The Pa'ani Program: community-based early intervention and its implications for Hawai'ian health

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Introduction

The Pa'ani Program, or "Kokua Na 'Ohana Me Na Mea Pa'ani" (Helping the Family Through Play), was implemented from 1990-1996 by the University of Hawai'i School of Nursing and funded by the Child and Adolescent Mental Health Division of the Hawai'i State Department of Health. The program was named by a group of Native Hawai'ian elders based on their interpretation of how the program would benefit families. It was an innovative community-based early intervention program for high-risk families and their children. Play was chosen as the primary medium for the intervention because play is a mutually enjoyable activity for parents and children and has many benefits for both parents and the growing child[1]. Pa'ani focused its efforts on helping parents improve teaching skills and interactions with their child, increasing knowledge of child development, improving the health and well-being of child and family, increasing social networking, and providing referrals for social supports and community resources. The Pa'ani staff included a teacher and a community liaison who organized the learning environment, made choices about appropriate learning activities for children, assisted parents in learning how to use materials, modeled appropriate learning interactions and a variety of behavior management techniques, and monitored the health and development of each child.

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The seed of the Pa'ani Program was planted in 1980 with the creation of Play Mornings or Traveling Preschools through the Armed Forces YMCA in Central O'ahu; this program format was taken to Kamehameha Schools and was further developed as the Kamehameha Traveling Preschools.[2] Unlike a traditional preschool, the traveling preschool model focuses on both family and child. Parent and child are placed together in a play situation. The parent becomes the "teacher," while the program staff act as facilitators. In addition to promoting child learning and development, the traveling preschool model emphasizes child and family health.

Target group

Pa'ani focused on groups at risk for child abuse and neglect, including single parents, homeless families, socioeconomically disadvantaged families, and families without support networks. These families included parents with children up to age five who live in rural communities. Every child had to be accompanied by a caregiver who was most often the child's mother; however, fathers, grandparents, aunts, and uncles also attended.

In cooperation with the Hawai'i Zero To Three Program, this model also served as a setting for the integration of children with special learning needs. Pa'ani was an appropriate part of the Individualized Family Service Plan (IFSP) for many young children who needed additional support with learning activities in an enriched environment.

Implementation of the Early Intervention Program Model

Two hours of parent-child play services were provided three mornings a week. Settings included a community park, a recreation center near a homeless village, and a sidewalk/parking lot in a low income housing area. Services were also delivered in villages for the homeless. A non-threatening learning environment was provided and appropriate referrals were made to address health, nutrition, education, psycho-

logical, and mental health needs of participating children and their families. Positive parenting approaches were modeled by the staff to enhance parent-child interactions and relationships. The interaction of parent with their children was fostered through structured play activities.

The first hour of the program was spent in brief introductions and greetings followed by free playtime. Activity centers were provided either on low tables or mats spread on the ground. These centers were arranged by toys/play activities according to age group and sensory activities. The teacher and community liaison, as well as university students, circulated and offered encouragement, answered questions, and modeled playing with the children.

During this time, public health nurses conducted some of the developmental screening using parent questionnaires. Attending parents answered questions about their child's development, received information about activities that would enhance development, or were referred to services in the community for additional support.

During the second hour, free, nutritious snacks were provided to the families. Snacks were provided around a nutrition curriculum, which was integrated into the activities for the day. Children learned concepts of color, shape, texture, and names of foods. The preparation and nutritional values for the snack were explained to the parents and children with a short education program as they enjoyed the snacks. During snack time, public health nurses held a short parent education session, soliciting ideas for additional topics and group counseling as needed. In addition to public health nurses, community members, program staff, and undergraduate and graduate students who were spending part of their clinical practicum with the program participated in the parent education sessions. The sessions focused on stress, discipline, self-esteem, nurturing and other topics aimed at providing parenting skills and information about child development. Health-related session topics included head lice, immunizations, injury prevention, oral health, nutrition, sun exposure, and infectious diseases. The program also monitored children's immunization schedules.

The Pa'ani staff member also discussed adult issues with parents: relationships, management of children, child health and safety. These "parent talks" occurred both formally (at group sessions while children were gathered for snacking), and informally, in "talk story" style, while adults visited together, or before and after the play session. (In Hawai'i, "talk story" is an important social convention for sharing information informally, finding common ground, and getting to know each other.)

The Pa'ani teacher and community liaison also provided brochures, listings of resources, and articles about health and parenting. In many situations, parents were not aware of available childcare, health, and social service resources. Pa'ani also encouraged and facilitated informal networking among participants through program activities and informational sessions, as well as frequent excursions into the community.

Conclusions and implications

The traveling preschool program model is flexible and adaptable to the needs of varied communities. It is a model proven to be attractive to Native Hawai'ians. Reports from satisfied parents were very positive regarding the program, staff, and the experiences provided by both Pa'ani and the former Kamehameha Traveling Preschools. Although neither Pa'ani nor the Kamehameha Traveling Preschools are currently funded, other existing programs could adopt or expand their health focus.

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Providing services to meet the needs of isolated families has been a challenge. Health education and referral to needed health services could be increased through the use of this traveling model. A well developed parent support element of this program can provide participants with a wide variety of resources and referral services. The sophistication of this component could range from a recipe card box to on-line referral services via computer access.

Improving parents' interactions with systems and helping them to enhance their child's health and development promotes positive changes in overall functioning and assures success in functioning in a variety of social contexts[3]. Encouraging families to develop or build on informal support networks of friends and family is also important. Social support influences the health and well-being of parents, which influences family functioning, child health and development.[4] Informal supports are more powerful in buffering stress and promoting health than formal supports[4].

Traveling preschool partnerships with health care providers could arrange for some health care on site, either before or after the program time. Well child visits were delivered in concert with the original Armed Forces YMCA Play Mornings in 1980. The Kamehameha Schools Traveling Preschools' prenatal education included a range of materials for expectant families, small group sessions with pregnant parents, and discussions of issues surrounding prenatal care and birthing choices.

On the Big Island of Hawai'i, Catholic Charities operates a mobile van for community-based dental care. Serial screening for otitis media with effusion was planned for Pa'ani, but not implemented due to lack of funding. The traveling preschool model could provide a vehicle to gather families for such services, and for delivery of resource and referral activities, as well as health education. The traveling preschool model or its components deserve consideration as a means to facilitate increased partnerships for community-based services that would allow families to address many of their health needs in one location.

References

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Hewa kumu waiho i keiki.

Faults of the source are left to the children.

Children suffer consequences of the wrongs committed by their parents. *'Ōlelo No'eau #981*