

### PARENTING AND FAMILY SUPPORT

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Parents provide the foundation for a child's earliest growth and development. Stable and secure relationships with parents and family members are the central feature of healthy human development.<sup>1</sup> Healthy families provide safe, predictable, nurturing, responsive environments that encourage exploration. Healthy families also provide structure and set limits. The parent-child relationship is influenced by the economic and social resources available to the family. The availability of adequate resources affects a parent's ability to pay attention, respond to a child's individualized needs and ensure that the child thrives physically, socially and emotionally.<sup>2,3</sup>

All families need support, assistance, and resources to thrive.<sup>4</sup> Parents function best when they have a dependable network of people they can turn to for advice and concrete help with child rearing. Most families can rely on relatives, friends, and neighbors to provide the backbone of their family support network. Children benefit when both their mother and father are involved in their lives in positive ways. All families benefit from access to a community system of high quality services that strengthen and support them in their parenting and nurturing roles, including health care, early childhood, out-of-school time and recreation programs in addition to high quality schools that involve parents and address the multiple needs of children.

There are a number of effective interventions that can change parenting behaviors to better support healthy child development and improve child outcomes. A recent study on closing the gaps in school readiness identified seven different dimensions of parenting behavior that are critical to healthy child development: (1) nurturance, (2) language, (3) discipline, (4) materials in the home, (5) monitoring, (6) management of the home, and (7) direct teaching of skills to children. Differences in parenting behaviors are seen between poor and non-poor children. This same study estimated that about 1/4 to 1/2 of the variation in school outcomes can be accounted for by differences in parenting.

Source: Brooks-Gunn, J. & Markman, L.B. (2005). The contribution of parenting to ethnic and racial gaps in school readiness. *The Future of Children*, 15, 139-157.



## ESTABLISHED OUTCOMES OF HIGH QUALITY FAMILY-FOCUSED INTERVENTIONS

*“Intensive home visiting coupled with center-based early childhood programs may be a good strategy for enhancing school readiness.”<sup>5</sup>*

High quality family-focused interventions can produce strong positive effects in the following areas:

- ◆ Improved parenting skills and behavior.
- ◆ Improved parent-child relationships.
- ◆ Improved child cognitive and social development.
- ◆ Reduced incidence of child maltreatment.
- ◆ Improved home learning environment.
- ◆ Improved family access to needed resources.
- ◆ Improved home safety.
- ◆ Reduced family isolation.
- ◆ Improved family economic self-sufficiency/ reduced welfare dependency.
- ◆ Reduced number of subsequent births and improved timing of births.

Source: Gomby, D.S. (2003). *Building school readiness through home visitation*. Sacramento, CA: First 5 California Children and Families Commission.

Parenting and family support interventions have received increased attention in recent years as many states have ramped up investments in home visiting programs and national reports have recommended that family-focused strategies be expanded.<sup>6,7,8</sup>

Research shows that high quality home visiting programs and center-based educational programs can have large effects on parenting behavior and child outcomes. Parent training programs, offered to families that have a child with moderate to severe behavior problems or special health care needs, can also positively alter parenting behavior.<sup>9,10,11</sup>

Improved child development outcomes, particularly cognitive development outcomes, are strongest and longest-lasting when parent-focused interventions begin early and are combined with high-quality, child-focused education programs in the preschool years.<sup>12</sup>

Only a few home visiting programs, such as the Nurse-Family Partnership program, have been able to deliver child outcomes in addition to changes in parenting behaviors. Home visiting programs that deliver more home visits show more positive effects than those with fewer visits. In addition, staff qualifications, type of services offered, the rigor of staff training, and quality control within the overall program are important factors in producing measurable child and family outcomes.<sup>13,14</sup>

The recent National Research Council report on the science of early childhood development concluded that there is considerable evidence that model programs delivering carefully designed interventions can positively affect both parenting behavior and the developmental trajectories of children facing significant risk. However, this same report also concluded that services based on generic family support are less effective.<sup>15</sup>



## CORE STRATEGIES THAT SUPPORT HEALTHY CHILD DEVELOPMENT

There are three core strategies that can be employed within parenting and family support programs to improve the outcomes for vulnerable children:<sup>16</sup>

- ◆ First and most fundamental are policies and programs that ensure families are economically secure and have access to basic supports (including food, health care, housing, and transportation).
- ◆ Second are child-focused interventions that provide specific therapy or educational opportunities, such as early intervention services, high-quality early childhood education programs or out-of-school time programs for older children.
- ◆ Third are parent-focused interventions that provide child-rearing information, guidance on child development, mentoring and emotional support, and assistance to secure needed resources.

To be most effective, these strategies must be integrated into a system of sustainable high-quality services that strengthen and support families in their parenting and nurturing roles. In order to be sure that all families have access to the services and supports they need, many of these strategies will need to be embedded within or linked to the existing array of child and family services. The most effective programs will reach out to and engage the highest risk families in ways that are responsive to families varied socio-economic, educational, language and cultural backgrounds.<sup>17</sup>

### HALLMARKS OF EFFECTIVE FAMILY-FOCUSED INTERVENTIONS

*“Interventions that work are rarely simple, inexpensive, or easy to implement.”*

Family-focused interventions vary so widely in their design and implementation that it has been difficult to tease out the effective programs from the less effective.<sup>18</sup> However, a consensus is emerging among researchers that effective family-focused intervention programs share several common design features:

- ◆ Services are individualized and match well-defined goals to the specific needs and resources of the children and families who are served.
- ◆ The quality of services delivered is high; staff are highly trained.
- ◆ Services start at the right time and are of sufficient intensity and duration to produce lasting changes in the family and the child.
- ◆ Staff have adequate knowledge and skills, and the ability to develop a personal relationship with families.
- ◆ Services are family-centered, community-based, and coordinated.

Source: Shonkoff, J.P. & Phillips, D.A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.



## DEFINING INTENSIVE, INDIVIDUALIZED FAMILY-FOCUSED INTERVENTIONS

Intensive family-focused interventions are carefully designed to improve both child and family outcomes in highly stressed families by addressing multiple family issues, changing parenting practices, and improving the parent-child relationship.<sup>19</sup> Key features of intensive family-focused interventions include:<sup>20</sup>

- ◆ **Frequent, extended contact with each family over a significant period of time** (usually weekly home visits). The programs with the most significant and enduring impacts on children and families often work intensively with families over a period of two to three years.<sup>21,22,23</sup>
- ◆ **Carefully-designed intervention strategies** that have explicit goals and services designed to change parenting practices and improve parent-child relationships. Program staff model parenting skills and provide on-going coaching to parents.
- ◆ **Comprehensive, individualized service plans** developed actively with the family outlining goals and strategies to achieve them. Programs work directly with families to prioritize and achieve multiple goals (e.g. improve housing, get all children to go to bed at a reasonable hour, get help for a child who has fallen behind in school, and deal with violence at home).
- ◆ **Highly-trained, flexible, dynamic, and creative staff.** Program staff are empowered to “do whatever it takes” to help families. Program staff sometimes provide direct and practical help to families, such as arranging transportation for appointments or folding laundry while talking about the children’s progress.
- ◆ **Regular opportunities for families to meet other families** at social events, workshops, or support groups to reduce social isolation and build peer support.
- ◆ **Relationship-based practices** including maintaining consistent assignments of staff to each family so relationships and trust can be built. Caseloads are kept manageable so staff is available and responsive to families’ expected and unexpected needs.
- ◆ **Family-centered practices** that build on family strengths and respect the culture of the family. All members of the family are included when possible in the review and planning for goals.
- ◆ **Voluntary enrollment** in and withdrawal from the program. Programs use a variety of outreach and referral systems to identify families.
- ◆ **Prevention-oriented yet responsive to the periodic crises** highly-stressed, vulnerable families encounter. Whenever possible, families enter the program before crisis. Family plans aim to strengthen families so as to avoid crisis.
- ◆ **Parent leadership opportunities.** Most programs teach parents leadership, advocacy and decision-making skills by providing opportunities for parents to be involved in program planning and sometimes governance.

Adapted from:

Hepburn, K.S. (2004). Families as primary partners in their child’s development and school readiness. Baltimore, MD: Annie E. Casey Foundation.

Guidelines for family support practice. (1996). Chicago, IL: Family Support America.

Dunst, C.J. & Trivette, C.M. (1995). Aims and principles of family support programs. In C.J. Dunst, C.M. Trivette, & A.G. Deal (Eds.), Supporting and strengthening families: Methods, strategies and practices. Cambridge, MA: Brookline Books.



## DEFINING A CONTINUUM OF PARENTING AND FAMILY SUPPORT SERVICES

Rhode Island has a continuum of services that provide a range of parenting and family-focused interventions. Service delivery methods are fairly consistent across the continuum (home visits, workshops, support groups) but there are marked differences in the amount and intensity of services, the individualization of goals and services, and the depth of the relationship between the service provider and the family.

The continuum of parenting and family support programs generally fall into five categories, as outlined on the next two pages, based on the intensity of the services:

- ◆ Basic Information and Support.
- ◆ Screenings, Assessments, and Referrals.
- ◆ Parent Education and Peer Support.
- ◆ Intensive, Individualized Family Support.
- ◆ Family Preservation.

Some agencies and family support centers offer services in all five of these areas, others concentrate in just one or two categories.



## RESPONDING TO FAMILY NEEDS AND STRENGTHS

Families vary in the type and intensity of services they find helpful at any particular point in time. As families and communities grow and circumstances change, needs change. Communities that have a diversity of services and offer a variety of programs along a continuum are most able to address the broadest range of family and community needs over time.

Family support services focus on helping families achieve their goals by using carefully designed strategies to improve parenting skills and increase family access to needed resources in order to foster child growth, development, and learning. The field of family support is a growing and evolving set of services that supplement and complement the backbone of informal and natural support systems (relatives, friends, and neighbors).

The field of family support programs includes those providing basic services and supports that all families can benefit from and those more intensive, longer-term programs that help families with multiple risk factors. The field also encompasses other programs such as child care and health care that adopt a family centered and supportive philosophy and way of doing business. Family support programs vary in program auspices, setting, size, delivery method, and intensity of services, but all work to build on family strengths while addressing family problems.

Source: *Guidelines for Family Support Practice* (1996). Chicago, IL: Family Support America.

## RHODE ISLAND'S FAMILY SUPPORT CONTINUUM

	Level ONE Basic Information and Support	Level TWO Screenings, Assessments, and Referrals	Level THREE Parenting Education and Peer Support
Target Population	<ul style="list-style-type: none"> <li>All families</li> </ul>	<ul style="list-style-type: none"> <li>All families</li> </ul>	<ul style="list-style-type: none"> <li>All families</li> <li>Special populations</li> </ul>
Intensity and Duration	<ul style="list-style-type: none"> <li>Drop-in help/support</li> <li>Occasional workshops</li> <li>Little relationship building between family and program</li> </ul>	<ul style="list-style-type: none"> <li>1-3 contacts to screen children and families for risk or assess child development.</li> </ul>	<ul style="list-style-type: none"> <li>Regular contact (weekly or monthly)</li> <li>Commitment from parents and relationship building between family and program</li> </ul>
Goals	<ul style="list-style-type: none"> <li>Answer questions</li> <li>Provide basic information</li> </ul>	<ul style="list-style-type: none"> <li>Screen to identify problems or risks and refer to appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>Develop effective parenting skills</li> <li>Promote child development and learning</li> <li>Reduce family isolation</li> </ul>
RI Examples	<ul style="list-style-type: none"> <li>Information and referral services</li> <li>Parenting Rules! newsletter</li> <li>Parenting Matters Conference</li> <li>Parenting workshops</li> <li>Drop-in family centers</li> </ul>	<ul style="list-style-type: none"> <li>Family Outreach Program (HEALTH)</li> <li>CEDARR Family Centers (DHS)</li> </ul>	<ul style="list-style-type: none"> <li>Parents as Teachers</li> <li>Ocean State HIPPIY</li> <li>Family Voices at RIPIN</li> <li>Parent Support Network</li> <li>Moms Clubs</li> <li>Circle of Parents at RIPIN</li> <li>DCYF Parenting Classes</li> <li>RItE Care Parenting Classes</li> </ul>

### PARENTS AS TEACHERS AND HIPPIY

**Parents as Teachers** is a national model program that was designed as a universal support for all families of children birth to age 5 to improve school readiness. The program includes regular (at least monthly) one-hour home visits by a parent educator trained to implement the Born to Learn curriculum. During the home visits, the parent educator provides information about child development, engages the parent and child in an age-appropriate activity, and responds to parents' questions and concerns.<sup>24</sup> In 2004, there were 25 Parents as Teachers programs operating in Rhode Island, serving 3,920 children.

**HIPPY (Home Instruction Program for Preschool Youngsters)** is also a national model program designed to improve school readiness using curricula delivered primarily through home visits. This program focuses on parents who have limited education with children ages 3 to 5. Parents receive a biweekly or weekly half-hour home visit with a parent educator who demonstrates activities and trains parents in how to use the curriculum.<sup>25</sup> In 2004, there were 5 HIPPY programs operating in Rhode Island, serving 425 children. Both the Parents as Teachers and HIPPY curricula have been incorporated as core components of an intensive, individualized family support program (e.g. Even Start, Early Head Start).



## RHODE ISLAND'S FAMILY SUPPORT CONTINUUM

	Level FOUR Intensive, Individualized Family Support	Level FIVE Family Preservation
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• Vulnerable families with multiple risk factors</li> </ul>	<ul style="list-style-type: none"> <li>• Families in immediate, severe crisis</li> </ul>
<b>Intensity and Duration</b>	<ul style="list-style-type: none"> <li>• At least weekly contact</li> <li>• Individualized family goals and services addressing multiple family issues</li> <li>• Substantial relationship building between family and program</li> <li>• Services can extend from 6 months to 3 or more years</li> </ul>	<ul style="list-style-type: none"> <li>• 10-15 hours of contact per week.</li> <li>• Services available 24 hours per day, 7 days per week.</li> <li>• 1-2 months of highly intense service can extend for up to 1 year</li> </ul>
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Develop effective parenting skills</li> <li>• Promote child development and learning</li> <li>• Improve parent-child relationships</li> <li>• Reduce family isolation</li> <li>• Improve family resources (housing, education, mental health, violence, immigration, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Stabilize family</li> <li>• Assure children's safety</li> <li>• Prevent need to remove child from the home</li> </ul>
<b>RI Examples</b>	<ul style="list-style-type: none"> <li>• Early Head Start</li> <li>• Early Start (DCYF)</li> <li>• Early Intervention (DHS)</li> <li>• Even Start (RIDE)</li> <li>• Children's Friend Family Support Centers</li> <li>• Federal Hill House Bundles of Joy</li> <li>• Family Renewal Center at John Hope</li> <li>• Woonsocket Family Support Initiative</li> <li>• Foster Family Support Program</li> <li>• Infant Development Center at Women and Infants</li> </ul>	<ul style="list-style-type: none"> <li>• Project Family at Children's Friend</li> <li>• Project Connect at Children's Friend</li> <li>• Children's Intensive Services (DCYF)</li> <li>• Comprehensive Emergency Services (DCYF)</li> <li>• Vulnerable Infants Program at Women &amp; Infants</li> </ul>

### FAMILY PRESERVATION

Family support programs focus primary attention on supporting normative development and meeting families' needs before major crises occur. Family preservation programs are generally short-term and very intensive. They are designed to help families already in significant crisis at the point where they face the real possibility of having a child removed from the home. Family preservation services work to ensure a child's safety, avert the need to remove a child from the home, and help the family develop new ways of coping with problems.<sup>26</sup>

Family preservation services offer more hours of contact with children and families (generally at least 10-15 hours per week) and are usually available to families 24 hours per day and seven days per week. Parents may not perceive the program as voluntary since participation may be a condition required to keep a child at home. Families receiving intensive family preservation services frequently require on-going or follow-up services that are less intense.<sup>27</sup> In Rhode Island, Project Family, Project Connect, and Children's Intensive Services are the clearest examples of Intensive Family Preservation programs.





## ADDRESSING THE NEEDS OF FAMILIES WITH MULTIPLE RISK FACTORS

*“There are just not enough intensive, comprehensive programs in Rhode Island working effectively with high-need families to improve their parenting skills, knowledge, and resources and ultimately to improve child outcomes.”*

*Patricia Flanagan, M.D., Teen-Tot Clinic Director, Hasbro Children’s Hospital*

Some Rhode Island children are at much higher risk for poor outcomes than others. Often, pediatricians, teachers, neighbors, and community leaders can easily identify those children that are more likely to enter kindergarten with limited skills, more likely to drop-out of school, more likely to have health and behavioral problems, more likely to become teen parents, and more likely to live in poverty as adults. They can tell these children are at risk because they know the families they belong to are facing multiple, daily stresses including inadequate food and housing, special health concerns, violence in the home, parental depression and other mental illnesses, parental incarceration, and too early child-bearing.

Many of these families need more intensive, customized, and professional services to function well and to ensure the healthy development of children. Families facing multiple, daily stresses related to poverty, inadequate education, and/or health problems often cannot depend just on relatives, friends, and neighbors to get them through the rough spots of child rearing. Parents who are very isolated because of neighborhood or family safety concerns, transportation difficulties, and language and cultural differences may need intensive support services. Families of children with special health care needs face additional challenges that often require ongoing support and assistance.

### INFANTS AT HIGH RISK

Research shows that intervening early to help families with multiple stressors is more effective than intervening later. Through the *Universal Newborn Developmental Risk Screening Program*, Rhode Island hospitals screen all children at birth for both health and demographic risk factors that place a child at risk for poor development. The most vulnerable children are those facing multiple risks.<sup>28,29</sup>

#### IN RHODE ISLAND:

- ◆ 1,077 babies were born to a teenage mother in 2003; of these, 186 were born to a teen mother who had given birth before.<sup>30</sup>
- ◆ 1,800 babies were born to a mother with less than a high school education in 2003.<sup>31</sup>
- ◆ 2,425 babies were born to a family living below the federal poverty threshold.<sup>32</sup>
- ◆ More than 100 babies spent at least one night in a homeless shelter in 2004.<sup>33</sup>
- ◆ 260 babies under age 1 were victims of child abuse or neglect in 2004; the majority of these were instances of neglect.<sup>34</sup>

*Other key developmental risk factors commonly identified among families with infants include maternal depression or mental illness, parental substance abuse, criminal activity or incarceration, and violence in the home.*





## EXAMPLES OF INTENSIVE, INDIVIDUALIZED FAMILY SUPPORT PROGRAMS IN RHODE ISLAND

Two agencies in Rhode Island have been operating family support centers for several years and have conducted evaluations that indicate positive outcomes for participating children and families.

*Children's Friend and Service* operates two Family Support Centers, in South Providence and Central Falls. At the centers, staff work with families to find the services they need, including legal help, housing assistance, furniture, health care, food, clothing, and education for parents and children. Intensive, individualized home visiting services are available through both centers to low-income families with children up to age 6 and to low-income pregnant women. The intensive family-focused services are designed to achieve the following outcome objectives:

- ◆ Facilitate families' progress toward self-sufficiency.
- ◆ Reduce parental isolation.
- ◆ Reduce factors that place young children at risk, specifically parental stress and parenting difficulties.
- ◆ Promote the healthy development of the children served and enhance school readiness.
- ◆ Improve birth outcomes for participating pregnant women.

In 2004, an independent evaluation of the home visiting services found statistically significant improvement in parenting skills. Parents became more skilled in guiding their children's development, in providing more consistent discipline, and using approval to guide their children. Their expectations for their children also became more realistic and appropriate to the child's developmental stage.<sup>35</sup> A total of 320 target children and their families received intensive home visiting services between August 2003 and August 2004. Children's Friend & Service uses \$1 million in federal Early Head Start and \$448,000 in state Early Start funding to provide the intensive home visiting services with families receiving, on average, 15 months of service.

The *Family Renewal Center at John Hope Settlement House* offers a drop-in family support center in the West End of Providence and an intensive, short-term, home-based intervention program for approximately 75 Providence families per year that are experiencing stress and difficulty. Most of the families have school-age children. On average, families receive 3.2 months of intensive services through the Family Renewal Center. Some families exiting John Hope's state-funded 60-90 day Comprehensive Emergency Services program use the program to access extended services. The home visiting program works with families to achieve the following goals:

- ◆ Increase parenting abilities and family interaction.
- ◆ Improve family safety and child well-being.
- ◆ Improve environmental conditions and increase self-sufficiency.
- ◆ Increase community involvement and decrease isolation.
- ◆ Decrease at-risk status and reduce need for state intervention.

In 2003, an independent evaluation of the intensive home-based services found statistically significant improvements in parenting ability, family interaction, family safety, family self-sufficiency, child well-being, and environmental conditions (housing, food, etc.).<sup>36</sup>

John Hope developed the Family Renewal Center with 4 years of funding from the United Way of Rhode Island and the Chace family. They continue to provide drop-in and intensive services using \$200,000 from the federal Department of Justice Assistance and \$60,000 from the Department of Children, Youth and Families.



## NATIONAL MODELS THAT IMPROVE OUTCOMES FOR MULTIPLE RISK FAMILIES

*There are three model family-focused interventions garnering attention recently that have been nationally replicated and evaluated. They all provide individualized, intensive services to high-risk families over a several year period.*

The **Nurse-Family Partnership** program (NFP) has been developed, piloted, and refined by Dr. David Olds for nearly 30 years. The program provides weekly or bi-weekly home visits by registered nurses to first-time, low-income mothers beginning during pregnancy and continuing through the child's second birthday. NFP aims to improve pregnancy outcomes, parenting skills, child health and development, and maternal life course. Throughout the program, nurses and families focus on five domains of functioning: parent and child health and safety; parents' care of their children; support from other family members and friends; parents' developing economic self-sufficiency; and parents' use of community resources.

Several well-designed evaluations have shown that positive outcomes for NFP are most clear for the highest risk families. NFP has been shown to achieve the following outcomes:<sup>37,38</sup>

- ◆ Improved birth outcomes.
- ◆ Improved parenting and home environment.
- ◆ Reduced childhood injuries often associated with child abuse and neglect.
- ◆ Improved children's cognitive and language development.
- ◆ Deferral of subsequent pregnancies.
- ◆ Increased maternal participation in the workforce.
- ◆ Fewer arrests, less substance abuse, and fewer sexual partners among children followed for 15 years.

NFP has been recognized as a proven program by several national program evaluation networks, including SAMHSA, Blueprints, and the Promising Practices Network. It has also been recognized as the most cost-effective intervention of its kind.<sup>39</sup> The program has been widely replicated and

currently operates in 23 states. Colorado and Pennsylvania are implementing the program statewide. NFP has not been implemented in Rhode Island. The program costs approximately \$3,500 per child per year.

**Early Head Start** is a federally funded community-based program for very low-income pregnant women and families with infants and toddlers up to age 3. It is managed nationally by the U.S. Department of Health and Human Services' Head Start Bureau. Early Head Start combines child-focused and parent-focused interventions. The program is designed to promote healthy prenatal outcomes for pregnant women, support the early care and education of infants and toddlers, and foster healthy family relationships. Individualized services for the child and family are delivered either through home visits, center-based programming, or a combination of home-based and center-based programming. The home-based model provides weekly home visits year-round and twice monthly group events.

A major national evaluation of Early Head Start showed significantly improved outcomes for children (stronger cognitive, language, and social-emotional development) and for parents (better home environment and parenting behavior, more reading to children, increased education and job-training activities, and fewer subsequent births).<sup>40</sup> Preliminary data also indicate that both center-based and home-based program options have positive benefits, but the strongest pattern of positive outcomes result from programs that offer a combination of home visits beginning at birth or before and center-based education for preschool children. EHS programs that enrolled families during pregnancy, or very early in the child's life were more likely to show strong positive outcomes at age 3. Recent research indicates that these effects continue through age 5 for children who

received intensive home-based services.<sup>41</sup> There are six Early Head Start programs in Rhode Island. The program costs approximately \$10,500 per child per year.

**Healthy Families America** is a national program model launched in 1992 by Prevent Child Abuse America. It is designed to promote positive parenting, enhance child health and development, and prevent child abuse and neglect in families facing multiple challenges. The weekly home visiting model originally grew out of Hawaii's Healthy Start program and has evolved and been refined to reflect twelve critical implementation elements. Healthy Families programs are staffed primarily with paraprofessionals and focus on ensuring families have a medical provider, sharing information on child development and parenting, and assisting families in identifying their child's needs and accessing resources.

Approximately 30 separate evaluations have been conducted of Healthy Families America programs with many positive outcomes found. Some of these studies have shown reductions in child maltreatment, improvements in child development, increased school readiness, increased family self-sufficiency, and improved parenting skills. However, a summary analysis of evaluations failed to show strong, consistent positive outcomes across sites.<sup>42</sup> Healthy Families America has been implemented in over 440 communities in the United States. Strong statewide program networks exist in Florida, Indiana, and Arizona where the model has been widely implemented. There are no Healthy Families America sites in Rhode Island. The program costs approximately \$3,400 per child per year.

## UNDERSTANDING "EVIDENCE-BASED" TERMINOLOGY

Policymakers and funders are increasingly interested in implementing interventions that can be scientifically studied to determine their effectiveness and in using research studies to guide policy and program decision-making. In order to identify evidence-based interventions, look for published studies that report results from:

- ◆ Well-designed randomized controlled trials where individuals have been randomly assigned to an intervention group or a control group in order to determine whether an intervention causes change.
- ◆ Well-established, reliable and valid data collection tools and methods.
- ◆ Follow-up data collection to determine longer-term outcomes.
- ◆ More than one implementation site.

**Where to find information on evidence-based interventions:**

**The What Works Clearinghouse** ([www.w-w-c.org](http://www.w-w-c.org)) established by the U.S. Department of Education's Institute for Education Sciences collects, screens, and identifies studies of the effectiveness of educational interventions (programs, products, practices, and policies).

**The Promising Practices Network** ([www.promisingpractices.net](http://www.promisingpractices.net)) is operated by the RAND Corporation and supported by several state-level funding and policy organizations.

**Blueprints for Violence Prevention** ([www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints)) is based at the University of Colorado at Boulder and receives primary support from the federal Office of Juvenile Justice and Delinquency Prevention.

**Social Programs that Work** ([www.evidencebasedprograms.org](http://www.evidencebasedprograms.org)) is overseen by the Coalition for Evidence-Based Policy of the Council for Excellence in Government.

Source: Coalition for Evidence-Based Policy (2003). *Identifying and implementing educational practices supported by rigorous evidence: A user friendly guide*. Washington, DC: U.S. Department of Education, Institute of Education Sciences.



## LESSONS FROM STATE EFFORTS TO BRING INTENSIVE FAMILY-FOCUSED INTERVENTIONS TO SCALE

Several states, counties, and cities are supporting large-scale intensive family support services financed with state general revenue funds, federal funding, and private dollars.<sup>43</sup>

◆ **Arizona** has been investing in Healthy Families Arizona since 1991 to develop a **statewide system of home visitation services that prevent child abuse and neglect**. Healthy Families Arizona is modeled on the Healthy Families America framework. Services are provided through a network of 23 sites. An intermediary agency provides statewide quality assurance, training, technical assistance, and evaluation. The annual program budget is approximately \$8.5 million with more than half in funds from TANF. Additional funding comes from a state Child Abuse Prevention fund, the federal CAPTA Community-Based Family Resource and Support Grants, the Governor's Office for Drug Policy, and Arizona's tobacco settlement fund.

◆ **Colorado** has allocated a significant portion of its tobacco settlement **funding to bring the Nurse Family Partnership to scale**. The Colorado General Assembly passed the Nurse Home Visitor Act in the 2000 legislative session to fund implementation of the Nurse Family Partnership so that the program would be available to all low-income (under 200% of poverty) first-time mothers in the state by 2008-2009 using approximately \$17 million annually of the tobacco money.

◆ The **Kansas** Early Head Start Expansion Initiative uses \$7.9 million from the federally-allocated Child Care and Development Fund quality set-aside to serve an additional 825 children in **13 state-sponsored Early Head Start sites**. The Kansas Early Head Start Expansion Initiative has been in operation since 1999 and has been recognized for its partnership with family child care providers and its success at improving the availability and quality of child care for infants and toddlers.

◆ **Maryland** created an independent non-profit, Friends of the Family, in 1986 to support families with young children. Friends of the Family works as an intermediary agency and provides funding,

training, technical assistance, monitoring, evaluation and other quality assurance services to a **statewide network of 26 Family Support Centers** that provide free, comprehensive services to families and their children from birth through age three. A **core service component is Early Head Start**. Primary funding comes from general state revenue through Maryland's Department of Human Resources, federal Early Head Start funds, TANF, CAPTA Community-Based Family Resource and Support Grants, private foundations, corporations and individuals.

◆ **Allegheny County, Pennsylvania** has developed a **county-wide network of Family Support Centers that provide a set of core services, abide by common quality standards, feature parent leadership**, and work toward mutually-agreed upon goals. Sixteen lead agencies host 33 family support centers with Early Head Start a core component in several of the centers. The Allegheny County Department of Human Services contracts with each center and funds approximately 75% of their operating budgets. The University of Pittsburgh receives funding from the county and the Heinz Foundation to provide quality assurance, training, technical assistance, and evaluation.

◆ The city of **Los Angeles** has replicated the Nurse Family Partnership program to **improve outcomes for children of teen mothers and reduce repeat teen births** in the county that leads the nation in teen pregnancies. **Nurse Family Partnership services are coordinated with Early Head Start and Even Start services provided by the Hope Street Family Center**, based at a hospital in high-poverty, central Los Angeles. Major funding has come from the U.S. Department of Justice, the Head Start Bureau, the County Department of Health Services, the University of California, Los Angeles, and the California Hospital and Medical Center.



## STATE AND FEDERAL PROGRAMS SERVING FAMILIES WITH YOUNG CHILDREN

There are several government-funded programs in Rhode Island that are designed to serve families with multiple risk factors. Children in families with facing multiple social, health and economic stresses are at high risk for poor health and development as well as child abuse and neglect.

◆ **The Family Outreach Program** is a statewide home visiting program managed by the Rhode Island Department of Health. Family Outreach works in conjunction with the state's universal screening program for newborns which identifies babies with certain medical, social, or economic risk conditions. The Family Outreach Program as currently designed is primarily an assessment and referral service. Most families receive 1-3 visits. At the first visit, a visiting nurse assesses the family and the home environment and makes referrals to services. Another risk screening visit is offered when the baby reaches 6 months of age. Referrals are made to Early Intervention or other community services based on the family's identified needs and the development of the infant.

*Funding:* \$1,827,000 Medicaid, state, and federal

*Numbers Served:* 4,054 received at least one visit (45% of the 8,949 newborns identified as "at risk" or "at possible risk.")<sup>44</sup>

*Providers:* Visiting Nurse Association of Care New England, Visiting Nurse Services Home Health Service, and Visiting Nurse Services of Newport and Bristol Counties

◆ **Early Head Start** is a federally-funded program managed directly by the Head Start Bureau at the Administration for Children and Families of the U.S. Department of Health and Human Services. Described earlier in this publication, Early Head Start programs serve vulnerable families with a child age birth to 3 and income below the federal poverty guidelines. Pregnant women are also eligible for service.

*Funding:* \$4,403,111 federal

*Numbers Served:* 379 children and 31 pregnant women<sup>45</sup>

*Providers:* CHILD, Inc., Children's Friend and Service, Comprehensive Community Action Program, East Bay Community Action Program (2 programs), and Tri-Town Community Action Agency

◆ **Early Start** is a project of the Department of Children Youth and Families and is designed to offer comprehensive intervention services for economically disadvantaged families (below 250% of the federal poverty guidelines) with children ages newborn to three who are at risk for developmental, health, and social problems. Families served are experiencing serious difficulties including alcoholism, drug abuse, mental health disorders, language barriers, and serious difficulties managing child behavior. Early Start provides both home-based and center-based activities for parents to enhance their parenting skills and address other factors that place the child at risk. Children's Friend and Service provides an Enhanced Early Start program serving children up to age 5 and integrating their Early Start services with their Early Head Start program.

*Funding:* \$767,651 state and federal Medicaid

*Numbers Served:* 611<sup>46</sup>

*Providers:* CHILD Inc., Child and Family Services of Newport County, Children's Friend and Service, Family Resources Community Action, the Providence Center, and the Socio-Economic Development Center for Southeast Asians

◆ **Early Intervention** is managed by the Department of Human Services and provides services to very young children and their families to address developmental delays or conditions that compromise a child's development. Children ages birth to 3 with significant developmental delays or certain medical conditions known to impact development are automatically eligible to participate. In Rhode Island, children whose development may be



compromised by combinations of medical conditions and psychosocial factors may also be eligible for Early Intervention. Each family in Early Intervention has an Individualized Family Service Plan that identifies goals and services for their child and family that relate to enhancing the child's development. Early Intervention services are provided based on the individual needs of the child and family. As an entitlement program, Early Intervention will serve any eligible child and his or her family regardless of the family's ability to pay.

*Funding:* \$13,050,531 state, federal, and private insurance

*Numbers Served:* 2,870 <sup>47</sup>

*Providers:* Children's Friend and Service, Family Resources Community Action, Family Services of RI, Hasbro Children's Hospital, J. Arthur Trudeau Memorial Center, James L. Maher Center, and Meeting Street

◆ **Even Start** is a federally-funded family literacy grant program managed locally by the Rhode Island Department of Elementary and Secondary Education. Even Start provides intensive services to families with children birth to age 7 who face multiple challenges including low income, low level of adult literacy, and limited English language proficiency. The goals of the Even Start program are to help families attain economic self-sufficiency by improving their literacy and basic educational skills and to help parents become full partners in educating and assisting their children in reaching their full potential. There are four core components of Even Start services: early childhood education; adult literacy (including adult basic education, adult secondary-level education, and instruction for English language learners); parenting education; and interactive parent-child literacy activities.

*Funding:* \$1,019,000 federal, local match required

*Numbers Served:* 310 families with 511 children <sup>48</sup>

*Providers:* Dorcas Place Adult and Family Learning Center, South County Community Action, Tri-Town Community Action Agency, and the Central Falls, Newport, North Kingstown, Pawtucket, Westerly, and Woonsocket Public School Districts.

◆ **Adolescent Self-Sufficiency Collaborative Program (ASSC)** is managed by the RI Department of Human Services. All pregnant and parenting teens in Rhode Island (under the age of 20, without a high school diploma) are eligible for services. The majority of the teens in the program are also enrolled in the Family Independence Program (Rhode Island's Temporary Assistance to Needy Families program). The ASSC program works to ensure that participants enroll and maintain attendance in school, GED classes, and/or employment; provides career exploration and service learning opportunities; supports parental/mentor involvement; and provides paternity and child support information. The ASSC program also provide services to girls and boys age 10 to 20 who are at very high risk of teen pregnancy/parenting or other high-risk behavior through its Youth Responsibility program. The ASSC program is coordinated with the New Opportunity Homes Program which provides supervised housing and case management to pregnant and parenting minor teens who are involved in the Family Independence Program and who not able to live at home or independently.

*Funding:* \$1,015,810 federal for ASSC and \$619,950 state for New Opportunity Homes

*Numbers Served:* 1,170 teen families and 284 at-risk teenagers (total includes 25 teen families in New Opportunity Homes) <sup>49</sup>

*Providers:* Blackstone Valley Community Action Program, Comprehensive Community Action Program, South County Community Action, The Urban League of Rhode Island, and Visiting Nurse Services of Bristol and Newport Counties. Additional agencies are involved as sub-contractors of lead agencies.

◆ **Comprehensive Emergency Services (CES)** is managed by the Rhode Island Department of Children, Youth, and Families to serve families that have been identified by DCYF as experiencing crisis but are remaining in their homes. The primary goal is to help families stay together. Families participate in the program on a voluntary basis and receive intensive services for a period of 60-120 days. During this time period, families receive an average

of 6 hours of service per week including family counseling, parent training and support, household management training, crisis intervention, assistance with transportation and access to emergency funds for necessities like food, clothing and housing.

*Funding:* \$2,153,210 state and federal

*Numbers Served:* 2,373 children and their families<sup>50</sup>

*Providers:* Child and Family Services of Newport County; the Community Counseling Center; Comprehensive Community Action Program; Family Resources Community Action; Family Service of RI; John Hope Settlement House; the Kent Center; and South Shore Mental Health Center.

◆ **The Rhode Island Family and Children's Trust Fund** distributes funding through a Request for Proposals process to community-based programs operating child abuse prevention services including intensive family support services.

Grants are given for 1-2 years with second year funding contingent on first year's performance. State trust funds receive federal funding through the Child Abuse Prevention and Treatment Act's (CAPTA) Community-Based Family Resource and Support Program. The amount of federal funding each state receives is based on a formula which takes into account the child population in each state and the amount of state dollars dedicated for the prevention of child abuse.

*Funding:* \$185,000 annual average federal and state for grants to family support programs

*Numbers Served:* 210 children and their families<sup>51</sup>

*Providers:* Federal Hill House Association, St. Joseph's Health Services of Rhode Island, Socio-Economic Development Center for Southeast Asians (2004-2005)

◆ **Child Opportunity Zones (COZs)** are managed by the Rhode Island Department of Elementary and Secondary Education. COZs are school-linked family centers that are located at or near high-poverty schools. They provide families with access to coordinated education, health and

social services. Family support services offered by COZs include referral to community services and supports; adult education; health and developmental screenings; preventive health and safety programs; networking among families; emotional health support; parenting skill development; ongoing support to engage families in their child's education; home visits for newborns; and home visiting for parent support and education.

*Funding:* \$400,000 state

*Numbers Served:* 6,000 children and their families. Nearly 1000 families participate in a home visiting program targeting early educational interventions and family support.<sup>52</sup>

*Providers:* COZ sites are located in the Bristol-Warren, Central Falls, Cranston, Middletown, Newport, North Kingstown, Pawtucket, Providence, Westerly, and Woonsocket school districts.

**CEDARR Family Centers** are managed by the Rhode Island Department of Human Services. CEDARR stands for Comprehensive Evaluation, Diagnosis, Assessment, Referral and Re-evaluation. The CEDARRs were developed in order to more appropriately and effectively serve children with special health care needs and their families. CEDARR Family Centers provide family-centered comprehensive information, expertise, and referral to community resources to meet the needs of each unique child. There are three CEDARR Family Centers in RI, Family Solutions in Providence, About Families in Pawtucket, and Families First at Hasbro Children's Hospital. The CEDARR program promotes family-centered care for special needs populations, systematically documents and then addresses gaps in services available in the community.<sup>53</sup>





## STRATEGIES TO IMPROVE PROGRAM QUALITY, ACCESS AND OUTCOMES

Despite the evidence that well-targeted prevention programs work to reduce government costs, government funding is often weighted to respond to families and children in crisis or with clearly diagnosed, frequently severe problems. Many government programs are not aligned or coordinated to ensure prevention services reach the entire at-risk population or that services are effective and efficient. Funding sources often limit services to short-term periods. Families are sometimes discharged because of funding restrictions rather than a demonstrated improvement in functioning and indications of long-term stability.

*Potential strategies to provide high quality family-focused interventions to children and families include the following:*

- ◆ Maximize available federal and state funding. Ensure that state and federal funding is allocated to programs that make use of current evidence-based research on parenting and family support.
- ◆ Develop reimbursement strategies that support parenting and family-focused child development interventions within primary health care and child care settings.
- ◆ Develop and adopt quality standards for intensive family support programs including staff qualifications and training, home visit protocols, cultural competence, family-centered practice, and results monitoring. Support expert consultation, training, and technical assistance to programs.
- ◆ Consider developing new public and private revenue sources to finance prevention programs that provide primary prevention services to all families (especially through health care and child care programs) and provide more intensive services to families with multiple risk factors.
- ◆ Change administrative processes and rules that conflict with family support principles.
- ◆ Increase the state's ability to track outcomes, effectiveness, and cost of parenting and family support programs. Support, coordinate, simplify, and streamline outcome measurement. Seek resources to track long-term outcomes.

Adapted from: Carnegie Corporation of New York & The Finance Project. (2000). *Financing family resource centers: A guide to sources and strategies*. Washington, DC: The Finance Project.

### PRINCIPLES OF FAMILY SUPPORT PRACTICE

- ◆ Staff and families work together in relationships based on equality and respect.
- ◆ Staff enhance families' capacity to support growth and development of all family members - adults, youth, and children.
- ◆ Families are resources to their own members, to other families, to programs, and to communities.
- ◆ Policies and practices affirm and strengthen ethnic, racial, and linguistic identities and enhance their ability to function in a multicultural society.
- ◆ Programs are embedded in their communities and contribute to the community-building process.
- ◆ Programs advocate with families for services and systems that are fair, responsible, and accountable to the families they serve.
- ◆ Programs are flexible and continually responsive to family and community issues.
- ◆ Principles of family support are modeled in all program activities including planning, governance, and administration.

Source: *Making a case for family support*. (1996). Chicago, IL: Family Support America.



## RECOMMENDATIONS

### INTENSIVE FAMILY SUPPORT SERVICES FOR FAMILIES OF YOUNG CHILDREN AT HIGH RISK

*“There is good evidence that improved outcomes can be achieved for vulnerable young children and families through intensive, theory-driven programs that provide comprehensive family support, parenting skills training, and high quality early childhood development services.”<sup>54</sup>*

◆ *Expand Early Head Start.*

**Expand funding for Early Head Start programs in Rhode Island in order to serve more high-risk children and families.** Use a combination of state, federal and private funding to ensure that Early Head Start programs are available in all core cities and that federal oversight is available to support high-quality service delivery. Currently, Children’s Friend and Service uses state Early Start funds to increase the number of families that can enroll in Early Head Start.

◆ *Provide intensive family support services to teen parents.*

**Determine the feasibility of replicating the Nurse-Family Partnership in Rhode Island.** The model has been proven particularly effective at improving child and family outcomes with the highest risk, young, first-time mothers, including teen parents. Explore the possibility of better aligning funding and services across several programs, including the Adolescent Self-Sufficiency Collaboratives, Early Intervention, Early Start, and the Family Outreach Program.

◆ *Increase access to Early Intervention.*

**Ensure that Early Intervention services are accessible to eligible families** who may have barriers to accessing services due to poverty, literacy, language, culture and/or transportation issues. Increase outreach and case-finding to identify and appropriately serve infants and toddlers who are eligible for Early Intervention due to multiple family risk factors or due to involvement in the child welfare system.

◆ *Provide services to infants and young children in DCYF care.*

**Develop outcome and quality measures to guide funding and program design for child welfare prevention services,** such as Early Start, Comprehensive Emergency Services, Parent Aide and DCYF Parenting Classes.

◆ *Increase access to neighborhood-based family support centers.*

**Develop a network of neighborhood-based family support centers in Rhode Island** that provide a continuum of core services, abide by common quality standards, are culturally and linguistically competent and include parent leadership.



## RHODE ISLAND RESOURCES

### **Children's Friend & Service**

#### **Family Support Centers**

Lenette Azzi-Lessing, 401-331-2900

#### **Family Renewal Center at**

#### **John Hope Settlement House**

Maximo Arias, 401-455-2330

#### **Woonsocket Family Support Network**

Benedict Lessing, Family Resources

Community Action, 401-766-0900

Terese Curtin, Connecting for

Children & Families, 401-766-3384

#### **Adolescent Self-Sufficiency Collaboratives**

Department of Human Services

Susan O'Donnell, 401-462-6833

#### **CEDARR Family Centers**

Department of Human Services

Sharon Kernin, 401-462-3392

#### **Comprehensive Emergency Services**

Department of Children, Youth and Families

Nancy Herrington, 401-528-3770

#### **Early Head Start**

Head Start Collaboration Project

Larry Pucciarelli, 401-462-3071

#### **Early Start**

Department of Children, Youth and Families

Nancy Herrington, 401-528-3770

#### **Early Intervention**

Department of Human Services

Deb Florio, 401-462-0140

#### **Even Start**

Department of Elementary and

Secondary Education

Charlotte Diffendale, 401-222-8808

#### **Family Outreach Program**

Department of Health

Deb Garneau, 401-222-5929

#### **Family Voices**

Dawn Wardyga, 401-727-4144

#### **Ocean State HIPPY**

Mary Doyle, 401-729-6509

#### **Parents as Teachers**

Gladys Tiede, 401-727-4144

#### **Parent Support Network**

Cathy Ciano, 401-467-6855

#### **Prevent Child Abuse Rhode Island and Rhode Island Child Abuse Prevention Network**

Kate Begin, 401-728-7920

#### **Rhode Island Family & Children's Trust Fund**

Nancy Herrington, 401-528-3770

#### **Rhode Island Parent Information Network**

Vivian Weisman, 401-727-4144



## NATIONAL RESOURCES

#### **Early Head Start National Resource Center**

[www.ehsnrc.org](http://www.ehsnrc.org)

#### **Family Support America**

[www.familysupportamerica.org](http://www.familysupportamerica.org)

#### **The Finance Project**

[www.financeproject.org](http://www.financeproject.org)

#### **Harvard Family Research Project**

[www.gse.harvard.edu/hfrp](http://www.gse.harvard.edu/hfrp)

#### **Healthy Families America**

[www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org)

#### **National Center for Children in Poverty**

[www.nccp.org](http://www.nccp.org)

#### **Nurse-Family Partnership**

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

#### **Zero to Three**

[www.zerotothree.org](http://www.zerotothree.org)



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## SUCCESSFUL START

### RHODE ISLAND'S EARLY CHILDHOOD COMPREHENSIVE SYSTEM BUILDING INITIATIVE

Successful Start is a statewide, collaborative effort to strengthen Rhode Island's system of services for young children and families so that all children are healthy and ready to learn at school entry. Partners include state departments, community-based agencies, child care providers, health and mental health professionals, advocates, and parents of young children.

The initiative is developing and implementing a strategic plan designed to coordinate and improve services across four critical domains affecting early childhood development:

- ◆ Early care and education.
- ◆ Medical homes / health care.
- ◆ Parent education and family support.
- ◆ Social-emotional development.

Successful Start is supported by the federal Maternal and Child Health Bureau as an Early Childhood Comprehensive Systems project.

*For more information on Successful Start in Rhode Island, contact Tammy Ledoux, Project Coordinator at 401-222-4354 or visit the Successful Start website at [www.health.ri.gov/family/ofyss/successfulstart.php](http://www.health.ri.gov/family/ofyss/successfulstart.php)*



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