

SUPPORTING READY FAMILIES

The family plays the most important role in a young child's life. Young children depend on their parents for health care and optimal nutrition and for safe and stimulating environments in which to explore and learn. The relationship between parent and child is the most critical to a child's development.⁸ Family well-being is also closely associated with school readiness. Child poverty, abuse and neglect, maternal depression, and parental substance abuse are all associated with both short- and long-term negative consequences for children's physical and mental health, educational attainment, and social and behavioral development.⁹ However, the new economy has brought changes in the workforce and in family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Moreover, increasing numbers of new immigrants are raising their children in the face of language and cultural barriers. In its final report, the NGA Task Force on School Readiness recommends that governors and states can promote Ready Families by:

- supporting parents in their primary role as their children's first teachers;
- promoting safe, stable, and economically secure families; and
- addressing the needs of culturally and linguistically diverse families.

Various state efforts to support parents of young children are already underway across the nation. They include parent education and outreach initiatives, home visiting programs, and comprehensive family support programs. States can also ask pediatricians, family practitioners, and other health care providers to distribute child development information to parents and identify and refer children with developmental delays to early intervention services. Moreover, states can promote public- and private-sector strategies to increase parents' flexibility in balancing work and family needs.

Informing Parents

Parent Web sites, awareness campaigns, and information kits are relatively easy and inexpensive ways to disseminate information to parents, though their direct impact on parent behavior can be difficult to measure. Several states have developed parent infor-

mation kits and guides through public-private partnerships and distribute these kits through schools, hospitals, doctors' offices, prenatal programs, public libraries, family assistance agencies, local community organizations, and the Internet. **California's** *Kit for New Parents* includes videos with information on early literacy, quality child care, child safety, child health and development, and discipline approaches. It also includes a customized *Parents Guide* with information on resources and services within local communities. The First Five California Commission on Children and Families allocated \$18 million for 1 million kits from the state's 50-cent tobacco tax, a dedicated funding stream for early childhood initiatives. Evaluations show the materials have had a positive impact on users' parenting knowledge and awareness of local resources for child care assistance, medical care, and other services. For more information, visit <http://www.cfc.ca.gov/>. **Alabama, Kentucky, and Pennsylvania** are among those states that have adapted the *Parents Guide* using their own information through a partnership with its authors at the Center for Community Wellness of the School of Public Health at the University of California, Berkeley. For more information on customized guides, visit http://www.ucwellness.org/pub_parents.html.

A key component of **Michigan** Governor Granholm's Project Great Start, the "Read, Educate and Develop Youth" (R.E.A.D.Y.) program offers parent kits that include health, nutrition, and development information as well as reading information and a video on the importance of early child development. R.E.A.D.Y. is a joint initiative of the Michigan Department of Education and Central Michigan University and is supported with corporate and foundation donations. At-risk families can receive free kits through school districts and county health offices, and the kits are also available for purchase. The state's surgeon general has developed a network of family care, pediatric, and OB/GYN physicians who have agreed to feature the materials in their offices. In addition, the Michigan Department of Community Health has forged a partnership with the state's Visiting Nurses Association to provide new parents in high-priority school districts an in-depth, at-home briefing on the R.E.A.D.Y. kit. The R.E.A.D.Y. program also offers literacy materials for toddlers, preschoolers, and kindergartners, along with other products for parents. R.E.A.D.Y. materials are used widely in parenting and school readiness programs

across the state. Most parents who used the kits report that they provided important information and motivated them to read and interact more with their child. Modified R.E.A.D.Y. products are now available for use nationwide. For more information on the R.E.A.D.Y. program, visit <http://www.michigan.gov/greatstart>.

As part of Governor Warner's Education for a Lifetime initiative, **Virginia** is distributing 111,000 toolkits for new parents in English and Spanish. The toolkit offers information about child safety, nutrition, development, health care, and child care as well as information about resources on early childhood programs and services offered throughout the state. The state also has a toll-free telephone line (1-866-KIDS TLC) to link parents to resources and services. These activities build on continued state efforts to increase enrollment in the Family Access to Medical Insurance Security plan; promote immunizations, good nutrition, and health screenings for children; and reduce the occurrence of childhood asthma and obesity. For more information, visit <http://www.governor.virginia.gov/Initiatives/Ed4Life/Pre-K.htm>.

Mississippi Public Broadcasting's "Right from Birth" is a video series on parenting and early literacy. The series, first broadcast statewide in December 2000, leads parents and caregivers through the stages of early childhood from birth to 18 months and gives practical advice on how adults can support children's development. With funding from the state human services department, Mississippi Public Broadcasting also provides outreach and community-based workshops to reach additional parents and child care providers in every county. In 2002 "Right from Birth" was incorporated into the curriculum for family and consumer sciences in Mississippi high schools and community colleges. Mississippi Public Broadcasting also works closely with the Mississippi Department of Health, the Mississippi Department of Education, and Head Start programs to disseminate materials and facilitate workshops. "Right from Birth" and its companion series for three- to seven-year-olds, "Going to School," are now offered throughout **Alabama, Arkansas, Georgia,** and **Louisiana** through a partnership among public broadcasting companies in the region. For more information, visit http://www.eto.state.ms.us/kids_parents/rfb/overview.html.

With support from the Talaris Research Institute, Mississippi Public Broadcasting is also one of 20 public broadcasting networks across the nation that are involved in the "Parenting Counts: A Focus on Early Learning" public awareness campaign. The campaign and accompanying workshops provide parents with the latest information on child brain development and good parenting through on-air and print resources. The campaign features Web resources, mini-grants, parenting brochures, early learning workshops, and six 60-second television segments on parenting. The entire campaign models best parenting practices and is designed in an easy-to-use and easy-to-understand format. For more information, visit <http://www.talaris.org/parentingcounts.htm>.

Visiting Families at Home

Intensive, family-focused initiatives such as home visiting and family literacy programs influence parent behavior and improve child outcomes, particularly when they involve high-quality, well-implemented services, are staffed by well-trained professionals, and link with other family supports.¹⁰ However, these programs tend to require more resources, training, and coordination. The cost of home visiting programs varies depending on the number and duration of visits, the home visitor's credentials and caseload, supervision and administration, and other variables. (Also, see *National Home Visiting Models* on page 22.)

In **Minnesota** Early Childhood Family Education (ECFE) is a voluntary program for all families with children from birth to kindergarten-age. Services are offered free, or for a nominal fee, in all school districts and tribal schools, and they are tailored to meet the needs of families in each community. Most programs include home visits, parent discussion groups, parent-child activities, play and learning activities for children, early screening for potential children's health and developmental problems, community resource information for families and young children, and libraries of books, toys, and other learning materials. The state funds ECFE through a formula grant to school districts. The grant combines state and local funds. For more information, visit <http://www1.minn.net/~ecfe/index.html>.

Ohio has consolidated several programs for young children into a single initiative, Help Me Grow, which provides families with prenatal services and



newborn home visits along with information about child development. Families with young children are connected with resources through an information line and written materials. Help Me Grow also houses Ohio's *Individuals with Disabilities Education Act* Part C early intervention services for infants and toddlers. State funds and federal Part C and Temporary Assistance for Needy Families funds support Help Me Grow, which has served more than 42,000 infants and toddlers since its inception. For more information, visit <http://www.ohiohelpmegrow.org/>.

As part of her "5-Year School Readiness Action Plan," **Arizona** Governor Napolitano successfully secured an \$8.7-million increase in fiscal 2004 for Healthy Families Arizona, a preventive home visiting program for families with at-risk newborns. The program aims to promote positive parent-child interaction, improve child health and development, and prevent child abuse and neglect. It is based on the Healthy Families America program model and provides voluntary screening and home visiting services to mothers and their infants who are identified as at risk for child abuse and neglect. Trained family support specialists provide comprehensive assistance with parenting, stress reduction, and assessments of a child's health and development needs. The state budget for Healthy Families Arizona is just over \$15 million, and the program serves more than 4,400 families. Funding is allocated primarily from state general funds and the federal Temporary Assistance for Needy Families block grant. A 2003 evaluation indicated the program helped reduce parental stress, improve home environment safety, and increase education and employment levels among parents. For more information, visit <http://www.de.state.az.us/dcyf/opfs/healthy.asp>.

Missouri is the birth state of the national Parents as Teachers (PAT) home visiting model that aims to enhance child development and school achievement through parent education. Core services include personal home visits by trained parent educators; parent group meetings; developmental health, vision, and hearing screening; and parental access to available state and local resources. Missouri PAT programs are voluntary and are offered through every school district to all parents. The program is funded with \$37.3 million in state general funds and serves more than 150,000 families. See National Home Visiting Models on page 22 for more information on the Parents as Teachers national model. For more information on Missouri PAT, visit http://www.dese.state.mo.us/divimprove/fedprog/earlychild/ECDA/PAT_INDEX.htm.



National Home Visiting Models

States and local communities can adopt several national home visiting program models that incorporate different goals, services, interactions, and providers.

Healthy Families America is a national home visiting program designed to promote positive parenting, enhance child health and development, and prevent child abuse and neglect. The program is built on 12 research-based critical elements related to service initiation, service content, and staff characteristics. Healthy Families America is located in more than 440 communities in 35 states, the District of Columbia, and Canada. For more information, visit <http://www.healthyfamiliesamerica.org/home/index.shtml>.

The Nurse Family Partnership program provides home visits by registered nurses to first-time mothers. The program seeks to improve maternal health and child development outcomes by promoting health-related behaviors, competent caregiving, pregnancy planning, and educational achievement and employment among new mothers. Nationally, the Nurse Family Partnership is serving families in more than 200 counties across 22 states. **Alabama, Colorado, Louisiana, Missouri, Oklahoma, South Dakota, and Wyoming** are among those administering programs through state-level agencies either statewide or in select communities. Program evaluations show significant positive impacts on maternal health and parenting skills, reductions in child injuries and cases of abuse and neglect, and increases in mothers' workforce participation. For more information, visit <http://www.nccfc.org/nursefamilypartnership.cfm>.

Parents As Teachers (PAT) is a national home visiting model, originally developed in **Missouri**, that aims to enhance child development and school achievement through parent education. Family participation is voluntary, and programs can be local or statewide. PAT can be a stand-alone program or be incorporated into existing programs, such as Early Head Start, Healthy Families, and Even Start. All programs have core services, including personal home visits by trained parent educators; parent group meetings; developmental health, vision, and hearing screening; and parental access to available state and local resources. Evaluations show positive impacts on children's language, social development, and problemsolving and other cognitive skills as well as increases in parents' knowledge about child development. Local PAT programs are now operating in all 50 states, and several states, including **Idaho, Missouri, Nebraska, and Oklahoma**, provide support to local programs. For more information, visit <http://www.patnc.org>.

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a parent involvement, school readiness program that combines home visits and group meetings. Currently, 167 HIPPY program sites in 26 states and the District of Columbia are serving more than 16,000 children and their families. In several communities, HIPPY programs are offered in partnership with other local programs, including Head Start, Even Start family literacy programs, and parent information and resource centers. The goals of HIPPY are compatible with those of the federal *No Child Left Behind Act*, and Title I is a major source of funding for local HIPPY programs. For more information, visit <http://www.hippyusa.org/>.

The Parent-Child Home Program (PHP) is a literacy and parenting program that emphasizes the parent-child verbal interaction critical to early childhood brain development. Trained home visitors visit the families of two- and three-year-olds twice each week for two years. They demonstrate parenting and verbal interaction techniques through play sessions with the parent and the child using carefully chosen books and toys. Rigorous studies of PHP have found significant positive impacts on parent-child verbal interaction, above-norm scores on standardized tests in math and reading in grades two, five, and seven, and higher high school graduation rates among children participating in the program. The Parent-Child Home Program costs approximately \$2,000 per family per year and currently operates in 138 sites in **California, Florida, Maine, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania, South Carolina, and Washington**. For more information, visit <http://www.parent-child.org/home/>.

The federal *Even Start Family Literacy* program, modeled after a successful family literacy program in **Kentucky**, provides grants to all states to plan and implement statewide family literacy initiatives that integrate parenting education, early childhood education, and adult literacy or adult basic education. In 2003 the U.S. Department of Education allocated \$250 million to state departments of education, which then awarded competitive subgrants to local partnerships of public and/or private entities. Priority must be granted to programs that are located in low-income areas. States must match the federal funds dollar for dollar with a nonfederal contribution. For more information, visit <http://www.ed.gov/programs/evenstart/formula/index.html>.



Offering Family Support Services

Many states are focusing on connecting families to resources through a single point of entry close to home. The **Oregon** Commission on Children and Families allocates funding to local commissions to support programs for children and families, including local family resource centers. These centers aim to promote easy access to educational information and community resources and seek to serve infants, children, youth, teens, students, seniors, jobseekers, families, new parents, and other adults. They may offer advocacy; special education; parenting education; mental health; substance abuse assessment, counseling, treatment, and support; family strengthening and preservation; and criminal involvement prevention programs and services. Family resource centers are supported by local investments from churches, schools, businesses, service clubs, law enforcement agencies, and on-site service agencies. For more information, visit <http://www.ccf.state.or.us/pageocclinks.html>.

Family resource networks in 18 **West Virginia** counties offer Starting Points family resource centers that bring together the community's existing early childhood services and programs in one location. These centers provide families with young children better access to support, services, and education. They help link families to early learning opportunities in the community and offer parent education, resource coordination, health and nutrition services, home visiting programs, developmental screening and referral, and family intake and assessment services. They also make parent referrals to counseling, literacy programs, housing assistance, mental health and substance abuse services, or other support services. The resource centers are supported with state funds, private foundation funds, and the federal Community-Based Family Resource and Support Program. For more information, visit <http://www.wvchildrenandfamilies.org/startingpoints/>.

Conclusion

States recognize the primary role of parents in the lives of their children. Education and outreach efforts help place information directly into parents' hands. For families facing significant obstacles, states can play a more direct role by offering additional sup-

ports and services to improve family stability, address risk factors, and promote good parenting skills.

A burgeoning issue is the challenge of supporting non-English-speaking, first-generation American families. Immigrant parents, while working hard to support their children, face language and cultural barriers that can often place their children at increased risk of school difficulties. Research to investigate this issue is ongoing, particularly on the ramifications for children's language, cognitive, and social development. States continue to partner with experts in the research, practice, and policy fields to identify best practices to support all families with young children. ■

