

# Healthy Families and CHILDREN



COMMUNITIES ARE FIRST AND FOREMOST about people. All too often we get caught up in the statistics of the moment—a percentage change of this or that—without the benefit of seeing the human face. The people affected by problems in our communities often remain invisible except by category. It doesn't have to be this way. Individuals and their circumstances can change for the better. We know that there are predictors of individual and community success. While we still treat symptoms at an alarming rate, certain kinds of interventions can make a significant difference.

Research on children and families is a good example of what we know about systemic causes. The Annie E. Casey Foundation reported in the *KIDS COUNT Data Book 1999*: “that children born into families at risk are more likely to suffer damage later in life. There are 9.2 million children who have four or more risk factors in their families (p. 5). “These children are ten times more likely to have later negative consequences” (Schorr, 1991, pp. 261-262).

We know instinctively and from documented research that the physical, economic, and social well-being of the entire family is crucial to creating positive futures for children and youth. “Successful interventions for children see the child in the context of the family and the family in the context of its neighborhood and surroundings” (Schorr, 1991, p. 267). Programs that have sustained effectiveness over time are designed to help children and their parents. According to The Annie E. Casey Foundation, “... connecting our most fragile families is the most important thing we can possibly do if we want to improve the life prospects of our nation's children” (*KIDS COUNT Data Book 2000*, p.17). We cannot separate aid and support for children from the aid and support of their families.

## *Potential Risk Factors for Children*

- *Child not living with two parents*
- *Household head is high school dropout*
- *Family income is below the poverty level*
- *Child is living with parent(s) who do not have steady, full-time employment*
- *Family is receiving welfare benefits*
- *Child does not have health insurance*

*KIDS COUNT Data Book. (1999)  
The Annie E. Casey Foundation, p. 6.*

## STRENGTHENING FAMILIES

To support and nurture families and the children who live in them, we are learning more about how to reach families and what to do and say when we approach them. First and foremost, we must determine what is going wrong as well as understand and support what is going right. Building on the assets of a family is the key to forming trust and having the door opened, literally and figuratively, for greater assistance. Second, services and providers must be available to help families before crises occur. In our world of too few resources and too much demand, this can be difficult. The key to success may be in building relationships, however superficial, before the need is the greatest. Third, services should be developed and provided within the context of a close, cooperative working partnership with the families while being mindful of their interests, fears, and pressures. Fourth, parents should receive the skills and knowledge to advocate for themselves and their children. All too frequently, the people who need the services most cannot access them. In addition to knowledge, parents must know how to maneuver around the barriers. Fifth, programs must be multidisciplinary in both approach and staffing to reflect a comprehensive solution to families' needs and situations (*Helping Families Grow Strong: New Directions in Public Policy*, 1990; The Annie E. Casey Foundation, *Transforming Neighborhoods Overview*, 1999).



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## PRINCIPLES OF FAMILY SUPPORT

- We must know the needs of families—not what someone else thinks they need. Most families need help at some time or another, but not all families need the same intensity of support.
- The stability of the adult environment in which the child lives and the strength of the parent-child relationship have an important effect on the child's development. In other words, home matters.
- Most parents want to and are able to help their children grow into capable adults but they may need some help along the way.
- Parents are people—they have strengths and weaknesses. They do not have fixed capacities any more than their children. They need support through difficult transitional phases of their lives.
- Children and their families are influenced by cultural values and societal pressures in their communities. Individuals and whole families do not exist in a vacuum.



- Parents are likely to become better parents if they feel competent in other important areas of their lives such as their jobs, their schooling, and their family or social relationships. Effective parenting is a multi-dimensional issue (*Helping Families Grow Strong: New Directions in Public Policy*, 1990).

The most effective family support programs promote certain kinds of behavior in the home. Family environments in which everyone is encouraged to express his or her own views in a constructive way and where differences of opinion are tolerated, contribute to a positive identity for family members—particularly for adolescents.

Another good family practice is to distribute responsibility throughout the family. Many ethnographic reports have found that early responsibility, when properly managed and channeled, contributes to later social mobility, enhances self-esteem, promotes positive gender role identity, and facilitates family cohesion (Jarrett).

Finally, research has found that several parenting practices are associated with positive school experiences for children and youth: college aspirations for children, monitoring day-to-day progress of school work, parental supervision, and spending time at least once a week talking with each other.

While this list of research-based “tips” seems second nature for some families, it is not for others. Family support programs encourage these skills and build on existing strengths within the family.

## PARENTING EDUCATION

Parenting education is based on the assumption that as parents acquire greater understanding of child development and their children's needs, they are more likely to provide the sensitive, nurturing, and attentive care that promotes healthy development in children and youth.

### *There are four categories of parenting programs:*

- Programs designed to improve parenting in general, typically used by parents whose children are functioning normally but who want additional knowledge.
- Programs focused on specific parenting issues, such as substance-abuse prevention, appropriate discipline, and antisocial behavior.
- Programs aimed at specific populations of parents, such as parents with children at critical periods of development, single parents, and parents with low incomes.
- Programs for parents of specific populations of children, such as children with disabilities or children with special needs.



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### *At a minimum, effective parenting programs address the following issues:*

- Stages of child development. Good parenting practices differ across several developmental stages of childhood.
- Cultural differences and their effects.
- Needs related to the family structure, such as helping divorced parents meet the challenges of co-parenting.



### ***Principles of successful parenting programs***

Parent behavior is the main factor in positive child and youth development. The content and strategies of effective parenting programs are built around this fact. Specifically:

- They are targeted to specific ages of children and have clear goals and outcomes.
- They are focused on critical periods to prevent problems. They are provided at transition points, such as the first year of life, divorce, step-family formation, and puberty.
- They build on parents' existing strengths. They do not focus on parents' failures.
- They involve parents in choosing program design and content.
- They develop collaborations to provide services that support parents.
- They are long term and provide incentives.
- Staff members have excellent interpersonal and facilitative skills, are very sensitive to individual needs, and have good emotional health.
- Program plans recognize the ecological nature of parenting. For example, they focus on changing neighborhood patterns to include more monitoring and support, and they address issues such as education and employment (Brown, 1998).

### ***Factors that limit the effectiveness of parent education***

Parenting beliefs are deeply held, often unconscious, and not easily changed. Under stress, parents may rely on familiar ways of parenting—even when they have learned new parenting skills and want to change their behavior.

Research shows several factors that may limit the effectiveness of parental education:

- **INSUFFICIENT PROGRAM INTENSITY.** One reason that some parenting-education programs show relatively small gains for parents is that program delivery is not intensive enough to bring about the desired change within the allotted time.

## ***Parent Education and Support Programs Should Match Family Strengths and Needs***

- *Parents who lack transportation or who have other young children at home may benefit more from an individualized, home-based approach; more socially oriented parents, including adolescents, might prefer peer discussion groups.*
- *Parents of infants may find a home-based approach more effective; as their babies become toddlers, they may prefer a combination of a play group and group discussion.*
- *Working parents might find it more sensible to have parent education and support tied to a childcare program.*
- *Parents of children with special needs may find it helpful to participate in groups headed by other experienced parents. Such parent-to-parent support networks have been established in virtually every state.*
- *Parents living in rural areas, where groups might be more difficult to assemble, might seek advice and support from professionals and other parents via computer networks or teleconferencing.*

*Starting Points.* (1994). New York: Carnegie Corporation of New York, p. 39.  
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- **PARENTS' DEVELOPMENTAL NEEDS.** A parent who has a poor developmental history, psychological difficulties, and/or a drug or alcohol addiction may not be "emotionally available" to learn skills that build better parent-child relationships. Parents' own developmental needs may be so great that they are not able to participate in programs that focus on their children.
- **PERSONAL FACTORS.** Cultural values, negative experiences with social-service providers, and language barriers may limit interest in parent-education programs. Time commitment, scheduling issues, travel, and general lack of interest can also lead to non-participation.
- **FAMILY STRESSORS.** Parental depression, drug addiction, alcoholism, low literacy, limited education, domestic violence, marital conflict, blending of families after divorce, and excessive punishment of children may reduce the effectiveness of programs.
- **PARENTAL BELIEFS.** Parents with less education and lower incomes are less likely to believe that they have control over their infants' and children's development than parents with higher levels of education and income. Parents in rural areas often perceive that their children are at less risk for problems than parents in urban and suburban environments.
- **ENVIRONMENTAL CONDITIONS.** Parents who are stressed by environmental conditions (e.g., neighborhoods with recurrent violence, few adult role models, persistent unemployment) may be less able to benefit from parental education programs. Programs must first recognize and address the concerns and obstacles of these parents (Brown, 1993).

When a parent-education program is working it is likely to produce a number of positive spin-off effects. For example, mothers who have participated in such programs provide more age-appropriate toys and spend more time reading to their children than do mothers who have not. Participants also report increased self-confidence and satisfaction with parenting (Carnegie Corporation, 1994, p. 38).

### ***Parental involvement at home and school***

Research suggests that parents' involvement in their children's learning at home and at school is vital to their academic and personal success. The evidence indicates the importance of these specific types of parental involvement:

- High expectations and moderate levels of parental support and supervision.

- Appropriate monitoring of television viewing and homework completion.
- An emphasis on effort over ability.
- Engagement of both father and mother in children's education.
- Participation in joint learning activities at home (Baker & Soden).

Likewise, schools and programs that are the most successful in engaging parents and other family members in support of their children's learning look beyond traditional definitions of parent involvement—Parent Teacher Organization (PTO) membership or signing quarterly report cards—to a broader concept of parents as full partners in the education of their children. These schools and programs are:

- Finding ways to overcome time and resource constraints of both parents and teachers. They provide newsletters and handbooks and offer creative scheduling of home visits to help parents learn how to work with teachers and be more involved in their child's education.
- Bridging school-family differences, particularly those related to familial and cultural practices.
- Forming external partnerships with local businesses, health care organizations, and other community agencies (*Reading Today*, 1998).

Parenting education is not a panacea. Rather, it should be thought of as one of a set of strategies to provide for the information needs of families, and to address and support their overall social and economic well-being. It is clear from available research, however, that positive parenting skills have a significant impact on children's development and their path to adulthood.

## EARLY CHILDHOOD DEVELOPMENT

Over the last few decades, researchers and practitioners have documented the importance of the first three years of life. We now know that much of who we are later in life is imprinted developmentally, socially, and emotionally in the toddler years. Further, research has also revealed the permanent effects of limited or no prenatal care. Statistics on low-birthweight babies, babies born with multiple risk factors, and the connection of early socialization to quality childcare and early childhood education point once again to the need to implement programs that concentrate on the critical elements that doom too many of our children to “failure to thrive.”

*While we readily acknowledge the value of job training in other areas, we tend to act as if parenting skills should come naturally.*

**Starting Points**  
Carnegie Corporation  
of New York

## PRENATAL CARE

Caring for pregnant mothers has profound effects on the health of their babies. In general, women who receive prenatal care during the first trimester have better pregnancy outcomes than women who have little or no prenatal care. Research has indicated that early, comprehensive prenatal care can reduce the risk of some adverse birth outcomes by detecting and managing pre-existing medical conditions, by providing health behavior advice, and by offering a gateway into the health care system for socially disadvantaged women (Kogan et al., 1998). The risk of dying during the first year of life is 20 times higher for low-birthweight babies than for normal-weight babies. “Research shows that women who do not receive adequate early prenatal care are more likely to give birth to a low-birthweight baby and mothers who lack health insurance are less likely to seek and obtain prenatal care” (Kids Count Data Book 2000, p. 25).



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### ***Effective strategies for prenatal care programs include:***

- Building community-based consortia. Create partnerships with non-traditional players.
- Recruiting and enrolling clients most in need of care with creative and diverse outreach strategies, including employment of indigenous outreach workers and continuous outreach-worker training, coordination with case managers, and offering special services for substance-abusing and incarcerated women.
- Improving women's access to and enrollment in health and social services through:
  - centralized school services
  - convenient operating hours
  - culturally sensitive staff
- Offering times and locations that encourage the active involvement of male partners.
- Providing risk-prevention and risk-reduction services, such as mental health counseling, smoking cessation, and substance-abuse treatment.
- Linking services that increase access, such as language translation, transportation to prenatal appointments, and on-site childcare.

## EARLY CHILDHOOD EDUCATION

Early childhood interventions can be divided into two categories: child-focused programs and family-focused programs. Child-focused programs include: (1) preschool, Head Start, and prekindergarten; and (2) childcare programs. Since both may share common goals and activities but may not produce equivalent effects, early childhood education and quality childcare are treated as separate categories (Gomby, et al.).

Research from hundreds of studies of demonstration and large-scale programs indicates that preschool and prekindergarten programs of relatively high quality have meaningful short-term effects on cognitive ability, early school achievement, and social adjustment. There is also increasing evidence that interventions can produce middle- to longer-term effects on school achievement, special education placement, grade retention, disruptive behavior and delinquency, and high school graduation (Reynolds, et al.).

While no single model or prototype exemplifies universal success, there are aspects of high-quality programs that are associated with longer-term effectiveness. Combinations of the following elements characterize effective programs (Frede):

- Class sizes are small with low ratios of children to teachers. This allows stable relationships to develop between individual children and teachers.
- Teachers receive support to reflect on and improve their teaching practices. Supervision and support from researchers and curriculum experts are provided for both new and experienced teachers.
- A concentrated or long-lasting intervention.
- Ongoing, child-focused communication between home and school. Programs strive to establish a collaborative relationship with parents in order to share knowledge about the child in both the classroom and the home.
- A developmentally appropriate curriculum based on child-related activities. Curricula that engage children as active learners and

## *Successful Comprehensive Preschool Programs*

- *Reach out to homes and neighborhoods where families live.*
- *Provide medical checkups to pregnant women.*
- *Hire parent educators who show parents how to help their children learn by reading, playing, and talking with them.*
- *Offer childcare for young children and older brothers and sisters.*
- *Prepare children for school and assist with their passage to kindergarten.*
- *Help parents talk freely to teachers and school officials.*
- *Provide adult education and job training so parents can earn a high school diploma and secure employment.*

Academy for Educational Development  
and Center for Law and Education. (1996).

complement what children are likely to encounter when they enter school are particularly important.

- Sensitivity to the non-educational needs of the child and family.

## QUALITY CHILDCARE

“Quality childcare supports the intellectual, social, and emotional development of children. Children who receive warm and sensitive caregiving are more likely to trust caregivers, to enter school ready and eager to learn, and to get along with other children. Conversely, children who receive inadequate or barely adequate care are more likely to feel insecure with teachers, to distrust other children, and to face possible later rejection by other children” (Carnegie Corporation, 1994, p. 49). The problem of inadequate childcare is particularly acute in low-income communities. A 1995 study found that 59 percent of low-income children attend early childhood centers that fail to provide the range of services needed to support school readiness (U.S. General Accounting Office).



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### ***Hallmarks of quality childcare programs include:***

- A safe and comfortable environment.
- A low children-to-staff ratio and small class size.
- Well-prepared and adequately paid personnel.
- Evidence shows that training makes a measurable difference; when providers have learned more about how children learn and develop, they are more likely to offer warmer and more sensitive care than providers with less training (Carnegie Corporation, 1994). One study showed that when childcare workers receive even 15 hours of training, results for children improve and overall program quality is enhanced (*KIDS COUNT Data Book 1999*).
- The program encourages parent involvement and communication and is linked to comprehensive health and nutrition services (Carnegie Corporation, 1994).
- Continuity of care is maintained. Studies have found turnover rates of 40 percent for childcare teachers, assistants, and family support providers.

Quality childcare and positive experiences in early childhood affect the growth and maturity of adolescents. As we are learning more about the development of cognitive and social skills, we know that they are influenced and shaped early in life.

## YOUTH DEVELOPMENT

Each school day, America's 19 million adolescents decide how they will spend at least five of their waking hours when they are not in school (Carnegie Corporation, 1996; Timmer, Eccles, & O'Brien; Medrich & Marzke). More and more, we are learning that our investments of time, energy, and money in the positive decisions and development of young people have enormous payoffs in adulthood.

Youth development is the ongoing process that allows young people to meet their basic personal and social needs and to build the skills and capacities they will need later in life (Academy for Educational Development). Effective youth development programs strengthen aspects of a young person's sense of identity and ability to contribute to the larger world.

Teenagers and young adults, like most of us, need environments that provide options, support, nurturing, and instruction. Those environments are found in a variety of places that include home, school, clubs and service activities, religious institutions, after-school jobs, and in the neighborhoods where they live.

## EFFECTIVE PROGRAM CHARACTERISTICS

- **THEY PROVIDE OPPORTUNITIES FOR ACTIVE AND SELF-DIRECTED LEARNING.** Research consistently demonstrates that instruction contributes to desirable youth outcomes when young people have the opportunity to be active learners and critical thinkers—to collect information from various sources and experiences, to be encouraged to extrapolate their own meaning from it, and to express the implications of their new-found knowledge to themselves and others.
- **THEY GIVE OPPORTUNITIES FOR NEW ROLES AND RESPONSIBILITIES.** Current studies indicate that active and experience-driven learning promotes desirable outcomes most readily when it is done with a purpose that is perceived as relevant by the young person. Challenging roles and responsibilities motivate youth to take advantage of opportunities instead of letting them pass by.
- **THEY PROVIDE EMOTIONAL SUPPORT FROM ADULTS.** Young people require emotional support from family and other adults. While the strongest source of support is the family, young people can benefit fully from ongoing support from other significant adults in their lives. A caring adult is one who consistently demonstrates acceptance, affirmation, warmth, interest, and friendliness.

*The problem here  
is that they don't  
teach you how  
to dream.*

**Parent**  
Big Ugly Creek, WV

- **THEY MOTIVATE, SUPPORT, AND HAVE HIGH STANDARDS.** While emotional support is a vital source of affirmation, it is the addition of high expectations that motivates young people to excel. Research has consistently shown that young people benefit when they are asked to abide by clear rules and standards and when they are guided and monitored. Structure and predictability can be critical elements that young people crave.
- **THEY OFFER STRATEGIC SUPPORT AND SOCIAL NETWORKS.** Young people achieve desirable outcomes when they are involved in positive social networks. Extended social networks—including bonds with school teachers and administrators—are a prime source of strategic support for young people, especially those at high risk (Zeldin).



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Research is showing that young people who are connected to people and the community in a positive way achieve more academically and make better decisions. Milbrey McLaughlin in *Community Counts* found that youth who participated in community organizations were more likely to have good grades and to rate the possibility of graduating from high school and going to college “very high” than their peers who were not involved in positive activities sponsored by community organizations. He concludes that despite the challenges young people face at home, school, and in their neighborhoods, participation can make a measurable difference in their outcomes (April 2000).

Two strategies that are getting considerable attention for connecting children and young people to the larger community are mentoring and after-school programs. While both are promising strategies, research is showing how these programs can be structured to be most effective.

## **MENTORING**

Interest in mentoring as a strategy to help at-risk youth has intensified throughout the past decade. The common-sense nature of this approach and its reliance on volunteers have also contributed to the appeal of mentoring from a policy perspective.

However, not all mentoring programs are effective, and some can even have a negative impact on a child’s development if the relationship is ill-suited or short-lived. The critical aspect of successful mentoring is that the adult and youth develop a positive, trusting relationship. A number of recent studies have examined the effect mentoring has on the behavior of at-risk young people and the program components that contribute to success.

## *A Comprehensive Literature Review Identifies Three Components That Are Crucial to Successful Mentoring Programs*

- **SCREENING OF VOLUNTEERS** to select adults who are aware of the commitment they are making and understand the importance of building a caring relationship with the youngster. Screening processes include interviewing the volunteer, requesting personal references, and checking police records. Volunteers who primarily wish to “transform” a young person rather than focus on building a friendly relationship with a youth are much less likely to be successful mentors.
- **ORIENTATION AND TRAINING** of adults and youngsters to set realistic expectations and establish a shared understanding about the mentoring experience. Orientation and training vary in length and intensity from program to program. Research has not identified the ideal training experience—but numerous studies document that some kind of training is critical.
- **SUPPORT AND SUPERVISION** of the matches to help adults and youngsters overcome misunderstandings or problems that may occur in the relationship. “Programs in which professional staff provide regular support to volunteers are more likely to have matches that meet regularly and participants who are satisfied with their relationships” (Grossman, 1999).

While mentoring programs benefit enormously from volunteer labor, they should not be regarded as no-cost approaches. The cost of infrastructure to deliver the essential components outlined above ranged from \$1,000 per child per year in 1995 (Big Brothers/Big Sisters) to \$1,500 per child per year in 1996 (Sponsor-A-Scholar).

Adapted from Grossman, J. B. (Ed.). (1999). *Contemporary Issues in Mentoring*. Philadelphia, PA: Public/Private Ventures, pp. 17-22.  
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## *The Benefits of High-Quality Mentoring*

### **One-on-One Mentoring**

- *Less likely to initiate drug and alcohol use*
- *Less likely to hit someone*
- *Skipped fewer days of school*
- *Felt more competent about their ability to do well in school*
- *Received slightly higher grades*
- *Reported more positive relationships with friends and parents*

### **One-on-One Mentoring Embedded in a Broader Academically Oriented Program**

- *Improved academic performance*
- *More likely to participate in college-preparatory activities*
- *More likely to attend college immediately after high school graduation*
- *Remained longer in college*

### **One-on-One Mentoring Embedded in a Substance-Abuse Prevention Program**

- *Better attitudes toward school and the future*
- *Used substances less frequently*
- *Better school attendance*

### **Group Mentoring**

- *Better attitudes toward school, their family, and communities*
- *Better school attendance*

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## AFTER-SCHOOL PROGRAMS

The parents of more than 28 million children work outside the home. The quality of care in the after-school hours has become a pressing personal and community issue. Research from a number of sources has documented that “school-age children who are unsupervised during after-school hours are more likely to use alcohol, drugs and tobacco; engage in criminal and other high-risk behaviors; receive poor grades; and drop out of school” (*Safe and Smart*, 1998, p. 5). A 1994 Harris poll found that “one-half of teachers singled out ‘children who are left on their own after school’ as the primary explanation for students’ difficulties in class” (National Education Commission on Time and Learning, 1994).

Many parents are struggling to find quality, safe experiences for the after-school hours. The challenge is to determine what is both available and appropriate. After-school programs have a broad range of purposes and missions. However, all types of programs are in great demand. Current research shows that demand exceeds the supply by two to one. Even though many parents can and are willing to pay more for after-school programs, data show that there are just not enough programs.

### ***After-school programs that are available generally fall into three types:***

- Daycare programs.
- After-school programs sponsored by an array of organizations.
- School-based academic extended-day programs.

Each type of program has different goals and objectives with the overall mission of occupying children in those critical hours from 3 p.m. until 6 p.m. In addition to those broad categories, there are three primary functions for after-school care: 1) supervision, 2) enriching programs and experiences and positive social interaction, and 3) academic improvement (Fashola, October 1998, p. 1). Generally, effective after-school programs should have an academic component, a recreational component, and a cultural component (Fashola, pp. 49-51). As communities and families face the after-school challenge, it is important that they examine different program strategies and the needs of their children.

Program sponsorship also varies. Schools are frequent sponsors, as are nonprofit, for-profit, and religious organizations. Schools have the advantage of credibility, continuity, accessibility, resources, and expertise. However, there are also disadvantages of school-run programs, such as

*We recognize  
that to develop  
our children  
is a shared  
responsibility.  
We must all work  
together to create  
a better future  
for all children.*

**Dr. John Bryant**  
Cincinnati Youth  
Collaborative  
Cincinnati, OH

higher personnel costs if after-school staff salaries must be equal to teachers' salaries, the possibility of program budget cuts, and the perception of children that after-care is an extension (positive and negative) of the school day. In the case of other community-sponsored programs, they are generally freer than schools to use innovative curricula and activities to promote student learning. However, staff may not be able to provide academic enrichment (*Latchkey Guidelines*, 1987).

Available research on the effects of after-school care is minimal. However, qualitative data and anecdotal evidence suggest that children who participate regularly in after-school programs experience more positive outcomes than those who have little supervision. Positive outcomes include improved school performance and attendance, improved social skills and self-confidence, and a healthier use of time.



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***Elements of effective after-school programs:***

- Clear goals, on-site management, and coordination.
- Qualified staff.
- Strong focus on safety, health, and nutritional needs of children during the program.
- Effective collaborations and linkages with community agencies.
- Strong involvement of parents.
- Coordination with school-day learning and personnel.
- Ongoing evaluation of programs.

The available research and data leave little doubt that quality after-school care must be a priority for communities and families. It is an opportunity not only to provide a safe space for children but also to develop strong programs that enrich their learning and positive development. A report, *Extending Learning Time for Disadvantaged Students*, commissioned by the U.S. Department of Education, found that a challenging after-school curriculum accommodates individual student needs, coordinates with in-school academics, and focuses on more than remedial work. It also includes other learning opportunities such as computer use, art, music, and leadership development. The combination of these learning approaches and topics has proven to be an effective way for students to build life skills and expand personal interests (Funkhouser).

Finally, the purpose of after-school programs is being considered in light of the standards of learning movement. Government, private agen-

cies, and foundations are now suggesting that students use the after-school period for additional educational activities, both enrichment and remedial. Despite the desirability of meshing the school day to the after-school period, there are still many organizational and staff issues to maneuver. The final analysis of the research is that after-school programs vary in content. There is mounting evidence to support content that is more academic and less recreational. The challenge to communities is to begin and sustain collaborative efforts among and between organizations, parents, and schools so that the after-school hours create the opportunity for children to be safe, to increase their academic prowess, to learn social development skills, and to enjoy the time.

### ADDRESSING RISKY BEHAVIOR

As a rule, adolescents are physically and emotionally healthy. Significant progress has been made toward reducing juvenile motor vehicle deaths; the use of alcohol, cigarettes, and illegal substances; and the incidence of sexually transmitted diseases.

While the positive statistics ebb and flow, there are still significant areas of concern related to young people and their futures. Too many are dropping out, too many are at-risk physically and emotionally, and too many lose their lives needlessly. Homicide remains the second leading cause of death for young people. Therefore many communities are tackling the risk factors early and directly.

*Programs don't change lives but people do. We work to connect youth with caring adults and positive opportunities throughout the community.*

**Anne Ganey**  
Region 9  
Development  
Commission  
Mankato, MN



## REDUCING ALCOHOL AND SUBSTANCE ABUSE

Family relationships, parental presence, and school connectedness are associated with less frequent use of alcohol and substance abuse among youth. Researchers are finding that the content and structure of prevention programs also affect outcomes.

### ***Effective prevention programs for children and adolescents:***

- Are designed to be age-specific, developmentally appropriate, and culturally sensitive.
- Target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.
- Build skills to resist drugs when offered, strengthen personal commitments against drug use, and increase the social ability to reinforce attitudes against drug use.
- Use interactive methods such as peer discussion groups rather than didactic teaching techniques alone.
- Include a parents' or caregivers' component that reinforces what the children are learning and creates opportunities for family discussions about drug use.
- Act long-term throughout the school career with repeated interventions to reinforce the original prevention goals.
- Address the specific nature of the substance-abuse problem in the local community.
- Focus on the entire family as opposed to parents only or children only (Slobada).



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## PREVENTING TEEN PREGNANCY

More than a half a million teens give birth each year and three million teens acquire sexually transmitted diseases (STD) (*When Teens Have Sex: Issues and Trends*, 1998). Teen pregnancy is not a random or erratic event. Rather, it is correlated with a set of definable characteristics. Young women at greatest risk for teen pregnancy are more likely to live in areas with high poverty rates, low levels of education, high residential turnover, and high divorce rates. Other variables related to early sexual activity include use of tobacco, alcohol, and other drugs; school problems; delinquency; and physical aggression. Conversely, having better educated parents, supportive family relationships, parental supervision, sexually

abstinent friends, good school grades, and attending a religious organization frequently are all associated with later onset of sexual activity. Family characteristics that encourage teens from early sexual intercourse and pregnancy include parent/family connectedness, perceived parental disapproval of sex and contraception, and a greater number of shared activities (Blum & Rinehart).

Compared to young women who delay their first birth until age 20 or older, teen mothers complete less school, are more likely to have large families, and are more likely to be single parents. Children born to teens aged 15 to 17 tend to have less supportive and stimulating home environments, poorer health, lower cognitive development, worse educational outcomes, higher rates of behavioral problems, and higher rates of teen childbearing themselves. "Eight to 12 years after birth, a child born to an unmarried teenage, high school dropout is 10 times as likely to be living in poverty as a child born to a mother with none of these characteristics" (*KIDS COUNT Data Book 2000*, p. 27).

***Summary of teen pregnancy prevention strategies:***

Education and STD/HIV-prevention programs can significantly delay sexual activity and reduce the occurrence of disease. Effective programs:

- Focus clearly on reducing one or more sexual behaviors that lead to unintended pregnancy or STD/HIV infection.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to students' age, sexual experience, and culture.
- Base educational programs upon theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviors.
- Last long enough to allow participants to complete important activities.
- Provide basic, accurate information about the risks of and methods to avoid unprotected intercourse.
- Use a variety of teaching methods designed to involve the participants and personalize the information.
- Include activities that address social pressures related to sex.
- Provide models of and practice in communication, negotiation, and refusal skills.
- Select teachers or peers who believe in the program and provide them with sufficient training to participate.

*Communities and organizations must connect the dots for young people. We must connect youth to the activities, services, and individuals that will engage, accept, and nurture them.*

**Dr. Davalu Parrish**  
The Bridge of  
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Jacksonville, FL

The role and effectiveness of family-planning clinics and services on adolescent birth rates is still not clear. Some studies suggest that teens were more likely to access clinics when barriers were reduced and more likely to use contraception when non-medical issues were addressed. Education programs for families consistently increase parent-child communication about sexuality, as well as parents' and children's comfort with conversation about sexual matters. However, these positive effects appear to dissipate with time. No longitudinal studies to date have conclusive evidence on the effect of abstinence-only programs on delaying intercourse.

***Evaluations of interventions that make use of several prevention components suggest that:***

- Some multi-component programs reduced sexual risk-taking or teen pregnancy rates while others did not, indicating that simply having multiple components does not ensure success.
- The most effective programs appear to be those that were the most intensive.
- Making condoms or contraceptives available to youth does not hasten an increase in sexual activity, nor does it appear to significantly decrease pregnancy or birthrates.
- Programs must be maintained if they are to continue to have an effect.

Youth-development programs designed to improve life skills or life options, rather than focus specifically on sexual issues or pregnancy prevention seem to work. One extensive evaluation of such a program found that the program reduced pregnancy rates during the year in which the youth participated. However, more research is required in order to ascertain which components of youth-development programs are most critical to reducing pregnancy rates (Kirby 1997).



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## STOPPING VIOLENCE

Too many teens find themselves in high-risk, violent situations. According to the Centers for Disease Control, in 1997 17 young people, on average, were homicide victims every day in the United States. Homicide is still the second leading cause of death for young people 15 to 24 years of age despite evidence of a downward trend. Deaths from accidents, suicide, and homicide account for 88 percent of all deaths of teens 15 to 19 years of age (*KIDS COUNT Data Book 2000*, p. 27).

A key public health strategy for preventing violence is to identify, understand, and act on the factors that put young people at risk as victims or perpetrators of violent behavior. Likewise, there are personal qualities in youth that are associated with reductions in violence, including problem-solving and reasoning skills, social capacities, and a productive sense of purpose, independence, and power. In order to foster these types of qualities in youth, it is recommended that teachers and parents expect children to achieve high standards, provide meaningful opportunities for participation, recognize positive accomplishments, and provide positive role models for them (Pereira).

Research suggests that the lives of youth at risk for criminal behavior are most positively affected by strategies that focus on early intervention, such as parent training, graduation incentives, and delinquent supervision.

### ***Youth violence prevention programs that work:***

- Address the highest-priority problem areas and identify the risk and protective factors to which children in a particular community are exposed.
- Focus most strongly on populations exposed to a number of risk factors.
- Address multiple risk factors in a variety of settings, such as school, family, and peer groups.
- Offer comprehensive interventions across many systems, including health and education, and deal simultaneously with many aspects of young peoples' lives.
- Ensure that programs are intensive and involve multiple contacts weekly or even daily with at-risk juveniles.

## *Risk Factors for Violent Behavior*

### **Individual**

- *History of early aggression*
- *Beliefs supportive of violence*
- *Social cognitive deficits*

### **Family**

- *Poor monitoring or supervision of children*
- *Exposure to violence*
- *Parental drug/alcohol abuse*
- *Poor emotional attachment to parents or caregivers*

### **Peer/School**

- *Association with peers engaged in high-risk or problem behaviors*
- *Low commitment to school*
- *Academic failure*

### **Neighborhood**

- *Poverty and diminished economic opportunity*
- *High levels of transience and family disruption*
- *Exposure to violence*

Centers for Disease Control and Prevention. (2000).



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## *Nine Key Components of School-Based Violence Prevention*

- *A comprehensive, multifaceted approach that includes family, peer, media, and community components was viewed by experts as critically important. This approach allows for the reinforcement of new skills at home, at school, and in the community. Such interventions should be both universal (i.e., classroom instruction) and targeted (i.e., mediation programs). Increased parental involvement is crucial.*
- *Programs that begin in the primary grades (1st grade if possible) and are reinforced across grade levels.*
- *Interventions that are developmentally tailored.*
- *Program content that promotes personal and social competencies, specifically information about the negative consequences of violence, including:*
  - *Anger management*
  - *Social perspective-taking*
  - *Decision-making and social problem-solving*
  - *Peer negotiation*
  - *Conflict management*
- *Interactive techniques, such as group work, cooperative learning, discussions, and role plays, or behavioral rehearsal that facilitate the development of personal and social skills.*
- *Ethnic identity/culturally sensitive material that is matched with the characteristics of the target population.*
- *Staff development and teacher training that ensure a program will be implemented as intended by the program developers. Interactive techniques, in particular, require training.*
- *Activities that foster norms against violence, aggression, and bullying.*
- *Activities that promote a positive school climate or culture, including effective classroom management strategies promoting good discipline (Dusenbury, et al.).*



- Begin as early as possible in a child's life (1st grade, not 12th grade).
- Deal with young people in the context of their relationships with others rather than focus solely on the individual (Office of Juvenile Justice and Delinquency Prevention).
- Build on individual strengths rather than focus on deficits.

***Program components that may not work as well or have mixed results:***

- Use of scare tactics that show pictures or videos of violent scenes.
- Involve adding a violence-prevention program to a school system that is already overwhelmed with academic standards of learning requirements.
- Segregate aggressive or antisocial students into a separate group.
- Use instructional programs that are too brief and not supported by a positive school climate. Research in the area of drug-abuse prevention suggests that programs should be at least ten sessions long in the first year, at least five sessions long in the subsequent years, and at least three years in duration if programs are to be effective.
- Implement approaches that focus exclusively on self-esteem enhancement.
- Adopt strategies that only provide information.

In conclusion, we know that successful youth programs share several key components—regardless of focus, setting, participants, size, and location. Communities and organizations that are reviewing their youth development programs should include both content and delivery systems in their evaluation.

***Key components in successful youth programs include:***

- **ASSESSMENT.** Youth are comprehensively assessed as a part of the enrollment process.
- **ENGAGEMENT.** Youth are engaged in setting their developmental goals.
- **RESOURCE CONNECTIONS.** Youth are connected to community resources, which can provide them with opportunities and supports to help meet their goals.
- **MONITORING.** Youth are regularly evaluated and assessed in their progress toward those goals.
- **DIVERSE OPPORTUNITIES.** Youth are offered an array of opportunities to gain skills that directly relate to their goals.
- **QUALITY EXPERIENCES.** Youth are offered high-quality work or educational experiences to develop employable skills and options for careers.
- **CARING RELATIONSHIPS.** Youth are provided with a one-to-one ongoing relationship with at least one caring adult who is readily accessible and approachable. This caring relationship with a parent is sometimes lacking. [“One in five children in grades 6 through 12 say they have not had a good conversation lasting more than 10 minutes with either parent in more than a month” (National Issues Forums, 1997).]
- **COMMITTED AND TRAINED STAFF.** Frontline staff, managers, and supervisors are committed to the positive development of youth and have training and experience in the core competencies of youth development.
- **TAILORED OFFERINGS.** Programs offer youth opportunities in youth-adult partnerships, in decision-making, in age- and stage-appropriate participation in planning, and in program implementation (Carnegie Corporation, 1996).



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## HEALTHY FAMILIES AND CHILDREN STARTING-POINT RESOURCES:

### Websites

The Annie E. Casey Foundation

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

Center for Youth Development and Policy Research,  
Academy for Educational Development

[www.aed.org/us/cyd](http://www.aed.org/us/cyd)

Chapin Hall Center for Children

[www.chapin.uchicago.edu](http://www.chapin.uchicago.edu)

Children's Aid Society

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

Children's Defense Fund

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

Family Resource Coalition of America

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

Mott After-School Initiative

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

The Search Institute

[www.search-institute.org](http://www.search-institute.org)

U.S. Department of Justice, Justice for Kids and Youth

[www.usdoj.gov/kidspage](http://www.usdoj.gov/kidspage)

### Publications

#### ***Strengthening Families***

Farrow, F. (February 1996). *Systems change at the neighborhood level: Creating better futures for children, youth, and families*. Washington, DC: Center for the Study of Social Policy.

Henderson, A.T., & N. Berla. (Eds.). (1997) *The family is critical to student achievement*. Washington, DC: Center for Law and Education.

Kahn, A.J., & S.B. Kamerman. (1996). *Children and their families in big cities: Strategies for service reform*. New York: Columbia University.

*KIDS COUNT Data Book: State Profiles of Child Well-Being*. (2000).  
Baltimore, MD: The Annie E. Casey Foundation.

Schorr, L.B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books/Doubleday.

*Strong families, strong schools: Building community partnerships for learning.* ("n.d."). Washington, DC: U.S. Department of Education (1-800-USA-LEARN or www.ed.gov).

### **Early Childhood Development**

*Starting points: Meeting the needs of our youngest children.* (1994). New York: Carnegie Corporation of New York.

Haverman, R., & B. Wolfe. (1994). *Succeeding generations: The effects of investments in children.* New York: Russell Sage Foundation.

Karoly, L., P. Greenwood, S. Everingham, J. Houbé, M. Kilburn, C. Rydell, M. Sanders, & J. Chiesa. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions.* Santa Monica, CA: RAND.

*The future of children: Long-term outcomes of early childhood programs.* (1995). Los Altos, CA: The David and Lucile Packard Foundation, Volume 5, Number 3.



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### **Youth Development**

American Youth Policy Forum. (1997). *Some things do make a difference for youth: A compendium of evaluations of youth programs and practices.* And (1999). *More things that do make a difference for youth: A Compendium of Evaluations of Youth Programs and Practices, Volume II.* Washington, DC: American Youth Policy Forum.

Blum, R.W., & P.M. Rinehart. ("n.d."). *Reducing the risk: Connections that make a difference in the lives of youth.* Minneapolis, MN: Division of General Pediatrics and Adolescent Health, University of Minnesota.

Carnegie Council on Adolescent Development. (1996). *Great transitions: Preparing adolescents for a new century.* New York: Carnegie Corporation of New York.

Freedman, M. (1993). *The kindness of strangers: Adult mentors, urban youth, and the new volunteerism.* San Francisco, CA: Jossey-Bass.

Kellerman, A.L., D.S. Fuqua-Whitley, & F.P. Rivara. (January 1997). *Preventing youth violence: A summary of program evaluations.* Seattle, WA: University of Washington, Urban Health Initiative.