3 COMMUNITY-BASED APPROACHES TO PERSONNEL PREPARATION

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The need to change the way competent early intervention personnel are instructed and maintained is perhaps most critical when the relationships among service providers and families are defined at the community level. We depend on preservice and inservice instruction to provide communities with competent professionals and paraprofessionals to serve children and, increasingly, to work effectively with other adults, including families, colleagues, professionals from other disciplines, and other community members involved in the life of the child. Because of the multiple and complex roles of personnel practicing at the community level, ongoing and varied staff development experiences are needed to address the day-to-day challenges of teamwork in the rapidly changing field (Buysse & Wesley, 1993).

Given the diversity of communities, a local approach to training is an important way to ensure that personnel are skilled in the practices that are most relevant and responsive to their own communities. This chapter discusses the following questions:

- What are the critical components, challenges, and strategies of a community-based approach to personnel preparation?
- In what ways can community-based approaches promote innovative linkages between interests and groups that have not been related in traditional approaches to personnel preparation?
- What are some examples of community-based staff development models that facilitate effective changes at the local level?
- How can we evaluate the success of a community-based approach?
- How can we help communities develop an integrated systemwide approach to personnel preparation at the local level?
- What lessons have been learned from community-based approaches, and what are possible future directions of community-based personnel preparation efforts?

It may be helpful for the reader to compare his or her experiences with Allen County's[1] experiences, presented in the following description.

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[1]The name of this county has been changed.

ALLEN COUNTY'S EXPERIENCE

Families and professionals in Allen County depend on a hodgepodge of instructional opportunities to develop and maintain their knowledge and skills in early education and early intervention. For example, every March the local Child Care Coalition sponsors a Day for Day Care when child care providers attend workshops at the local community college. Child care training credit is offered for participation in sessions led by local child care directors or teachers. The topics are chosen based on needs assessments completed the year before and often include behavior management, developmentally appropriate practice, and resources for children with special needs. Although anyone can attend Day for Day Care, publicity is limited to the county child care network, and local center- and home-based providers are usually the only participants.

The early interventionists in the county attend a 2-day state conference every year. There they receive infant specialist licensure credit for sessions on many of the same topics offered at Day for Day Care. The topics are chosen by the conference organizing committee based on the availability of speakers. The majority of participants are early childhood special educators who provide direct services to children with disabilities and their families, with only 10% being administrators. Therapists also go to the state conference but are more likely to attend state and national meetings of their own discipline's professional organizations.

Allen County's elementary schools sponsor 3 days of inservice training for teachers seeking certificate renewal credit. Although the topic this year was early childhood inclusion, the sessions were not publicized or open to people who were not school personnel. Following the teacher training, the schools held a month-long Spring Fling of weekly workshops for parents of children 3–8 years old. This spring, the teacher-led sessions focused on home–school communication.

One of the invited session leaders was a community college instructor from the Early Childhood Department. However, the Spring Fling schedule conflicted with a night course she was teaching on early childhood curriculum, so she could not participate. The community college course provides one of several preservice opportunities available locally. There are two major universities within a 45-mile radius of Allen County offering birth to kindergarten teacher licensure programs that reflect an inclusive focus to early childhood education. Interestingly, although more inclusive practicum sites are needed, the universities do not place students in Allen County and have not explored the potential of developing sites there.

WHAT CAN BE LEARNED FROM ALLEN COUNTY'S EXPERIENCE

The field of early intervention involves multiple settings, agencies, and funding sources along with numerous stakeholders. To be effective, staff development must do more than concentrate solely on the education of individuals. Ideally, it promotes and is guided by the creative collaboration of families, professionals from various disciplines, community organizations, agencies, and universities. In many cases, diverse groups have not worked together before (e.g., child care providers and special educators working in inclusive settings). In other cases, the organizations and individuals have prior working relationships, but from their own base, while they maintain distinctive boundaries of responsibilities (e.g., early childhood educators and therapists). A community-based approach to personnel preparation targets the local level as a critical context for change and provides opportunities for diverse participants in early intervention settings to address problems

and issues related to their day-to-day experience. By listening to and understanding the unique perspectives that each brings to the issues at hand, community members can develop a shared knowledge and value base. A community-based approach recognizes the motives and ideologies of local participants as powerful influences on the adoption and institutionalization of change (McLaughlin, 1991) and recruits their involvement in designing opportunities for professional growth. The participation by a broad base of stakeholders, the emphasis on collaboration, and the importance of clarifying and reconstructing values during any change process are supported in the literature on planned change and organizational development (see Bennis, Benne, & Chin, 1985; Dimock, 1993; Kettner, Daley, & Nichols, 1985; McLaughlin, 1991; Mowbray & Freddelino, 1986; Schindler-Rainman & Lippitt, 1972).

In contrast, Allen County's story is reminiscent of Janet's story in Chapter 1 and illustrates a pattern of separating people who seek staff development according to agency, discipline, job description, and whether they are engaged in preservice or inservice instruction. There is some history in Allen County of clustering events in the spring, but a systemwide view of instruction that is responsive to ongoing local needs is absent. Although training needs are similar among child care providers, early interventionists, and teachers, needs assessment is not coordinated across agencies, and training opportunities are not jointly sponsored. There is a lack of variety in instruction, resulting in only brief exposures to topics through one-time workshops that prove inadequate to support people who hope to implement changes at the local level. Although coordination with the community college is attempted, there seems to be no dialogue between community agencies and the nearby universities about either's needs regarding personnel preparation. A critical shortcoming of Allen County's experience is the lost opportunity for professionals and families from diverse backgrounds to come together through staff development to create and sustain meaningful changes where they live and work.

CRITICAL COMPONENTS, CHALLENGES, AND IMPLEMENTATION STRATEGIES OF A COMMUNITY-BASED TRAINING APPROACH

To be effective at making substantial changes at the local level, staff development activities must include critical components based on principles of how change occurs. These components include the following:

1. Community members participate in planning staff development.
2. Training emphasizes strategic planning and problem-solving skills.
3. Participants from diverse backgrounds receive training together.
4. Learning opportunities are varied.
5. Staff development promotes innovative linkages among participants.

These critical components are discussed in the following sections; a summary of the components, challenges, and examples of strategies for overcoming the challenges are presented in Table 3.1.

Community Members Participate in Planning Staff Development

Because one factor in the adoption of any innovation is the degree to which it fits with the dominant motivations, needs, and interests of the system expected to change (Domergue, 1968), participation by local stakeholders in the planning process is the hallmark of a community-based approach. Those providing and receiving instruction must work together at the local level to gather information before training activities begin to ensure

TABLE 3.1.   Critical components of a community-based approach to training

Critical components	Challenges	Examples of strategies
Collaboration across agencies and disciplines to plan, deliver, and attend training	Motivating agencies to collaborate Coordinating logistics and scheduling	Identify incentives for broad participation such as sharing costs and resources Offer a variety of training credits, with options for continuing education credit when possible Build on existing training activities or traditions
Varied learning opportunities based on adult learning theory that are responsive to participants from diverse backgrounds who have different skills, attitudes, and values	Lack of positive attitudes on the part of participants toward innovative training models Lack of knowledge on the part of trainers about instructional methods, procedures, techniques, and technology	Publicize positive changes made as a result of training Link university technical assistance with instructors at state, regional, and local levels
Emphasis in training content on planning, problem solving, collaboration, and capacity building	Participants who want "quick fixes" or have had bad experiences working together	Help participants see staff development as a developmental process with both short- and long-term goals Involve participants in planning the content and process of instruction
Promotion of innovative linkages among participants	Helping participants to see benefits in working together in nontraditional partnerships	Foster trust by creating networking opportunities Identify common needs and benefits of working together Provide follow-through that supports innovative linkages

that the activities are relevant to community needs. Because the definition of community may expand to include neighborhoods, cities and towns, entire counties, and cultural contexts, it is not always easy to identify who should be involved in planning community-based personnel preparation efforts. We propose that at least five distinct stakeholder groups be involved in planning, delivering, receiving, and evaluating community-based instruction: consumers, including families of children with and without disabilities; providers who directly and personally deliver professional services to children and families; managers and administrators of the organizations delivering direct services to clients; policy makers who are responsible for standards governing an organization but who play no direct role in administering or executing these policies with the organization's clients; and professionals outside of the direct service agencies who provide instruction, consul-

tation, and resources to those agencies and the families they serve (Gutkin, 1993; Wesley, 1995). These groups are presented in Table 3.2 along with examples of their members at the community level.

Once key stakeholders have been identified, an organizational structure for meeting to discuss and make decisions about personnel preparation issues is needed. Existing committees or groups, such as the local interagency coordinating council, can be modified to include community members who are not traditionally members of the council but have an interest in staff development. Information addressing the following general questions adapted from Schindler-Rainman and Lippitt (1975) can be gathered from key stakeholders through preliminary meetings to plan community-based training events:

1. *What is the purpose of the learning activity?*   Purposes might include the improvement of ongoing work of staff in the early intervention and early childhood fields; the development of new professional roles, licensure, or certification renewal; or the need for new process skills for a system (e.g., a series of meetings to improve communication across agencies).
2. *Who are the learners?*   What agencies and fields do they represent? What is their age, sex, and ethnicity? What is their background in terms of education and professional experience? In what ways have they worked with or received training with each other? Are any of them instructors?
3. *What types of related instruction have the learners had previously?*   How was it designed (e.g., when, where, how many participants, what type of follow-up)? How did they rate its effectiveness?

TABLE 3.2.   Key stakeholder groups

Stakeholder groups	Community members
Consumer	Families of children with and without disabilities, adults with disabilities
Service	Early interventionists, child care providers, Head Start staff, developmental evaluation center staff, public school preschool teachers and their assistants, therapists and other specialists, service coordinators, public health nurses
Management	Child care directors, Head Start supervisors, supervisors of early intervention personnel, developmental day directors, public school principals, preschool program coordinators
Policy	City and county government departments, Head Start executive boards, boards of local education agencies, child care programs, health departments, other local governing bodies
Support	Child care resources and referral agents, family support network, advocacy groups, university and community college systems, day care consultants, other early childhood trainers, churches and synagogues, YMCA, civic groups

4. *What size should the training groups be?*   Endless options are possible, of course, depending on the content needed and the community involved: small groups of 3–15, middle-size groups of 15–30, larger groups of up to 50, and conference-like groups of hundreds. What have the past experiences of the learners been? What physical spaces are available in the community? What will be the most facilitative group size for this event?

5. *How should the instruction be designed?*   There are a variety of ways people can come together to receive training. What previous experiences have the learners had? When and for how long are they available for training? What resources are available to support a variety of instruction formats (e.g., catering, audiovisual equipment, conference calls, conference centers, teleconferencing). (See Chapter 5 for examples of other critical questions related to instructional design.)

It is not always easy to provide staff development that truly meets needs at the community level or to coordinate with existing instructional efforts in order to build on local resources and eliminate duplication. It is no single agency's responsibility at the state or local level to improve or create a community-based approach, even though it is likely that families and professionals wish local agencies would speak the same language, would agree on similar values and philosophies, and would know what the other is doing. As a prerequisite to implementing successful community-based models, we, as instructors, must begin to see total groups, organizations, and networks as our clients. We must become diagnostic about the needs of the early intervention community as a whole, expanding our emphasis beyond the isolated training session to include a range of services and activities (Wesley & Buysse, 1996). Long-term commitment on the part of participants is also important in order to assess the instructional needs across community agencies and disciplines, examine licensure and other needs for training credit, and develop the logistics of planning and implementing the instructional events. To provide effective training, it is necessary to know what motivates participation in staff development as well as the specific content needed. In some instances, this type of information can be gathered in planning meetings. In others, surveys or questionnaires can be used effectively. (See Chapter 6 for needs assessment strategies.)

Training Emphasizes Strategic Planning and Problem-Solving Skills

A second critical component to a community-based approach is the emphasis on collaboration and problem solving, not only during the process of planning instruction but also in the instruction itself. It has been our experience that community stakeholders may confuse cooperation with collaboration, a distinction made by Melaville and Blank (1991) and Peterson (1991). For example, early childhood program staff in one community reported that they often "collaborated" to sponsor local staff development for child care providers by publishing one schedule of all agency-sponsored workshops in the weekly paper. The workshops, however, were not based on a communitywide needs assessment and were not jointly planned or sponsored. Local early intervention staff in another community reported they frequently "collaborated" with child care providers to plan the delivery of special education services to preschoolers with disabilities in inclusive settings. Their definition of collaboration, however, was that the early intervention team developed and presented a schedule for visiting children on their caseload at the child care programs to the child care staff ahead of time.

A community-based approach to staff development emphasizes group processes and the skills needed to collaborate in order to reach goals together that cannot be reached

singly (Bruner, 1991). At the planning stage, community members representing diverse agencies and interests jointly assess training needs and design personnel preparation activities involving stakeholders across the community. A framework such as the seven-step model of team development developed by Drexler, Sibbet, and Forrester (1992) can be used to support this planning process. This model includes recruiting and orienting participants to a planning process, building trust, assessing needs, developing a written plan to meet the needs, implementing the plan, evaluating outcomes, and providing opportunities for participant renewal. Then, the community planners make sure that instruction about collaboration and strategic planning is among the opportunities offered community-wide, so that participants may gain skills to develop new structures for coordinating activities and relating to each other.

It can be difficult to market strategic planning processes as critical content in instruction. Training participants often want ''quick fixes'' to their problems and find it difficult to find the time and opportunity to focus on the planning process itself. As one early childhood interventionist put it, ''Our team is overwhelmed with case management issues. We're just trying to keep our heads above water and make the best decisions we can. Right now we can't afford to think about our decision-making *process*—there's too much else to do!'' Practitioners and their supervisors may believe that increased attention to planning and collaboration may mean fewer direct service hours for children and families and that they cannot ''bill'' for planning time. When strategic planning involves multiple agencies, confusion may exist over who should lead such efforts. One effective strategy is to begin with interagency planning groups already in existence, with identified leaders and an established team culture and structure.

Participants from Diverse Backgrounds Receive Training Together

A third critical component of effective community-based training is providing opportunities for specialists, teachers, teacher assistants, families, administrators, health professionals, social workers, and others who work with young children and their families to receive training together. Depending on the content, this may mean instruction is provided for a team of personnel within a single agency or for a broader audience of different agencies and disciplines across the community. Participants who share staff development experiences can better understand each other's services, vocabulary, philosophies, and values and then form or expand supportive relationships throughout the process of acquiring and using new knowledge and skills.

Attracting and maintaining the attention of participants from different agencies, disciplines, and levels of responsibility is challenging. Although training topics and competencies that cut across community interests can be identified through needs assessment, the process of offering appropriate training credit for different disciplines and agencies requires considerable planning and documentation. There may be resistance among staff with advanced degrees to participate in joint instructional sessions with child care providers who may have far less formal education. Child care providers may have concerns that staff development activities attended by administrators or staff who have advanced degrees may not have direct relevance to their own day-to-day jobs. It could be difficult to identify presenters from diverse backgrounds who are knowledgeable about content and skilled in teaching methods that will actively involve a wide range of individuals.

Perhaps the most effective way to maintain broad participation in community-based personnel preparation is to collect in advance information that will enable instructors to design activities that are truly responsive to specific community needs. For example, before providing instruction about consultation to support early childhood inclusion, it would be

helpful to know where children with disabilities and their families receive services, how consultation is used in the community to meet their needs (e.g., who provides consultation to whom), and, as mentioned previously, the types of training that consultants and consultees have received. To respond to families and agencies who want to make changes in the early intervention referral system, it is necessary first to help them determine where the problems are. Do key players need basic information about how to contact the appropriate people to make referrals, or does the process break down once the referrals are received?

Training activities should include an examination of values and roles and should be designed to promote interaction among groups of participants (e.g., small-group discussions among administrators and direct service personnel or child care providers and special educators may be helpful). In addition, instruction should provide opportunities for participants to consider how they will apply their new knowledge and skills directly to their jobs. Encouraging participants to keep journals during their training and to develop written plans for using their new skills helps them to see direct outcomes of staff development and may motivate them to seek subsequent training experiences (Everson & Moon, 1990; Peck, Furman, & Helmstetter, 1993; Winton, 1990).

Learning Opportunities Are Varied

Participation by training recipients in planning and evaluation is critical to selecting effective instructional methods. Increased identification of and interaction among instructors at the community level in order to share strategies and experiences could increase the likelihood that a variety of effective approaches is used.

A community-based approach should employ instructional methods consistent with principles of adult learning theory (Guskey, 1986; Knowles, 1978; Schindler-Rainman & Lippitt, 1977) and provide a variety of learning opportunities for participants from diverse backgrounds who may have different levels of experience and may be in different stages of development in their skills, attitudes, and values. In their discussion of a self-renewal process for community agencies, Schindler-Rainman and Lippitt (1975) presented five phases of an ideal continuous training plan:

1. *Preservice training*   Train staff before they begin work.
2. *Start-up support*   Assist staff as they begin their work.
3. *Maintenance-of-effort training*   Provide opportunities during employment for staff to ask questions and gain additional job-related knowledge and skills.
4. *Periodic review and feedback*   Provide opportunities for supervisor and staff to discuss whether goals are being accomplished and how they feel about the work being done.
5. *Transition training*   Train staff to assume new roles and responsibilities, for example, in consultation, supervision, and leadership.

Using a framework such as this is helpful in thinking about various options that could be developed through a community-based approach. For example, apprenticeships or practicum placements in the community are effective preservice options, whereas on-site consultation or special problem-solving clinics are appropriate to help personnel refine their skills on the job (Schindler-Rainman & Lippitt, 1977). The instructional content also influences the selection of a particular type of learning opportunity. For example, a 2-day intensive session followed by 4–6 months of field work and follow-up meetings may be a productive way to teach early interventionists a model for providing consultation to

child care providers. An effective strategy for providing community-based training about transition may include a series of meetings with an interagency group to determine technical assistance needs, instruction, and on-site consultation to support the development of a transition plan, and follow-up technical assistance.

The lack of financial resources and positive attitudes toward innovations in staff development may present challenges. Funding may not be adequate to support multiple or intensive activities such as on-site consultation, mentorships, or technical assistance. Funding sources may place more value on traditional training practices (e.g., one-time workshops for 80–100 people). Similarly, administrators and supervisors who approve funds and work time for staff development may prefer state-level instruction because of its generally short duration and its emphasis on procedures that ensure compliance with regulations and the law.

Publicizing positive changes made at the local level as a result of training can go a long way in changing attitudes toward innovations in staff development. For example, when families comment on and other staff see the improvements made in classrooms in which teachers receive on-site consultation to improve quality, staff in other classrooms often want to participate in the consultation process also (Wesley, 1994). Administrators who at first reluctantly authorize staff time to participate in mentor programs may support their involvement enthusiastically after observing the boost in staff morale and professionalism that results in the first year.

Staff Development Promotes Innovative Linkages Among Participants

Finally, a community-based approach promotes collaboration among interests and groups that have not been traditionally related, for example, between early childhood and early childhood special education, preservice and inservice programs, families and instructors, management and direct services, and professionals and paraprofessionals. Through collaboration, maximum use is made of local resources, talents, and skills. For example, a study tour might be planned to provide general and special early childhood professionals and parents the opportunity to visit inclusive community-based programs in another part of the state or another state. Participants could be selected based on applications that identify community teams of representatives from general and special early childhood education, families of young children, allied health, and administration. The teams could agree in advance to report on their experiences during the tour at state and regional conferences when they return. Table 3.3 presents additional examples of collaborative outcomes from such nontraditional partnerships.

INNOVATIVE MODELS THAT FEATURE A COMMUNITY-BASED APPROACH

Communities and the organizations within them have their own cultures, ways of doing things, and patterns of relationships (Kanter, Stein, & Jick, 1992). Communitywide collaboration is both a means and an end in personnel preparation: We are learning to collaborate as we teach others to do so. In this section, seven innovative approaches to personnel preparation at the local level are described that address issues in early childhood intervention and that have been implemented in various communities in North Carolina.

Community Forums

One example of how representatives from the key stakeholder domains can be involved as organizers, implementers, and recipients in a community-based instruction initiative is the Community Forum on Early Childhood Inclusion (Wesley, 1995). The Community Forum was developed by the Partnerships for Inclusion (PFI) project at the Frank Porter

TABLE 3.3.   Innovative linkages and outcomes

Linkages	Collaboration	Outcomes
Early childhood education and early intervention	Community colleges embed early intervention content into early childhood courses and collaborate with local child care directors to use inclusive community child care programs as practicum sites.	Graduates with associate degrees in early childhood gain knowledge and skills in special education. Their preservice experience teaching children with and without disabilities prepares them to work in inclusive child care programs.
Preservice and inservice programs	The Speech-Language Pathology Department at Georgia's Valdosta State University has increased communication with local agencies and consumers to develop long-range plans responsive to community needs.	The department has seven full-time faculty positions at a time when other departments are closing. Some faculty conduct inservice training in the field. Communities share issues and problems in day-to-day practice that help prepare speech-language pathologists for the real world.
Families and inservice programs	A North Carolina technical assistance project prepares parents of children with disabilities as public speakers about their experiences with early intervention. Parents then participate as co-presenters in various training and information sessions in their own regions.	People have opportunities to hear the perspectives of families with disabilities, often for the first time. Instructors who like the model of co-presenting with a parent are given a list of parents in their region who are interested in public speaking.
Management and direct service providers	An interagency partnership in North Carolina's Mecklenburg County requires child care directors and teachers from the same child care program to attend training together in order for their program to be eligible to receive small grants.	Administrators and teachers share ideas and jointly develop a plan for improving their program.
Professionals and paraprofessionals	A local early intervention program offers on-site consultation to early childhood classroom teachers, teaching assistants, and specialists to improve program quality.	Both professional and paraprofessional classroom staff learn strategies for solving problems together to improve services for children.

Graham Child Development Center at the University of North Carolina at Chapel Hill, a statewide project that provides technical assistance to communities as they develop and expand programs that serve children both with and without disabilities and their families. During 1992–1995, the PFI project co-sponsored 36 forums that involved 45 counties and were attended by more than 2,000 participants.

A community forum is a half-day event in which community members with diverse backgrounds gather to learn more about options for integrating children with disabilities and their families into all aspects of mainstream community life. Typically, it is sponsored by the local interagency coordinating council (ICC) or another planning group that includes members from all five stakeholder groups. PFI provides assistance in developing the agenda, recruiting speakers, and evaluating the forum. Forum organizers have found that providing continuing education and training credits, food, time for networking, comfortable accommodations, on-site child care, and door prizes are powerful incentives for community members to attend. Forum participants include child care providers and directors, parents, early interventionists, preschool teachers, school principals, doctors and nurses, staff from the county recreation department, ministers, child care resource and referral agents, Head Start staff, librarians, county commissioners, and others interested in the lives of young children. The agenda usually includes the following:

- Presentations by parents of children with disabilities
- A video about a young child with cerebral palsy who attends a child care program for typically developing children
- A panel presentation by local agencies in the community about their services
- A display about local services and resources
- Small-group discussions about planned topics
- Time for networking among participants
- Opportunities for participants to plan "next steps" of collaboration after the forum is over

Similar to a "town meeting," the forum serves as a vehicle to identify key stakeholders, their attitudes toward and roles in implementing early childhood inclusion, and the local needs of children and families relative to inclusion. During small-group discussions, participants share their visions for the future of services for young children and their families and begin to assess their local program and continued training needs related to inclusion. Packets of written information about key concepts and local resources along with sample forms that can be used to record plans for community action based on the forum experience are distributed. Because of the broad-based community participation in its planning, the forum offers information and staff development that begin where the participants are—ideologically, conceptually, and practically. As a form of personnel preparation, a community forum could be used to explore other topics such as service coordination, transition, family-centered practices, or cultural diversity.

Community Program Planning Teams

The use of interagency groups or community planning teams to plan and develop human service programs has been advocated as an approach that reduces gaps and duplication in services, makes efficient use of scarce resources, and replaces professional turfism with collaboration (Bruner, 1991; LaCour, 1982; Melaville, Blank, & Asayesh, 1993; Peterson, 1991). Through the Individuals with Disabilities Education Act (IDEA), collaborative teamwork among agencies to develop infant and toddler programs is encouraged from the

top down. Other innovations develop from the bottom up as communities themselves identify needs or opportunities to change and initiate forming a local team to address them (Kettner et al., 1985). Everson and Moon (1990) described an eight-step process that has been used by community program planning teams in various localities to plan and implement changes in transition and supported employment practices: initiate a team, define the community need, identify team members, hold an initial planning meeting, define the community program planning team's mission, assess the change opportunity, set objectives and activities, and monitor and evaluate the change effort. This approach, similar to other strategic planning models in human services and business (Bailey, McWilliam, Winton, & Simeonsson, 1992; Drexler et al., 1992; Kettner et al., 1985; Melaville, Blank, & Asayesh, 1993; Weisbord, 1992), offers a decision-making framework that can be used by any group of professionals, consumers, parents, and other advocates committed to facilitating changes at the local level.

In some communities, the local ICC may expand its role beyond coordinating services for children and families to planning and implementing training opportunities. For example, one ICC worked together to plan a series of meetings at the public library for parents about IDEA. In other communities, the core group of forum organizers may continue as a community program planning team, designing and implementing subsequent activities based on needs identified during the community forum. For example, additional instruction for child care providers about inclusion was identified as a critical need in a rural county in the eastern part of North Carolina. An early interventionist, child care resource and referral agent, health department nurse, child care director, preschool teacher, and parent in that county continued to meet together after the forum to plan naptime seminars and technical assistance strategies for the child care network. Another example of a community program planning team is the Family Day Care Home Network established in the northeast region of North Carolina through the support of the Infant-Toddler Care Project at the University of North Carolina at Chapel Hill. Funded by the North Carolina Council on Developmental Disabilities, the Infant-Toddler Care Project provided on-site consultation to improve quality in child care programs serving children with and without disabilities in 17 counties. Through their relationships with professionals and parents in the local child care networks, project staff were made aware of a need for inclusive community placements for infants and toddlers with disabilities. They assisted local communities in organizing a Family Day Care Home Network of teams of key participants in early intervention, including parents, to recruit, screen, train, and provide support to family child care home providers interested in serving infants and toddlers. In meetings facilitated by Infant-Toddler Care Project staff, the leaders of these teams (usually early interventionists or child care resource and referral agents) met quarterly at the regional level to share ideas, resources, and experiences and to develop written instructional materials.

Community planning teams also represent a key component of Smart Start, North Carolina's statewide early childhood initiative. Each year since its inception in 1993, the state has awarded grants to a growing number of local communities to plan and implement early childhood services. Smart Start brings together family members, educators, human service providers, church groups, business leaders, and local government officials to focus on the needs of young children (birth to 5) and their families. A nonprofit, public–private corporation called the North Carolina Partnerships for Children was established as a part of Smart Start to set broad goals for early childhood services across the state. These goals include ensuring that every child arrives at school healthy and prepared to be successful; providing high-quality, affordable early childhood care and education programs and other

critical services for every child who needs them; and supporting parents in their roles as caregivers of young children. The community planning teams decide how best to address the state goals, tailoring their plans to reflect the specific needs and resources existing within their own communities.

To support the implementation of a comprehensive service system for young children and their families in every community, many counties are including a training component in their Smart Start development plans. Smart Start funds have been used to support community-based staff development activities designed to meet systemwide needs. Training components include collaborative and ongoing features such as the following:

- Developing a countywide fund to defray registration and other training costs
- Publishing a communitywide training calendar in the spring and fall
- Disseminating one-page fliers about the types of training credit available and the application process for offering or receiving such credit through state agencies
- Organizing an annual early childhood conference sponsored by and for multiple agencies at the local level
- Organizing an annual resource fair sponsored by and for local agencies and families
- Recruiting, screening, and training a group of substitute teachers to work in local preschools, child care centers, and homes
- Identifying Spanish interpreters who could be available as needed at training events
- Identifying local parents of young children with disabilities who are interested in co-presenting as instructors or panel members
- Developing an annual countywide training needs assessment
- Scheduling annual speakers at the Smart Start meetings to share information about local services and issues related to young children and families

Smart Start not only identifies specific instructional strategies as part of a community-based approach but also offers a model for communitywide collaboration on staff development issues.

On-Site Consultation

On-site consultation is another community-based instructional approach to instruction that has proved to be effective. The Inclusion Partners Project at the University of North Carolina at Chapel Hill has expanded one model of consultation developed to improve quality in community-based programs for children with and without disabilities (Wesley, 1994). Through the Inclusion Partners Project, early intervention and early childhood consultants receive training and on-site technical assistance as they collaborate with child care providers to improve center- and home-based programs for young children. The initial instruction is provided at the regional level, and follow-up support and instruction are conducted in the participants' home communities. People interested in receiving the training must complete a detailed application describing their primary professional role, their previous training and experience in consultation, and their preliminary plans for using an on-site consultation model. Individual counties within the region are encouraged to send two or three professionals from various agencies to the training, and participants include early interventionists, child care resource and referral agents, child care directors, state child care licensing consultants, and directors of exceptional children's programs in public schools. In some instances, participants are already providing consultation to support early childhood inclusion or improve quality in child care programs. Others are direct service

providers moving into consulting roles, as in the case of early interventionists who visit increasing numbers of children in community settings in which they work closely with other adults providing direct services to the child.

An initial 2-day session presents consultation skills and strategies and assists participants in planning to implement the model with community programs. After the initial 2-day session, consultants work with staff in one classroom at a time to make improvements in the early childhood environment based on a joint assessment of needs using an environment rating scale. Any adults with a direct interest in the classroom (e.g., early childhood teachers, assistants, therapists, volunteers, child care directors) may participate in the consultation process as consultees. The classroom staff typically serve children with and without disabilities. Staff from the Inclusion Partners Project provide on-site consultation to help the consultants expand and refine their skills as they collaborate with the classroom staff.

The consultation process takes 4–6 months to complete and results in three innovative outcomes. First, preliminary evaluation results have demonstrated that each classroom makes significant improvements in quality as measured by postscores on The Early Childhood Environment Rating Scale (Harms & Clifford, 1980) or the Infant-Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 1990). Second, the classroom serves as a model of high-quality early childhood inclusion for preservice students in the community college system who are placed in the classroom for their practicum experience. Third, the consultants attend quarterly meetings of people trained in the on-site model of consultation where they share ideas, solve problems, and plan and receive ongoing instruction related to their practice. The consultants share sponsorship and organization of the meetings and obtain technical assistance as needed through their local universities. In this way, a network of trained early intervention and early childhood consultants in the state is supported through a community-based effort.

Supervision and Mentorship

According to Fenichel (1991) and Pawl (1995), supervision and mentoring are critical components of staff development (see also Chapter 8). They defined supervision and mentoring as relationships for learning whose essential features are reflection, collaboration, and regularity. Pairing less experienced with more experienced people has been used as an instructional strategy in many fields for years. In preservice programs, intern or practicum opportunities are generally offered after classroom instruction on basic knowledge and skills. Linking supervised work experience in a variety of community settings to personnel preparation enhances the likelihood that instruction will be meaningful and relevant to the participant. Mentors 'n Mainstreaming is an example of a program in North Carolina that reflects the concept of a ''continuum of professional supervision'' (Willer & Bredekemp, 1993, p. 65), extending from mentees who are just acquiring specialized knowledge and rely on others to demonstrate effective practice, to those who can model effective practice and contribute to the generation of new knowledge and skills.

Mentors 'n Mainstreaming is a community staff development program for early childhood professionals sponsored by the North Carolina Division of Child Development and administered by Community Partnerships, Inc., of Wake County, in conjunction with the University of North Carolina at Greensboro. Community Partnerships, Inc., is a private, nonprofit agency that provides inclusive services for children, youth, and adults with disabilities and their families focused on their full involvement in community child care, education, leisure, and employment opportunities. The Mentors 'n Mainstreaming program trains professionals currently working in inclusive early childhood settings as mentors for

early childhood student interns from community colleges who are placed in their classrooms; these mentors must have a 2- or 4-year degree in early childhood, special education, or a related field and 1 year's experience including children with disabilities in classrooms. Mentors receive 3 hours of release time each week to complete two mandatory 45-hour courses: Early Childhood Leadership and Managing Preschool Children's Environments. The second course provides credit toward the North Carolina Department of Public Instruction's Birth to Kindergarten teacher certificate. After completing the courses, mentors are awarded a 4% salary increase and a $200 bonus by combining funding from Community Partnerships, Inc., and the local child care resource and referral agency. Mentors work with community college students for 1 year, are supervised by staff of Community Partnerships, Inc., and collaborate with Child Care Resource and Referral of Wake County to coordinate placements of children with special needs into their classrooms. Evaluation data from this project's first year of operation indicate that mentors ranked the following program components from most to least important: courses, consultation received to assist in implementing course learning, recognition, salary bonus, and salary increase. This ranking suggests that the desire for professional growth and development is highly motivational and valued.

Staff Development that Responds to Diverse Cultural Needs

Communities face many challenges as they develop and provide early intervention services for ethnically and racially diverse populations. These include the need to develop understanding and respect for other cultures and may require learning another language or learning to work with interpreters. The challenges of one rural county in central North Carolina are typical of many small communities throughout the state as they attempt to respond to the needs of an increasing Latino population. Early intervention and other human services staff in Chatham County need information about the culture of immigrants from El Salvador, Guatemala, Honduras, Mexico, Nicaragua, and other Central American countries, including cultural beliefs about disability, child rearing, and community services. They need increased awareness about their own cultural background and how their beliefs and values can affect their interactions with families. Latino families may need to know about resources for financial assistance and education and may need information about other community services and child development.

The Madres-a-Madres program, funded by the local health department, has made a start at meeting the needs of both the professional and Latino groups. Through Madres-a-Madres, Latina mothers of young children in Chatham County meet weekly to share ideas and experiences and to receive instruction from Latino project coordinators related to skills and resources that support parenting. Transportation and child care are provided along with time to socialize and enjoy refreshments. Mothers are encouraged to find a ''partner'' among the participants with whom to continue dialogue between sessions and to expand their networks of family support as their interests and familiarity with community resources increase. From time to time, staff from various agencies make presentations, other family members are invited to attend, and special potlucks are scheduled that are open to the community. Future possibilities for Madres-a-Madres include involving the parents as mentors to professionals who want to increase their own cultural sensitivity and family-centered practices through firsthand experience with Latino families. Other members from the Latino community serve on interagency committees to identify needs and develop new services for the Latino immigrants and to plan and deliver training to raise cultural awareness and sensitivity.

Parents as Presenters

Guskey and Peterson (1996) stressed that participation by all staff members and parents is critical to developing high-quality staff in effective schools. In their work promoting family centeredness, Bailey, Buysse, Smith, and Elam (1992) found the perspectives of parents to be valuable in helping professionals perceive a need to change. In providing technical assistance to communities across North Carolina, the PFI project encourages and models copresenting with a parent of a child with disabilities in staff development activities (see also Chapter 17). The project often pairs as presenters parents of children with disabilities and parents of typically developing children who have experienced inclusion. To help communities identify parents interested in presenting, the PFI project brings 10–12 parents from across the state together for training and support during a 2-day retreat. Project consultants recruit parents from their regions who want to learn how to become effective public speakers about their own experiences in the early childhood intervention system. Depending on the interests of the parents (determined through telephone interviews prior to the retreat), objectives at the retreat generally include the following:

- Refining understanding of the early intervention service system
- Learning pointers for dynamic presentations, including how to use personal artifacts such as photographs and children's artwork
- Observing a parent give a presentation about his or her experiences
- Beginning to formulate and practice presentations in front of the group
- Developing a plan for organizing any props they wish to incorporate in their own presentations, for receiving additional training, and for meeting with other parent participants after the 2-day retreat

After the retreat, the PFI project staff distribute a written flier about the parent presenters to key state and local agencies and training organizations, which are encouraged to negotiate directly with parents about presenting. This project also assists in locating bilingual speakers to serve as translators for Latino parents who schedule presentations. Staff also copresent with the parents in various communities and organize regional meetings twice per year to provide parents who have participated in the retreat opportunities to share their experiences as presenters.

Professional Development Schools

The emphasis on providing career-long teacher education through collaboration among universities and community schools has produced a nationwide initiative, the Professional Development School (PDS) model (Fullan, 1993). The major purpose of the PDS model is to enhance children's learning through a systematic program of professional development and research related to improving practice. It is based on the need for schools of education and other instructional programs to provide more applied instruction in quality, real-world settings for preservice and inservice learners. The PDS model encourages collaboration among various stakeholders interested in the welfare of children and families. These stakeholders typically represent teacher organizations, teachers, parents, school boards, businesses and corporations, school administrators, and university faculty.

Although teachers describe their student-teaching experiences as shaping their professional practice (The Holmes Group, 1986), preservice students often are placed in practicum settings in which teachers are not trained in the methods that the preservice students are learning in their university classes. The intent of the PDS model is to create a collaborative instructional experience for preservice and inservice participants with uni-

versity faculty and other participants on equal footing. It enables education professionals to contribute to the advancement of quality services for children and families by participating in practicum seminars and classes at the university as well as assisting in the preparation of new practitioners who are placed as practicum students in their classrooms.

The relationship between the community-based professionals and university personnel implementing the PDS model is governed by four principles:

- *Reciprocity*—a mutual exchange regarding recommended practices
- *Experimentation*—a willingness to try new forms of intervention or practice
- *Systematic inquiry*—the requirement that new ideas be subject to careful study and validation
- *Student diversity*—a commitment to developing intervention strategies for a broad range of children and families with different sociocultural backgrounds, abilities, and learning styles (The Holmes Group, 1986)

As a community-based approach to personnel development, the PDS model's goal to restructure both community schools and universities to develop model sites providing inservice and preservice development is daunting. Nationwide, the first published reports of implementing the PDS model have only recently been released (Darling-Hammond, 1994). As noted by Pugach and Pasch (as cited in Fullan, 1993), it is clear that, to be effective, change of this scope will take years and should be viewed in the larger context of school reform and restructuring.

A FRAMEWORK FOR EVALUATING COMMUNITY-BASED APPROACHES

Community planners frequently face a number of challenges in their attempts to evaluate innovative approaches to personnel preparation and instruction. Sometimes it is difficult to identify individuals within the community with expertise in program evaluation. Even when these individuals are available, resources that can be allocated for evaluation efforts generally are limited. Because a variety of stakeholders should be encouraged to participate in the evaluation process to enhance the cultural relevance and utilization of the evaluation results (Greene, 1987; Orlandi, 1992), another challenge is determining the evaluation agenda.

To overcome these challenges, evaluation efforts at the community level should focus on addressing three critical questions, while keeping in mind the availability of funds to support these efforts: 1) What are the goals of a coordinated community-based approach to personnel preparation? 2) What is the purpose of evaluating this effort? and 3) How will the evaluation results be used to improve future community-based personnel preparation activities?

Identifying the Goals of a
Community-Based Approach to Personnel Preparation

The first step in developing an evaluation plan is to identify the goals of the program (Branham, 1992). Although the specific goals and objectives of a coordinated system of personnel preparation will be unique to every community, most goals can be clustered under four broad areas. These include 1) increased collaboration and coordination of personnel preparation efforts; 2) increased or improved attitudes, knowledge, and skills among a diverse group of human services professionals (e.g., teachers, child care providers, early interventionists, therapists); 3) consumer satisfaction with personnel preparation activities; and 4) improved child, family, and program outcomes resulting from personnel

preparation activities. Selecting the appropriate evaluation methods and measures will depend, in part, on the emphasis community planners place on each of these areas in designing their instruction initiatives and developing an evaluation plan, as well as the availability of resources to conduct the evaluation.

Identifying the Purpose of Evaluation of Personnel Preparation

In addition to identifying the goals of personnel preparation, community planners should consider the purposes for conducting the evaluation, the audience for the evaluation results, and a set of criteria for determining if personnel preparation efforts were successful (Branham, 1992; Division for Early Childhood Task Force on Recommended Practices, Council for Exceptional Children, 1993; Trohanis, 1986). Three common purposes for conducting an evaluation of personnel instruction include monitoring and accountability, documenting contexts and processes, and determining outcomes.

Monitoring and Accountability   Monitoring is a useful tool for documenting the extent to which people actually participated in personnel preparation and training activities and for projecting future training needs. Examples of monitoring activities include recording the number and nature of training requests, documenting where and when training events occurred and the number of people who attended them, and tracking instruction-related expenditures. Some communities have established computerized databases to monitor requests for instruction and utilization of project services and activities by various consumer groups.

Documenting Contexts and Processes   Another purpose for conducting an evaluation of personnel preparation efforts is to document the context and processes involved in implementing personnel preparation. Documenting the process involves delineating the steps of designing, implementing, and evaluating instruction, whereas documenting the context involves specifying the components of instruction that might mediate expected outcomes. For example, initial steps in developing community-level training may include identifying an interagency planning team, conducting an assessment of training needs, developing a training agenda, and identifying staff development resources. By documenting each stage of this process, participants create a permanent record of how training was planned and implemented and can build on this knowledge for future training activities. At the same time, it is important to recognize that training outcomes, such as participant satisfaction, can be influenced by a variety of factors including contextual variables (e.g., geography, demographics, politics, logistics), the instructional format (e.g., case method, small-group discussion, large-group presentation), the facilitator's presentation style (e.g., didactic, interactive), or the perceived relevance and usefulness of the content. To document context variables that are most likely to mediate training outcomes, community planners could gather information about participants' level of education, experience, and perceived training needs and record descriptive information about various instructional events in a personnel preparation log or registry. The emphasis should be placed on finding out how particular aspects of training or characteristics of participants affect the outcomes of training. The results of these evaluation activities can be used throughout the process to improve the ways in which community planners design and carry out personnel preparation.

Determining Program-Related Outcomes   Finally, an evaluation of community-based approaches to personnel preparation and training is essential to determine the results of these efforts for children, families, professionals, and programs. An integrated, community-based approach to personnel preparation should result in systemic accomplishments that involve the services and infrastructure of programs as well as human outcomes: improvements for children and families (Kagan, Goffin, Golub, & Pritchard, 1995). For

example, as a result of integrated staff development, communities can expect to see an array of programmatic changes such as an increase in the number of qualified human services professionals; enhanced professional collaboration and coordination across programs and agencies; innovations in how personnel preparation is funded (e.g., pooling funds from various agencies) and regulated (e.g., combined early childhood and early childhood special education certification); and, most important, improved availability and quality of direct services for children and families.

How do community planners evaluate these programmatic changes? As mentioned previously, the answer depends on the goals of the personnel preparation program, the priorities of community planners and funders, and the availability of resources to conduct the evaluation. Although several methods have been developed to assess changes in program infrastructure and services as part of a comprehensive program evaluation, these have not been designed specifically to assess outcomes related to personnel preparation and training efforts. Since the late 1980s, several promising approaches have emerged. For example, network analysis can be used to document change with respect to collaboration and coordination among professionals from various agencies. Network analysis employs a questionnaire or interview format to assess the interactions and relationships among professionals from different backgrounds. The primary purposes of this approach are to assess professionals' awareness of other agencies and services, to determine the degree of influence exercised by agencies, and to describe client referral patterns (Neenan, Orthner, & Crocker, 1995). The network analysis can be administered to targeted community agency personnel during initial implementation of a coordinated personnel preparation system as a means of gathering baseline data and every year thereafter to assess change in agency collaboration over time. A second approach is to assess changes in the competence of early childhood professionals resulting from comprehensive staff development efforts on a pre- and posttest basis (Wesley & Buysse, 1994). A third approach is to evaluate the effects of an integrated system of personnel preparation on service delivery patterns within the community. Although most states are still pioneering these efforts, extant Infant-Toddler and Preschool program databases maintained by various state agencies can be used to document changes that occur regarding the nature and location of services for young children with disabilities and families who are eligible for services under IDEA (Buysse, Bernier, Tyndall, Gardner, & Munn, 1996).

Determining Child and Family Outcomes   It is logical to assume that systemic changes in personnel preparation and their corresponding effects on the quality of human services personnel and service delivery programs will have a direct impact on children and families within the community. Unfortunately, it is difficult to attribute positive child and family outcomes to an isolated effort such as training (Kagan et al., 1995). Additional challenges of an outcome orientation, according to Kagan and colleagues (1995), include defining desired outcomes and determining which activities best promote them, devising methods for collecting and aggregating data across agencies, and determining the extent to which the innovative program actually takes hold within the community. Part of the difficulty in demonstrating a connection between staff development and child and family outcomes stems from a traditional focus on the behavior of the professional rather than on the outcome of professional behavior (Buckley, Albin, & Mank, 1988). In light of these challenges, efforts to evaluate child and family outcomes related to community-based training should be carried out in conjunction with ongoing, comprehensive program evaluation efforts.

Depending on their relevance to the goals of the personnel preparation program, examples of child outcome indicators that community planners may want to consider include developmental progress, immunization rates, and reports of child abuse and ne-

glect. Indicators of family outcomes to be considered include family well-being (e.g., parenting stress indexes, family support measures), parent participation in various early childhood programs, and use of and satisfaction with other services and supports. Existing databases available through state or local agencies and other program evaluation studies may prove more useful in documenting these child and family outcomes than original data collection, which can be costly and difficult to manage. Although it is a challenging task, specifying clear outcomes from the start can be helpful to community planners in developing a vision and clarifying the purposes of a coordinated personnel preparation system.

Using Evaluation Results to Improve Future Personnel Preparation Activities

The results of an evaluation of a community-based approach to personnel preparation can be used for several important purposes: to judge the effectiveness of training efforts, to determine how instruction can be improved, and to demonstrate to funders and other stakeholders that training was carried out in the way it was intended to be (Branham, 1992). The success of personnel preparation is determined at the end of the program or at predetermined points in time through the use of outcome data, whereas efforts to improve personnel preparation are derived from process variables collected throughout the project. The results of the evaluation should be used by community planners to understand and interpret how changes in personnel preparation occurred, to determine which aspects of the program or the community served as barriers or supports to a coordinated system of instruction, and to identify strengths and weaknesses of the personnel preparation program.

LESSONS LEARNED

Our experiences and those of other participants in the models described in this chapter offer two important lessons about developing community-based approaches to personnel training and development. First, community-based approaches in staff development that effect lasting changes are built on trusting relationships between community members and technical assistance providers who provide an array of services (Wesley & Buysse, 1996). Second, coordinated, community-based efforts are most effective when they combine external assistance in the form of training, evaluation, coordination, and consultation with internal capacity building, which is necessary to empower stakeholders and sustain change.

Trusting Relationships and an Array of Services

As change catalysts, instructors and technical assistance providers must earn the trust of community members in order to help them take the necessary risks to alter their practices. Methods of building trust include the following:

- Establishing credibility in relevant content areas
- Providing reliable information
- Involving community participants in designing and evaluating training
- Demonstrating flexibility in adapting staff development opportunities to the experiences and needs of participants
- Providing productive follow-up assistance

Bringing community stakeholders together to plan and receive training is not sufficient to promote systems change at the local level. Ongoing support is needed to expand and

sustain collaborative relationships and to help refine and integrate content knowledge and process learnings in professional practice. In addition to training events, technical assistance to facilitate team development and the continued clarification of community needs and goals are required. The experience of the PFI project's staff supports the finding of other technical assistance providers: In order to meet the staff development needs across the early childhood intervention system, a wide range of instruction and technical assistance services must be offered. These include consultation, resource linking and referral, short-term advice, provision of print and audiovisual materials, and information clearinghouse services (Buckley & Mank, 1994; Trohanis, 1994; Wesley & Buysse, 1996). In addition, links with preservice efforts are important, as illustrated in the PDS model, to provide practicum and other inservice and preservice training experiences in real-world community settings.

Promoting the Community's Capacity to Help Itself

Although preservice and inservice activities at the state level will always be a valuable part of the personnel preparation system, empowering local stakeholders to implement a systemic approach to staff development within their own community is another way to promote effective and collaborative personnel preparation efforts. Many communities have access to local resources for training through child care resource and referral agencies, state child care initiatives, private–public partnerships with industry or business, child care coalitions, advocacy organizations, hospitals, and staff development sponsored by individual agencies. As in the case of Allen County, multiple activities may occur that are not coordinated across the community or facilitative of interprofessional collaboration to sustain change. Communities may need outside help to recognize this need and to develop a plan for an integrated approach to training.

Chapter 1 reviews a framework of critical factors related to reforming personnel development systems: climate, policies, resources, people, and problem-solving structures. As a springboard to collaboration about personnel preparation issues, local stakeholders need to discuss each of these factors as they think about how they want to improve the services and supports for children and families through focused personnel preparation efforts. Table 3.4 presents questions to guide such discussions. These discussions could occur through a community forum where small- and large-group dialogue, panel presentations, and question-and-answer sessions could be employed to highlight the community's organizational routines and policies, interagency relationships, and history relative to personnel preparation. Because of the complex nature of these issues, it is likely that a series of forums would be needed to adequately address them. For example, one forum might focus on raising awareness about an integrated approach to community and individual needs assessment, another would examine collaborative implementation of staff development activities, and a third would explore evaluation methods.

FUTURE DIRECTIONS

As states continue to develop and improve their comprehensive systems for personnel development, it is helpful to anticipate future issues and directions in community-based personnel preparation efforts. Following are some predictions for the 21st century:

1. The community will become an increasingly important and visible context for instruction, technical assistance, and research as human services systems become more coordinated and integrated. An increased emphasis in the future will be on training that is planned interorganizationally to use all possible resources at the state and local

TABLE 3.4. Questions to guide planning

Climate

- What is the community's personnel preparation history? Have people from key stakeholder domains identified personnel preparation as a priority in the community? Have agencies coordinated training calendars? Have staff from various organizations and agencies attended and planned training activities together?

- What is the current climate with regard to personnel preparation? Is there a collaborative approach or even interest in one? For example, do personnel from various disciplines and organizations collaborate to plan joint presentations at training events? Are there other ways in which existing instruction practices augment feelings of trust among community stakeholders?

- Is there a systems view of instruction at the community level? In other words, is there a mechanism to identify and consider the needs of personnel from multiple agencies in planning professional growth opportunities?

- Who defines the climate? How have the interests and needs of key stakeholder domains shaped the climate? Are families, local government officials, and diverse representatives from the private and public sector involved in personnel preparation efforts related to young children and families?

- What are the formal and informal ways stakeholders identify and communicate their needs for instruction? Do personnel preparation activities reflect the current changes in the early intervention system? For example, does training content address interagency collaboration, strategic planning, or other issues related to inclusion?

Policies

- How has training in the community been funded historically?

- What policies affect personnel preparation (e.g., agency staff development requirements, personnel policies for time off, community college requirements for offering continuing education units [CEUs], recruitment of high school students into community colleges, matriculation of community college courses to higher institutions)?

- How are policies communicated across the community? For example, do early interventionists who provide instruction know how to offer child care training credit? Does training sponsored by Head Start provide credit toward credentials recognized by local mental health agencies? Do public health departments widely advertise their community training activities or offer CEUs through the local community college?

- How open are agency-sponsored staff development activities to nonagency participants? Are inservice instruction workshops offered through the local schools, for example, open to early interventionists employed by other agencies in their community?

Resources

- What resources are available to facilitate comprehensive staff development at the local level (e.g., funding; people; transportation; communication methods such as e-mail, meeting space)?

- How flexible are the resources? Who controls them? Is the community willing to rethink how it uses resources to support instruction? For example, have agencies explored ways to pool funds to support a comprehensive approach?

- Has the community surveyed local attitudes toward innovation in personnel preparation? Are local attitudes a support or barrier to providing instruction in a new way?

People

- How does the community define itself? In other words, who are the stakeholders involved in early intervention and related personnel preparation efforts? What are their roles, relationships, and allegiances?

TABLE 3.4. (*continued*)

People—*continued*

- Do stakeholders work in teams, and if so, how do they define their teams? Do they have a model for building and maintaining team cohesion and competence?

- Who are the leaders in the field and in staff development? What is the leadership tradition and style across the community? What is the role of leadership in strategic planning regarding personnel preparation?

Problem-solving structures

- Are established mechanisms for problem solving effective to identify and meet the challenges related to personnel preparation? Do they include a systemwide understanding of the problem-solving process?

- What is the role of vertical systems (i.e., the relationship of community to state and federal agencies and to institutions of higher learning) in the problem-solving process?

- What is the role of horizontal systems (i.e., community interagency relationships, collaboration with families, private and public partnerships) in the problem-solving process? For example, is there a collaborative approach to assessing and communicating personnel preparation needs?

- Is there a trouble-shooting mechanism to identify and remove barriers to effective training? In addition, are factors that promote effective practice identified and stressed, including productive collegial relations, open communication and feedback, and leadership that supports opportunities for professional growth and development (McLaughlin, 1991)?

- How can the community replace the competitiveness that traditional personnel preparation approaches so often promote with principles of collaboration and consensus building?

Documented results

- What evaluation activities are currently conducted by agencies and other training organizations in the community? Are evaluation results shared in an ongoing way and used in future planning? How do community evaluation plans relate to regional and state evaluation efforts and personnel preparation activities?

- How should results of individual training activities be documented? For example, what methods can be used to extend evaluation beyond measures of participant satisfaction?

- How should an integrated approach to communitywide personnel preparation be evaluated? What are the desired outcomes of such an approach? What are the implications for providing documented results when training content is related to collaboration and systems change? How can the relationship of staff competence to program competence to system integrity at the community level be assessed? For example, what are the effects on the individual programs and interagency service delivery system of training staff from community agencies together on collaboration?

- Who needs the evaluation results and why?

- Who will carry out the evaluation and who will pay for it?

- What is the community's commitment to the evaluation process, particularly if it is longitudinal? What qualitative evaluation methods are practical at the community level? In what areas can self-assessments be used to measure change?

- What do artifacts tell us about collaboration, role changes, and systems approaches to service delivery and training (e.g., written agency policies, individualized family service plans, individualized education programs, job descriptions)?

levels. Communities may show increased initiative to develop an infrastructure to support ongoing staff development activities at the local level, resulting in new technical assistance relationships between communities and institutions of higher learning. A variety of forces lead to this development: the recent emphasis on technical assistance to support school reform; the implementation of the Americans with Disabilities Act; a widespread local need for training about disabilities, inclusion, family-centered culturally sensitive practices, and transition; the press in many states for a career ladder for child care providers; and the expansion of community Head Start programs to include infants and toddlers.

2. As funding systems such as block grants from the federal government are restructured, states may have more decision-making responsibility about how money is spent. Competition for limited funds may increase between direct service and personnel preparation interests, promoting the blending (for economic reasons) of preservice and inservice training efforts that are somewhat disjointed. Training and technical assistance providers may feel pressure from funders to demonstrate third-party outcomes (e.g., to show that training of child care providers has improved developmental outcomes of children).

3. We will see an increased emphasis in professional development programs on knowledge pertaining to community resources (e.g., Family Resource Centers, transportation services, family literacy programs, teen parent support groups, pregnancy prevention programs, English as a second language courses).

4. There will be an increased focus in staff development content on working with poor, ethnically diverse, and underserved groups of people, and we will experience a growing need to include representatives from these groups in our planning and training efforts as well as in leadership roles.

5. There will be an increased need to prepare personnel at the local level to coordinate health and development needs of children, with a focus on human immunodeficiency virus and ongoing health conditions, and to identify and reduce environmental factors placing children and families at risk for violence, substance abuse, and poverty.

6. There will be a continued need for theory testing in personnel preparation and for an empirical base to guide practice. Yet because studying personnel preparation is complex and does not lend itself readily to traditional approaches to research, an increased interest in the academic community for studying training and technical assistance as a scholarly pursuit is not likely. However, there could be more emphasis on preparing people to provide training in the community (e.g., the development of a ''training track'' at state and regional conferences for practitioners who also provide inservice training to their own and other agencies, the establishment of regional lending libraries of staff development resources, an increase in courses on consultation and technical assistance in early childhood intervention degree programs at universities, an increase in the number of professional organizations related to personnel preparation).

Opportunities to attain the highest possible level of skill during training are enhanced when staff development activities, whether preservice or inservice, mimic or occur in natural work environments. Compared with state-level instruction, which may lack continuity and relevance to local communities, personnel preparation at the community level involving diverse local stakeholders as planners and recipients has the potential to create effective and lasting changes in practices. In addition, a community-based approach to training provides opportunities to blend local funding, materials, talent, and other resources to promote long-term, collaborative relationships.

RESOURCES

Blank, M.J., & Melaville, A.I. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.* Washington, DC: Education and Human Services Consortium. Cost: $3. (202) 822-8405.

   This monograph contains sections on guidelines for new partners and assessment of the need for interagency partnerships that could easily be converted into effective instructional activities.

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.* Washington, DC: The Education and Human Services Consortium. Cost: $3. (202) 822-8405.

   This document includes excellent applications for instruction, especially with interagency audiences. Each of the 10 questions probes an aspect of collaboration (e.g., How do we know if collaboration is happening and if it is working?) and provides possible responses, along with lists of resources for additional consideration.

Dunst, C.J. (1990). Family support principles: Checklists for program builders and practitioners. *Family Systems Intervention Monograph Series, 2*(5). Morganton, NC: Family, Infant and Preschool Program, Western Carolina Center. Cost: $11. (704) 433-2690.

   Six sets of family support principles are described (e.g., enhancing a sense of community, mobilizing resources and supports) and then presented in a rating scale format. In training, scales could be used to describe preferred practices, assess current practices, or target desired changes.

Harms, T., & Clifford, D. (1980). *The Early Childhood Environment Rating Scale (ECERS).* New York: Teachers College Press. Cost: $8.95. (800) 575-6566.

   This easy-to-use instrument is designed to assist teachers, administrators, family members, and trainers in examining the quality features of early intervention. It defines quality through a scale of 37 items in seven categories (e.g., personal care routines, furnishings, gross and fine motor activities, language and reasoning). Companion instruments from the same publisher include the Family Day Care Rating Scale (FDCRS) (Harms & Clifford, 1993), Infant/Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1990), and School-Age Care Environment Rating Scale (SACERS) (Harms, Jacob, & White, 1992).

Melaville, A.I., Blank, M.J., & Asayesh, G. (1993). *Together we can: A guide for crafting a pro-family system of education and human services*. Washington, DC: U.S. Government Printing Office. Cost: Free. (202) 219-2129.

   This monograph leads users through a five-stage collaborative process with milestones and land mines portrayed through vignettes and case studies. It is easily adaptable for instruction on aspects of community-based service delivery and collaboration.

Regional Educational Laboratories' Early Childhood Collaboration Network. (1995). *Continuity in early childhood: A framework for home, school, and community linkages*. Tallahassee, FL: SouthEastern Regional Vision for Education (SERVE). Cost: Free. (800) 352-6001.

   This document defines key elements in a framework for linkages among community programs and agencies. In instruction, these materials could be used to explore existing resources and new possibilities for linkages among people, resources, and services.

Rosenkoetter, S.E., Hains, A.H., & Fowler, S.A. (1994). *Bridging early services for children with special needs and their families: A practical guide for transition planning.* Baltimore: Paul H. Brookes Publishing Co. Cost: $24. (800) 638-3775.

This book presents models that demonstrate how community-based planning benefits all involved in early intervention. Strategies and materials for teaching about and promoting successful transitions are included.

Swan, W.W., & Morgan, J.L. (1993). *Collaborating for comprehensive services for young children and their families: The local interagency coordinating council.* Baltimore: Paul H. Brookes Publishing Co. Cost: $37. (800) 638-3775.

This unique guidebook with more than 70 sample checklists, charts, letters, contracts, tips, and strategies for promoting quality, effective services drawn from the authors' experiences in interagency work in communities.

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