

Educating for Action

Objective:

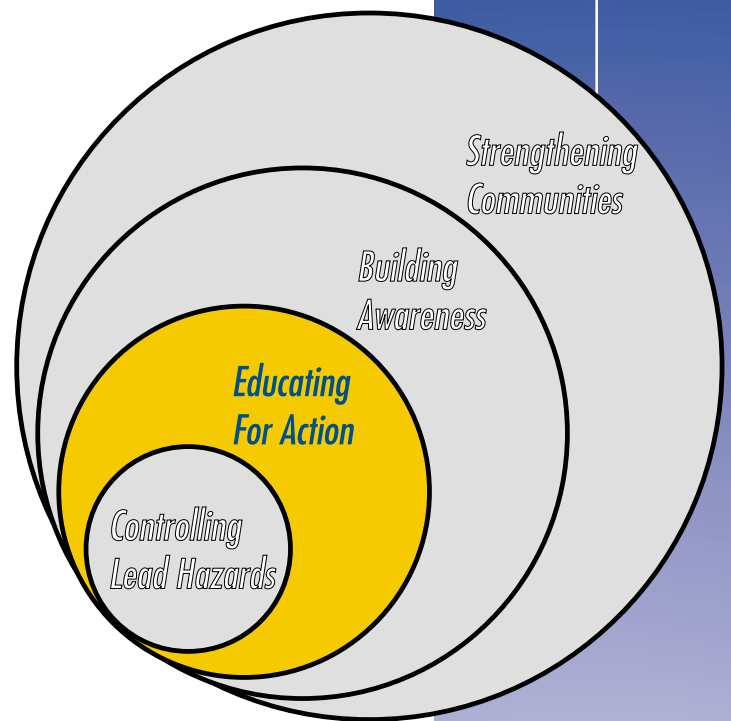
To identify ways to educate families for protecting children from lead poisoning

Highlights:

- Promote change
- Educate
- Follow-up and Evaluation

Through Educating for Action, CLEARCorps helps families to make decisions and take action to protect their children from lead poisoning. As the name declares, action to protect children is the primary objective of Educating for Action. As the name implies, information is important only insofar as it helps a family make good decisions about the action they want to take. By design, Educating for Action builds upon CLEARCorps' efforts to develop community-wide awareness about the issue of lead poisoning (*see Chapter 2, Building Awareness.*)

Families are naturally motivated to protect their children. This is the driving force of the Educating for Action program. However, families are more likely to take action if the decision to do so is their own, and the plan of action is one they agree to and help to design. Educating for Action is CLEARCorps' effort to promote family-centered decisions about protecting children from lead exposure. CLEARCorps does not make decisions for the family; the family makes its own decisions. CLEARCorps does not tell families what to do; we help families understand the risk





of lead exposure in their homes, and clarify the options they have for reducing that risk. When asked, we offer suggestions and opinions. We know that if the action needed to protect a child from lead exposure is to be sustained, the family—not CLEARCorps—is the one to sustain it.

To be sure, one of the decisions a family can make during the Educating for Action process is to enter into a partnership with CLEARCorps to develop and carry out a plan for protecting their children. If this decision is made, the action items are formalized and signed by both parties as a Mutual Lead Risk Reduction Agreement (MLRRA). A MLRRA includes commitments for specific actions to be carried out by the family and CLEARCorps, respectively. Typically, the family agrees to learn how to control and monitor lead dust, to take the steps necessary to protect their children, and to participate in CLEARCorps' program evaluation efforts. Typically, the CLEARCorps team agrees to carry out targeted lead hazard control activities (discussed in *Chapter 4, Controlling Lead Hazards*), to teach the family how to control lead dust hazards, to take follow-up dust tests, and to support the family in sustaining their efforts.

Educating for Action unfolds in four identifiable stages:

- **Connection** – We **connect** with the family by seeking to understand their needs, concerns, values, and perspectives on protecting their children from lead poisoning.
- **Engagement** – We **engage** with the family by helping them to recognize and identify the lead hazards in their home and to explore and weigh their options for controlling those hazards.
- **Decision-Making** – We assist the family in **making decisions** about the action they want to take.
- **Partnership** – We enter into a **partnership** with the family to carry out a mutually agreed upon course of action for controlling lead hazards in the home and protecting their children from lead poisoning.

*We help families
understand the risk
of lead exposure*

Principles

Key Terms

Educating for Action employs a number of key terms and ideas.

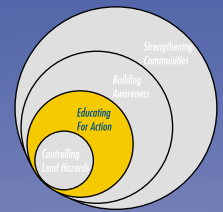
1. *Protection*

A child protected from lead poisoning lives and plays in a home that is not contaminated by lead. A child protected from lead poisoning has a family with the knowledge, skill, decision-making ability, and support they need to control or eliminate any lead hazard that may be threatening their child.

2. *Family*

“Family” means extended family. “Family” refers to and includes any individual who takes responsibility for the health and safety of a child on a day-to-day basis and who is in a position to influence or make key decisions about protecting that child from lead exposure. This extended understanding of family includes, but is not limited to:

- Mothers and fathers
- Grandmothers and grandfathers
- Aunts and uncles
- Sisters and brothers
- Neices and nephews
- Friends
- Lovers
- Neighbors
- Caregivers



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3. *Family-centered*

Educating for Action is family-centered in the sense that it begins with an attempt to understand the needs, values, and perspectives of the family on the problem of lead poisoning. Educating for Action is family-centered in its respect for the right of the family to make its own decisions about the action it wants to take to protect its children from lead poisoning.

We are being family-centered when we act to make sure that families:

- Feel understood and respected while expressing their priorities and concerns
- Have access to the information, training, and resources they need
- Have the opportunity to explore and evaluate their options
- Feel empowered to make their own decisions about protecting their child
- Have access to the support they need to carry out their decisions

Promoting Change

Educating for Action is a change process. Educating for Action succeeds when a family decides to make the changes it needs to make to protect its children from lead exposure. If we are going to help a family become ready to change, we need to understand how and why people decide to make a change.

The following two key insights guide this process:

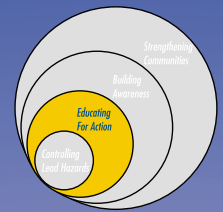
- *Change is difficult—especially when high-involvement decisions are at stake*
The distinction between “low-involvement” and

“high-involvement” decisions helps give a name to the challenge we face in undertaking Educating for Action. “Low-involvement” decisions are decisions that people do not take very seriously or regard as very important. Low-involvement decisions—e.g, what bath soap to use, or which movie to see, or which brand of coffee to drink—involve little thought and pose low risk for regrets. These decisions are easily influenced by relatively minor external factors, such as package design, availability, or the preference of a friend.

“High-involvement” decisions are taken very seriously by the person involved and regarded as very important. High-involvement decisions—e.g., what job to take, or whether to get our child’s blood tested, or what changes to make to control lead hazards in our home—engage us emotionally and require considerable thought and deliberation. Important values are at stake in high-involvement decisions, and the possibility for regret is high. Thus, it is both time consuming and difficult to promote change that calls for families to make high-involvement decisions.

■ *Change is a multi-stage process*

Few people make high-involvement decisions in one simple step. In fact, both research and common sense confirm that people tend to move through a series of distinct stages in the process of making a high-involvement decision. Therefore, if we are to help a family through the process of making a change, we must be attentive to the stage of change a family is in, and match our Educating for Action strategy to the appropriate stage. What follows is a brief description of the four stages of change through which families move in the process of deciding upon what action to take to protect their children from lead exposure. Educating for



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*Four Stages of
Change*

- 1. Not Concerned*
- 2. Concerned*
- 3. Committed*
- 4. Active*



Action is designed to be responsive to these stages and to meet the educational challenges particular to each.

1. *NOT CONCERNED* – *Not aware of or feeling any need to change*

Families in this stage are not concerned about childhood lead poisoning. They are not thinking about change or feeling any motivation to change. There is no question of any problem. Typically, families are in the “not concerned” stage for one of two reasons:

- *Lack of awareness.* The family is simply unaware of the cause of lead poisoning and the health risks lead exposure poses for their child—and hence is simply unaware of any need for change.
- *Lack of relevance.* The family may be aware of the problem of lead poisoning, but they do not believe that it is a threat in their home or to their children—and hence do not feel there is a need for change.

The signs that a family is “not concerned,” and not contemplating change, include:

- They are not doing anything to protect their children.
- They seem unaware of the causes and risks of lead exposure.
- They are surprised (or dismissive or angry) at the suggestion that their children might need protection for lead poisoning.
- They are not willing or motivated to talk about the possible risk of lead poisoning to their children.

Clearly, a family's awareness of the problem of lead poisoning is critical to the success of Educating for Action.

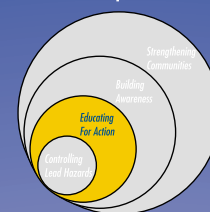
Issue awareness is one of the chief objectives of CLEARCorps' Building Awareness activities (*Chapter 2*).

2. **CONCERNED** – *Aware of and feeling some need for change, but not making decisions or taking any action*
Families in this stage are aware of the problem of lead poisoning and have concerns about its impact on their children, but they are not yet actively engaged in making any changes to protect their children.

Normally, families in the “concerned” stage are engaged in the process of gathering information, assessing the lead exposure risk to their child, and asking and evaluating answers to a number of major questions: What is the actual risk to my child? What is the cost of making a change? What does my family want me to do? Will I be able to do it? A family needs a reasonable amount of time to answer these questions, and it is the goal of Educating for Action to help the family accurately assess the lead risk in their home and to help them weigh the costs and benefits of making a change.

Sometimes, however, a family seems stuck in the “concerned” stage and is either unwilling or unable to move toward decision-making or action. Typically, there are two reasons for this state of affairs:

- *Reluctance and ambivalence.* A family may recognize the threat of lead poisoning to their children but feel ambivalent about moving forward, or reluctant to make any changes. The reasons for ambivalence are many. The family may fear losing their home. They may be reluctant to take on additional burdens and challenges. They may mistrust the intentions of outsiders, including CLEARCorps. They may resent past



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intrusions into the life of their family, and resist the possibility of new ones.

- *Sense of powerlessness.* The family is aware of the problem of lead poisoning but feels powerless to act. They may feel powerless because they are not aware of the actions they might take or because they are misinformed about the options available to them. A family also may feel powerless because they feel overwhelmed by the complexity, challenge, and difficulty of their current life.

Families may have many reasons to feel ambivalent or powerless. It is our task to understand what these reasons might be, to respond with empathy, to avoid judgment, and to provide the family with an opportunity to express their concerns, address their issues, and move forward to protect their children.

3. *COMMITTED – Motivated to change, committed to exploring options, making decisions, and taking action*
Some families move rapidly to the “committed” stage. Others do not. In either case, families in this stage are aware of the problem of lead poisoning and committed to doing something to protect their children. These families have resolved any ambivalence they may have felt, have determined that the benefits to change outweighed the costs, and want to develop an action plan. Typically, they are seeking answers to the following questions: What are my options? Which is the best one for me? What help do I need? How and when can I get it done?

Our task for families in this stage is to help them explore their options, empower their decision-making, and develop a Mutual Lead Risk Reduction Agreement, if appropriate.

4. *ACTIVE – Taking action to create and sustain change*
Families in this stage have begun taking action to protect their children from lead poisoning. They are working their plan and learning new skills and behaviors.

Our task fulfill any partnership agreements we may have made, and to support these families to successfully carry out and sustain their efforts to protect their children from lead poisoning.

Practices

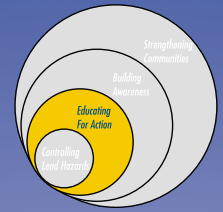
The goal of Educating for Action is to help families move through the stages of change as they make decisions about protecting their children from lead poisoning. As there are four stages of change, so there are four matching stages within Educating for Action. The correlation is approximate, however, rather than absolute. The four stages of change describe the dynamic state of a family’s interior intention to take action: Not Concerned, Concerned, Committed, and Active. The four stages of Educating for Action describe the dynamic process of CLEARCorps’ intention to establish a trusting, respectful relationship with a family: Connecting, Engaging, Decision-Making, and Partnership.

STAGES OF CHANGE	STAGES OF EDUCATING FOR ACTION
Not Concerned	Connecting
Concerned	Engaging
Committed	Decision-making
Active	Partnership

What follows is a description of the four stages of Educating for Action with a focus on the practices that pertain to each.

Connection

Objectively, the Connection Stage of Educating for Action begins when CLEARCorps makes contact with a family—usually as a result of Strengthening Communities or Building Awareness efforts (see chapters 1 and 2). It culminates when both CLEARCorps and the



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family decide that it is appropriate for CLEARCorps to make a home visit to take lead dust samples and conduct a visual examination of the property. (Within the housing-based perspective outlined in Chapter 4, the Connection stage is viewed as “Referral” and “Intake.”)

Subjectively, the Connection Stage lasts as long as it takes to develop a respectful, trusting relationship with a family—an effort that continues and deepens throughout the Educating for Action process. For before we can help a family assess their situation or begin to make changes and take action, we must develop a trusting relationship with each other.

Thus, even though the “Connection” and “Not Concerned” stages correspond structurally with each other, a trusting and respectful relationship must be developed with a family regardless of the family’s stage of change when we first make contact with them. Indeed, even when it seems that a health department has bypassed the family-centered process entirely by issuing lead orders on a family’s home and referring the unit to CLEARCorps for hazard control and clearance, connecting with the family is not a stage that can be skipped.

1. *Educational goals*

- Begin to establish a trusting and respectful relationship with the family
- Begin to understand the feelings, needs and concerns of the family regarding the health and safety of their child
- Spark the family’s curiosity and concern and increase their understanding of both childhood lead poisoning and the goals and services of CLEARCorps
- Schedule an appointment for dust testing and visual examination of the family’s home

*Develop a trusting
relationship with the
family*

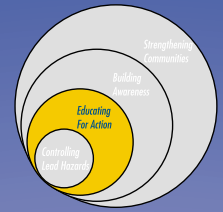
2. *Principle practices*

Skill in using several key interpersonal communication practices—notably empathy and reflective listening—is crucial to building a trusting and mutual respectful relationship with the family. These skills include the ability to:

- Ask open-ended questions that encourage the family to talk about their own knowledge and concerns
- Practice empathy to gain a respectful understanding of the feelings, values, and perspectives of the family
- Listen attentively for the feelings, values, and concerns beneath the families words and gestures
- Listen effectively to a family’s concerns, avoiding responses that create barriers to open communication, including responses that console, minimize, inform, advise, criticize, blame, or problem-solve
- Reflect or paraphrase accurately what the family has said so that they know they have been heard or have an opportunity to correct our understanding
- Respond skillfully to negative messages from the family
- Deal constructively with strong, negative feelings that the process of connecting with the family brings up in us

3. *Limits to connecting*

We would all like to believe that we can help every family we meet, but the hard truth is that we probably cannot. Some families just cannot be helped at the time we try to connect with them. With other families, we may be helpful for some things but remain unable to help them take action or form a partnership with us.



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Success with Educating for Action depends on the family as much as it does on us. What works with one family does not always work with another. Educating for Action is not a magic wand. We cannot help every family.

Engagement

Objectively, the Engagement Stage of Educating for Action begins when CLEARCorps collects dust samples and conducts a parent-centered visual examination of the home. It includes the effort to help the family understand the lead risk in their home and to clarify the various options available for action, including the work that CLEARCorps can undertake if the family so chooses.

Subjectively, we build on the trust and mutual respect we have already established, and engage with the family to respond to any concerns they may have about the risk of lead exposure to their child. The dust test results and visual examination of the home provide an opportunity for the family to gather information and assess the lead risk to their child. We give them the time they need to internalize the information. Respectfully and attentively, we help the family to reflect on the problem, to sort out their motivation for change, and to assess the risk of not changing. We affirm the family's capacity to successfully take action when they want to.

1. *Educational goals*
 - Perform or arrange for dust sampling in the home
 - Conduct a family-centered visual inspection of the home
 - Assist the family to recognize and identify any real or possible lead hazards in their home
 - Clarify the options and choices available to the

Conduct a family-centered assessment

family for reducing the risk of lead poisoning in their home

- Reinforce and support the family’s motivation for change

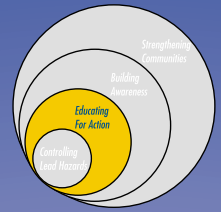
2. *Principle practices*

- *Conduct a family-centered visual inspection of the home.*

The purpose of the visual inspection is to help a family accurately assess the risk of lead exposure to their children in their home, and begin deliberating about what, if any, action they might want to take. Typically, the visual inspection and discussion of dust test results mark the family’s entry into a high-involvement decision making process. At this stage, the family’s questions and concerns should be the center of attention. Families become much more motivated if we follow the agenda set by their questions and concerns.

Strickly speaking, a visual inspection examines a home for potential lead hazards. (See *Chapter 4* for a detailed description.) In the context of Educating for Action, the visual inspection must be family centered, which means the following elements and practices are critical for its success:

- The family is present and actively engaged in the visual inspection process.
- The visual inspection is a friendly, pleasant, respectful experience for the family.
- Family awareness and problem recognition are respected and sought out from the start. “Is there any place in your home that concerns you, that you think might be a lead hazard for your child?”
- Jargon and technical language are avoided,



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and every point of the visual inspection is clarified for the family (even if this means going over something several times.)

- The visual inspection is label free. Care is taken to describe all findings as observations, free of labels and evaluation. “There are paint chips mixed with the dust in this window trough.” NOT: “This window is really bad.”
- The family’s concerns and questions are the center of attention. Care is taken to practice empathy and listen reflectively. Information and advice are provided only when requested.
- *Help the family move closer to a commitment to action.* In the movement from Concern to Commitment, four elements must be in place. A family must recognize the problem of lead exposure in their home. They must be able to feel and express their concern about the risk of lead hazards to their children. They must feel and express a need to close the gap between the lead risk as it is and the way they want it to be. They must be able to imagine the changes they desire and feel confident that they can accomplish them.

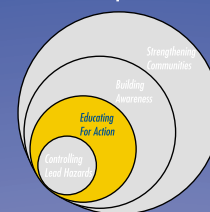
Our task is to look for the signs that a family is moving closer to change and to help them tell us that they recognize the problem, that they are concerned about it, that they feel a need to change, and that they believe they can do it. We use the listening and communication skills discussed above to:

- Acknowledge and reflect the family’s expressions of concern (words, facial expressions, gestures). “You didn’t realize the dust in this window trough could be a lead hazard.”
- Acknowledge and reflect signs of the family’s motivation to change. “It is clear that you would do everything you can to protect you daughter.”
- Acknowledge and affirm the family’s ambivalence about moving forward. “This is obviously an important issue for you and your family. Take the all time you need to sort out how you feel and what you might like to do.”
- Affirm the family’s capacity to make the changes they want to make. “It may feel overwhelming right now, but it is not difficult to control the lead in this dust, and we can show you how.”

Decision-Making

Objectively, the Decision-Making Stage focuses on the choice a family makes about controlling lead hazards in their home. If the family decides to move forward with CLEARCorps—rather than with another community resource such as a HUD abatement contractor, or not to move forward at all—we work with the family to develop a MLRRA. Both parties sign the MLRRA, which specifies what both the family and CLEARCorps agree to do to protect the children in the home. MLRRAs typically include a detailed work plan for controlling the hazards in the home and/or yard, outline the types of skill training CLEARCorps might provide to the family, and specify evaluation, follow-up, and mutual support procedures.

Subjectively, the Decision-Making Stage of Educating for Action begins when the family is fully committed to making a change. Their



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for Action*

*Facilitate family-centered
decisions*



deliberations concerning the cost, benefits, and possibilities of change are now complete, and their concern for protecting their children has now emerged as a motivated commitment to action.

Some families move quickly to the Commitment Stage. Indeed, some families are ready for Decision-Making Stage of Educating for Action immediately following a CLEARCorps Community Education presentation. Other families move more slowly. Families move through high-involvement decisions and changes at their own pace and in their own time—and with empathetic, family-centered support from CLEARCorps, families ultimately make the best decisions for themselves and their children.

1. *Educational goals*

- Support the parent to make their own decision about protect their child from lead poisoning
- Develop, agree upon, and sign a MLRRA

2. *Practices*

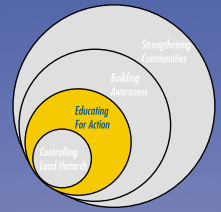
The central practice of the Decision-Making Stage of Educating for Action is the development of a MLRRA with the family. A MLRRA has the best chance of being successfully carried out and sustained if it accurately incorporates decisions made by the family and if the family genuinely feels empowered to make those decisions. MLRRAs that feel to the family as though they are being imposed upon them, or driven by regulatory demands of the system to which they do not agree, are much less likely to issue in successful action and partnership.

It must be emphasized that MLRRAs are MUTUAL agreements. This means that they are the expression of a two-way relationship. Like the family, CLEARCorps has the

right and responsibility to decide what it can, will, or must do in developing a partnership with a family to protect children from lead poisoning. CLEARCorps has financial, regulatory, and programmatic responsibilities that it cannot broach. However, CLEARCorps also has the responsibility not to confuse ends and means, and not to let the unintended consequences of regulation deflect its eye from the prize, which is to protect children by helping to empower family-centered decisions and actions.

The elements involved in developing a successful MLRRA include:

- Making sure the family makes its own decisions and choices
- Developing an individualized lead hazard control plan that is complete and focused on meeting the concerns of the family
- Identifying other existing community services that might be helpful to the family and including them if the family wants
- Identifying other people who may be helpful to the family and bringing them in if the family wants
- Identifying the skill training the family needs and wants
- Identifying evaluation and follow-up procedures



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*Protect children from lead
poisoning*



Partnership

Objectively, the Partnership Stage of Educating for Action begins when we work with the family to development of a plan of action to carry out the decisions reflected in the MLRRA. It includes carrying out that plan, and it concludes when the family is capable of sustaining action to protect their children.

Subjectively, the Partnership Stage involves being a full partner with the family in protecting their children. It means following through on agreed upon commitments and supporting the family (and holding it accountable) to follow through on its own commitments. Partnership and support involves helping to remove unforeseen barriers, checking in regularly to see what is working, noticing and complimenting success, helping to trouble shoot, and change the plan if it is not working.

1. *Educational goals*

- Controlling lead hazards in the home and yard, as specified in the MLRRA
- Training the parent in lead dust control techniques
- Supporting the family to succeed
- Conduct ongoing evaluation procedures

2. *Practices*

The main practices of the Partnership Stage include:

- Developing an action plan with the family
- Carrying out lead hazard control activities
(see Chapter 4)
- Providing training and coaching to the family
- Carrying out follow-up evaluation procedures
- Supporting and assisting the family as necessary