

**CHALLENGES AND
OPPORTUNITIES FOR
PUBLIC POLICIES
ON
FAMILY SUPPORT
AND
EDUCATION**

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April 1990

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CHALLENGES AND OPPORTUNITIES FOR PUBLIC POLICIES ON FAMILY SUPPORT AND EDUCATION

INTRODUCTION

There is a growing interest in the development of policies and programs to strengthen parents' capacities to care for their children. The core aspects of these "family support and education"¹ programs -- their family-centered approach, the early support they provide, their creative use of local community resources, and their comprehensive multi-disciplinary approach -- point toward new public policy objectives as well as positive strategies to respond to serious problems confronting families in contemporary society.

Although public officials view family support and education programs as a way of defining a more positive role for government in the lives of children and families, many difficult public policy questions remain unanswered. Policy-makers need to:

1. Define what family support is and what is not, and establish realistic

¹In keeping with its philosophy that families are their own most important resource, the Family Resource Coalition currently refers to these programs as family resource and support programs.

expectations for what family support and education programs can be expected to accomplish. Is family support a theory of practice, a specific set of services, or both? How can family support be defined in a way that can be understood, funded, legislated, and evaluated?

2. Identify those policy objectives for which family support and education initiatives might be useful. These would include opportunities for using family support services to fulfill mandates of the major human service systems, including child welfare, education, mental health, public health, and public assistance. What program forms and models are the most appropriate and efficacious in meeting identified policy objectives? Upon what basis should administrators or policy-makers select a strategic focus and/or model?
3. Identify realistic outcomes for family support services based upon what is currently known about outcomes and

costs. For example, can family support initiatives offset costs that public agencies would otherwise incur? How are outcomes related to differing program models or target populations? In designing new initiatives, how can outcomes be measured and documented?

4. Explore how states can develop family support initiatives that take full advantage of their strengths, do not set them up for failure, and link family support programs to a range of other critical resources needed by families. Family support program development should maximize the potential for success and contribute to a broader public policy agenda for children and families. The challenge -- to both public policy-makers and advocates of family support -- is to navigate between unquestioning promotion and over-promise on the one hand and unrelenting skepticism on the other.

implementing new and improved responses to the needs of children and families.

This chapter identifies ways in which family support can become a more important part of public policy. It is intended to help state officials respond to both the challenge and opportunity presented by family support and education programs by developing and

THE RELEVANCE OF FAMILY SUPPORT TO PENDING PUBLIC POLICY CHOICES

As family and community life have changed during the past 30 years, the need for increased external supports for families has increased across the nation. The stereotypical family -- in which one parent works and the other cares for the children -- surrounded by helpful grandparents, aunts, uncles and others in an extended family hardly exists today. To the contrary, the norm of family life includes two working parents or a working single parent often living far away from relatives and continually juggling the pressures of work, home, and child-caring. Married mothers' participation rates in the labor force have increased dramatically. For example, the labor force participation rate for married mothers whose youngest child is three years old or younger has increased from 34.5 percent in 1970 to 57.6 percent in 1984. The majority are employed in full-time, year round jobs. Thus, most children today spend less time with their parents than did their counterparts just three decades ago.

To take advantage of changing opportunities, people now are more likely to move rather

Howard Haybhe, "Working Mothers Reach Record Number in 1984," Monthly Labor Review, December 1984, p. 31.

than remain in the same community for a lifetime. Thus, families are less likely to have extended family members nearby to help with child care or offer advice, help or informal support. More and more of them must rely on community institutions for these functions. However, the same stresses that are reshaping family patterns are restructuring the community as well. Churches, neighborhoods clubs, and other kinds of community-based organizations are not always as accessible to families as they once were. Today's American family often is left on its own to contend with new societal pressures and demands.

Even within the family unit, parents cannot be with children as much as in the past. Many more children are growing up in single-parent families. One-fourth of all children in the United States under age 18 now live with one parent, a figure that has doubled since 1970. The Census Bureau projects that 60 percent of all children will spend at least some time in a single-parent home. At best, this means less potential income for the family and less adult time available for child nurturing, supervision, discipline, and care. At worst -- given that over one-half million teenagers give birth

Bureau of the Census, Marital Status and Living Arrangements: March 1988, p. 1.

"Twenty-four percent of U.S. Children Living with Just One Parent." New York Times, January 28, 1988.

each year and that 80 percent of them do not complete high school -- this can mean more children are being raised by young people who are single and ill-equipped for either family or other adult responsibilities.

The families under the greatest stress are those in poverty. In 1987, over one-fifth of American children were living in poverty, an increase of six percent in the last two decades. In 1981, two average salaries were required for a moderate standard of living for four. Clearly, this factor, coupled with the increasing proportion of single-parent and particularly female-headed households, demonstrates the growing vulnerability of the American family.

Although poverty does not necessarily equate with family dysfunction, it is a risk factor

strongly associated with a variety of negative outcomes.

Almost every form of childhood damage is more prevalent among the poor -- increased infant mortality, gross malnutrition, recurrent and untreated health problems, child abuse, educational disability, low achievement, early pregnancy, alcohol and drug abuse, and failure to become economically self-sufficient.

Research suggests that many of these problems are intertwined and even intergenerational for many families. Children raised in severely disadvantaged homes are more likely to become teen parents, be unemployed, and continue to live in poverty. Additionally, analysts fear an even bleaker scenario for the future, particularly for children growing up in communities without inspiration or role models for success. To

Robert Kenney, Infancy to Adolescence: Opportunities for Success, Hearing before the Select Committee on Children, Youth, and Families, U.S. House of Representatives, April 28, 1987, p. 71.

Children's Defense Fund, A Vision for America's Future and an Agenda for the 1990s: A Children's Defense Budget, 1989, p. 113.

Alvin L. Schorr, Common Decency: Domestic Policies After Reagan, Yale University Press, 1986, p. 81.

Lisbeth Schorr, Within Our Reach: Breaking the Cycle of Disadvantage, 1988, pp. 29-30.

David Hamburg, Infancy to Adolescence: Opportunities for Success, Hearing before the Select Committee on Children, Youth, and Families, U.S. House of Representatives, April 28, 1987, p. 10.

James Garbarino, Infancy to Adolescence: Opportunities for Success, Hearing before the Select Committee on Children, Youth, and Families, U.S. House of Representatives, April 28, 1987, p. 71.

continue to ignore the needs of these most disadvantaged families and their communities is to run the danger of creating a group of families and children permanently out of the mainstream.

Along with concern about the deteriorating conditions for families at all economic levels is a parallel concern about the failure of government to assist families, particularly those most vulnerable. All too often, the interrelated nature of families' problems has been ignored. Current public sector services neither reach families early enough to be helpful nor provide intensive and sufficiently comprehensive services to make a long-lasting difference in families' lives.

For example, between 1970 and 1988, those receiving Aid to Families with Dependent Children (AFDC) dropped from 79 percent of the nation's poor children to only 60 percent. Despite the desire to move families from welfare to economic independence, almost 60 percent of AFDC recipients at any point in time have been on welfare for ten or more years. The jobs that welfare recipients find

Julie Kosterlitz, "Not Just Kid Stuff," National Journal, November 19, 1988, pp. 2934-9.

United States General Accounting Office, Work and Welfare: Current AFDC Work Programs and Implications for Federal Policy, p. 14.

tend to pay low wages and offer inadequate benefits. In fact, a recent GAO study of welfare work programs found that over one-half of those who found jobs did not earn enough money to enable them to leave the welfare rolls. Public assistance programs are mandated to serve single mothers in poverty, but virtually no form of public assistance exists for disadvantaged men. A recent report noted that the percentage of 20-24 year-old males able to support a family of three above the poverty level dropped by nearly one-fourth between 1973 and 1986. Further, funding limitations and narrow eligibility requirements of federal job training programs restrict the opportunities that could be made available to these men.

Further, financial, social, logistical, and a variety of other factors severely limit access to critical health care resources for poor families and children. Nearly one-half of the

Ibid., p. 98.

The William T. Grant Foundation, The Forgotten Half Pathways to Success for America's Youth and Young Families: Final Report, p. 2.

Children's Defense Fund, Vanishing Dreams: The Growing Economic Plight of America's Young Families, 1988, p. 15.

The National Commission to Prevent Infant Mortality, Death Before Life: The Tragedy of Infant Mortality, August 1988, p. 12.

teen mothers who gave birth in the United States in 1986 did not obtain early prenatal care. The same year, 40,000 babies died before their first birthday. Federal health programs established to assist families only reach a portion of the families who most need help. For example, the Women, Infants, and Children (WIC) nutrition program serves less than one-half of the low-income, high-risk eligible population.

Compounding the Problems

The public also is questioning the effectiveness of schools in preparing youth for adulthood. One-fourth of all students who enter the fifth grade do not graduate from high school on time. In some urban areas the high-school dropout rate approaches 50 percent. Even those who do stay in school and

Children's Defense Fund, A Vision for America's Future and An Agenda for the 1990s: A Children's Defense Budget, 1989, p. 139.

Children's Defense Fund, The Health of America's Children: Maternal and Child Health Data Book, 1989, p. 3.

Select Committee on Children, Youth, and Families, U.S. House of Representatives, Children and Families: Key Trends in the 1980s, December 1988, p. 41.

National Center for Education Statistics, U.S. Department of Education, Indicators of Education States and Trends, January 1987.

graduate often acquire skill levels too low for good employment prospects. According to a 1985 study, barely one-half of those with at least a high school diploma and/or less than two years of post-secondary education could locate information in a news article, use a map to find a particular location, or balance a checkbook. Given the sophistication of our technological society, those inadequately educated are ill-prepared for daily life, a shortcoming with dramatic implications for the well-being of their future families. American industry recently has become particularly concerned about the impact of this lack of preparedness on the productivity of the nation's workforce.

Another problem critically affecting families and children is the ugly and growing epidemic of substance abuse across the nation. Once begun, substance abuse rapidly can drain every material and emotional resource that a family has, destroying individual families and communities. Researchers and practitioners are finding crack, a cocaine derivative and popular abusing agent, to be especially problematic. The percentage of 18-25 year olds reporting cocaine use rose from 9.1 percent to 25.2 percent between 1972 and

Office of Educational Research and Improvement, U.S. Department of Education, Youth Indicators 1988: Trends in the Well-being of American Youth, p. 66.

1985. As a recent New York Times article notes, crack's potency is quite alarming: "Once people become addicted [to crack] ...it is nearly impossible for them to stop using crack and to never go back to it again." The problems of preventing drug abuse and rehabilitating those who have become dependent are formidable. Further, some drug-dependent parents may well be unreachable. Yet, local and federal mental health systems have done little to help the children who live in these families and in drug-ridden communities.

An Overburdened System

As a predictable consequence of these social changes and problems, the public child welfare system is overwhelmed. Originally designed to protect children whose families cannot nurture, support and protect them, it

U.S. Department of Health and Human Services, National Institute on Drug Abuse, National Household Survey on Drug Abuse: Main Findings 1985, Table 7, p. 19.

Gina Kolta, "Drug Researchers Try to Treat a Nearly Unbreakable Habit," New York Times, June 25, 1988.

Jane Knitzer, Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services, Children's Defense Fund, 1982, p. 7.

increasingly is viewed as ineffective for many of the families who need help the most.

Child welfare agencies suffer from staff shortages, inadequate training, inadequate resources, and poor interagency coordination. Yet the demand for child protection, foster care, and adoption services continues to increase at alarming rates. Caught up in a crisis mode itself, the traditional child welfare system thus barely can meet the most severe and chronic family problems, much less address conditions that precipitate a family crisis.

Outmoded, Outstripped Systems

In sum, the systems our society created to protect and nurture children are failing. They were not designed to address the kinds and intensity of family problems and stresses that

Report by Select Committee on Children, Youth, and Families, U.S. House of Representatives, Abused Children in America: Victims of Official Neglect, July 1987.

The number of children abused or neglected in a given year increased 150 percent between 1980 and 1986. Select Committee on Children, Youth, and Families, Children and Families: Key Trends in the 1980s, 1989, p. 45.

Center for the Study of Social Policy, "A Framework for Child Welfare Reform," December 1987, p. 2

exist today. As a result, all too often they do not reach families early enough to provide the help and resources that might guarantee brighter futures. Nor do they properly address the plight of the most vulnerable families. As more and more children begin their lives in an environment that will prepare them inadequately for the demands of society and the number of dysfunctional families swells, public officials are searching for innovative interventions that work.

The recent narrowing of federal social welfare responsibilities, reductions in federal social service expenditures, and the growing urgency of community problems have put greater responsibility for the safety and well-being of children and families on state and local governments. Frustrated with the ineffectiveness of "after-the-fact" strategies, state human service administrators and policy-makers are looking for alternative approaches. They are anxious to test service strategies that recognize contemporary family needs, attempt to meet those needs before crises occur, and thus prevent the persistent and chronic family breakdown that now "triggers" public agency interventions.

Helping Families Cope Better

State policy-makers are examining family support and education programs, not as the

only answer to the serious social problems described previously, but as a potential vehicle for positive change. Clearly, there are a range of problems that family support and education programs cannot affect, including homelessness, unemployment, massive under-education, and structural poverty. But family support can provide a strategic entry point of assisting families in several important ways.

At the heart of family support and education initiatives is the goal of empowering families to better cope with the stresses of contemporary life. This is reflected in the philosophy and practices of family support initiatives which seek to build and accentuate strengths and capacities of families so they can succeed. These initiatives have particular relevance for public policy in at least three ways:

- < Family support initiatives attempt to build families' skills through an emphasis upon helping parents improve their capacities to be supportive and nurturing. Skill development in family support programs takes many forms and is as likely to be accomplished through informal, peer activities as through structured learning experiences, but it is a function which almost all family

support initiatives perform for participating families.

< Family support initiatives allow and assist families to explore other opportunities for assistance and support currently available within their community, through formal and informal service providers, employers, churches, schools, and other institutions. As a result, family support programs can help increase the effectiveness of other resources and programs in carrying out their missions.

< Family support programs create a supportive network within local communities which encourages parent-child interaction and which help compensate for the increased social isolation and vulnerability of many families and children. This supportive function not only is invaluable for individual families as they try to cope with day-to-day stress, but is important to a broader service system. Its availability allows specialized programs to be more effective in carrying out their discrete functions, knowing they can work with on-going, more comprehensive sources of support for families.

The combination of a specific emphasis upon parent education and skill-building, better linkage to available public and private resources, and a supportive network make family support and education initiatives potentially powerful as a beginning in addressing rapidly changing child, family, and community needs.

Political Feasibility

In addition to their program merits, the development of family support initiatives may represent a politically effective strategy for addressing family needs. The values embodied in family support and education programs -- values which stress the primary role of the family -- have broad popular and political appeal.

Moreover, these programs build upon the knowledge gained from a rich history of related family-oriented initiatives. Features of today's family support and education programs derive from the settlement houses of the early 20th Century, Head Start programs, anti-poverty programs, self-help philosophy and parenting education programs. Thus,

Bernice Weissbourd and Sharon L. Kagan, "Family Support Programs: Catalysts for Change," American Journal of Orthopsychiatry, January 1989, p. 23-24.

family support concepts and practices have a history of skillful organization of resources on behalf of families. A service strategy that incorporates family support concepts can help state and local governments begin to address families' needs in a coordinated, comprehensive fashion and, thus, become a positive force in family life.

Policy-makers also know these programs produce favorable results. The national prominence and apparent success of such diverse family support and education programs as Illinois' Ounce of Prevention, Minnesota's Early Childhood Family Education program, Missouri's Parents as Teachers program, and Maryland's Family Support Center initiative have enhanced further the political appeal of board-based family support programs. For example, the Missouri Parents as Teachers (PAT) program, after its first year of evaluation, reported both greater intellectual development for those children who participated and increased awareness of child development issues for PAT parents. Preliminary data from

A more thorough discussion of family support evaluation issues can be found in Chapter Four, "Family Support and Education Programs: Evidence from Evaluated Program Experience" and Chapter Five, "An Evaluation Framework for State Family Support and Education Initiatives" in this volume.

Maryland's Family Support Center program indicate high levels of participation by adolescent parents, low levels of repeat pregnancy, and favorable rates of return to school. Furthermore, although documentation of the potential cost saving of state-wide family support and education initiatives has been scarce, studies suggest that early intervention programs can save the public money.

In sum, family support and education initiatives appear to hold considerable potential for states looking for strategic ways to begin to address major social problems affecting families and children. While family support is not and should not be promoted as a panacea, its attributes suggest that carefully designed and implemented strategies could begin to make a difference in the well-being of children and families and could help states

Barnett and Escobar briefly review the economic analyses of several early childhood intervention projects and find that the analyses of the Perry Preschool Project, the Yale Family Support Project, and a program for language handicapped and bilingual children, aged three to five years old, "provide evidence of substantial economic benefits with [differing] interventions and populations." W. Steven Barnett and Colette M. Escobar, "The Economics of Early Educational Intervention: A Review," Review of Educational Research, Winter 1987, Vol. 57, No. 4, pp. 387-414.

progress on difficult public policy challenges.

However, careful consideration of potential applications to public policy goals first requires that family support and education be defined in a way that is useful for public policy development.

DEFINING FAMILY SUPPORT FOR USE IN PUBLIC POLICY

The preceding section outlined what family support does in response to the needs of families. This section explores concepts of how family support functions; that is, various ways of defining what family support is.

The term "family support" can be (and has been) used in many ways -- a fact which both helps and hinders its application to public policy. On the one hand, the increase in differing interests and services grouped under the general term "family support" creates a constituency for change in public human services. On the other hand, if family support is to become a useful concept in framing public policy, it must be defined more clearly and concretely, and be communicated to a wide array of actors, from legislators to practitioners.

A definition of family support and education programs includes three levels, each one different from current practice:

- ! First family support is a series of premises about families and what promotes their healthy development;
- ! Family support is also a set of assumptions about services

and how these can be made effective; and

- ! Finally, family support is a diverse range of programs, but with several common underlying purposes.

Set of Premises

Family support is based on a basic set of premises about parents, children and what they need.

- < All families need help at some time in their lives, but not all families need the same kind or intensity of support.
- < A child's development is dependent upon the strength of the parent/child relationship, as well as the stability of the relationship among the adults who care for and are responsible for the child.
- < Most parents want to and are able to help their children grow into healthy, capable adults.
- < Parents do not have fixed capacities and needs; like their children, they are

This statement of principles and following service premises draws heavily from America's Family Support Programs: Perspective and Prospects, by Kagan, Powell, Weissbourd and Zigler, Yale University Press, 1987.

developing and changing and need support through difficult, transitional phases of life.

- < Parents are likely to become better parents if they feel competent in other important areas of their lives, such as jobs, in school, and in their other family and social relationships.
- < Families are influenced by the cultural values and societal pressures in their communities.

These assumptions about the circumstances of families point to principles about how services for families can provide the greatest, most effective level of support. Effective supports and services of families should:

- < Sustain and enrich the capacity of families to maintain a nurturing environment for their children. Rather than focus on deficits of the family, services should emphasize the existing strengths of families and help them supplement their own resources.
- < Be available to families at the earliest stage of development and at subsequent stages, as needed, to strengthen coping capacities. Both public and private resources could be

organized to assist families and their communities before they are confronted with an unmanageable crisis.

- < Rely on voluntary participation. Services should be developed and provided within the context of a close, cooperative working partnership among families, their community, and program staff. The services should reflect the interests and cultural values of families and link with other community resources that families already use.
- < Provide parents with the skills and knowledge they need to advocate for themselves and their children.
- < Be multi-disciplinary in approach and staffing to reflect a comprehensive approach to families' needs and situations.

These principles for service delivery can be achieved through a range of specific programs. Although a body of literature on family support is beginning to emerge, relatively little has been written about the operation of these programs. Some major state

See, for example, Lynn E. Pooley and Julia H. Littel, [The Family Resource Program](#)

efforts are becoming well-known and are described in this paper and in other Colloquium documents. But others have emerged as grassroots responses to local needs and, thus, are as diverse as the population and communities they serve. Specific programs vary considerably in program setting and format, service delivery, staff and client characteristics, budget size, and funding mechanisms.

Until recently, the major effort of state-wide family support and education development has been to establish independent family support programs, primarily for young parents within specific communities. Their central purpose is to promote and maintain healthy parent-child development and enhance parents' ability to provide for their children. As discussed previously, within a general goal of empowering families, most family support programs help families make use of all available resources, engage in some form of parent education and skill building, and create a supportive network which enhances parent-child interactions.

Existing family support programs are often center-based programs (e.g., neighborhood

Builder: Blueprints for Designing and Operating Programs for Parents, Family Resource Coalition, 1986 for a discussion of specific family support models.

drop-in centers), home visiting programs, or sometimes a combination of the two. The state-supported programs usually are free-standing or located within public or private agencies. Regardless of the sponsor, these programs usually function differently from traditional state-supported service programs. They encourage participation from a more universal group of define their responsibility to the community more broadly than do their more traditional service counterparts. The services provided often include information; feedback and guidance; joint problem-solving; help with securing entitlement and services; encouragement and emotional support, often combined with one or more concrete services such as developmental child care; job training; respite care, transportation; health or developmental screening; adult education; and employment referral.

The programs usually have a multi-disciplinary focus and provide or link up with a range of community services to serve the multiple and varying needs of families. In addition, if they are center-based programs, they encourage participation by structuring their programs to be as available, accessible,

Health Weiss and Robert Halpern, "Community-Based Family Support and Education Programs: Something Old or Something New," paper prepared for the National Resource Center for Children in Poverty, April 7, 1988, p. 10.

and attractive as possible to anyone in the community. Thus, they tend to be located centrally within neighborhoods, to avoid bureaucratic eligibility requirements, and to operate on a flexible schedule, including evening and weekend hours. Further, many family support programs may reach out extensively to families unable or initially reluctant to seek support.

More recently, some states have begun to consider how family support and education services might be integrated more thoroughly within the traditional service delivery system. Thus, rather than develop an independent program for family support, these states are looking at how an entire system can broaden its focus to include family support principles and practices.

In sum, the definitional framework for family support and education programs reflects two

For example, the Washington Department of Social and Health Services has child protective workers in a designated elementary school to provide counseling and job training opportunities for neighborhood families. This pilot project is intended as the state's first step in applying the family support concept to a school system.

Katharine Briar and Joyce Hopson, From Family Supports to Intensive Family-Centered Services, Department of Social and Health Services, Children, Youth, and Family Services, October 1988.

basic assumptions -- about families and what they need to promote their healthy development and functioning; and about ways in which services can be provided effectively to assist families. The definition does not incorporate specific service delivery models or formats.

Instead, as seen with the grassroots development of community programs and with the existing state-wide family support programs, even a single initiative can take several forms (either in different pilot sites or over time). Thus, it is important not to limit a definition to specific approaches. Instead, each of the various approaches that a state might adopt should be viewed strictly as a beginning strategy. Decisions about which way to go are shaped by who launches the initiative, funding constraints, identification of priority populations for service, administrative experience and talents, where the greatest leverage exists, and a number of other considerations. As state initiatives begin to mature, they likely will modify their initial approach to meet newly-identified needs and opportunities.

Such strategic decisions are discussed more fully in Chapter Two, "From Grass Roots Programs to State Policy: Strategic Planning and Choices for Family Support and Education Initiatives", in this volume.

OPPORTUNITIES FOR STATE INITIATIVES

To implement family support programs, states must make choices about where to initiate these programs and the target populations upon which they will focus. These choices will depend upon such variables as: (1) what state is trying to accomplish for families and children; (2) what community-based programs currently exist in the state; and (3) which agency or agencies can provide the greatest leadership and impetus for the initiative.

The fullest vision for a family support initiative is a system for service delivery that cuts across and underlies all of the current categorical service programs. In this approach, support for families would be defined as an overarching social policy goal in itself, and program development would be conducted in many, varied ways. Specific programs emerging from this approach could be both free standing or incorporated within current health, social service, mental health, economic security, and/or education programs, but they all would be instruments of a clear public policy goal -- to establish more comprehensive supports for families.

To date, few family support programs are comprehensive. Instead, most begin with a particular objective, such as supporting teen

parents. However, the broader approach is illustrated by Washington State's recently proposed family support initiative. Legislatively initiated and endorsed by the State's Department of Social and Health Services, it would develop a series of family support centers in the state. While these might initially focus on families at risk, they reflect a policy goal of developing centers in communities for all income levels. The centers would help parents to develop the skills and resources needed to promote their children's development, as well as to utilize other community resources effectively. The sponsors of this proposal intend that the centers be administered by community-based organizations and institutions and that they be the hub of a wide range of community development activity on the behalf of families. The goal is more than developing free-standing centers; it is to use these programs as places from which each community could initiate a wide array of family-support oriented activity. Community planning for the centers would not focus on any one specific category but, instead, involve the health, child welfare, child care education, mental health, income support, and other service sectors.

An important aspect of Washington State's legislative proposal is that it is seen as a component of an even broader policy thrust around prevention, early intervention, and

providing services that are as accessible to families and as non-stigmatizing as possible. A variety of public and private agencies sponsor "family support" initiatives. Policy-makers in Washington State are seeking a community-based focus for this wide range of activities partly through the family support center proposal.

Three other states testing the use of family support principles and programs as a core component of a broadly-based, non-categorical service system for children and families are Maryland, Connecticut, and North Dakota. These states are participating in The Annie E. Casey Foundation's Child Welfare Reform Initiative, which seeks to develop a service system for children and families that is less categorical and more oriented to developmental supports and early intervention. Each of these states has identified a sub-state area (Prince George's County, New Haven, and the Northeast quadrant of North Dakota, respectively) in which family support programs and activities will be developed intensively in connection with other services for families in severe crisis. The types of family support activities that will be developed range from expanding the scope and mission of neighborhood drop-in centers (Maryland) to the establishment of new family support centers with a strong

intergenerational focus on two Indian reservations (North Dakota).

These examples of state action on comprehensive service systems for families and children are in their very beginning stages. More frequently, states have initiated family support and education programs and activities with more limited public policy purposes, primarily to accomplish current goals more effectively. This approach has several advantages. It allows family support and education programs to be developed in relation to a policy purpose that is already accepted by legislators and policy-makers. It usually set priorities about which families will be served. And, finally, it allows states to capitalize on existing funding opportunities. For all these reasons, this more targeted approach to family support can be a strategic way of getting programs started.

Interestingly, as will be seen from the programs described in this section, using a more limited policy goal as the "entry point" for family support often leads to a broader, less categorical definition of family support activities over time. Once programs begin in a local community and respond to parents' needs, they become less specialized and more comprehensive in their approach because of a demand for this type of service.

State family support and education programs that have used this strategic approach cover six major public policy goals:

- ! Assisting families in moving toward self-sufficiency;
- ! Assuring school readiness and success for children;
- ! Enabling the positive development of families with children who have special development needs;
- ! Strengthening young families through assisting adolescent and other young parents;
- ! Preventing child abuse and neglect; and
- ! Promoting the healthy birth and development of mothers and their infants.

All of these goals have been translated into federal or state mandates to which governors, state legislators and public officials in health, education, income support, and social service agencies must respond. Beyond that, however, each represents an area in which available knowledge, statutory or financial opportunities, and sheer public interest in the problem create the possibility for states to be creative and farsighted in attacking the problem. By developing strategies in each of these areas that emphasize early,

developmental supports for parents and children, states may be able to head-off some problems they otherwise will inevitably face.

Assisting Families in Moving Toward Self-Sufficiency

In the past several years, there has been a major shift in the definition and expectations of the nation's income maintenance or "welfare" system. Once thought of primarily as a vehicle for providing income support, public welfare now has a much more direct mandate to help families become self-sufficient. In order to do this, the ways in which the welfare system helps families must change as well.

This new approach contains several elements. First, it recognizes that states must respond to a more diverse range of family needs. A single mother with two children and no high school diploma is unlikely to become employed and able to support her children without a variety of education and training opportunities, child care, health care benefits, transportation, housing, and perhaps other forms of assistance as well. Second, this approach understands that, even with many supportive services, the crucial steps toward self-sufficiency have to come from the mother herself. Thus, states' attempts to improve welfare programs should reflect an

"empowering" approach -- one that seeks to give the young mother motivation and responsibility (as well as the resources) to move into job training, an educational program, or a job. Finally, the best thinking about what public welfare could accomplish understands that this system's contact with families should be used to help them identify and resolve the pressing needs of their children. By assisting families with their children's healthy development, public welfare programs would not just benefit current recipients but also help avoid future dependency.

This new perspective on welfare programs -- the "welfare reform" movement of the past five years -- appears in several state welfare reform efforts, such as Massachusetts "ET" program and Washington State's Family Independence Program. Most importantly, it was embodied -- at least in part -- in the new federal welfare reform legislation, the Family Support Act of 1998. Under this law, all states are required to implement programs which help AFDC families become self-supporting.

As states begin to transform their public welfare systems, the principles and program models of family support should guide them. Yet, one of the dangers of implementing "welfare reform" is that, despite a new

perspective, a new programs may focus narrowly on "welfare-to-work" programs of the type that previously failed. Programs which try to make a "quick fix" on complex and long standing family problems are unlikely to achieve the long-range family independence or children's well-being which they seek. By considering the mandate of welfare reform in light of the principles and program opportunities of family support, states may be able to forge the type of new link between the goals of self-sufficiency and of strengthening families that was behind the broadest vision of welfare reform.

Iowa's Family Development Demonstrations

Several state programs seem to be moving in the right direction. Iowa is implementing a Family Development Demonstration grant program as an explicit part of its state-wide welfare reform initiative. Largely because of the successful experience of a local community action agency, Iowa's General Assembly appropriated \$690,000 in 1988 to the Department of Human Services for a three-year Family Development Demonstration grant program. The legislation provides grants for programs working with families currently enrolled in AFDC that are at-risk of long-term welfare dependency or family instability. The programs are designed

to improve these families' capacities for self-sufficiency, both financially and as a family unit by providing day care, parenting skills, employment counseling/skills, medical assistance and child development services. Given that nearly one-half of all of Iowa's foster children come from AFDC families with long-term dependency risk factors, state legislators sought to work with state agencies to develop a welfare program that would adopt a comprehensive approach to a family's needs. By providing a range of family support services, this welfare reform program hopes only to improve the employability of AFDC parents but also to reduce the foster care demand, improve children's health, improve school performance, and generally improve future opportunities for the success of these families.

Kentucky's Parents and Child Education

Family self-sufficiency initiatives are not all associated with welfare reform projects. Kentucky's Parents and Child Education (PACE) program is based on family literacy improvement. In order to enhance the basic

For more details on the creation of this legislative initiative, refer to "Legislating Family Support: Program Development at the State Level," also included in this volume.

For more details on the PACE program, see

skills of Kentucky's adults and thus, hopefully, their employability, the Division of Adult Literacy in the State Department of Education created a family support and education initiative that sought to:

- 1) Provide under-educated parents with basic skills so they can serve as better educational role models for their children;
- 2) Change parenting skills in those areas known to be related to achievement orientation in children;
- 3) Provide children with the basic learning skills necessary to succeed in school.

Breaking the pattern of under-education in these families is the primary goal. Improving parents' employability is anticipated to be a secondary outcome of improved education and parenting skills. Parental attitudes about education improve as the parents' basic skills improve. In the long term, it is expected that the children will enjoy a number of benefits because of the improvements in their family environment.

the discussion on Kentucky in The Harvard Family Research Project's Pioneering States: Innovative Family Support and Education Programs publication.

Terry Hibpshman, Jeanne Heberle, Program

Through this program, parents participate in adult education classes while their three-to four-year-old children attend a preschool program next door. Parents and children also spend a portion of the PACE day playing and working together. By providing educational opportunities to both the parents and the child, PACE hopes to "break the intergenerational cycle of under-education."

Preliminary evaluations show PACE to be effective. At the end of the program's first year in 1987, three-fourths of the parents and their children had completed the PACE program; 70 percent of the adult participants had either earned GEDs or advanced two grade levels.

Consultants, Kentucky Department of Education, Divisions of Research and Community Education.

Telephone interview with Bonnie Hausman at the Harvard Family Research Project, June 1987.

Jeanne Heberle, PACE Program Coordinator, presentation at Investing in the Beginning, the National Invitational Conference hosted by the Governor of Missouri and the Education Commission of the States in St. Louis, Missouri, October 1987.

Ibid.

Both the Kentucky and Iowa examples attempt to mobilize resources in ways that strengthen families and promote children's development while helping parents to achieve economic self-sufficiency. Traditional welfare-to-work service programs do not offer such family supports. The new programs operate on the premise that the parent's employability is enhanced if the family's needs are addressed more broadly and if he or she is assisted in his/her role as a parent. These programs use the opportunity afforded by regular contact with parents to offer services that can promote children's development as well. In sum, these programs address the needs of two generations -- parents and their children.

Under the Family Support Act, all states have the opportunity to broaden their traditional models as well. For example, states could locate their welfare reform staff (often called case managers) in family support centers or other programs that attend to the broader needs of both parent and child. Opportunities exist not only to enrich these programs with distinct family support components, but to work closely with schools, child care programs that offer family support, and other multi-purpose family services. With this approach, "welfare reform" becomes not just another categorical program but a vehicle to

promote the long-term futures of disadvantaged parents and children.

Assuring School Readiness and Success for Children

One of the biggest challenges faced by the nation is educating more adequately the next generation of citizens. Confronted by considerable and persistent evidence of school failure and lack of academic preparedness, we have begun to look at new ways to assure school readiness and school success. Increasingly, strong evidence indicates that healthy, nurturing homes with motivated parents involved in their child's learning can have a significant impact on a child's success in school. Research is clear that a child's later school performance can be influenced by preschool programs and, in fact, by a variety of factors that affect infancy and early childhood. Former Secretary of Labor Ray Marshall notes:

Some children are behind when they enter Head Start, kindergarten, or the first grade because they were low birth-weight babies; in fact, birth weight is a predictor of whether children will drop out. What kind of nurturing they got from birth to age three as well as their mother's ability to teach them will have a lot to do with how well children do in school. Small children are like good

scientists -- starting hypotheses, having a great deal of curiosity, testing hypotheses. Yet, somehow, when they get into schools all of that seems to get turned off.

Public policy attempts to improve children's success in school are focusing on the preschool years. The High/Scope Perry Preschool study, which examined the long-term effect of high quality early childhood education, has been particularly influential in persuading states to develop or expand their preschool programs. A recent state survey by the National Conference of State Legislatures indicated that both education committees and human services committees in state legislatures ranked early childhood education among their top five priorities for 1989. The National Governors' Association reports that a number of governors are "directing new dollars toward specific programs that enhance or institute early childhood education, particularly for at-risk children."

Ray Marshall, "A New Labor Market Agenda," in Workforce Policies for the 1990s, April 1988, p. 9.

Tom Miraga, "Accountability, At-Risk Youth Rank High on 1989 Agenda," Education Week, January 18, 1989, p. 9.

National Governors' Association, "Investing in Children is a Top Priority for Governors; State Programs are Ensuring Children are Health, Safe, Education," p. 6.

Family support and education programs -- given their family focus, emphasis on reaching families in their early developmental phase, and the commitment to community involvement -- should be an important element in these early childhood education strategies. Several of the pioneering programs that demonstrated the effectiveness of early childhood education included substantial family support activities. These programs suggest that it is not just "educating" the child prior to primary school that accounts for later achievement but, rather, that children also must have confidence, stimulation, and self-esteem that comes from healthy parent-child relationships.

Minnesota's Early Childhood Family Education

One example of a state's school readiness initiative that incorporates family support practices is the Minnesota Early Childhood Family Education (ECFE) program. ECFE is for families with children from birth through kindergarten enrollment age. One primary objective of the program is to create

For more details on the PAT program, see the discussion on Minnesota in The Harvard Family Research Project's Pioneering States: Innovative Family Support and Education Programs publication.

opportunities for parents and children to enrich their relationship through loving, nurturing, and playful interaction. Another is to provide education and support for parents that helps them enhance their own child's learning and development. Parents can consult ECFE staff for advice on child development issues, obtain resource materials for their families, begin to build social support networks within their neighborhoods with other parents who have similar concerns, and allow their children to learn by interacting with other children.

The ECFE programs operate in a variety of forms and on various sites (e.g., at a parent's workplace, a WIC clinic, or the family's home), largely depending upon the specific needs of the community. A few local ECFE programs have expanded to serve as a program supplement to community Head Start or day care programs. ECFE developers hope to expand their state-wide program by providing technical support and training to community family-day care providers. The goal is to provide family day care providers with the same educational opportunities and resources that ECFE parents receive, thus helping to establish an important parent-community-education linkage.

Begun in 1974, ECFE's success and popularity with parents and policy-makers

alike has caused it to grow into a state-wide program with a budget of over \$20 million.

Missouri's Parents as Teachers

Another example of school readiness state initiative is Missouri's Parents as Teachers (PAT) program. This home-school partnership provides home visits by trained parent educators who help parents enhance their children's intellectual, language, and physical and social development from birth to age three. The program offers families information on child development issues, concrete advice to guide family development, peer support opportunities, and health screening. Two Missouri school district superintendents intend to link the PAT program to a new initiative, Schools of the 21st Century. The PAT home visitors will be based in each of the districts' "21st Century" schools. Thus, these elementary schools will

For more details on the PAT program, see the discussion on Minnesota in The Harvard Family Research Project's Pioneering States: Innovative Family Support and Education Programs publication.

Schools of the 21st Century is a new initiative developed by the Yale University Bush Center in Child Development and Social Policy which provides developmentally appropriate child care for children aged 3 to 12 in elementary schools. This program is being tested in several sites across the country.

come to know the families before their children enter the classrooms. The hope is that a positive PAT-home relationship will facilitate a positive school-home relationship.

The first year of evaluation indicated that PAT children demonstrated advanced intellectual and language development. The evaluators also found that the higher the level of parent participation in the program, the better children performed on the various assessment measures. Based on such success, Missouri's program, like that in Minnesota, has been extended state-wide.

Kentucky's PACE program (described earlier) is still another example of a school readiness program based on family support and education practices. Recent research indicates that one of the most influential factors in a child's learning development is the level of the parent's education, especially that of the mother. Therefore, a particularly promising

Parents as Teachers brochure.

Robert Halpern and Health Weiss, "What is Known About the Effectiveness of Family-Oriented Early Childhood Intervention Programs?" June 1988, p. 17. (preliminary draft paper)

Gordon Berlin and Andrew Sum, Toward a More Perfect Union: Basic Skills, Poor Families and Our Economic Future, February 1988, p. 36.

aspect of the PACE program is the fact that both parent and child are in an education process together where they can learn from each other.

Given the demonstrated effectiveness of early childhood programs, all states are likely to be instituting them in the coming years in one form or another. Emphasizing early childhood development and family support programs (rather than only early childhood "education" programs) seems to increase the likelihood that they can achieve the long-term benefits for children that they seek.

Enabling Families with Children with Special Developmental Needs to Cope Positively

The Education for the Handicapped Amendments of 1986 (P.L. 99-457) provided states with a crucial opportunity to examine their current service delivery system for families with children who have special developmental needs. P.L. 99-457 encourages states to develop, organize, and delivery services in ways that effectively meet these families' needs. Early intervention services are the focus.

Specifically, P.L. 99-457 makes appropriate early intervention services available for three to five year olds who are developmentally

delayed or at risk of developmental delay by extending "downward" the coverage of P.L. 94-142 (part B of the Education of Handicapped Act Amendments of 1986 for school-age children). Additionally, it creates a new state grant program for infants from birth to two years old. This law eventually will mandate state services to families with special needs children, but it has been crafted carefully to give states both time and funding to develop well-conceptualized plans.

Family support principles are a significant aspect of P.L. 99-457. This is most strongly evident in the Individual Family Service Plan (IFSP) requirement to establish a service plan for every family with a child receiving early intervention services. The IFSP'S significance lies as much in the process of its development as in the plan itself. This process requires that the child be viewed within his/her family context. Planning for the child's care must acknowledge each family's individual strengths and enable each family to find other resources to address problems they cannot solve alone. Emphasis is on the parents and the helping professional becoming partners.

Karl R. White and Nancy Immel, Financing Early Intervention for Handicapped Infants, Toddlers and Preschoolers: Issues and Challenges, p. 2.

Family support aspects of P.L. 99-457 are further demonstrated in the requirement for interagency coordination. To be more responsive to the needs of families, various resources across systems are to be integrated so that all families will have access to a comprehensive, well-organized continuum of services.

Beginning several years prior to passage of P.L. 99-457, Maine and Texas pioneered interagency coordinated mechanisms for families with children who have special developmental needs.

Texas's Early Childhood Intervention

The Texas Early Childhood Intervention program began in 1981 with a \$6 million state appropriation to establish a network of programs that offer physical and/or occupational therapy, counseling, support groups, drop-in centers services, and home visiting services for parents of children under six years old who are developmentally delayed or are at risk of developmental delay.

These programs, located where they can be most responsive to families, can be found in both private and public agencies, school districts, universities, colleges, and hospitals. Linkages to other community social services also are strongly encouraged. Parental involvement in every aspect of policy

planning and program development is required by the state.

P.L. 99-457 created a new funding source for Texas' activities. Although the Texas program was already administered by the Early Childhood Intervention (ECI) unit, an interagency governmental unit comprised of the Department of Health, Education, Human Services, Mental Health, and Mental Retardation, and a parent representative, Texas has now established an advisory Interagency Coordinating Council that specifically meets the requirements of P.L. 99-457. Thus, Texas can qualify for the law's incentive funding and will receive an additional \$5.5 million in federal funding on top of its state appropriation for this program.

The Texas network has grown to include 71 programs serving more than 12,000 children with a state budget of over \$10 million (expected to increase to at least \$14 million in FY 90).

Maine's Intergovernmental Coordinating Committee

Eleanor Szanton, "States Take Leadership Role in Prevention/Early Intervention Programs for Young Children with Special Needs," Family Resource Coalition Report, Volume 7, Number 2, 1988, p. 15.

The 16 local projects in Maine's state-wide program for preschoolers at risk of developmental difficulty is managed by the Interdepartmental Coordinating Committee for Preschool Handicapped Children (ICCPHC). In existence since 1978, the program seized on P.L. 99-457 as an opportunity to establish the ICCPHC as the federal fiscal intermediary, thus institutionalizing the role of interagency coordination in Maine's special needs program development.

The projects are highly localized and vary greatly across communities. Typical of these preschool projects is the Child Health Center of Norway, which began as a non-profit health service agency converted from a private pediatric practice. Over the course of ten years, the agency has expanded into a multi-disciplinary center that includes a wide variety of services. In addition to providing traditional medical services for disabled children, the Center now includes children at "psycho-social risk," and it operates a community-based nursery school open to the general population. Parent and family involvement in the delivery of all services is emphasized. The Center recently added a parent drop-in center staffed by a pediatric nurse practitioner and parents. Families are able to pick up parenting resource information

or educational materials and also can engage in social activities, such as exercise classes.

The opportunity which P.L. 99-457 provides states to support families caring for children with special developmental needs is unparalleled. All states have been affected by P.L. 99-457 and many have begun to make major steps in applying the law.

Strengthening Young Families Through Assisting Young Parents

By the time a teen parent enters the traditional service system, problems that will plague a family for a lifetime and possibly for generations may have already begun. Babies of adolescent parents are subject to numerous health risks from the moment they are conceived; 17.6 percent of all low birth-weight babies born in 1985 were born to teen mothers. Teen parents are less likely to be able to earn wages that will ensure their family a decent living; thus, child poverty is strongly associated with adolescent parenting.

Robert W. Chamberlin (ed.), Beyond Individual Risk Assessment: Community-Wide Approaches to Promoting the Health and Development of Families and Children: Conference Proceedings, 1988, pp. 17-39.

Martha P. Ring, Saving Lives and Money: Preventing Low Birthweight, National Conference of State Legislatures, October 1988, p. 9.

As teen parents grow older and have additional children, many are subject to compounded problems that can accompany single parenthood, including child abuse and neglect. Confronted with high rates of teen pregnancy, communities and public officials have begun developing innovative responses to address the special needs of these families.

Illinois' Parents Too Soon

In the mid-1970s, the Governor of Illinois established Parents Too Soon, a program to address the state's teen pregnancy problem. This program has three goals:

- 1) To reduce the incidence of teen pregnancy;
- 2) To reduce the health risks associated with adolescent pregnancy (especially infant mortality); and
- 3) To improve teen parents' ability to cope with the responsibilities of parenthood.

The Parents Too Soon program is managed by Ounce of Prevention, a public/private agency which coordinates a number of state and community-based public and private agencies to develop and provide services. The kinds of services provided include home visiting, parent groups, developmental children's services, and pregnancy prevention services.

Currently, there are 37 different initiatives operating in social service agencies, schools and churches under Parents Too Soon. Programs to reduce the incidence of first pregnancies reach 83,707 Illinois residents in 1986-1987. This coordinated approach has been credited with an 18 percent drop in births to Illinois teens aged 15-19 over five years.

Maryland's Family Support Center

Another example of a state family support effort focused on teen pregnancy-related objectives is Maryland's Family Support Center initiative. These neighborhoods drop-in centers, developed locally by a wide range of agencies (churches, schools, housing authorities, private social service agencies), are extremely responsive to local community and parent needs.

The centers serve young parents with children birth – three years old, with priority given to adolescent parents. The centers' goals for teen parents are to maintain the adolescent in school, prevent a second pregnancy, assure the child's age-appropriate development, and increase the teen parents' skills. To accomplish these goals, the centers assure

Ounce of Prevention Annual Report 1986-1987, p. 9.

Ibid., p. 10.

eight core services: parenting education, child development assessment, education and job skill development, health education, social and emotional support, recreation, child care, and adolescent pregnancy prevention services.

Maryland's program is overseen by a public-private intermediary organization, Friends of the Family, Inc., established through a partnership of state agencies and local foundations. The state agencies (health, social services, and education) all contribute to the family support center initiative, recognizing that family support and early intervention services must be the responsibility of all agencies.

Maryland's most recent evaluation indicates that the family support centers are achieving their goals. For example, the centers reported that the repeat pregnancy rate for participants is 9.5 percent over an 18-month period, compared to a national rate of 30 percent for a comparable population.

Family support practices and principles are a key ingredient for state strategies addressing the problem of adolescent pregnancy. The unpreparedness of adolescents to be parents is at the core of many of the later problems experienced by them and their children. By strengthening the young parent's ability to cope with parenthood while simultaneously

offering a comprehensive range of health, educational, and employment-related supports usually needed by these adolescents, program strategies may help these families avoid the long-term consequences of teen parenting.

Preventing Child Abuse and Neglect

As reports of child abuse and neglect continue to rise, state administrators are beginning to understand the need for interagency collaboration to address the intertwining stresses that often result in harm to children. Family support strategies can bring together resources for children that have not traditionally been available through the child welfare system. The promise of family support is to find ways of breaking the cycle of abuse and neglect which all too often leads to family dissolution and child placement. Effective long-term strategies must incorporate ways of supporting families before unrelenting pressures and tensions lead to a child's harm. While no state-wide initiatives built around this goal have been identified, several local programs illustrate the potential.

Boulder's Community Infant Project

In Colorado's Boulder County, the Community Infant Project, a primary prevention and early intervention project, is

designed to prevent child abuse and neglect of young children by strengthening family development during the prenatal period and early years of life. Three local agencies -- the county social services, mental health, and public health agencies -- have come together to provide in-home visits by nurses, parent-infant therapists, and volunteers to develop parenting skills and encourage the use of community resources. Referrals come mainly through health agency contacts and child protective services. The project strives to create an individualized family program. Each family initially spends four to six weeks in evaluation before formal service delivery begins. This period enables the staff to determine both the strengths and needs of the family and to build a trusting relationship before formal home visiting begins.

This program reports a significant increase in family functioning, confidence in parenting, and use of social supports by the mothers in the program. Additionally, subsequent abuse and neglect reports have not been filed on the families served by this program. Colorado also reports significant cost savings when families enrolled in the project are compared with similar families served by the Department of Social Services in the traditional child welfare system. For example, in a failure-to-thrive case, the Community Infant Project's costs over a four-month period

totaled \$654; the Department of Social Services' costs for a similar case were \$8,128, which included necessary out-of-home placement, hospitalization, case worker, and attorney and court involvement.

Addison County's Parent-Child Center

Vermont's Addison County Parent-Child Center, one of the most established of 13 similar programs in Vermont, provides family support and education to pregnant parents or parents with young children in rural Vermont.

Among the various services offered are an intensive parenting support class, which meets 20 hours a week for six months. Parenting, child care, and personal development skills are emphasized. Day care is provided for parents while they are in classes. Most of the participants are also able to work with the infants and toddlers in the day care program. This experience is a critical part of the six-month program because it gives parents an opportunity to learn and practice parenting. Each parent is also paired with a home visitor

National Governor's Association, The First Sixty Months, 1987, pp. 10-11.

Sally Johnson, "Learning the Art of Bringing Up Baby," New York Times, Sunday, April 3, 1988.

to help parents apply their new learning in their own homes. Since a large percentage of participating parents are believed to have been victims of abuse and neglect themselves, the hope is that early supports to them as parents can head off a self-fulfilling prophecy of abuse to their children. According to the program's co-director, "We feel the three crucial issues in the program are self-esteem development for both parents and children, communication skills..., and development of sense of community."

Promoting the Healthy Birth and Development of Mothers and Their Infants

Shockingly high infant mortality rates, limited access to quality prenatal care for large segments of the population, and an improved understanding of the importance of quality health care for healthy child development together have stimulated new interest by public officials in developing prenatal health systems.

There is strong evidence that the earlier in the child's development that families receive quality health care, the greater likelihood there is for the development of a healthy functioning family. Recognizing that there are vulnerable populations who either cannot

R. Chamberlin (ed.), p. 47.

or will not seek appropriate health services, local and state administrators are beginning to create health care strategies that reach out to at-risk families and develop broad family-focused prenatal care programs.

New York's Prenatal/Early Infancy Project

Expansions in Medicaid funding for pregnant women and experimental foundation projects are helping states initiate and expand family-oriented prenatal care strategies. The Prenatal/Early Infancy Project (PEIP), a nine-year experimental home visiting program located in a semi-rural county in the Appalachian region of New York State, is considered a model for prenatal programs. In this recently concluded project, public health nurses made home visits to 350 low-income pregnant women every two weeks. During these visits, the nurses talked with the expectant mothers and other significant family members about prenatal care, child development, and, to some extent, personal development issues. In addition to providing information, the program established an informal social support system. The PEIP nurses sent regular written reports to the appropriate private or local health department clinic physicians and nurses regarding physical and emotional health information gathered during home visits. Furthermore, in

particularly difficult cases, PEIP nurses worked closely with the physician to help the mother adhere to the prescribed medical care plan.

Once the babies were born, PEIP nurses continued to make regular, but less frequent, visits for two years. Families were referred to a local program that provided health and developmental screening and follow-up services until children entered school. The study reported that the women who received the home visits gave birth to heavier babies, worked for longer periods after the baby was born, and were less likely to have another unintended pregnancy during the first four years after the birth than the women in the study who were not visited.

Boston's Healthy Baby Program

Another example of a family supportive health strategy is Boston's Health Baby Program. Begun in 1985 by the Boston

David L. Olds, "The Prenatal/Early Infancy Project: An Ecological Approach to Prevention of Developmental Disabilities," Chapter 26, In the Beginning, Jay Belsky (ed.), Columbia University Press, 1982, pp. 270-285.

Spencer Rich, "Home Nurse Visits: Many Benefits for Low-Income Women, Children," Washington Post, February 19, 1989.

Department of Health and Hospitals as part of a comprehensive city-wide strategy for lowering Boston's infant mortality rate, this initiative identified a specific high-risk geographic community with over 5,000 births a year. At the start of the program, 12 neighborhood health clinics and two hospitals with strong adolescent clinics (which together assisted in approximately 3,000 births annually) were invited to form a cooperative network.

The women served by the program are identified primarily through the cooperating clinics and hospitals. A screening process identifies those who show particular behavioral risks that could endanger either their own or their baby's life. Women 17 years and younger are automatically referred to the Health Baby Program. Over one-half of the women screened are considered eligible for the services. The program succeeds in enrolling about 70 percent of those who are referred.

The goals of the Healthy Baby Program are to see that mothers are good prenatal and postpartum care, promote positive maternal functioning, and prevent long-term negative health consequences for the mothers and children. The program provides up to four prenatal and three postpartum visits, depending upon how early in the pregnancy

the participants reach the programs. Based upon the specific physical and cultural needs of the families, either public health nurses or neighborhood advocates visit the families. They often share the language and cultural background of these families. The staff is flexible in working with the families, willing to visit mothers at home or anywhere the mothers wants to meet. Taxi vouchers are provided to help mothers with transportation costs. These visits provide the women with counseling services; help them to develop problem-solving strategies; and offer concrete assistance with shelter, income, food or domestic abuse problems.

The Healthy Baby Program emphasizes careful assessment of families' strengths and concerns, the establishment of goals for the families (jointly decided upon by the family and the staff), and acknowledgement of the family's progress toward each goal during each visit.

The Healthy Baby Program tries to follow each mother through postpartum until the mother has signed up for pediatric care. Most women are discharged after eight or nine months in the program, although a few do stay longer. The program served about 1,000 families in 1988.

Additionally, those mothers with infants deemed at high risk become part of Healthy Child Program. In this program, every family gets both a public health nurse and a neighborhood advocate and follow-up continues for the first two years of the child's life. The Healthy Baby Program often establishes a long-term, informal relationship with its families. The program director says the staff often see the siblings or other relatives of women with whom they worked and may also see the some women through a subsequent pregnancy.

There is no formal evaluation data available. However, the program's director reports that the target community's rate of infant mortality has gone down in both the black and white populations, the number of low birth-weight babies also has decreased, and the gap in infant health outcomes has begun to narrow between black and white families. The program has recently received a multi-year grant from the Robert Wood Johnson Foundation to establish a formal evaluation component in which city data on child outcomes in 1986 and 1987 will be examined.

Telephone interview with Anne B. Keith, MPH, Director of Community Health Nursing at the Boston Department of Health and Hospitals, March 1989.

Successful programs like these illustrate a crucial point about prenatal care programs that assuring the healthy birth and development of infants and mothers is not strictly an issue of medical care. All evidence indicates the most successful prenatal care should involve maternal support services that begin before the child is born and continue through the infancy and toddler stage. While medical and nutritional care are part of the needed services, mothers must also be given the knowledge, skills, and supports that enable them to become effective parents.

The six policy areas just highlighted are not the only ones in which family support may have some useful applications. For example, problems of homelessness and substance abuse could benefit from strategic thinking about helpful family support principles and practices. These complex, multi-faceted problems require the kind of responsive, flexible, and comprehensive assistance that many family support and education programs offer. Further, the multi-generational focus of family support programs may offer a vehicle for addressing, for example, the needs of a substance abusing parent in the context of a plan to protect and support the child and the family unit.

FINANCING STATE-WIDE FAMILY SUPPORT AND EDUCATION INITIATIVES

Obtaining stable and adequate financing is crucial to the successful implementation and long-term survival of a state family support and education initiative. The choice of financing also is likely to influence the other choices that program developers will make. Alternative financing strategies should be explicitly evaluated against some basic criteria which might include:

- ! Stability of funding over time;
- ! Administrative and programmatic requirements attached to the funding;
- ! Flexibility permitted in the use of funds;
- ! The "fit" between the family support and education objectives of the initiative and funding requirements.

Once these criteria are enumerated, a number of different financial options can be developed and evaluated. There is no one ideal funding source or strategy for family support and education programs, and the applicability of potential funding depends heavily upon the goals the state is trying to accomplish.

Using New State Appropriations

The first and most obvious funding strategy is the use of state appropriations. Many of the state initiatives previously described have been established this way, often through small appropriations for pilot programs or beginning program development, followed by expansions in subsequent years as programs gained experience and showed some effectiveness. The state funding, although often extremely hard to get and maintain, frequently has the advantage of being the most flexible. Working closely with the state legislature, administrators can develop a financing source which reflects and facilitates the agreed upon program strategy. The experience of state policy-makers who have sought and obtained state appropriations for family support and education programs suggests that it is very important to work closely with the appropriation body. The legislature must have a clear understanding of the initiative's goals and objectives and a realistic appraisal of the resources required to preserve the integrity of the program model.

In establishing state appropriations, legislatures have varied in the degree which the appropriation mandates a specific program model. For example, the legislation establishing the ECFE program in Minnesota

defined the minimum appropriate parental involvement and stipulated that funding could not be used for traditional day or nursery school programs (thus meeting the legislature's concern, but did not dictate the specific services or program formats for the local ECFE programs.

The Kentucky PACE program began as a pilot in six school districts with an initial appropriation of \$300,000. By 1987, it received \$1.2 million from the Kentucky Department of Education, which allowed the program to expand to 12 districts. In addition to limiting the number of participating districts, the authorizing legislation set the applicant eligibility criteria.

The Minnesota ECFE program had the opportunity for steady, planned expansion with state funding. The program increased from six urban, suburban, and rural sites in 1974 to 36 pilot programs before it received permanent funding status in 1984. Today, each ECFE program is funded through a combination of State Department of Education aid and a local community education district levy determined by a legislatively established funding formula. In 1988, the Minnesota

Karen Kruz-Reimer, "Minnesota Legislation and Exemplary Commitment to Families," Family Resource Coalition Report, No. 1, 1985, p. 3.

program was funded with \$18.3 million, 40 percent of which came from the state Department of Education and 60 percent from the local districts.

Consolidating Categorical Funds

In recent years, the difficulty in freeing up state funds for the new human services initiatives has led many states to fund new programs by piecing together monies available through existing categorical federal, state and/or local funding streams. The principal advantage of this strategy is that it does not require a new appropriation for family support and education and may allow progress in a budget-conscious environment. Another advantage is that having multiple funding sources may make programs less vulnerable to changes in any one of them. This strategy also can reflect the strong relationship between the family support initiative and other agency public policy objectives.

There are disadvantages, however. Relying on categorical funding may inhibit the flexibility desired in the family support initiative. The requirements of each categorical funding source may be too constraining.

For example, the co-director of the Vermont Addison County Parent/Child Center notes, "Approximately 60 percent of our budget is stable. [Other funding includes] annual grants and contracts [that are often] in the form of seed money or pilot projects which are limited to one to three years of funding. Our Learning Together Program has had eight different sources of funding over the course of five years." This kind of funding base can be administratively burdensome and enormously time-consuming to maintain.

Further, relying on multiple categorical programs, over the long-term, could distort the program objectives and prevent program managers from doing long-term planning. Program expansion could be more dictated by available funding opportunities and less by family or community need.

Despite the negatives, it is possible and in many instances necessary to piece together categorical funding to properly finance family support and education initiatives. Vermont's Parent-Child Center program is a good example. Although the centers do receive a small state appropriation, in FY 87, only 30.6 percent of the center's budgeted funds were from the state (i.e., human service agency funding, education funding for early childhood education initiatives, and vocational rehabilitation funding). The other

funding for these centers came from a combination of federal and private resources. For example in 1988, the Addison County Parent/Child Center relied on USDA child nutrition program reimbursements, United Way contributions, Carl D. Perkins Vocational Education Act funding, Adolescent Family Life Demonstration grant funding, Juvenile Justice and Delinquency Prevention funding, and paid by parents for child care services, classes, driving lessons, and other services.

Another example of a state's creative use of existing financing is Arkansas' Home Instruction Program for Preschool Youngsters (HIPPY). HIPPY is a home-based school readiness initiative aimed at educationally disadvantaged 4- and 5-year olds. The participating mothers are likely to receive AFDC, perceive their future opportunities as extremely limited, and require a great deal of skills development. A number of foundations gave limited support to the program's implementation during the first year, 1986-87. However, because of the program's emphasis on parent involvement in the teaching of the children and the program's positive effect on the parents (through their return to school or getting more literacy training), the program administrators were able to get substantial

NGA, pp. 6-7.

funding through the Job Training Partnership Act (JTPA). Eleven of the 14 HIPPY sites receive full or partial JTPA funding. By working with the State Department of Education and local school districts, HIPPY programs are funded primarily through JTPA and/or Chapter I funding. They also have drawn on Head Start and Carl D. Perkins Vocational Education Act funding. The nature of the funding of each HIPPY site is determined by the existing resources in the community. Thus, "every program is a little different from the others," says Ann Kamps, the Governor's special assistant on early childhood programs. Although the HIPPY program essentially will provide the same educational/ developmental curriculum, the program's focus (i.e., an early childhood theme or one more oriented towards vocational job training) is often influenced by the funding sources.

The difficulty with relying on these funding sources (especially JTPA and the federal education funds) is the requirements which accompany them. For example, using federal education funds requires that the HIPPY program be established through a local school district. While JTPA funding permits HIPPY to be in either the local school district or a JTPA service delivery area, it does require that participants go through a lengthy paper certification.

However, in spite of the sometimes burdensome restrictions, tapping into these funding sources (particularly JTPA) has enabled an economically-strapped state to implement and expand a needed program. "We could not survive without JTPA funding," Kamps emphasizes. "It has required a real partnership between JTPA and the HIPPY programs. It has required creativity from the JTPA program and a willingness to be flexible from HIPPY. It's been a real growing process for all of us. But I think we've got better HIPPY programs as a result." This financing strategy also has promoted inter-agency human service linkages (e.g., education and income maintenance) that are necessary for effective family support programs.

While a complete listing of all potential categorical funding sources is beyond the scope of this discussion, there is a range of funding sources that states can draw upon when attempting to consolidate funding for family support and education initiatives. The ability to tap into specific sources depends upon the particular policy objectives, the kinds of services included, the target populations and the service delivery model of the programs. Additionally, new funding opportunities are increasingly becoming available.

The Education of the Handicapped Act Amendments of 1986 (P.L. 99-457), described earlier in this paper, appropriated \$69.8 million in federal funds in FY 89 to create a new discretionary state grant program for developmentally disabled infants and toddlers. Furthermore, the law authorized states to receive additional federal funds determined through a three-part formula based on the number of 3- to 5-year olds requiring special needs service in each state. Generally, P.L. 99-457 offers states an unprecedented opportunity to plan carefully for the required program expansion in FY 91.

The Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Amendments of 1988 (P.L. 100-297) authorized funding for two family support and education programs. One program, the Comprehensive Child Development Center Act under Part E with \$19.76 million for FY 89, is intended to provide comprehensive family support services to low-income families in small, local communities. The Head Start Bureau of the Administration for Children, Youth, and Families (ACYF) which manages the program, has awarded \$18 million in demonstration grants to 22 recipients. These recipients, including universities, public schools, private agencies and public health and social services agencies, will provide a

variety of family support services (e.g., health screenings, employment training, counseling) to approximately 4,000 families. These grants will be renewable each year until 1993.

The Even Start program also was authorized by P.L. 100-297. Modeled after the Kentucky PACE program, its goal is to create opportunities through school districts for parents and their children to learn simultaneously in school settings. Through Even Start programs, parents will receive GED preparation and literary training, while their children participate in child development activities. The Department of Education awarded \$14.1 million in Chapter I Even Start grants to 73 small rural and large urban school districts in 44 states and the District of Columbia. Additionally, three Migrant Education Even Start grants totaling \$444,600 were awarded to the state departments of education in Louisiana, New York, and Washington. These projects will provide family support educational services in a variety of ways including making home visits, organizing parent-child play groups, providing instructional videos, and

For more information on potential applications of various Medicaid service options, please refer to The Center for the Study of Social Policy's Working Paper Series, The Use of Medicaid to Support Community-Based Services to Children and Families, November 1988.

coordinating the transportation of mobile learning units in rural areas. These grants are renewable each year until 1993.

Although the primary emphasis of the Family Support Act of 1988 (P.L. 100-485) is to facilitate parental employment, limited funding has been made available for the establishment of demonstration projects that include early childhood development programs and community-based family support services. A total of \$13 million will be authorized for the administration of these family support demonstration projects from 1990 to 1992.

Finally, developments in FY 90 could create additional opportunities as well. (For example, the final FY 90 appropriations bill included a \$170 million increase in the Head Start appropriation. Additionally there are a number of federal family support bills that have been introduced to Congress this year that could result in increased federal funding for these programs.)

The trick to putting together categorical funding sources lies in persistence, creativity and, in most cases, interagency planning and cooperation. For example, many states are

Press Release, United States Department of Education, October 27, 1989.

taking a fresh look at their Medicaid programs to see how they might be used to fund a more coherent system for health, mental health, special education, and social services for children and families. Several of the Medicaid provisions, including case management options, prenatal care support services, and optional preventive services, have potentially broad applicability for family support and education programs. Although currently no state family support initiatives apparently have taken advantage of these opportunities, this is an entitlement funding source that could be explored in the future.

Creative Partnership

A strategy that seems particularly effective in gaining the political and financial backing for family support initiatives is to develop them through public-private partnerships. The advantage of this strategy is that both financial responsibility and political credit for the new initiative are shared between the public and private sectors. Also, the availability of even a small amount of private sector (business and/or foundation) funding often can act as a powerful incentive for freeing up other state or local funds.

The Ounce of Prevention Fund is one of the oldest family support public/private partnerships in the country. The Pittway

Corporation Charitable Foundation and the State of Illinois established the Ounce in 1982. For FY 87, a number of corporations, foundations, families, trusts, and individuals -- in partnerships with state and federal agencies -- contributed \$7.86 million to the Ounce of Prevention Fund.

Maryland's Family Support initiative is a more recent example of such a financing strategy. The State of Maryland Department of Human Resources and two private funders, the Aaron and Lillie Straus Foundation and the Morris Goldseker Foundation, established a three-way partnership of local communities, the public sector, and the private sector to develop and implement Maryland's family support initiative. The formal partnership agreement specifies that all decisions on funding priorities, financing strategies, program development, and evaluation are jointly made by the partners. Additionally the partnership established an intermediary, Friends of the Family of the Family, Inc., to oversee further development of the initiative. The partnership has since grown to include two other state agencies, the Department of Health and Mental Hygiene and the Department of Education, as well as three additional private foundations.

Such partnerships create opportunities for agencies and other organizations that have

never worked together before to coordinate existing resources and thereby assist families more effectively and efficiently.

On the other hand, such partnerships can be fragile and require that significant attention be given to the particular interest of each partner.

Administrators must often devote substantial time to nurturing these partnerships and ensuring that the differing expectations and needs of each partner are met. While the hybrid nature of this financing strategy permits greater flexibility and encourages creativity in program development, it can also make it difficult for any one agency to fully commit to the program and thus give it a permanent "home."

Redeployment

A fourth funding strategy involves redeploying funds from existing programs to family support and education initiatives. Of all the strategies discussed, this is still primarily at the conceptual stage but suggests some creative possibilities for the future. The Annie E. Casey Foundation's Child Welfare Reform Initiative is exploring the practical possibilities for redeployment financing. Each of the states participating in the Casey initiative has made commitments to look across major systems that affect the lives of children and their families (i.e., juvenile

justice, mental health, special education, health, and child welfare systems) to determine if there are financial resources that could be used more effectively elsewhere. For example, by preventing unnecessary out-of-home placements of children, the states hope to free up dollars which can be used to develop a comprehensive service system that includes an enriched mixture of family preservation and family support programs.

The possibilities for funding family support and education initiatives are varied and dynamic. In the quest for adequate and stable financing for community programs and state-wide initiatives, it becomes imperative at the outset to have a clear understanding and commitment to programmatic goals and objectives. This sense of what the initiative wants to accomplish and for whom must be an integral part of developing the required resources. Further, maintaining and expanding the resource base over time will require the ability to document programmatic success, the continued support and involvement of key actors at the state level and in local communities, and skillful political and programmatic negotiations.

CONCLUSION

The growing interest in family support and education programs across the nation is a natural response to changing social conditions and realities. Traditionally American society has assumed that families, on their own and without any assistance, can responsibly meet all of the needs of their children. Growing out of that belief, the public system of services was not designed to help all or even most families but only those families and children with exceptional needs -- for example, the orphaned, the disabled, and the obviously dysfunctional. The new reality is that contemporary economic and social conditions require a more supportive public policy for all families. Lower wages, two-earner families, single-headed households, and increased social mobility are just some of the factors forcing the realization that many more families need support and assistance than traditionally assumed. The inclusion of family support and education initiatives on the public policy agenda affirms this new imperative.

In advocating for the developing of family support initiatives, however, they must be seen as crucial but not exclusive responses to improving the lives of children and families. The public policy agenda must also continue to emphasize economic and other strategies,

including better jobs, higher welfare levels, increasing the minimum wage and improved housing policies and programs. Without progress on these fronts, family support and education programs run the danger of unrealistic expectations for what they can achieve for families.

The promises of family support and education are significant and worthy of further state development. In the next few years, a careful advancement of family support and education programs into the policy agenda of federal and state governments will affirm our willingness and ability to redirect social policy in response to changing social needs and could have major long-term consequences for the nation's human service programs.