occurring in their programs and train staff appropriately.

Professional development opportunities that continue to train staff as Parents-As-Teachers (PAT) is beneficial and should be considered for other staff members including classroom teachers especially since study findings show that parents are learning from home visits. Programs that do not emphasize the importance that teaching the EHS adult is equally

important as the wellbeing of the child need to consider training in this area. Parents are the child's primary teacher; therefore, for us to reach the child, we need to educate the adult.

EHS staff and community-based programs that advocate for the wellbeing of people or family must provide training to understand topics such as adult development, self-reflection, problem solving, decision-making, adult learning, intrinsic motivation, and literacy development. As indicated in this study, EHS participants are going through transforming processes and changing their beliefs about education and life styles. It is important that EHS staff continue to offer a supportive environment and social network for these families who are changing since their transformation affects everyone around them. It is essential to offer training to staff who do not understand how to help families through these transitions.

In an effort to understand the complexities of the lives of EHS families, it is necessary that EHS staff gain knowledge about the community cultural wealth that each family possesses. As illustrated in the many examples described in this study, EHS participants have a wealth of knowledge, rich cultural and familial traditions, and personal history and talents, and they make substantial contributions to their communities. Gaining this knowledge will help us to transcend deficit thinking ideologies and possible negative generalizations when it comes to serving this population. There are many occasions when EHS staff members are communicating with families such as at home visits, parent meetings, workshops and everyday social interactions. These are great opportunities to gather data regarding their community cultural wealth to better serve the needs of the family and build relationships especially in programs who have not considered this option.

In relation to adult literacy development, findings indicate that some families enrolled in EHS could benefit from more explicit and direct instruction about English literacy in terms of strategies and language development. This is the case of immigrant families. EHS staff working with immigrant families needs to receive professional development opportunities that equip them with tools in order to respond to this need.

EHS and family programs need to assess participating adults on their levels of literacy upon enrollment. All parents regardless of ethnicity need to be evaluated on their literacy and language development. Participants should also be examined before exiting the program to measure possible literacy gains. These results will be effective for improving participant's literacy skills and improving the family literacy component of programs.

Further funding could support professional development especially in programs without certified Parents As Teachers educators and expand hours of operation for working parents and parents who are attending school. More funding for literacy assessments, as well as expert presentations for parent workshops in employment, finances, relationships, adult development and effective decision-making skills would be desirable.

Further Research

As a professional working with families and as a researcher interested in language, culture, and education issues, I started this thesis with the intention to establish a research agenda that I could continue pursuing upon graduation. Reflecting back on this research journey, I have realized that as I have pursued answers for the study questions I have come up with more questions than answers. I am aware that the journey has just started and this study provided me with a venue to continue learning about these families. A longitudinal

research project is feasible in order to elucidate answers about literacy and adult development.

As a professional adult ESL instructor, I am intrigued by the literacy development that is taking place in EHS families as a result of their involvement with the program. Some questions remain to be answered: What are the effects that community-based programs have on family literacy and adult literacy development when offering educational opportunities for these families? What are the literacy gains for adults participating in these programs? How can staff further assist adults with their literacy development? What are best practices related to family literacy that EHS programs and other programs serving families could implement? How do different teaching styles affect the adults learning in the program? In addition, from my perspective as a parent educator working with EHS, I would like to further explore the topic of adult development and the impact that programs have on the adult development of the participants.

Research that further investigates formal, informal and incidental learning in the EHS and Head Start programs could reveal best practices for engaging families. Further research in these areas will assist programs that serve families by providing adult education, child development, family development and family literacy. It will contribute to the overall quality of educational opportunities that are presented to adults. Research in these areas will provide evidence for policy makers and funding sources to continue financing programs that serve families. We have only hit the tip of the iceberg in discovering the potential that these programs have on the lives of families and how this affects their education, employment, development, family and life.

Summary

Community-based programs that advocate for the wellbeing of the child in the family should also foster the welfare of adults who participate in these programs. Staff will need to be more conscientious in the manner in which they serve these families, and programs will need to assure that monitoring protocols and appropriate training are implemented to assist staff in this endeavor. The families who participate in these programs are already dealing with their own daily crises or problems. It will be up to programs and their staff to decide if they are helping or hindering the families that they serve. It is my hope that this study will bring a new level of awareness to staff and community-programs serving families so that they recognize the importance that their contact with, help, and social interactions have on every family that they serve.

In addition, to understand the complexities of the families we serve, a wider range of data collection during home visits needs to be done. Looking at the community cultural wealth that families possess will make it possible to create a file, a case, for each participating family that reflects a more accurate description of the families. Also, it is important for programs to understand the impact that formal, informal and incidental learning has on their participants. In the words of Linda, Monica and Laura, “There was always a chance to learn something... learning more about parenthood... learning about how to keep my family together...learning about becoming a more responsible human being...and learning to live and be part of a community. . . .”

APPENDIX

COMMUNITY ACTION, INC. OF HAYS, CALDWELL, AND BLANCO COUNTIES HEAD START PROGRAM (Birth-Five)

Parent Involvement Service Plan (From Integrated Plan)

GOAL 9: To support parents as they identify and meet their own goals, nurture the development of their children in the context of their family and culture, and advocate for communities that are supportive of children and families of all cultures.

OBJECTIVE 1

To provide a relationship-based case management system, in which parents and staff determine how the program can support families in pursuing their goals and partnerships with families, driven by parents' identification of their family's strengths and needs

Activity 1

Relationships with parents are the foundation for an effective Case Management System With respect to family diversity and cultural and ethnic background, in effort to adequately address each family's needs; Family Advocates are assigned a center-based site in which they maintain a case-load average of 35 families (based on the number of enrolled children).

- a. Bi-Lingual Family Advocates are assigned to Spanish-speaking families to ensure family support is provided in the family's primary language, when possible
- b. Bi-Lingual Social Service Aides or other Translators are available to assist Family Advocates in need of translation assistance.
- c. Families enrolled in Early Head Start are counted as equivalent of 2 Head Start families due to greater needs of infant and toddler family support
- d. Social Service Aides may be assigned to sites in which the Family Advocate is split between 2 or more sites to accommodate availability for family needs

Activity 2

All families enrolled in Head Start (Birth to Five) are provided opportunity to form a partnership that enables family members to benefit fully from Head Start services while developing skills to achieve social and economic self-sufficiency. Partnerships with families occur over time and allow trust to build through the following typical interaction.

- a. Through the recruitment as Family Advocates meet the family, explain the program, and assess the family's needs for early childhood services.
- b. Through the enrollment process as Family Advocates:
 1. Review the application and other pertinent applicant information in preparation of the initial home visit
 2. Attempt/conduct scheduled home visits during the summer months to complete enrollment forms, solicit information about the family, their expectations of the program, and orient the family to the program
- c. Through ongoing interactions at the program site which includes:
 1. Meeting and greeting parents as they drop-off and pick-up children
 2. Attending and co-facilitating parent committee meetings
- d. Training opportunities, and the assessment and goal establishing procedures. A schedule of visits is included in the procedures
- e. As evidence of family visits, the Family Visit Forms will be completed and turned in monthly with the Monthly Family Visit Summary Report.

Activity 3

Relationships of mutual trust are formed, as early as possible, after enrollment. Taking into consideration each family's readiness and willingness to participate in the process, a home visit is conducted.

- a. As appropriate, other staff working with the family must make or join home visits
- b. Home visits must be scheduled at times that are mutually convenient for the family and staff
- c. Home visits may take place outside the home (an alternative program site or other safe, private location) if family requests or in cases when visits to the home present significant safety hazards to staff
- d. Home visits are not required as a condition of the child's participation in Head Start, however they are vital to helping families achieve their goals.
- e.

For Families of Head Start (Birth to Five) enrolled children, the Family Advocate will follow the Family Visit Schedule in Activity 2.

For families of Early Head Start enrolled children, comprehensive Case Management services to families with infants and toddlers and pregnant women are offered.

- a. Early Head Start Family Advocates are required to attend a Parents-As-Teachers' training to become certified PAT providers. They are provided with a Program Planning and Implementation Guide, which is used in providing information and services to families with infants and toddlers and pregnant women.
- b. As agreed upon between the Family and the Family Advocate in the Family Partnership, home visits incorporating the Parents-As-Teachers' curriculum may be scheduled monthly or as needed. These services include providing educational instruction and information on breast feeding, health and nutrition, child development, pre-and post-natal care, assessing family strengths, making referrals, providing services

- and support, and entering into Family Partnership Agreements when appropriate. Family Advocates have pregnancy information to share with pregnant women on a variety of prenatal and postnatal issues (nutrition, substance abuse, fetal development, etc.)
- c. A home visit is conducted within two weeks after the birth of a new child to ensure the well-being of mother and baby.

Activity 4

During the initial home visit (or other arranged visit(s)), the following activities occur:

- a. Families complete the *Confidential Family Assessment Questionnaire*, a strengths-based tool used to identify participation in other community agency programs, family composition, special skills, and ability of family to meet family needs.
1. The *Confidential Family Assessment Questionnaire* is available in both Spanish and English.
 2. The family may choose to complete the form by themselves
 3. The family may choose to respond to the questions in a manner other than writing by themselves
 4. The completed questionnaire becomes part of the relationship documentation and a springboard for establishing family goals, referrals, or other support services
- b. The *Confidential Family Partnerships Goals* form is completed based on parent and staff input with consideration to the Assessment responses, shared interests and ideas, family needs, and desires. To avoid duplication of effort, or conflict with any pre-existing family plans developed with other community programs, goals are established to build upon and support the goals of community programs. The written documentation of the family and staff commitment to the identified goals includes:
1. Description of the family goal(s)
 2. Strategies for achieving the goal(s)
 3. Timetable for achieving the goal(s)
 4. Responsibilities
 5. Progress towards achieving the goal(s)

The family may choose to complete the goal-setting process in a manner other than written form, however for documentation purposes, the Family Advocate will also record the goals on the *Family Partnership Goals* Form.

OBJECTIVE 2

Opportunities for identification and continual access, either directly or through referrals, services and resources, that are responsive to each family's interests, needs and goals provided. All families can benefit from access to community services and resources.

Activity 1

A current Community Resource List will be maintained within each community and distributed to each Head Start family either at the beginning of the year or when a family begins the program. Additional Resource Lists will be available as needed.

Activity 2

When it is determined, through family assessment or other discussions, that assistance is needed in finding resources to meet family needs, the directory will be utilized. All other resources known to staff members will also be discussed with families.

In conjunction with families, decision as to who will make the referral is made.

- a. If the family is responsible for making the referral, the Family Advocate will follow-up with the family to ensure they received the services that were desired.
- b. If the Family Advocate is responsible for making the referral, a *Parent Permission to Obtain/Release Confidential Information* form is signed by the parent. The Head Start Program will contact the agency.
- c. Head Start staff may accompany families to services, if needed, arrange transportation, or transport (in agency vehicles only).
- d. Head Start staff will follow-up with the parent and the agency to confirm services are being provided as desired/needed.
- e. Documentation of the referral and follow-up efforts will be completed within 5 working days.

Activity 3

Provide either directly or through referrals any emergency or crisis assistance in areas such as food, housing, clothing and transportation as families express need.

Activity 4

Provide, as families express need, either directly or through referrals any education and other appropriate interventions, such as:

- a. Participation in counseling programs
- b. Information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence.

Activity 5

Provide, directly or through referral, as families express need, continuing education and employment training and other employment services through formal and informal community networks.

- a. Through the CAI Adult Education program
- b. Through the Head Start Parent Involvement/Family Literacy networks
- c. Through other community agencies

OBJECTIVE 3

Follow-up with families occurs to determine whether the type, quality and timeliness of the services received through referrals met the family's expectations and circumstances. This information allows staff to ultimately advocate for communities that are supportive of children and families of all cultures.

Activity 1

At the time referrals are made, staff commit to a date to follow-up with the family regarding the appropriateness of the referral.

Activity 2

When follow-up occurs and it is determined that the referral was not appropriate in assisting the family, if another referral source exists, this referral is made and follow up occurs.

Activity 3

If there is no appropriate referral source within a community to address certain needs of Early Head Start/Head Start families, this information is brought to the attention of the Head Start Director during the annual update of the Community Assessment taken into consideration during the formulation of agency goals, and brought to the attention of other appropriate agencies with the community

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VITA

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