DOCUMENT RESUME

ED 351 165 RC 018 842

AUTHOR	Goetz, Kathy, Ed.
TITLE	Rural Families.
INSTITUTION	Family Resource Coalition, Chicago, IL.
PUB DATE	92
NOTE	25p.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Family Resource Coalition Report; v11 n1 1992
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Children; *Community Programs; Extension Education; Family (Sociological Unit); Family Problems; *Family Programs; Females; Health Services; Mothers; Public Policy; Rural Education; *Rural Extension; *Rural Family; *Social Support Groups
IDENTIFIERS	*Access to Services; Family Support; Hawaii; Indiana; Iowa; Kentucky; Mississippi; Montana; Oklahoma; South Dakota

ABSTRACT

This "special focus" journal issue consists of 13 individual articles on the theme of rural family programs relating to school, health services, church, and other institutions. It includes: (1) "Towards a Rural Family Policy" (Judith K. Chynoweth and Michael D. Campbell); (2) "Montana: Council for Families Collaborates for Prevention (Jean Kemmis); (3) "Kentucky: School-Based Family and Youth Centers Provide 'Whatever's Needed'" (Christine Vogel); (4) "Oklahoma: Public Health Initiatives To Support Rural Families" (Linda C. Passmark); (5) "Kids Place - A Successful Family Center in a Rural Indiana" (Carolyn King); (6) "Natural Helping Networks: Using Local Human Resources To Support Families" (Judith A. Myers-Walls); (7) "Children's Defense Fund Reports on Children in Rural America" (Arloc Sherman); (8) "The West Hawaii Family Center: Centralizing Services to Combat Isolation" (Jan Marrrack); (9) (Mid-Iowa Community Action) MICA: Mobilizing Churches" (Lana Ross); (10) "Cary Christian Health Center: Touching Lives in the Mississippi Delta" (Amy Martz); (11) "Listening Partners: Helping Rural Mothers Find Voice" (Lynne A. Bond and Others); (12) "Technology Expands the Reach of Family Services in Rural South Dakota" (Anne Floden Fallis); and (13) "Finding Family Support Programs: Charging Fees for Services" (Christine Vogel) (TES)

report

Volume 11, Number 1—1992

SPECIAL FOCUS

RURAL FAMILIES

Illustration: Bill Harbinson

■ by Judith K. Chynoweth and Michael D. Campbell, Ph.D.

Towards a Rural Family Policy

Most Americans have an image of the rural family, originating in cultural mythology, popularized by novels, television, and "Prairie Home Companion." We imagine a mother and father, four or more children, and grandparents, living on the family farm or running a small-town business. They have their troubles—sickness, death, hard times—but they are strong. Family members support one another, and rely on the wisdom of their elders. A supportive community, surrounding natural beauty, and spiritual strength all combine to help families through troubled times.

If only this image were true, there might be no need for a rural family policy. Yet, for policymakers, cultural mythology must give way to cruel reality, as glimpsed in this recent news story:

MORGANTOWN, W. Va., March 7 (AP) — An 11-year-old boy's feet had to be amputated after he and his father were found on Wednesday living in a remote area in an abandoned bus. Their only groceries were bottles of ketchup and mustard. The father, Douglas K. Roupe, 44 years old, was charged with felony child neglect Friday . . . Mr. Roupe told authorities that the State Department of Health and Human Resources had refused his requests for help beyond giving him food stamps . . . [He] indicated that he received $60 in food stamps two months ago.

How should public policy respond to these human needs? Family policymaking—as evidenced by the President's recently established Commission on the Urban Family—has focused largely on issues of survival in the central cities. However, new studies show that many rural families also are in deep trouble.

How do we offer help to rural families without undermining an ethic of independence and self-sufficiency? Which policies will work? Who should receive aid? How much help is enough? When must the role of the state change from aiding families to protecting children from their parents?

A report issued by the Population Reference Bureau (O'Hare and Curry-White, 1992) found that nearly one-quarter of America's underclass population is located in rural areas. The authors defined the underclass as adults who: (1) have not completed high school; (2) receive public assistance; and (3) if female, are never-married mothers, or, if male, are long-term unemployed. Unlike the urban underclass, which is equally distributed across the four census regions, 65 percent of the rural underclass is concentrated in the South. The study also found that the "rural poor are more likely than the urban poor to be long-term poor — a central component of the underclass concept."

Illustration: Bill Harbinson

A recent Children's Defense Fund report on children in rural America (Sherman, 1992) found that child poverty is actually higher for rural children (22.9 percent lived in poverty in 1990) than for non-rural children (20.0 percent). Rural children are slightly more likely to be from two-parent families, but are still poorer, less healthy, less educated, and generally worse off. [Editor's Note: see Sherman's article on rural children on pages12 and 13 of this issue.]

Much of the trouble rural families face has to do with faltering rural economies. While most poor rural families with children have one or more workers, these workers in many cases only manage to work part-time or for part of the year. Also, wages for rural service and manufacturing jobs are less than three-fourths of metropolitan levels. (Only one in 11 rural jobs these days is on a farm.) Consequently, CDF reports, one in three rural poor families with children cannot escape poverty even though the head of the household works full-time throughout the year.

Health is a major concern for rural families, in part because low-wage jobs usually don't provide health benefits, but also because there is less available care. The CDF study found that rural areas have half as many physicians per capita as metro areas, and 42 percent of rural children have not visited a doctor for at least a year. In addition, rural families usually must drive long distances to use the available health care.

Rural families are handicapped by educational systems that offer a narrower range of courses and programs than metropolitan area schools, and have higher dropout rates. The best-educated youths–the very people needed to revitalize the rural economy—tend to leave for better-paying jobs in the city. This "brain drain" magnifies the trend toward impoverishment and isolation in rural communities.

Facts Behind The Statistics

But statistics don't tell the full story. They don't reveal overlapping problems within the same family. They also mask the chain-reaction nature of family problems. The troubles of the West Virginia father and son reported above will be counted as individual statistics for 1992 in separate databases on welfare application, food stamp receipt, homelessness, indigent health care, child neglect, and child disability. But policymakers will be unable to combine these data to track how each problem led to another.

Finally, the numbers don't show the

connections among the individual, the family, and the community. In a rural town in economic decline, problems multiply. When discouraged rural families leave small towns in record numbers, those remaining may need outside help. But accepting help, in the form of welfare, often stigmatizes rural families. By the time a young man is 10 or 12 years old, he hates the system that helps him, and hates himself and his family for having to rely on it.

Rural families become "at-risk families" due to a complex tangle of life events, family member characteristics, and the limited ability (both real and perceived) of the rural environment to provide support and opportunity. Social service systems are not yet geared to measure or address these interrelated problems. The technology for dealing with multiple, intergenerational problems is just developing.

Illustration: Bill Harbinson

States Take the Lead

Increasingly, state governments are taking the lead in developing and implementing policies that respond to the needs of families, not just individuals. Within the last two years, ten states have begun to assess the well-being of families as a result of their participation in the Council of Governors' Policy Advisors' Family Policy Academy (Chynoweth and Dyer, 1990, 1991). At least half of these states—Arkansas, Colorado, Iowa, North Dakota, and Washington—are giving special attention to the needs of rural families. Seven more states—Arizona, Georgia, Hawaii, Indiana, Nevada, Ohio, and Oklahoma—most of which have large rural populations, have just begun to participate in a second round of the CGPA Family Academy.

Policymakers are clearly concerned about strengthening rural families. What they need is a framework for developing their policies. We propose the following framework based on the Family Academy model (Chynoweth and Dyer, 1991) and the experiences of several leading states.

1. Understand Family Functioning in Its Community Context

If we define a family by what it does—not by its structure—rural families are not much different than suburban or urban families:

A family is a group of people, related by blood or circumstances, who rely upon one another for security, sustenance, support, socialization and stimulation.

Family policymakers, however, must recognize the complex interplay of conditions and circumstances that affect family functioning. For example, the culture and values of rural communities may cause families to respond differently to problems and opportunities than do their urban or suburban counterparts. Values often associated with rural families and communities include:

Placing a high value on self-sufficiency, self-reliance, and independence. For example, in rural areas with a declining farm economy, the family may take many difficult steps before they seek outside assistance, economic or otherwise. First, the wife will find off-farm employment. Next, the husband will seek off-farm employment, often commuting some distance or being away for months in the off-season. If those steps don't improve the economic situation, the family may lease the farm and move to a regional center.

A sense of pride and a reluctance to rely on government programs. With an attitude of "this is family business—don't intrude," many rural families are willing to get by on less, rather than seek services. This is especially true when it comes to "welfare." Many families would rather feed their kids pinto beans twice a day than sign up for food stamps. The Home Instruction Program for Preschool Youngsters, or HIPPY, found that families in some Arkansas communities threatened to quit the program if it continued to be described by the media as a program for welfare recipients. Some families would not go to the Jobs Training Partnership Act office to become qualified for HIPPY because it was seen as a "welfare office."

But all rural communities are not the same. Other rural communities may have different attitudes and values which may include **a lack of pride or almost no sense of self-sufficiency.** In areas where a history of seeking and accepting help has been encouraged and accepted as a part of survival, an opposite pattern may occur: families may not see their own strengths. Facing a long history of discouragement and an obvious lack of opportunity, many family members may no longer bother to try.

Rural communities furthest from state population centers have another problem that greatly affects family functioning: isolation. Families are isolated from information, new experiences, and options. Isolation affects family functioning on several levels. First, families may not know that help is available or how to get it. On a deeper level, families may not be exposed to new ways of solving problems for themselves. Despite radio and television, helpful ideas aren't usually transmitted through the airwaves. Even when families do seek help, their choices are extremely limited.

Lack of access to services is cited by policymakers as the most serious barrier to strengthening rural families. In smaller states, families may have to travel an hour or so to the county seat for welfare or mental-health services. The trip is often complicated by a lack of public transportation. As more rural families have dual wage earners, it is harder to find a volunteer to drive. In larger states, the round-trip drive may take a full day. Outreach service centers often exist, but may be open only one day every other week. Also, the trend continues toward consolidating existing rural services in health and education. Small rural

hospitals are closing. The consolidation of rural school districts may mean better course choices for students, but also longer bus rides and more time away from family.

Finally, lack of services can translate into lack of awareness of a problem. For example, alcoholism often goes unrecognized and untreated in rural areas. Mental-health problems in young children go unaddressed unless they worsen.

These cumulative circumstances make it hard for rural families to advance. As one state policymaker put it: "It's so much easier for them to 'get by' — do what they have always done."

2. Assess family well-being

It is difficult for state policymakers to assess family well-being using just available statistics. Assessing rural family functioning may be even more challenging, since existing databases on community demographics or health status, for example, may not be broken down to the rural community level.

Some supplemental data-gathering techniques, such as focus groups and community forums, are fairly inexpensive ways to assess how families are doing in rural areas. As a part of its second-round Family Academy, CGPA has conducted a series of focus groups in two states, including both urban and rural areas. Though the information gathered is informal and not statistically valid, it has been extremely enlightening to state policymakers. For example, the group discussions revealed the great extent to which many poor rural families rely on neighbors to share tools, transportation, childcare, and other essentials for family survival. However, newcomers in rural areas may not be admitted to these sharing networks for years. The groups also revealed the strong and constant fear on the part of working poor families that a member will suffer a serious injury or illness—an event that, because of a lack of health insurance, could force a family to use the much-despised welfare system.

3. Determine Family Policy Goals and Objectives

While policymakers may desire the same outcomes for all families—families that function well and are healthy, safe, and self-sufficient—they highlight three policy goals as critical to improving rural family well-being:

- improve rural families' access to services, particularly health care;
- support family and community self-sufficiency; and
- reduce rural isolation, particularly through education and leadership development.

4. Choose Strategies for Success

States are developing creative strategies for accomplishing these family policy goals. Some of those currently implemented include:

- Improving access to health care through a range of strategies designed to ensure payment for health services (through the Medicaid program or state-funded health insurance); and increasing the availability of physicians and primary care, often in new settings such as schools.
- Supporting community self-sufficiency through the provision of small grants and technical assistance to help communities plan for improvement. Some strategies, such as in North Dakota, are focused on economic development outcomes for the community—increasing family-wage jobs, for example, or diversifying the agricultural economic base of a small town. Others, as in Arkansas and Colorado, are aimed at the creation of family resource centers that will assess, plan for, and meet family needs, such as childcare or parent education, on an ongoing basis.
- Reducing isolation through the development of a telecommunications system in rural areas to strengthen both K-12 and adult education teacher training and programs. A team of Idaho state policymakers, for example, is discussing a plan to bring interactive teleconferencing to rural areas by expanding schools into rural community centers.

Regardless of the particular goals, objectives and strategies they choose, however, family policymakers tend to agree on four critical factors in designing and implementing family policy. First, the unique values and characteristics of rural areas must be respected and taken into account. Second, special care must be taken to involve rural communities in the assessment of their family problems and the design of their solutions.

Third, strategies must be collaborative and integrated. Fourth, rural communities should agree to be held accountable for achieving outcomes which advance their plans.

The rural family may never embody our image of the rugged rural past—that is not the challenge. Rather, state and local policymakers must find ways to support families in their quest for self-sufficiency and improved well-being in a changing rural environment. They will have to consider the diversity of rural families and communities; find new means to assess family well-being; define clear, measurable policy objectives; design strategies that are both plausible and feasible in rural areas; and learn to work collaboratively toward solutions. If we as a society meet these challenges, we are doing more than salvaging our heritage. We are nourishing the very roots of our future. ■

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The authors would like to thank Ann Camps in the Arkansas Governor's Office and Jans Cheney in the North Dakota Governor's Office and their staffs who graciously shared their ideas and experiences with us in the preparation of this article.

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■ by Jean Kemmis

MONTANA: Council for Families Collaborates for Prevention

"How do you approach family support in a state with only one congressional seat which stretches a length equal to the distance between Washington D.C. and Chicago?"

Most people's image of rural America isn't rural enough to describe Montana. Perhaps the word "frontier" more aptly describes the mountains and prairieland of this remote north country. And while Time magazine last fall reported a recent influx of the glamorous movie-star set to this "Last Best Place," most Montanans struggle just to maintain a per-capita income that's already among the lowest in the nation. How do you approach family support in a state with only one congressional seat which stretches a length equal to the distance between Washington D.C. and Chicago? The Montana Council for Families has used collaboration and consensus-building to slowly, but deliberately, move its agenda for prevention forward.

The Montana Council for Families was formed in 1990 through a merger of Montana's two non-profit child abuse prevention agencies—the Montana Committee for the Prevention of Child Abuse and Parents Anonymous of Montana. With Montana's Children's Trust Fund providing only $40,000 a year for child abuse prevention throughout the entire state, the Montana Council recognized the need to take an interdisciplinary approach to family support.

First the Council worked with the Montana Department of Family Services to shift its policy from a single, prevent-child-abuse focus toward comprehensive, across-the-board strategies for strengthening families and preventing a full range of child, youth, and family problems.

During the 1991 Montana Legislative session, the Council successfully lobbied for the creation of a subcommittee on children and family services to study aggressive interagency coordination as a better way to serve children and strengthen fragile families. The subcommittee is mandated to investigate the Hawaii "Healthy Start" Program, the keystone for the new Healthy Families America initiative of the National Committee for the Prevention of Child Abuse.

In the meantime, the Montana Council has taken a number of steps to educate, build consensus, and begin changing Montana's human services delivery system. The Council helped draft a widely-supported proposal for a "Family Policy Act" which will be introduced in the next legislature. The Council, joining forces with the Cooperative Extension Service, substance-abuse-prevention agencies, and others, helped to create the Prevention Assistance Team, a community development organization working to "create the conditions and foster the personal attributes that promote the well-being of people." With funding and excellent training opportunities available through the federal Office of Substance Abuse Prevention, this group hopes to combine professional know-how with community resolve. A sub-group of the Prevention Assistance Team made up of state government officials and representatives from private sector organizations formed as the State Caucus, a forum for discussion on the issue of collaboration at the state level. Its goal is to develop strategies which will promote prevention in communities.

Right now, the Montana Council—through a grant from the Meyer Memorial Trust—is building a family-support database and clearinghouse that can electronically transmit information to the satellite training centers of local affiliates.

"Montana suffers from extremely limited public resources" says Montana Council for Families Vice President Dennis Taylor, "but our advantage is in readily accessible political leaders and social service systems that retain a human scale. We believe Montana is capable of making changes that often defy larger, more complex state systems." ■

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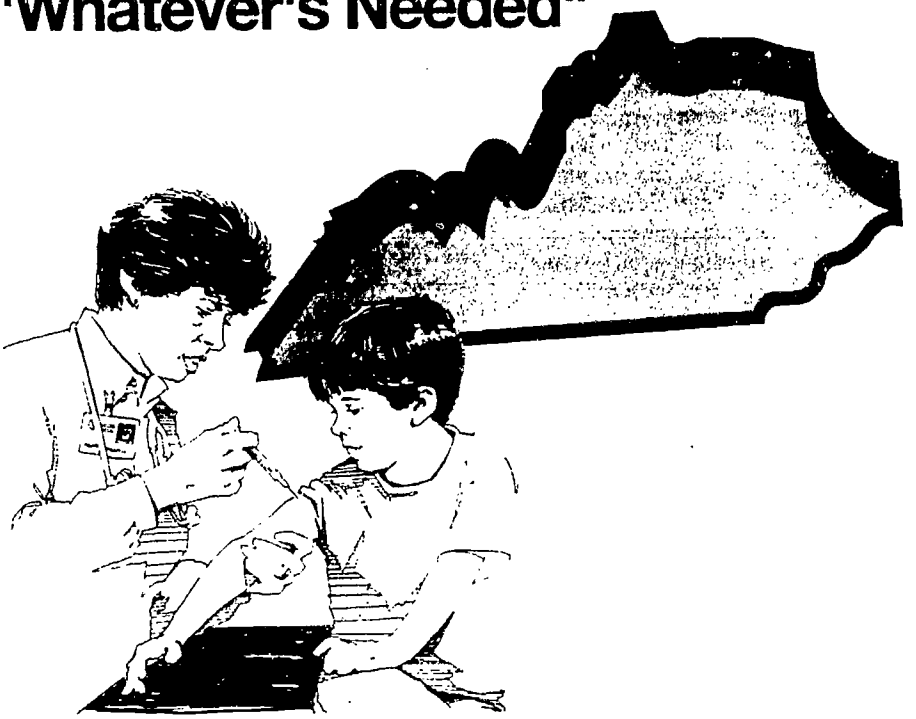
■ by Christine Vogel

KENTUCKY: School-Based Family and Youth Centers Provide "Whatever's Needed"



Cordis Smith wasn't expecting anything unusual. As coordinator of the Knott County Family Resource and Youth Service Center in Hazard, Kentucky, he'd recently set up a home repair program. Staffed by local high school students during the summer, it provided the nearly 100 families he served with the opportunity to have needed repair work done at little or no cost. He was just finishing up a visit with one family who'd applied to have some work done. The family had seemed troubled during his visit, but Smith didn't know why.

"As I was leaving, the fellow told me that a neighbor had cut his dog's throat. It was lying on the back porch. 'Could you get rid of my dog?' he asked. So I put the dog in the back of my truck, drove a distance and buried it for him."

Smith grew up around this rural county, a small hollow nestled between two mountains, 15 miles from the town of Hazard and nearly 20 miles from the County Board of Education. He understands the people and, as a result, is rarely thrown by incidents or requests that "outsiders" might find unusual.

A myriad of challenges face those who serve families in these rural Kentucky communities. They are isolated, often miles away from the nearest town, and resources are scarce. Education and literacy levels are low. Unemployment and poverty are high, as a result of the decline of the coal industry. The industry also left a legacy of ruined roads and seasonal flooding, due to the land erosion caused by strip mining, both of which make transportation difficult. "If you live on the wrong side of the creek, you can't even get across the river because there's no bridge," says Natalie Bowlds of the Monroe County Youth Services Center in Tompkinsville.

Despite their need for some of the most basic services, the families in these communities have a great deal of pride—"They don't like anyone to know they can't manage, don't want to be perceived as dependent," says Michelle Metts, Family Resource Analyst for Kentucky Family Resource and Youth Services Centers in Frankfort. Metts, who oversees a 13-county region in southeast Kentucky, says that many families in this area of Appalachia don't have the resources to provide for their basic needs, or they lack adequate transportation to get across the mountains to where the resources are located.

Education Reform Act provides assistance

Yet these and other challenges are gradually being met, due to the General Assembly's enactment of the Kentucky Education Reform Act of 1990 (KERA). It's the first legislation in the country to create a statewide family support initiative as a component of educational reform. In response to KERA, school-related Family Resource and Youth Service Centers are being established throughout the state, designed to meet the needs of economically disadvantaged children and their families, thus enhancing students' abilities to succeed in school. It is expected that by 1995, every school district in the state will have established a center in or adjacent to each eligible school in its district.

The centers are designed to provide services to students and their families through public and private agencies. Their primary purpose is to identify and coordinate existing services within their respective communities. If a service is not in place, the center has the responsibility to set it up. Their overall goal: to marshall community resources in order to help solve the problems of needy children and their families so that at-risk students are less likely to fail or drop out of school.

Nearly $10 million was earmarked to support the first series of centers established during the 1991-92 school year, at about one-fourth of the state's eligible schools. Additional centers will receive funds until all qualified schools have centers, by June 1995. Currently, 133 centers are up and running, each with an average grant of $70,000. In addition, the Annie E. Casey Foundation awarded the Family Resource and Youth Services branch of KERA a grant of $175,000. It was given to supplement the general budget, and to provide greater technical assistance and training to local centers and their staffs.

Family resource centers are located in or near elementary schools and serve children ages 2-12 and their families. Services may include childcare, parent education, and health services, or referrals to such services. Youth services centers are for youth above age 12 and their families and are usually located in or near middle schools or high schools. Services may include counseling for family crises, mental health problems,

alcohol and other drug abuse. Centers also provide employment counseling, job training and placement. The centers and their programs operate as a team effort involving the school principal, school counselor, center coordinator, and staff. Whenever possible, they use resources available from businesses within their communities.

Centers develop their programs to fit the needs of the families and children in their service areas. For example, some centers in rural areas may offer adult literacy classes. Others may offer transportation. In order to build a level of trust and help parents feel welcome at the schools (where many have had bad school experiences themselves), center coordinators often make home visits.

Many who are being served by this initiative need a great deal of support. Some children come to school hungry; others can't study because they live in a two-to-three room house with eight or 10 other people. Some have never learned personal hygiene habits; many have never been to a doctor or a dentist; others don't have proper shoes or clothing. Still others have trouble with their school work because no one ever realized that they need eyeglasses.

No one minimizes the challenge, especially for those service providers working in rural communities. Yet many of them have grown up in similar communities and understand the nature of the problems they face. "There's a high level of frustration among those who want to get resources to those who need them," says family resource analyst Terry Conliffe, "but there's also a high level of commitment, energy, and enthusiasm among those in the rural counties of Appalachia."

Serving in the backwoods areas

When Natalie Bowlds pays a home visit, she usually finds herself "way back off on some back road in a holler." Monroe county's population is about 3000; some of the towns only have about 300 residents. Houses are mostly old mobile homes and trailers or dilapidated farm houses. The yards are full of debris and there are all sorts of animals around, both in the yards and in the houses themselves. Bowlds recalls hearing a story — which may be apocryphal— of a home visitor who was bitten by a pig that came running out of one family's house as he approached. The families are often suspicious and distrustful of anyone who isn't perceived as part of their extended family system. "When you [first] go to visit, the families don't invite you in," she says. "They all just come out and stand on the front porch and stare."

Bob East, director of the Lyon County Family Resource Center and Youth Services Program, likes to make himself visible wherever people in his community "hang out, regardless of whether it's the local gas station or a coffee shop." It provides him with opportunities to talk with people casually and helps him stay aware of what's going on, both in the community and with the families he serves.

He points out that illiteracy coupled with a strong suspicion of the government and the school system characterize many of the families he serves in Eddyville, a semi-rural community of about 6,000 located in western Kentucky,about 90 miles from Nashville.

"I function as a combination attorney, social worker, school psychologist and liaison for many of these families. I've filled out social security forms and helped people get government aid. I'm working with parents who didn't have a good experience with education, and they need help communicating with the schools. Because I understand the family systems, I can often tell the schools why a child is doing poorly."

Sometimes the schools themselves can pose problems, especially when entrenched behaviors and values appear to be just the opposite of those being encouraged by the family support movement. One program coordinator recalls observing a service provider talking with two 11-year old boys who'd been fighting. She was getting them to think about different ways of solving problems, when the school principal appeared. Having identified the instigator of the fight, he told the women to call the child's mother and have her come to the school so she could "spank his butt" in the principal's presence—which the mother did. "No one found this unusual," she says, adding that many teachers in the area favor the reinstatement of corporal punishment in the schools.

Yet not all situations faced by service providers in rural areas are of such concern. Bob East, who has a mental health background, says that he tends to do quite a bit of emergency intervention for the families he serves. So when one family phoned several days after Christmas to say they were having a crisis at home, he quickly drove the nine miles to their home. The "crisis" turned out to be a new VCR, which they had received for Christmas, but were unable to program.

Isolation and poverty have prevented many of the families in rural areas of Kentucky from experiencing what others take for granted. Natalie Bowlds says that some of the people she serves in Monroe County have never been in an automobile. And last year, soon after Cordis Smith began his work in Knott County, he drove three children in his area to a center where the Christian Appalachian Project (C.A.P.) helped outfit them with clothes for school. "I bought them dinner afterwards; they were about 11 years old and I thought they'd enjoy it. As we were sitting there, I realized they had never eaten in a restaurant before. They took some plastic cups and napkins as souvenirs."

New experiences

Unfamiliarity and distrust can also make some rural families reluctant to expose themselves or their children to new experiences. "These families are very protective of their children," says Michelle Metts. "They're fearful that outside experiences will cause them to leave. Because the resources are so limited here, many who leave don't return."

Cordis Smith is one who did. At the program center in Hazard, he's done everything from securing free coal and kerosene for families who'd run out of winter fuel to starting GED classes. He's put together food and toy baskets at Christmas and gotten donations of garden seeds and tools so 33 families could plant their own vegetable gardens.

Bob East has helped one family acquire a used car and housed other families in local motels until they qualified for apartments in a housing project. He's worked with the local churches and businesses to coordinate services and ensure that more of the families in the county receive the help they need. In the near future, he'll be videotaping a wedding for one of the families in the county.

As Cordis Smith says: "I'll measure for sheetrock or bury dead dogs — whatever's needed to help."

Christine Vogel makes her debut as staff writer for the FRC in this issue of the Report. *With a background in English, marketing, and psychology, she has been a freelance writer for the past 10 years. Christine also serves on a coordinating committee establishing an "I Have a Dream" partnership between local churches and Family Focus/Our Place in Evanston, Illinois.*

■ by Linda C. Passmark, Ph.D.

OKLAHOMA: Public Health Initiatives to Support Rural Families

A rural and economically-disadvantage state, Oklahoma has tried to make the most of limited resources by taking full advantage of systems already available to all Oklahoma families. County health departments, for example, exist in all 77 Oklahoma counties, 75 of which are considered rural.

Child Guidance Service was established as part of the state Department of Health in the mid-fifties to provide early intervention services for children's psychosocial, developmental, speech-language, and behavioral problems. In 1974 an educational, family-focused prevention program was added to strengthen families by teaching parenting skills.

That Child Development Specialist Program provides education and consultation in development, guidance, and discipline for parents of children under five. Its emphasis is on teaching effective child-rearing practices, reducing stress in parent-child relationships, and enhancing the home environment. The family situation is assessed periodically, and consultation is provided to help parents determine what constitutes appropriate behavior at the different stages of a child's development.

The Child Development Specialists are early-childhood/parent educators who provide services to individual families through groups and workshops, or as a part of other health department clinics such as WIC, Well Baby, Child Health or Adolescent Clinics. Services are also offered in other community settings—such as schools, libraries, churches, Head Start or community centers.

Ten years after the inception of the Child Development Program, the Child Abuse Prevention Act of 1984 created the Office of Child Abuse Prevention, placing it in the Child Guidance Service. A State Interagency Child Abuse Prevention Task Force was appointed, with 17 Child Abuse Prevention District Task Forces.

A State Plan For The Prevention Of Child Abuse is revised biannually. The Plan outlines priorities for local projects, based on community needs and prevention strategies that have already been shown to work. They include:

- Interagency/public-private collaboration
- Public awareness campaigns
- Family life education and family support
- Life skills training for children
- Professional education

In support of these programs, the Prevention and Parent Education Division provides education and resources in the area of parenting and child abuse prevention, holds an annual statewide conference, and provides technical assistance and training for local programs across the state. It also maintains a lending library of parent education and child abuse prevention material.

The Child Development Program and the Child Abuse Prevention projects are dedicated to strengthening family life and parent-child relationships as defenses against damaging social and emotional circumstances. ■

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■ by Carolyn King

KIDS PLACE–A SUCCESSFUL FAMILY CENTER IN A RURAL INDIANA

The voice on the phone was faint and quavering. "I don't remember who you are, but I know you can help me." A young mother with three children under three years of age was overwhelmed by stress. She had reached the family service worker at Kids Place who immediately connected her with the local mental health center and then sent someone to provide childcare until help arrived.

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A teenaged couple, parents for the second time in as many years, stopped by Kids Place with their new baby — all of 14 hours old–to proudly show him to the staff they considered as family.

◆

A grandmother was told she would be given custody of her severely neglected, handicapped grandchild if she could find services in her community. Someone directed her to Kids Place. She returned to court with an extensive individual service plan for her granddaughter.

◆

Her husband had left her shortly after their youngest daughter was born with cerebral palsy. She needed day care so she could take college classes in a nearby county. She also needed physical therapy for her daughter. She found both at Kids Place, and also found that here she could both receive her WIC vouchers and have her children immunized.

The story of Kids Place is a story of a community trying to solve its own problems by acknowledging the needs of its families, and by working together to build a place for its children.

Scott County, Kids Place's home, is a rural and sparsely-populated county in southern Indiana, where children have consistently been shown to be at risk. According to state statistics, risk factors include:

- A high teen pregnancy rate
- The state's lowest percentage of high school graduates
- A large percentage of families with young children receiving some form of public assistance
- A persistent high unemployment rate

In rural areas these risk factors are often exacerbated by a shortage of services for families. Families who might take advantage of available services often have transportation difficulties. In addition, rural families tend to socialize within a small circle that is familiar and comfortable. They are uncomfortable expressing their needs to strangers in an impersonal setting. Trust comes slowly, and the necessary community acceptance for families to feel comfortable using the program must be earned.

With these risk factors and practical challenges in mind, a group of concerned service providers and family members got together in 1986. They envisioned a single center where public and private services would be available under a single roof. Grouping services together would improve communication between providers and also would reduce parents' transportation problems. Working parents would benefit by centralized day care in the same location, and thereby a reduction in the amount of work time lost when parents had to take children to appointments.

A proposal drafted by New Hope Services, Inc. was passed by the Indiana State Legislature, providing 75 percent of the funding for the building. The rest of the money came from the community itself: parents and service recipients raised more than $150,000 locally to match $375,000 approved through the state legislature. There were bowling tournaments, raffles, roller skating parties, yard sales, concerts, clogging exhibitions, dances, and a piano bench race. Kids Place opened its doors in 1988.

Kids Place is now a comprehensive family-services center, providing a variety of programs under one roof. It works to coordinate other services which meet the needs of young children and their families. Kids Place is owned by New Hope Services, Inc., a private, not-for-profit organization that provides developmental programming and family support for children and adults. The building also houses the WIC program and the County Health Department.

Kids Place's founders wanted the center to convey the message: "Our children are valued." From its colorful building-block exterior to the cheery playrooms to the warm attitudes of staff members, everything about Kids Place is designed to make children, families and community members feel welcome.

Kids Place succeeds because of dedication to a common goal. Agencies put turf issues aside and involved the whole community in the process. An operating principle is universal access: accommodating all children and providing for individualized needs in a comfortable environment. Family members are treated as important partners.

Now in its fourth year, Kids Place continues to thrive. It is one of six community approaches to services for young children which are being studied by the National Center for Clinical Infant Programs. Kids Place has become a model to be studied and replicated by programs around the country. ■

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■ by Judith A. Myers-Walls, Ph.D.

Natural Helping Networks: Using Local Human Resources to Support Families

Delivering family life education or family resource programs to rural areas is difficult. By definition, there are relatively few people in rural areas, and they live far apart. So programmers have no economies of scale. Clients have problems getting to programs; public transportation is usually non-existent. What's more, rural residents tend to see themselves as not needing help.[1]

Logistical concerns are only a part of the challenge of delivering services to rural clients. Another is the tendency of providers to try to duplicate in rural communities those program models that work in urban areas. Not only does such an approach violate a basic characteristic of quality programming—the need to program according to the needs and characteristics of the population being served—it may add an additional issue: exporting urban programs often means that the rural programs come under external control for development and administration. Such an arrangement dis-empowers the rural participants. It also conflicts with the tendency of rural residents to focus on "horizontal linkages"—direct social contact and personal interaction—and instead relies on "vertical linkages," which connect the community with outside groups and are based on instrumental function.[2]

Programs that utilize natural helpers in the rural community can overcome many of the barriers created by these issues. Although rural families tend to be either "extended kin-oriented" or "primary kin-oriented,"[3] they value community interaction. As one author has said, "the challenge before us is to develop service delivery models for rural areas which attempt to build upon . . . naturally occurring networks of aid while taking advantage of the technological and human expertise (which) vertically-imposed family service networks can afford."[4]

Natural helping networks have been called many different things,[5] but the common theme is that they are spontaneous and supportive relationships. People help each other without any expectation of direct compensation. Often, within a social network, it is possible to identify central figures or key helpers, people to whom others come for support.[6] These people are rarely in traditional human-service occupations, but are usually visible in the community: the gas station attendant, the barber, the librarian, or the postmaster, for example.

Authors have defined many kinds of support offered by natural helping networks. The five most common and distinct categories of help are: Instrumental support (sharing of such items as money, clothing or food, or allowing others to borrow items); belonging (helping members of the support network know that they are a part of the group); information (providing facts and figures or helping others find them); emotional support (listening to good and bad feelings and validating them); and referral or connection to other networks (sharing contacts with others or helping them find other help).

When natural helpers cooperate with a family resource program to provide those benefits, they do it with minimal transportation costs, because they are already in contact with members of the community. They bring credibility to any position because they are insiders and are known by the community. By lending their insider status, they help programs increase their appropriateness for the clientele, and they can do all these things at low cost because they are usually in the role of volunteers or paraprofessionals.

There are at least four prototypes of programs which have utilized natural helpers:

The first creates "artificial networks" in areas where few exist, or among individuals who are isolated;

The second establishes temporary networks in an attempt to build skills in individuals that allow them to function in a support system;

The third tries to build and strengthen existing networks with minimal interference;

The final type allows the support groups to function as they have been, but tries to link them with formal services or organizations.

A major concern when working with either networks or individual natural helpers is deciding how much training or intervention the professional can introduce without changing the functioning of the natural system. Because of liability issues and desires to program toward specific goals, most professionals would like to provide natural helpers with an orientation or training period. However, if the individuals were chosen for their positions because they were already effective helping others, how much training do they need? On the other hand, if they are are already functioning successfully and know everything they need to know, why should the formal service program become involved at all? Just let them continue to operate!

Although natural helpers bring important skills and instincts to any formal program, most do recognize areas where they need growth. The key to using these natural helpers most effectively is to take the same approach with them that is used in family enrichment programs: Help them identify what it is that they do well, assure them that they were chosen for this position specifically because of their strengths, and offer information, background, and support that increases the resources they have at their disposal.

Three examples of nationally-implemented programs will help to illustrate how this model may be used in rural (and urban) areas. (Because the author is affiliated with the Cooperative Extension Service, all examples provided come from that organization, although other groups also have used natural helpers effectively.)

The Expanded Food and Nutrition Education Program (EFNEP) is funded through the U.S. Department of Agriculture. Its mission is to provide low-resource families in every state with information about food preparation and nutrition. It does so by identifying and training qualified members of the targeted communities (natural helpers). These program assistants visit the EFNEP family homes weekly, until the family has completed the curriculum.

The Volunteer Information Provider Program was conceived at the University of Missouri and implemented around the country by the Cooperative Extension Service.This model trains central figures from interested communities to provide support and referral assistance to adult caregivers of dependent elderly family members.The investment is minimal on the part of the formal agencies, but the potential to reach many caregivers—people who are often very isolated—is great.

The Mentor Mother program model was begun as a system for matching mothers over the age of 21 (natural helpers) with teenage mothers on a one-on-one basis, similar to the Big Sister method. It has been used to support pregnant teens as well, the mentor assisting with prenatal care and acting as a labor coach. Mentoring also has been used to encourage high schoolers to stay in school or develop career skills and aspirations, and to help young men and women avoid becoming parents as teens. This model has been very effective in making a difference in the lives of both the client and the mentor. ■

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The Evolving Role of CES

The Cooperative Extension System (CES), a nationwide educational network founded in 1914, is a remarkable partnership which operates at federal, state, and county levels. CES is coordinated by the U.S. Department of Agriculture, which administers funds appropriated by Congress for use by the states. The System provides program staff (county agents) in virtually every county of the nation. These county agents have historically been and continue to be major providers of services to rural families. At the state level, specialists at the more than 70 U.S. land-grant universities and colleges work with county agents and with 3 million volunteers to develop and deliver research-based programs to people where they live and work.

From 1914 until the mid 1980s, CES had three program priorities: agricultural science, home economics, and 4-H youth development. These priorities, rooted in the needs of an agriculturally-based nation, addressed primarily rural populations that typically consisted of traditional nuclear families. One of the main goals of these programs was to enhance agricultural production and thereby improve the quality of life for farm families, through introducing new technologies. The family was served in its constituent parts: women were taught canning, preserving, and money management through the home economics division; men learned modern farming techniques, and children joined a local 4-H club whose activities promoted leadership and self-esteem. 4-H clubs also served as an outreach vehicle to get the whole family involved in the CES program. Agricultural techniques were introduced in 4-H through competitions (such as who could grow the tallest corn), and CES gained credibility in the eyes of many farmers whose 4-H-taught sons' corn grew taller than their own crops.

As our nation's social context has changed, congressional legislation and citizen involvement in CES have modified and expanded the curriculum. In the late 1980s CES restructured its program priorities. 4-H, agricultural science, and home economics were replaced by the idea of one-year initiatives which would have different emphases in different regions. In Nebraska, for example, these initiatives have been: 1) enhancing water quality, 2) increasing agricultural profitability, 3) strengthening individuals and families, 4) waste management, 5) improving nutrition and health, 6) youth at risk, 7) conserving and managing natural resources, and 8) revitalizing rural communities.

In rural communities, county agents many times are the sole social services delivery system, and these initiatives translate into concrete programs which provide essential information and resources for rural families. For examples of such programs or for more information contact a local county agent or the Communication, Information and Technology Staff, Extension Service, U.S. Department of Agriculture, at (202) 720-4651.

Thanks to Wes Daberkow, Cooperative Extension System, University of Nebraska at Lincoln, and Judith A. Bowers, Public Affairs Group within the Communication, Information and Technology Staff of the Extension Service, U.S. Department of Agriculture for serving as resources for the writing and preparation of this piece.

■ by Arloc Sherman

Rural children defy the stereotypes of needy and at-risk children in the United States. Demographically—in their racial and ethnic makeup and family structure—rural children resemble relatively well-off suburban children. But on key measures of poverty, health, education, and access to social services, they are surprisingly like children in inner cities.

"Rural" children refers to the one in four American children, 14.0 million in total, who live outside the Metropolitan Statistical Areas defined by the Office of Management and Budget. Rural communities under this definition are diverse, ranging from small cities to open countryside to Indian Reservations. But they share an isolation from the jobs and services commonly available in the suburbs and central cities of "metro" America.

Rural children are being left behind

Rural children are more likely to be poor (22.9 percent lived in poverty in 1990) than American children overall (20.6 percent) or metropolitan children (20.0 percent). Black, white, and Latino children all are more likely to be poor if they live in rural areas.

Rural child poverty is now higher than it was at any time during the 1970s. Each recent economic cycle of recession and recovery has left rural child poverty, like total national child poverty rates, at higher levels. The poverty rate of rural children was 16.6 percent in 1973, 17.3 percent in 1979, and 22.2 percent in 1989.

Causes include a nationwide wage decline, especially for younger workers, and a widening rural-metro wage gap. Rural earnings per job are now only 73 percent of metro earnings.

Another cause is weakening government antipoverty efforts. Government help is even scanter in rural than in metro areas. For example, AFDC payments per poor family with children in rural areas are about half the metro level.

Some metro residents may think rural poverty is easier to bear because rural living is cheaper or farm food is abundantly available. In fact, few rural families raise their own food or even live on active farms any more, and rural living costs except for housing are essentially the same as in metro areas. Lower housing expenses do not compensate for the differential in rural wages.

Rural children face other disadvantages:

• Rural babies are more likely to be born to women who received late or no prenatal care. Rural areas have only one-third as many obstetric and gynecological specialists per capita as metro areas.

• Rural areas have fewer than half as many physicians per capita. 42 percent of rural children, compared with 33 percent of city and 35 percent of suburban children, have not visited a doctor for at least a year.

• Childcare is in shorter supply in rural areas, rural preschool children are less likely to be in programs with educational content, and rural childcare workers have less education than metro childcare workers.

• Rural students attend poorer schools. In the last year for which data are available (1982), rural communities spent about 10 percent less per student than metro communities—a deficit equal to more than $5,700 for a classroom of 25 students.

• Rural schools have a narrower range of courses and programs, and rural teachers have less experience, less training, and higher rates of turnover.

• Initial high school dropout rates are similar to metro rates. But fewer rural dropouts return to finish high school or get a GED. Combined with the tendency of educated rural youths to move away to metro areas, this leaves a larger proportion of the young rural work force without a high-school degree.

The rural picture is not uniformly worse: Rural babies are less likely to be born at low birthweight than metro babies. Rural communities have lower homicide rates and are more likely to be rated highly by residents as good places to live. The federally-funded Study of National Incidence and Prevalence of Child Abuse and Neglect found no significant differences in the incidence of child maltreatment between metro and rural areas in 1986.

But on almost every available indicator, rural children's problems are worse than the suburban component of the metro population. And surprisingly often they are close to, equal to, or even worse than the problems of inner-city children.

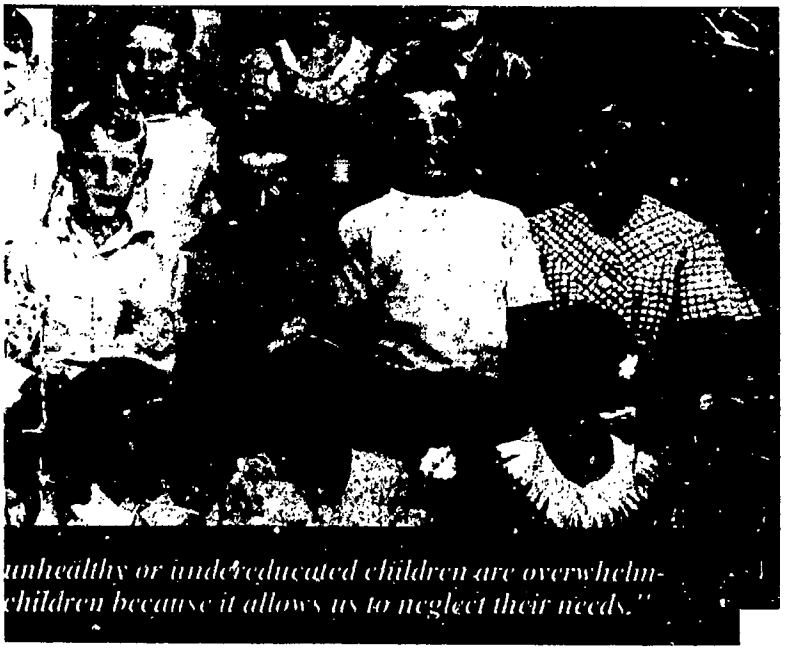
• The astronomical poverty rate for rural black children (53 percent) exceeds the rate for black children in metropolitan central cities (47 percent), as does the proportion of rural black children living in families with incomes less than one-half the poverty line.

• Death rates for white infants are higher in rural areas than in urban areas of metropolitan counties.

• Rural children of all races are more likely than their city peers to go a year or more without a regular doctor's checkup.

Many of the gravest problems associated with inner cities are also found in

ts on Children in Rural America



unhealthy or undereducated children are overwhelm-children because it allows us to neglect their needs."

rural areas. In Arkansas, Idaho, Iowa, Kentucky and Ohio, recent studies have documented the existence of thousands of rural children who are homeless.

Of course, rural problems need not exceed metro problems to harm children. In all areas — rural, inner city, as well as many suburbs — children's problems are far too serious to ignore. On indicators as diverse as infant mortality and mathematics achievement, children throughout the United States lag behind their peers in many less-wealthy nations.

Stereotypes

Americans tend to believe that our nation's poor or unhealthy or undereducated children are overwhelmingly urban and minority. This stereotype hurts rural children because it allows us to neglect their needs. The stereotype also hurts inner-city children because it makes it easier for many Americans to imagine that such problems are alien, unique to inner cities, possibly even the fault of the parents. And the stereotype hurts the nation because it has helped us to rationalize raising a whole generation of children in poverty, ignorance, and distress.

In a few respects rural children do fit our traditional image. They are more likely to be white than are metro children. They are slightly more likely to be from two-parent families.

Yet despite some apparent advantages, rural children are poorer, less healthy, less educated, and generally worse off than other American children. And low rural wages mean that rural children more often remain mired in poverty even when their parents are employed.

How to make a difference

Because children's needs are urgent nationwide; recommendations for government action must begin with steps that will support all of America's struggling families—rural, city, and suburban.

All children need to grow up in families that can meet their basic needs: food, clothing, and a safe home. One step toward this goal is a refundable children's tax credit—a modest amount per child that is available to every family with children. As proposed recently by key members of Congress from both parties, such a credit would reduce taxes for middle- and low-income families and would be issued as a refund to help families too poor to owe taxes.

Other potential steps to a fair start for all children include more aggressive child-support enforcement and the creation of a child-support insurance system to combat extremely high child poverty rates in single-parent families and to give single parents a dependable base for economic self-sufficiency.

All children need a healthy start: access to basic health care through health insurance for every child, parent, and pregnant woman.

And all children need a head start. It is time to extend the very successful Head Start program to every eligible child rather than providing the program's benefits to only one in three children.

Ways to target the particular needs of rural children

Because rural children are poorer, yet more likely to live in two-parent or working-parent families, they will benefit in particular from: larger federal and state tax credits for working families with children (like the Earned Income Tax Credit); parental leave; and improvements in safety net programs such as food stamps, Aid to Families with Dependent Children for families with unemployed parents (AFDC-UP), and Section 8 housing assistance.

Programs directly aimed at isolated rural (and city) children are needed. Full funding for Community and Migrant Health Centers, WIC, and the National Health Service Corps would provide basic health care in thousands of medically underserved rural and inner city areas. State programs that enhance or forgive undergraduate and graduate student loans for health personnel and teachers who serve in rural or inner-city areas would help alleviate shortages of professionals serving children. Home visitor health services and training and support for family day-care providers would strengthen families and childcare services and protect children.

To address rural transportation needs, federal and state governments should: Lift unreasonable restrictions in programs such as AFDC, Medicaid, or food stamps against owning vehicles of even modest value; undertake outreach and allow rural families to apply for such programs by mail; place Medicaid enrollment offices wherever health services are provided; and reimburse poor families' necessary travel costs to medical and social services.

Finally, for many rural communities, greater investment in schools is essential. This includes more equitable school funding, more investment in special and enhanced programs, and exploration of new "distance learning" techniques. ■

Arloc Sherman is Program Associate in the Family Support Division of the Children's Defense Fund, where he specializes in family income and poverty issues. This article is summarized from the recent CDF report. Falling by the Wayside: Children in Rural America, *made possible by the support of the Ford Foundation and the Aspen Institute. The report is available for $13.95, including postage, from CDF Publications, 25 E Street N.W., Washington, D.C. 20001. For more information, contact Arloc Sherman at 202/628-8787.*

■ by Jan Marrack

Family Support Services of West Hawaii was founded in 1979 by members of the community concerned with the prevention of child abuse and neglect. West Hawaii is the fastest growing district in the state of Hawaii; over the last ten years, the population has doubled and real estate prices have tripled. There are extreme differences in economic status: multigenerational local families needing five jobs in a household just to pay the rent, contrasted with families living in homes valued in the millions. This culturally diverse area spans more than 150 miles of coastline, with the population center midway between the two most isolated communities. Isolation is both physical (there is no public transportation) and psychological (many rural residents are uncomfortable traveling outside their immediate environment).

Family Support Services of West Hawaii's mission is to promote healthy families by providing support services to strengthen and empower families and foster the optimal development of children. The philosophy of Family Support Services is that parents want to provide their children with a healthy and safe environment in which to grow; that with encouragement, resources, and support, families can meet the challenge of raising children in today's complex world; that programs which build on a family's strengths are more effective than those that focus on their weaknesses; that services must conceive of families in the context of their communities; that affordable prevention programs can keep family difficulties from becoming chronic and expensive public problems.

Prevention programs are Family Support Services' main focus. These include Healthy Start, a nationally-acclaimed community-based maternal and child health program, and the 'Oihana Ohana Respite Nursery program, providing planned and emergency respite care services and parent support groups. In 1990 the Hawaii State Legislature made funds available for a Family Center Demonstration Project—the primary prevention program that Family Support Services had long envisioned.

The West Hawaii Family Center was established in one of the largest shopping centers in the most centrally-located and densely-populated community in West Hawaii in order to serve this broad geographic area from one location. This is where families come to from outlying areas to shop, at least on an occasional basis. The Center is small but cheerful, and the staff warm and friendly. People can drop in or phone to be connected with whatever activities or services they need.

Families are encouraged to identify and prioritize their needs, and to participate in their own solutions. The goal is to ensure that people have a positive experience so they will be empowered to act on their own behalf in the future. The Center offers ongoing parenting classes, series on various family issues, craft classes, an intergenerational literacy program, and a weekly Story Time. These programs are staffed by volunteers whenever possible. The Family Center also houses a toy-lending library, which has been a successful way to set up informal relationships with families with young children.

Meeting space is available for support groups, 12-step programs, and classes run by other community organizations. The Family Center is also available to other service providers who use its information, as well as meet with clients in this non-stigmatizing environment. The Family Center is a resource bank able to recognize duplications of and gaps in services and to advocate for their resolution.

The Family Center enjoys complete freedom to adapt to community needs. A Community Liaison Committee made up of consumers, services providers and representatives from other important sectors aids staff in developing policy and programs, and committee members act as Family Center ambassadors. This flexibility has permitted a role in community development in the more isolated areas. Concern in one community about the high incidence of domestic violence has led not only to a more organized and sensitive approach to intervention and treatment, but to the formation of a grass-roots organization working to create a program for dispirited youth. The Family Center has been actively involved in providing technical assistance.

Community response in all areas has been overwhelming. Not only do people come to access activities and services, but businesses, service organizations and individuals have gone out of their way to offer financial and in-kind support. There is a lot of trust in the Family Center which has taken the lead in demonstrating to families that their community cares about them. ■

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■ by Lana Ross

MICA: Mobilizing Churches

As government funds become less available, non-profit organizations must develop new partnerships at the local level to find the resources to continue their work. One local resource is church involvement. Just such a need led Mid-Iowa Community Action, Inc. (MICA) to design a project to reach local churches and involve them in the services provided by our agency in their communities. Most churches have a vested interest in the well-being of the community, and believe that the improvement of the community will ultimately benefit the church.

Mid-Iowa Community Action, Inc. (MICA) is a five-county community action agency serving approximately 6,000 families, comprising 16,000 individuals, a year. We provide access to federal- and state-funded anti-poverty programs such as Women, Infant, and Children Supplemental Feeding Program (WIC), Headstart, Weatherization, Low Income Heating and Energy Assistance Program (LIHEAP), etc. MICA also provides home-based family development services to approximately 275 low-income families facing risks to their well-being. With this kind of intensive, comprehensive help, families can begin to work toward a goal of economic self-sufficiency. The majority of MICA's funding for family development comes from competitive demonstration and research grants, which are awarded for a limited time. Because we recognize the need for ongoing and reliable funding, we have attempted to develop a consistent funding source to assure that we would be able to provide developmental services on a continuing basis.

Within MICA's service area, there are approximately 350 churches ranging in size from 10 to 2,000 members. Many of these churches have been partners with MICA over the years, providing services such as emergency food, utility payments, gas money, etc. to help low-income families. A few churches also provide space for MICA's Headstart and WIC programs. But, valuable as these partnerships have been, they have not focused on family development work.

Project Home Mission had two goals: 1) to increase the number of partnerships with churches and 2) to move these partnerships towards supporting our long-term family development work.

Initially, Project Home Mission contacts a church's minister to talk about MICA, family development, and the details of Project Home Mission. We explore existing church projects to learn if they are in philosophical agreement with Project Home Mission. We address the questions or concerns of the minister, and then determine the appropriate decision-making committee within the church to hear a presentation.

The presentation is made by project staff along with the head of a family currently participating in family development. MICA staff assist the family member as she prepares to share with the church committee what her life was like before involvement in the family development program, the changes since, and her dreams for the future. Project staff inform the parishioners about MICA, the idea of family development work, and the details of a potential partnership with MICA as part of Project Home Mission. The family member's participation is a key element in communication with the church, since the family member will often disprove misconceptions and stereotypes parishioners may have regarding government-aid recipients. Her presentation provides first-hand testimony about the effectiveness and benefits of our work with the family.

When a church decides to participate in Project Home Mission, it pledges $100 per sponsored family per month to MICA. We then provide family development services to a low-income family within the church's county. The church's funding provides the necessary resources to pay salary and expenses for family development staff. Project staff develop an initial profile of the sponsored family to share with the church, using fictitious names and including details about the family members' situation, income and the family's long-term goals and dreams.

Every quarter, MICA staff and the family prepare an update for the church about the sponsored family, including joys being celebrated or a crisis within the family and how it was resolved. This contact keeps the church informed about the family and provides a means for MICA to nurture our relationship with the church. MICA staff continue to build and strengthen our church partnerships by making personal visits, delivering Sunday-morning sermons and inviting the church to participate in various MICA community projects.

Through the 37 Project Home Mission church partnerships, 42 families are enrolled in the family development program, representing over $50,000 in additional income for developmental services. As MICA and the churches have continued as partners, other programs have been established that benefit the churches, MICA, and area families.

In 1991, the Iowa United Methodist Annual Conference Board of Camps and Extended Ministries supplied free slots as campers to all MICA youth who had the desire to attend camp. This gift allowed 131 low-income youth to participate in camping, and for 65 percent of the MICA youth, it was a first-time experience. The cost of these scholarships was $15,0000, and the church has extended the same invitation to MICA again this year.

Mother to Mother is an exciting project which is just beginning. This project joins three women, one from MICA's family development caseload, and two volunteers from two different Project Home Mission churches. The three women attend an orientation about the project and schedule meetings throughout the next year. This opportunity broadens the base of support for the MICA family and educates the volunteers about the needs of low-income families.

Another new program, Volunteers On Identifying Community Employment Sources, (VOICES) has been introduced in three of the Project Home Mission churches. A parishioner who can offer employment opportunities calls the MICA office, and MICA staff selects the best possible candidate for the job opening from our family development caseload, and provides the necessary support to that candidate to prepare for employment.

At MICA, we believe these examples are just the beginning of the exciting and rewarding opportunities for cooperating with churches. As the partnerships between MICA and the Project Home Mission churches become stronger, everyone involved will benefit from working together. ■

Lana Ross is the Community Resource Coordinator for Mid-Iowa Community Action, Inc. (MICA). She is currently the director of Project Home Mission and recently presented a workshop at the Family Resource Coalition's Fourth National Conference in May, 1992. For more information about this project, contact Ms. Ross at MICA, 1500 East Linn, Marshalltown, IA 50158 515/752-7162.

■ by Amy Martz

CARY CHRISTIAN HEALTH CENTER: Touching Lives in the Mississippi Delta

The Cary Christian Health Center was founded in 1971 as a medical ministry to the people of Sharkey and Issaquena counties—two of the poorest in the state of Mississippi. Since then, it has grown into a multi-faceted outreach serving the total needs of families and individuals.

There have been marked improvements in the health and living situations of the citizens in this delta region (infant mortality has dropped by half), but the community still faces challenges. Unemployment is well over 20 percent. An average of 31.5 percent of the families in both counties live below the federal poverty level. The teen pregnancy rate is 4.25 times higher than the national average. And infant mortality is still almost twice the national average.

As is often the case in poor communities, many problems stem from hopelessness, isolation, and low self-esteem. The Cary Christian Health Center seeks to build self-esteem by helping people help themselves through education, opportunity and spiritual support, while bringing relief for physical suffering.

A medical and a dental clinic staffed by health professionals provides the physical relief. Services are offered on a sliding fee scale. The dental clinic is open three days a week; the medical clinic, five. The medical clinic also does certification and screening for the WIC program.

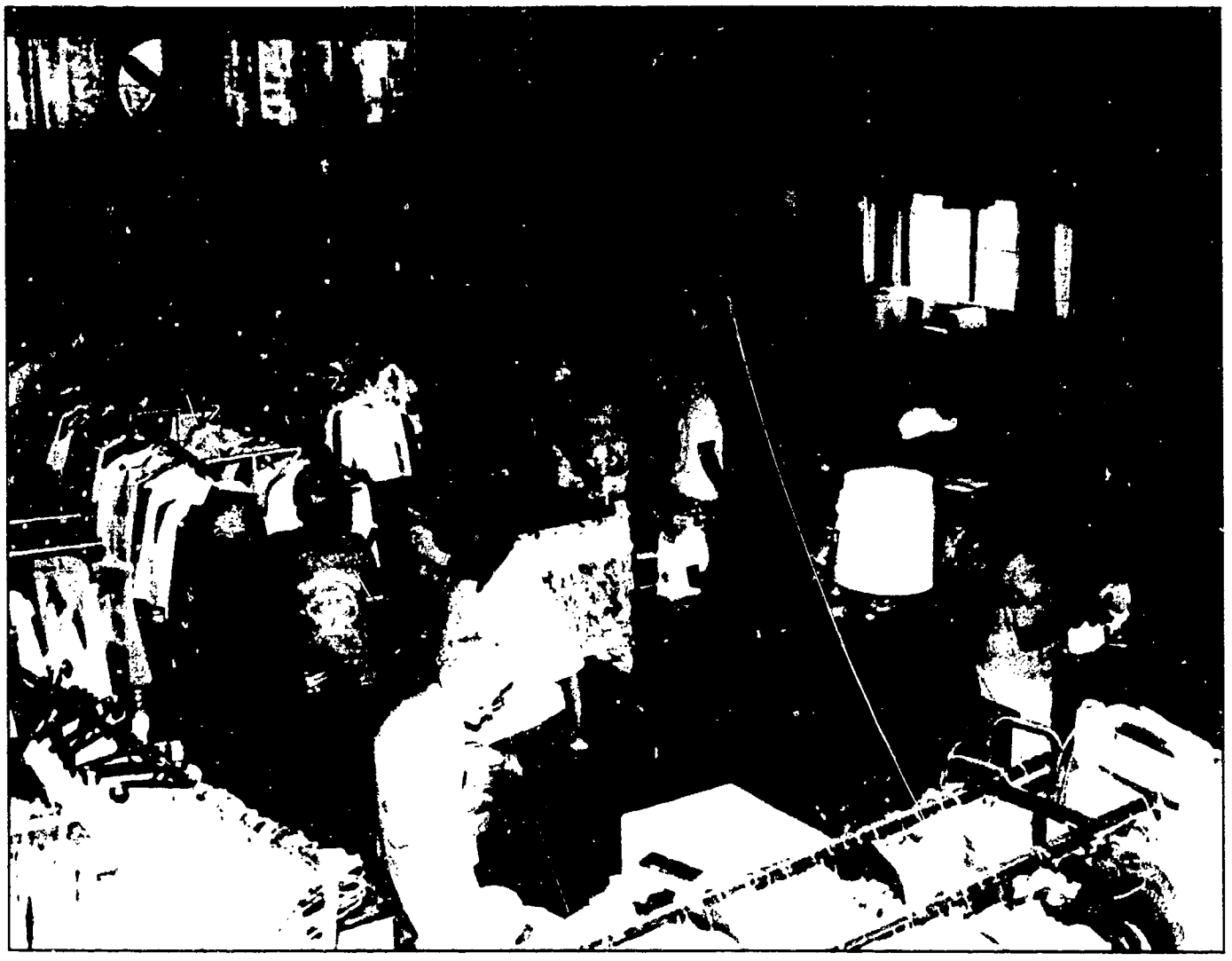
The Cary Christian Health Center has used the church's role in rural, black communities to encourage disease prevention. The Center has trained volunteer community health advisors, representing five congregations, to do blood-pressure screening in their churches, neighborhoods, and local places of employment. They also dispense information about preventing heart disease, diabetes, and stroke (This part of the south central United States is known as "The Stroke Belt").

Because a large number of the babies in the delta are born to high-risk mothers, low infant birth weight is also a serious problem. The Cary Christian Center operates a parent/child program that includes pre-natal classes, nutrition education, parenting classes, and home visits.

The dental clinic at Cary provides important preventive services as well as emergency care during office hours.

The Cary Christian Center builds self-esteem by providing educational and spiritual support for community members as they help each other.

Mothers are visited at home before and after giving birth. In 1991, two specially-trained volunteer home visitors made over 2,300 visits, providing follow-up care to many new mothers in Sharkey and Issaquena counties. This is vitally important in an area with limited transportation and few professional health providers. (There are no physicians who deliver babies, or hospitals equipped for deliveries, in either Sharkey or Issaquena county; there are only three



An overhead view of the Cary Christian Center's Thrift Shop which provides used clothing, furniture and household appliances at low cost.

sources of primary care in the two-county area.) The home visitor program is also important for assessing parenting skills, housing conditions, and other environmental factors that could affect the health and well-being of the child.

More than 50 percent of the houses in Sharkey and Issaquena counties are substandard. To alleviate the problem, the Cary Christian Center developed a Community Affairs Program that includes construction and repair of homes. Through this program, area residents may contribute "sweat equity" toward the cost of building or improving their homes. No-interest financing is supplied by the Christian Economic Corporation (a sister ministry of the Cary Christian Center), and residents make mortgage or loan payments monthly.

The Cary Thrift Shop is another branch of the Christian Economic Corporation. The Thrift Shop sells second-hand clothing, furniture, appliances, and other household goods which community residents would not otherwise be able to purchase. Profits from the Thrift Shop support to the rest of the Center's programs.

The Cary Center is a Christian ministry operating in the belief that lasting behavior changes can only be made by empowerment through Jesus Christ. The Spiritual Program is one of the Center's most vital outreaches. Designed for all age groups, the Spiritual Program provides Bible classes, activities, field trips, a drama club, educational enrichment, tutoring, and work projects for children ages pre-school through young adult. The ministry also offers a special Bible study for adults, home Bible studies, counseling, and meal delivery to shut-ins.

Does it work? Just ask the individuals whose lives have been touched: Rosie Jackson, a young woman raised by alcoholic relatives who is now fulfilling her dream of attending nursing school; Dorsey Johnson, the center's spiritual director who was discipled at the Cary Center, attended college, and is now a husband, father of six, and deacon and superintendent in a local church; Mary D., a mother of two who had been living in a snake-infested house but who was helped by a Cary home visitor and social worker to obtain a trailer in a better neighborhood.

These are the stories that inspire the Cary Christian Center staff to keep investing in lives one at a time. ■

Amy Martz is Communications Director for The Luke Society, Inc., an international medical missions group and the parent organization of the Cary Christian Health Center. The Luke Society's headquarters is in Vicksburg, MS. For further information, call The Luke Society at 601/638-1629 or the Cary Christian Center at 601/873-6837.

■ by Lynne A. Bond, Ph.D., Mary Field Belenky, Ed.D., Jacqueline S. Weinstock, M.A.

Listening Partners: Helping Rural Mothers Find a Voice

An increasing number of women are raising children alone, impoverished and with little support from the children's fathers or grandparents. Especially for those in rural settings, who are geographically isolated, motherhood is more and more a lonely occupation. These mothers are often undereducated and they undervalue what they think, their own opinions and life experiences. Many rural mothers were raised in isolated, authoritarian, nonverbal households and did not develop their "own voice" or refine the ability to analyze and express their thoughts and emotions. They lack a sense of the importance of their own mind and voice, because, as children, they did not learn to rely on their thinking, understanding, and articulation for problem-solving and communication.

This has important consequences for their style of parenting. These mothers tend to use power-oriented techniques (threats, commands, and physical punishment) for influencing their children, as their parents did with them. They often have a limited appreciation of their children's social skills. Not feeling the potential of their own minds, they do not encourage such capacities in their children. Failing to think things through and talk things out with their children, these mothers rarely explain what they know, nor do they ask their children questions that might help the children generate their own ideas, explanations, and choices.

It has been demonstrated in the literature that these parenting practices and attitudes are linked to delays and/or limitations in children's thinking and learning skills, self-concept and self-esteem, and social competence and peer acceptance. Social isolation, hierarchical family structures and the stress of poverty have repeatedly been associated with family violence (Finkelhor, 1983). Behavior problems are an additional consequence for many of the children. Moreover, children internalize many of the thinking and parenting strategies of their parents, and thus perpetuate these patterns in subsequent generations.

When parents develop their own voices or ability to express themselves, they realize that they have worthwhile ideas. By being listened to attentively and listening to themselves attentively, parents recognize how they are working towards goals that they have for themselves and their families. As parents recognize their own voices, they begin to trust themselves to make decisions and solve problems. They also begin to help their children develop these capacities. This is what the Listening Partners Project is all about.

The Listening Partners Project

The Listening Partners Project was designed to ease the social isolation of and support the development of mothers—so they in turn might better support the development of their children, their peers, and themselves.

We focused on fostering women's understanding of themselves, their peers, and their children as "knowers." We used Belenky, Clinchy, Goldberger, and Tarule's (1986) five Ways of Knowing (ways of understanding knowledge) to hypothesize the steps that might help an individual mother to gain a voice, to claim the power of her mind, and to become more actively engaged in conceptualizing and interacting with her children and peers in ways that promote their cognitive development and sense of self-competence.

The principal tool of intervention was the fostering of dialogue. Through dialogue, a person can discover and cultivate the power of her mind and voice, and, as a consequence, her ability to encourage the intellectual development of children and peers.

Dialogue provides opportunities to gain comfort with listening and speaking—finding meaning in others' words, finding words to articulate meaning, seeing that trading stories and ideas can be useful. Through dialogue one can develop an awareness of the interpretative and creative powers of the mind—one's own as well as others'. Only after gaining a clear understanding that ideas can and do emerge from one's own mind, can one begin to consciously develop, use, articulate, and integrate procedures for constructing and refining ideas.

The Listening Partners Project used dialogue in several key activities. Women's words, ideas, and stories were recorded on tape. As these taped recordings and transcriptions were disseminated, women were able to listen to their own thoughts as they emerged and to experience being deeply heard by others. Sharing their own and their children's "life stories" and "growth stories"—tales of aspiration and realization, however small—encouraged women to recognize strengths and growth that had typically gone unnoticed. Group exercises in interpersonal cognitive problem-solving (elaborating upon the work of Shure & Spivack, 1978; 1979) highlighted and fostered the women's abilities to think

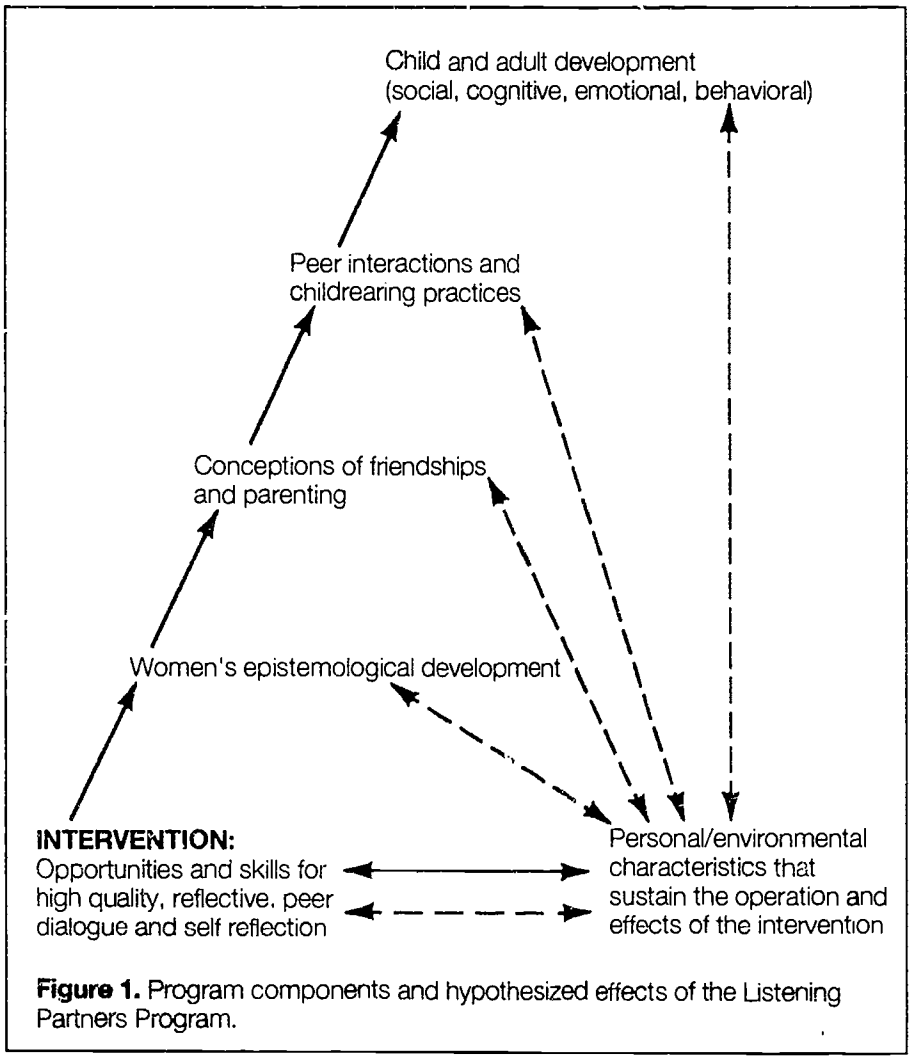


Figure 1. Program components and hypothesized effects of the Listening Partners Program.

and work through problems and to support one another in collaborative problem-solving. Interviewing in pairs and as a group helped women discover their skills in identifying meaningful questions and drawing out the ideas of others.

Once they felt more confident in self-expression with peer participants, women were encouraged to do the same with their children at home.

We worked with social service and mental health personnel to recruit 120 isolated, rural, impoverished mothers of preschool-aged children for the Listening Partners Project. Each of the project participants and her children completed interviews and other assessments at three 9-month intervals. Half of the women (our experimental group) engaged in the intervention during the interval between the first and second set of interviews, meeting in small discussion groups of twelve or so (including two staff group facilitators), one morning a week over an eight-month period, while their children were provided childcare. The other half was a control group.

Figure 1 provides a schematic diagram of the Listening Partners program components and hypothesized effects. As the solid arrows in Figure 1 illustrate, the program was designed as a multilevel preventive/promotive intervention. The intervention activities created opportunities and developed skills for high-quality reflective peer dialogue, encouraging women who have had little confidence in themselves as knowers to gain a voice and develop the powers of their minds. We expected that the mothers, in turn, would become more able to see their children as active knowers, and therefore, more fully draw out their intellectual, social, and emotional capacities thereby promoting healthy child development. These women would simultaneously cultivate and prosper from more constructive, supportive peer relationships.

As the broken arrows in Figure 1 illustrate, we expected the effects of each level of the program (from the intervention activities through the enhanced developmental status of the child and adult) would feed back into promoting an environment that nurtured and sustained the operation and effects of the intervention. For example, the promotion of more effective parenting strategies was expected to provide a context in which not only the child's development would flourish, but where the mother herself could engage more in collaborative problem-solving (in this case, with her child), reflect upon her reasoning skills, and contribute to her competence with the tools of mind and voice.

Results

Our analysis confirmed that mothers who had a more complex understanding of the active nature of knowledge endorsed more intellectually stimulating, non-authoritarian, and non-directive parenting communication strategies. These strategies are more likely to draw children into active participation and problem-solving. Moreover, the Listening Partners intervention did help these women develop a more complex appreciation of the active nature of knowledge and its development. Gains persisted and even increased during the nine-month period following the termination of the intervention. We believe that these "listening partners" discovered and developed skills which helped them support their own growth and that of their peers and children.

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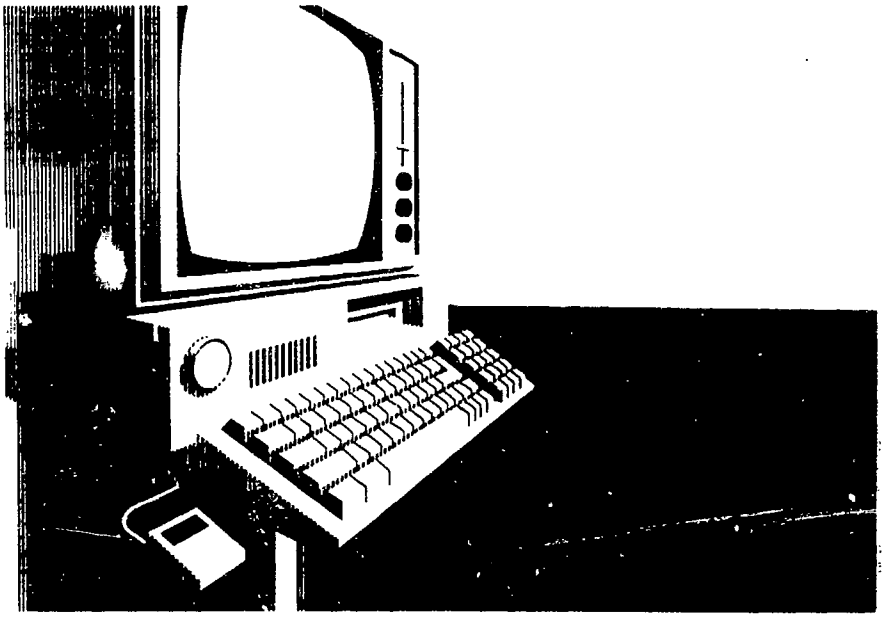
■ by Anne Floden Fallis



Technology Expands the Reach of Family Services in Rural South Dakota

Imagine being poor and living on one of the isolated American Indian reservations in South Dakota—where the nearest shopping centers (and most major services and job opportunities) may be fifty to one hundred miles away. Now imagine what it's like to be a service provider under these conditions. South Dakota has ten of the poorest counties in the nation, all encompassing reservations[1]. Most reservation families do not have adequate transportation; minimal funding for services means that service providers are isolated from regional and national resources.

The Dakota Bulletin Board Service (Dakota BBS), uses modern technology to provide service and information delivery to poverty-level families and to their service providers in isolated environments. The Dakota BBS is a computer networking system that enables instantaneous and interactive exchange of information using regular PC computers, modems, and rural phone lines.

The system is easy to use and does not require a high degree of computer literacy, nor expensive computers or equipment. Dakota BBS users can dial into the system with their computer modems much like making a phone call.

The system has many more functions, however. It allows ordinary people to:

- Send and receive "mail" (with a possible reply within minutes)
- Read current public announcements and news the instant they are posted
- Join conferences in which they can discuss specific issues with people from all over the world
- Instantly download files of information, much like they might borrow a book from the library (only the library is at their fingertips)
- Work on documents with teams from all over the world.

Rural America Initiatives is a small American Indian non-profit organization in South Dakota that uses the Dakota BBS in its day-to-day operations, as well as for special projects. On a typical day, an RAI employee might dial into the Dakota BBS and:

- Find out what meetings are scheduled for the week
- Post a public notice for all employees to tell them about a client's birthday celebration
- Check a detail in the organization's personnel policies
- Help a family member download a graphic to be used in the parents group's newsletter
- Attend an on-line Alcoholic Anonymous meeting (with members from across the nation) during a break
- Present a client's problem on an echo called, "Plain Talk," and receive feedback from social services and mental health professionals from South Dakota and Wyoming
- Work on a grant with a consultant from the West Coast (Unlike a fax, the Dakota BBS allows users to download a file and later change it on their word processor without retyping.)
- Check a job bank in Montana on behalf of a client who is moving
- Help a teen parent attend an "on-line" GED class
- Review a file provided by a national service provider about a model Children of Alcoholics program
- Send out an announcement about a conference to one hundred rural schools (in five minutes and with no postage costs).

Phone costs for linking with national and regional service providers are low (approximately $25.00 per month). The system allows all kinds of computers to link. (Most rural schools in the area have Apple II computers and most service providers have IBM-compatibles.) More features will be added in the next six months, including on-line college classes and an American Indian arts-and-crafts catalog to market products of reservation families to national and international markets.

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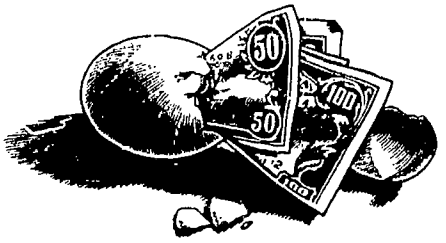
Lakota Times, February, 1988, quoting United States Department of Commerce data.

Anne Floden Fallis is founder and Executive Director of Rural America Initiatives, a non-profit organization serving American Indian families in the Dakotas. She is also systems operator of the Dakota Bulletin Board Service. For more information, contact her at Rural Route 1, Box 1845, Rapid City, South Dakota 57702, 605/348-9924, or by modem to the Dakota BBS at 605/341-4552.

■ by Christine Vogel

Funding Family Support Programs: Charging Fees for Services



Developing strategies for increasing revenue is a key survival issue for non-profit organizations that are in the business of strengthening families and the notion of charging fees for services is a growing option. As a relatively new entity, family support programs are not automatically considered worthy of support from major funding sources. This may be particularly true for programs which serve mostly middle-class populations who are seen as having the ability to pay for such services.

The three programs profiled in this article are "old-timers" in the family support movement, each having been in existence for more than a decade. Each has charged fees from its inception: each has also been able to provide the families it serves with some free programming.

All three have done well. Last year alone, these three programs served approximately 14,000 families. One of the programs serves a predominantly upper-middle-income population; the second serves a middle- to lower-middle-income population. The third serves an ethnically and socioeconomically diverse population that ranges from mainstream to under-served, with the latter population's family problems reflective of entrenched social problems.

The continued success of these fee-for-service programs seems to indicate that middle-class families are willing to pay fees for programs that provide them with resources and support. This demonstrates that family support programs are valuable to and appreciated by those who face the "normal" crises of parenthood.

It also shows that market driven fee-for service programs can successfully operate in conjunction with those social programs for in-need populations which rely on foundation and corporate support.

These three programs illustrate a variety of ways to work with community resources. They can serve as models to other family strengthening programs that may be facing a need to charge fees for vices.

92 St Y

92nd Street Y Parenting Center

New York, New York

Fretta Reitzes, Director

The Parenting Center began in 1978 as a program of the 92nd Street Y (Young Men's/Young Women's Hebrew Association). Since the Y has always charged fees, it was clear that the Parenting Center would also be fee-based, particularly since it receives no outside funding. The Center's annual budget is about $500,000. The Y covers overhead expenses, such as space, maintenance, marketing, and accounting; all other monies are generated by program fees.

The Parenting Center serves approximately 3,000 to 4,000 families each year, the bulk of whom are upper-middle-income. It offers a wide variety of programs, including: weekly seminar series for new mothers; play groups for parents or caregivers and their toddlers; infant/toddler development classes; support groups for new mothers; fathers' groups; workshops on parenting issues; and parent forums for parents of children ages four through teenaged years. Many of the programs are tailored to fit the needs of working families. About two-thirds of the Center's programs are geared to parents with children between the ages of six months and two and one-half years.

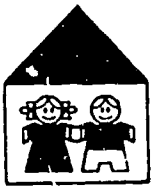
Director Fretta Reitzes says that fees are "structured to serve a middle-class community; they're designed to support our programs and services and are based on what the market will bear." The staff determines the fees by continually examining other comparable programs and charging similar rates. "As our programs have expanded, we've raised our fees. During the recession, however, we've tried to be sensitive in our fee structure. We've had more requests for scholarships during the past several years, and we've been able to honor every request."

Until this year, the Parenting Center has also offered community service programs at no charge. One example is "Public School Options," a school fair that gives parents a "one-stop-shopping" opportunity to learn about the various public schools in the area. "But we can't sustain that anymore without charging a fee," says Reitzes, adding that the Parenting Center will soon charge fees for all of its programs.

Reitzes believes that middle-class communities have a real need for the kinds of services that the Parenting Center provides. And fees are critical to her program's survival, since it receives no outside grants or funding.

A typical program sponsored by the Parenting Center costs about $15 to $20 per class. For example, the 14-week program for new mothers, costs $200. It meets once a week for one and one-half hours and participants register in advance for the entire semester.

Until recently, the Parenting Center had not actively sought outside monies for any of their programs. But they are currently developing a large-scale program focusing on adoption, both for prospective parents and for parents who've already adopted a child. And they are seeking donors, both private and corporate, to underwrite different parts of the program. "We're changing the way we operate and beginning to pursue other ways of raising money," says Reitzes.



The Parenting Center at Children's Hospital

New Orleans, Louisiana

Donna Newton, Director

When the Junior League of New Orleans and Children's Hospital originally established the Parenting Center at Children's Hospital in 1980, a community board was created to set fees for membership and classes. The center, whose initial program was a Parent/Infant/Toddler Center, was set up to serve a middle-class population with normal developmental concerns about raising children. As its services have expanded, the population served has also expanded and now includes both middle-

and lower-middle-income families.

The Center offers classes, workshops, lectures and drop-in gatherings, and serves parents of children from infancy through pre-adolescence. It also offers new parent support groups, short-term counseling, brown bag seminars for working parents, "The Newborn Booklet" for area hospitals, and programs geared specifically to stepfamilies and to fathers.

The Center charges a yearly membership fee of $45 for active membership, and $25 for associate membership (an increase of $10 over the 1980 start-up fees). In setting fees, its board of directors looked at family membership fees for other organizations in the community, and compared the services offered. The Parent/Infant/Toddler Center is the only program that requires a membership fee, and parents can pay in two installments if necessary.

Specific class fees, which are approximately $5 per class, are purposely kept low to encourage participation. For night classes, the Center charges the same fee for the attendance of one or both parents or significant other. "That way we hope more couples will get a babysitter and attend," says Newton.

Parents who are unable to pay can apply for scholarships or volunteer their time. Volunteering to help provide childcare for a semester-long class entitles one to a free class. Newton says that most members who need assistance choose volunteering over straight scholarships.

The Center has always offered some free classes, such as informal community talks and "lunch bunch" seminars. It also offers parents the opportunity to attend their first infancy class at no charge. "It acts like a start-up for them and we then encourage them to join," says Newton.

The Parenting Center serves about 425 members and 5,500 nonmember families each year, operating with a budget of $161,000. Class fees and membership account for about 14 percent, or $22,500. Fundraising and an annual giving campaign account for 42 percent; Children's Hospital picks up the 44 percent deficit. "We always try to reduce that through the gift-giving campaign and our fundraiser, Boo at the Zoo," says Newton. This annual special event is a "Halloween carnival" held at the New Orleans Zoo, complete with games, rides and "trick-or-treat" spook houses. The event draws about 4,000 people and raises between $35,000 and $45,000 for the Center.

Newton has found that charging a small fee is better than no fee at all in terms of class participation. She acknowledges the the Center has sometimes made mistakes in setting fees. "When we price a program too high, no one signs up. We listen to what members tell us by sending out surveys and doing class evaluations. We've found that their thinking when it comes to parenting issues or parent-child events is:'if it's with or for children, it should be inexpensive.' The New Orleans economy has been depressed for eight years and we've seen the effects on our parents. We've chosen to keep our fee structure low and to subsidize the programs, with the annual giving campaign, Boo at the Zoo, and the Hospital, our permanent funding source, picking up the deficit."

FRIENDS of the FAMILY

Friends of the Family

Van Nuys, California
Susan Kaplan, Executive Administrator

Friends of the Family is a 20-year-old, not-for-profit counseling and education center. "Our mission is to provide quality mental health and human development programs to the mainstream and underserved populations of the greater Los Angeles area," says Executive Administrator Susan Kaplan.

Because foundations were reluctant to fund programs for mainstream parents, the decision to charge fees was part of the board of directors' initial strategic planning for the program. Alternative funding sources were targeted in order to serve the in-need population included in the program. "But we still haven't exploited the avenue of fundraising or special events," says Kaplan. "That's been a lack in our organization. Our board of directors has been active in fundraising, but mainly through foundations and corporations."

Friends of the Family provides counseling and psychotherapy, as well as five family strengthening programs: The Parent Project (a multi-component work/family service package targeted to businesses); Young Moms Program; The Parent Project: Family to Family; and Parenting Now advocacy and outreach.

Friends of the Family's annual budget is about $950,000. Seventy percent comes from fees, 20 percent from foundation grants and 10 percent from corporate and individual contributions. The counseling and psychotherapy service, which accounts for two-thirds of program revenue, is 90 percent fee-based and helps fund other services provided without charge. Counseling fees are based on a sliding scale which ranges from $20 to $110; the average fee is approximately $38.

Kaplan points out that the steady revenues from a mature program, such as the counseling services or the Parent Project's work/family programs, offer several benefits. "They provide a steady source of income which can be forecast with some confidence. Revenues from fee-for-service programs tend to be responsive to tactics under organizational control, such as advertising, increasing referral base and program design modification. Funding sources respond positively to demonstration that your organization will have stability from its fee-for-service programs; their grant cycles and available dollars have so much variation."

Friends of the Family has utilized revenue from more mature programs to finance the development of additional free programs for the in-need populations. Young Moms, a primary prevention program, and Family-to-Family, an extended multifamily treatment program for abusive and neglectful families, are attractively positioned to gain foundation and public support, says Kaplan. "The grant revenues tend to come in chunks and must be allocated to specific program expenses, but [they] allow the provision of needed services and aid with positive cash flow."

Last year, Friends of the Family provided services to 1,450 client families; in addition, nearly 5,000 individuals and families were served through the family strengthening program, consultations, publications and speaking engagements. "Diversification of revenue sources is vital," says Kaplan. "We must continue to design and implement family strengthening programs for our identified constituency. We must also identify all possible sources of revenue—including fees-for-service, foundation grants, public support and public sector reimbursement contracts—and design programs to attract a variety of revenue sources. Thus revenue diversification becomes a driver in our decisions about growth and expansion." ■

Christine Vogel makes her debut in this issue of the Report *as FRC's staff writer. With a background in English, marketing, and psychology, she has been a freelance writer for the past 10 years. Christine also serves on a coordinating committee establishing an "I Have a Dream" partnership between local churches and Family Focus/Our Place in Evanston, Illinois.*

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