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ABSTRACT

The state of Maine has made a commitment to expand current programs for families with young children to ensure that the state is doing all that it can to help children reach their highest potential. This document is comprised of the June 1998 report of a Maine task force to study strategies to support parents as children's first teachers and the January 1999 progress report. The task force identified three keys to achieving the mission that all Maine children reach their highest potential through lifelong learning: (1) home visiting services for all new parents; (2) parenting education and support for parents as children's first teachers; and (3) community-based family support services, including quality and enriched child care. The 1998 report delineates characteristics of effective home visiting programs, recommends the development of a core curriculum for current and future parents and caregivers, and identifies ways to improve current community-based services in Maine. The report's six appendices include a list of task force members, a description of expected outcomes of enhanced services, and a description of the Born to Read pilot projects. The 1999 progress report, which is appended, presents information on progress toward a fiscal plan for expanding existing state-funded child and family support initiatives, developing the core curriculum, implementing an elementary and secondary education level course of study in parenting education, and extending the life of the task force. This report concludes with a proposed fiscal plan for providing statewide home visiting services, training for providers and parents, and use of the core curriculum. (KB)



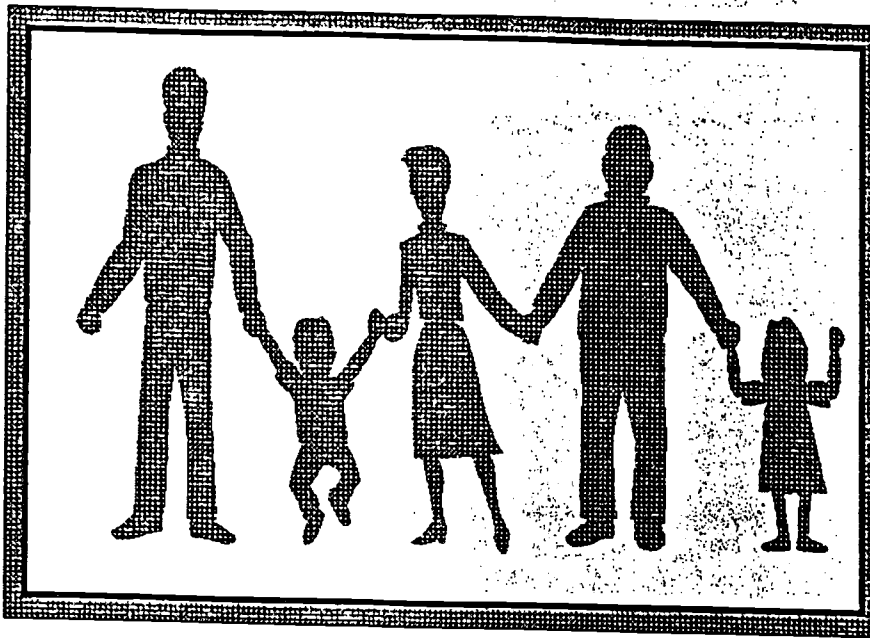
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REPORT OF THE
TASK FORCE TO STUDY
STRATEGIES TO SUPPORT
PARENTS AS CHILDREN'S FIRST
TEACHERS

February 1998

Revised June 1998

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**TASK FORCE TO STUDY STRATEGIES
TO SUPPORT
PARENTS AS CHILDREN'S FIRST TEACHERS**

February 1998

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EXECUTIVE SUMMARY

There has been a recent explosion in our knowledge and awareness about brain development and what the latest neuroscience research tells us about children and how they develop and learn. All the evidence points to the first three years of life as the most critical to the child's sound intellectual and emotional development. If, during these years, the brain is stimulated through positive interaction with caring adults, nerve cells (neurons) form connections (synapses) that create healthy cognitive, emotional and social development. This new brain research is prompting a nationwide rethinking of ways to nurture and educate young children right from the start.

In Maine, we must recognize that lifelong learning begins at birth and act on that fact. We need to expand current programs to ensure that we are doing all that we can to help our children reach their highest potential. Most of all, we must work closely with parents to assist them in their vital role as effective parents and as their child's first and most influential teachers. All state leaders and citizens must be able to say wholeheartedly: **"The State of Maine is committed to lifelong learning that begins at birth, so that all our children reach their highest potential."**

In its work, the Task Force first identified the major social service and educational programs now serving families with pre-school children. We then prioritized home-based, community-based and parenting education programs, and decided that certain prenatal through school-entry services need to be developed or expanded to ensure the full cognitive, emotional, physical, and behavioral development of Maine children. We especially commend two high-quality home visiting programs, Healthy Families and Parents as Teachers, that are now being developed throughout the State to help Maine citizens become positive, consistent, and nurturing parents and teachers of their children.

The Task Force also identified the need for a "Core Curriculum" to be used by the caregivers within all of the family support and educational systems in Maine. This Curriculum might well be considered the "Learning Results" for pre-school children. Supported by parents in local community settings as well as systems such as Early Head Start, Healthy Families, Parents as Teachers and Child Care programs, a Core Curriculum would ensure that young children in Maine are receiving the best possible care and education.

This Task Force still has work to do. For the expansion and collaboration of existing statewide agencies and services, a programmatic and fiscal plan must be developed. The Task Force proposes to work closely with the Children's Cabinet agencies over the next six months to develop the plan. We will report the results of this work to the 119th Legislature when it convenes in January, 1999.

SUMMARY OF TASK FORCE RECOMMENDATIONS

The Task Force to Study Strategies to Support Parents as Children's First Teachers recommends:

- 1) That the Legislature affirm this fundamental mission: **The State of Maine is committed to lifelong learning that begins at birth, so that all our children reach their highest potential.**
- 2) That existing home visiting services through Healthy Families, Parents as Teachers, and Parents Are Teachers, Too, be expanded to serve all families in Maine in order to provide support for parents and caregivers of young children age 0-5.
- 3) That the impact of the expanded home visiting services be evaluated.
- 4) That existing and new home visiting services be coordinated through the Integrated Case Management System being developed by the Children's Cabinet.
- 5) That a Core Curriculum be developed, pulling together the best available information on the new brain research, child development and effective parenting practices for use by parents, caregivers, and providers of services to young children and their families.
- 6) That a training program be developed to equip all caregivers to use the Core Curriculum.
- 7) That all students complete a course of study, from elementary through high school and higher education, that includes child development and the process and responsibilities of parenting. The Task Force further recommends that the assessment instrument designed to measure student performance in accordance with Maine's Learning Results, Career Preparation, begin as early as possible and no later than 2001 to ensure that all students receive information about child development and parenting education within the family management curriculum.
- 8) That all eligible children have access to Early Head Start and Head Start programs.
- 9) That all child care programs subject to regulation meet state licensure and nationally recognized program accreditation standards.
- 10) That further study be conducted of the current family support programs available to parents, opportunities for collaboration, and effective techniques for creating greater public awareness of the available services. Further, where services are not available or are specific to a particular need, that education and support

services be developed through multiple means by the Children's Cabinet agencies and their contracted services.

- 11) That Maine communities expand existing collaborations and/or develop Children's Leadership Councils through the Communities for Children initiative that will help assess and develop the child, parent and family support services available in the community.
- 12) That Maine communities designate a place to serve as a family resource center for the dissemination of information about child development and effective parenting practices (whether on site or through technology).
- 13) That all libraries dedicate a space for children and parents to access information about child development and parenting (whether an actual space or through technology).
- 14) That all major employers develop family support policies, such as flex-time and lunch-time parent education programs, and provide health insurance and child care for children of employees in order to ensure more productive employees.

RECOMMENDED LEGISLATIVE ACTION

The Task Force to Study Strategies to Support Parents as Children's First Teachers recommends:

1. That the Children's Cabinet agencies be directed to develop a fiscal plan for the expansion of existing state-funded child and family support initiatives, including Healthy Families, Head Start and Early Head Start, Child Development Services, Child Care and Communities for Children, as well as a fiscal plan for the expansion and support of other initiatives such as Parents as Teachers, Parents are Teachers, Too and Born to Read.
2. That the Children's Cabinet agencies be directed to develop a Core Curriculum that will be available to all Maine parents and caregivers by 1999. Further, that the Children's Cabinet agencies develop a training program for all caregivers and providers based on the Core Curriculum, and that all state-funded home visiting services for families with children 0-5 be required to provide this information to parents.
3. That all students complete a course of study in parenting education--from elementary school through higher education--that includes child development, understanding early brain development, and the process and responsibilities of parenting; and that the assessment instrument designed to measure student performance in accordance with Maine's Learning Results, Career Preparation, begin as early as possible and no later than 2001.
4. That the Children's Cabinet agencies be directed to study the current family support programs available to parents, develop a plan for the creation of needed family support programs, including the designation and support of family resource centers throughout Maine.
5. That the life of the Task Force to Study Strategies to Support Parents as Children's First Teachers be extended until January, 1999.

Report

INTRODUCTION

There has been a recent explosion in our knowledge and awareness about brain development and what the latest neuroscience research tells us about children and how they develop and learn during the first three years of life. It is important for mothers and fathers to understand the implications of this research on the brain for their child's development and for their parenting practices. It is equally important that people who make decisions that affect children and families in Maine—policymakers and education leaders—understand the body of research and how to incorporate it into their policy-making and agenda-setting.

There are four critical aspects to this new research:

1) IT IS CLEAR THAT THE FIRST THREE YEARS OF LIFE REPRESENT A CRITICAL STARTING POINT FOR THE HEALTHY DEVELOPMENT OF CHILDREN.

If the brain does not develop fully during these years, through the stimulation of positive, developmentally appropriate interactions with caring adults, it actually loses its synapses—and therefore its potential. Dr. Harry Chugani, Professor of Pediatrics, Neurology and Radiology at Wayne State University, says that early experiences are enough to “completely change the way a person turns out.” A five-year-old entering school for the first time may already have missed some crucial opportunities for learning that can never be recaptured.

2) THIS RESEARCH SHOWS THAT BABIES WHO ARE RAISED BY CARING ADULTS IN SAFE AND PREDICTABLE ENVIRONMENTS ARE BETTER LEARNERS THAN THOSE RAISED IN LESS SECURE SETTINGS WITH INCONSISTENT ATTENTION.

Mothers and fathers play the most important role in providing the nurturing and stimulation that children require, but children do not come with instructions, and many parents simply do not know about the many little things they can do to foster their child's healthy cognitive, physical, social and emotional development. All parents need information and support to develop positive parenting skills. Also, because so many parents of young children are in the work force, care givers, such as day care providers, often play as important a role in a child's early life as does the parent.

3) WE NOW KNOW WHAT TO DO TO SUPPORT THE POSITIVE BRAIN DEVELOPMENT OF YOUNG CHILDREN.

Since the forming and breaking of neural connections in the child's brain depends directly on the child's repetitive experiences, we can help parents and caregivers learn to give the child the experiences that are known to support positive brain development. These include consistent positive stimulation, such as talking, reading aloud, playing, singing, and interacting with people, toys and

objects in the environment; responding lovingly to the child's cries and other communication cues; providing consistently and predictably for the child's needs; ensuring adequate nutrition prenatally and in the first years after birth; and responding compassionately to the child's emotions.

Likewise, the absence of positive nurturing, or exposure to trauma or chronic stress, can dramatically impair the growth of the brain. While good early experiences help the brain develop well, poor early experiences can literally cause a genetically normal child to become cognitively delayed or a temperamentally easy-going child to develop serious emotional difficulties. Children exposed to severe stress frequently develop learning disabilities and emotional and behavioral problems (e.g. attention deficits, anxiety, depression) and appear to be at risk for a host of medical problems, such as asthma, immune-system dysfunction, and heart disease.¹ We now know that the prevention of neglect and abuse is critical to the healthy development of the brain.

4) *THIS NEW BRAIN RESEARCH IS CREATING A PROFOUND REVOLUTION IN THE WAY WE SUPPORT AND EDUCATE YOUNG CHILDREN AND FAMILIES NATIONWIDE.*

In Maine, we need to recognize that lifelong learning begins at birth, and we need to review our policies and practices to make sure that we are doing all that we can to help our children reach their fullest potential in the first years of their life. This is particularly critical because of the problems facing some young children and their families today:

- Inadequate pre-natal care
- Isolated parents
- More single-parent families and less familial and community support to raise young children
- Domestic abuse
- Substandard child care
- Poverty
- Substance abuse
- Increased child abuse and neglect of young children

Maine is fortunate to have a number of programs that provide services to children birth through five and their parents. In its work, the Task Force brought together parents and professionals who represent programs such as Healthy Families, Parents as Teachers, Parents Are Teachers Too, the Department of Education, Child Development Services (for children with disabilities), Head Start, Public Health Nursing, A.S.P.I.R.E., Communities for Children, the Nurturing Program, Child Abuse and Neglect Prevention Programs, Child Day Care, Cooperative Extension and the Maine Humanities Council's Born to Read program (see Appendix A). Each of these programs provides specific services,

focusing on both the social and educational needs of children and families in Maine.

Most of these programs are underfunded, however, or have specific eligibility requirements, and therefore may not serve all children and families who need them. Furthermore, the services these programs provide could be more effective with expanded collaboration and coordination. It is time for Maine to formulate and implement an integrated policy that unites all parents and caregivers so that all families and children receive the support and attention--as well as the education--they need. This coordination will help very young children reach their fullest potential in the areas of physical well-being and motor development, social and emotional development, language usage, reasoning and the mastering of learning styles that allow children to approach new tasks and challenges effectively.

It is clear that the problems facing our youngest children and their families cannot be solved totally through state and federal governmental programs. A full partnership between business, non-profit organizations, government, education and families will be required to establish a systematic approach to the delivery of services for young children and their families. This systematic approach is essential since Maine does not provide parenting support or public education to all young children, birth through five.

We can approach the challenges with greater creativity, collaboration and confidence, however, because we now have data that proves the success of programs such as Healthy Families and Parents as Teachers that have provided early intervention services over the past decade (see Appendix B). This data shows that early education and intervention leads to improved outcomes in the areas of pregnancy and delivery, birth weight, immunization rates, developmental stimulation in the home environment, parent-child relationships, development of children in age-appropriate ways, increased readiness for school, reduction in substantiated child abuse and neglect cases, decreasing repeat teen pregnancy rate, increased parental use of community supports, increase in level of parents' education and employment, and decrease of special needs children in schools and pre-schools.

Emerging Data:

- ⇒ **In Vermont, there has been a 73% decline in the youngest child sexual abuse victims over the past six years.** Howard Dean, Governor of Vermont, says “we have to believe that our efforts on behalf of young children--Success by Six (home visiting), Healthy Babies, Dr. Dynassaur, and improvements in child care and active interaction with communities to protect children—are truly making a difference.”ⁱⁱ
- ⇒ A 15-year follow-up study of four hundred pregnant women in a semi-rural community in New York who were visited by nurses during pregnancy and infancy, in contrast to women in a comparison group, showed that nurse-visited women had:
- **Fewer subsequent births(1.3 vs. 1.6);**
 - **More months between the birth of the first and second child (65 vs. 37);**
 - **Fewer months receipt of AFDC (60 vs. 90);**
 - **Fewer behavioral problems due to the use of alcohol and other drugs (.41 vs. .73);**
 - **Fewer arrests (.16 vs. .90);**
 - **Fewer verified reports of child abuse and neglect (.29 vs. .54).ⁱⁱⁱ**
- ⇒ Independent research on the first five years of a Parents Are Teachers, Too project in Waldo County, Maine, showed the following data:
- **98.2% of the children are developmentally on-target for their age;**
 - **2% of prenatally-enrolled families have low birth-weight babies, as compared to 6% in the general population; and**
 - **only two incidents of substantiated child abuse among PATT families in nine years in the area of Maine with the highest rate of child abuse in the State, versus 19% of the corresponding population.^{iv}**
- ⇒ In Hampton, Virginia, the final report of a Healthy Families home-visiting program which operated between 1992 and 1996 showed the following results:
- **94% of participating children were immunized vs. 74% of the control group;**
 - **the level of stimulation of children provided by participating families was higher and maintained at higher levels over time;**

- **2.8% of the participating families had confirmed cases of child abuse --a corresponding study of a control group was 19%.**

⇒ The results of two studies evaluating Parents as Teachers (PAT) home visiting programs show that:

- **70% of children in families participating in PAT scored above average on the Preschool Language Scale, compared to 35% of the control group;**
- **twice as many PAT graduates entered school ready to learn how to read as the control group;**
- **over half of the children with language delays overcame the delays by age three;**
- **PAT children scored significantly higher on standardized measures of reading and math at the end of first grade than did comparison children.**

⇒ A series of studies of PAT home visiting programs has been carried out in the Binghamton, New York, School District. The pilot study focused on a small sample of low income, high needs children, while a later study focused on all kindergartners in Binghamton. **Testing in prekindergarten and again in kindergarten showed that PAT children had significantly higher cognitive, language, social and motor skills than non-participants.** These higher skills led to lower remedial and special education costs for first grade. The PAT participants also had substantially reduced welfare dependence and half the number of child abuse and neglect cases.^v

⇒ Scientist Robert Lee Hotz has written, "***The brain is so hungry for stimulation that, with proper attention early enough in life, scientists can raise a disadvantaged child's IQ 30 points, cut the risk of some forms of mental retardation in half and correct common learning disabilities such as dyslexia.***"^{vi}

⇒ Children entering school who have not been read to daily have a vocabulary of 1,500 words. **Children who are regularly read to in their pre-school years have a vocabulary of 4,000 to 15,000 words at school entry.**^{vii}

In other words, the early education and prevention services that policymakers, legislators and citizens have been searching for now exist in several significant programs that serve young children and their parents. By supporting families in an effective and coordinated way during the child's earliest years through these programs, we can help children enter school, and later the workforce, ready to succeed. We can also help prepare them to be effective, nurturing parents for their own children. Furthermore, it is projected that we can prevent unnecessary human suffering and costly state spending on intervention services of all kinds--special education, medical, and child welfare costs among them (see Appendix C).

RESULTS OF THE STUDY

The charge of the legislative Task Force to Study Strategies to Support Parents as Children's First Teachers was to investigate the most efficient and effective strategies to support parents as children's caregivers and first and most influential teachers. **The Task Force has concluded, and recommends, that the state of Maine commit to a fundamental mission on behalf of all Maine children:**

FUNDAMENTAL MISSION OF THE STATE OF MAINE:

The State of Maine is committed to lifelong learning that begins at birth, so that all children can reach their highest potential.

In order to ensure that all Maine children reach their highest potential, we will work together to help parents fulfill their promise to become effective parents and successful first teachers of their children.



When this kind of focused commitment has been made by the governing bodies of cities or states, family support and early education programs have been developed that are achieving remarkable results for all sectors of the community. Such a place is Hampton, Virginia, where the city decided that its primary commitment is that all children be born healthy and enter school ready to learn. Hampton's mayor instigated this fundamental commitment in response to the concerns of a business community eager to ensure the quality of life and productivity of their current employees, as well as the competence of their future workforce.

Economic stability is often the primary concern of policymakers who support early intervention and family support programs, but state and private social service agencies also benefit from the reduced number of children and families needing costly intervention and remediation services. Educators have the opportunity to work with children who are healthy and prepared to succeed when they enter kindergarten. Over time, the quality of life for all citizens is enhanced.

Home-visiting has been cited by many research studies and national groups as the most effective way to support parents as caregivers and as children's first teachers. In 1991, the U.S. Advisory Board on Child Abuse and Neglect cited home visiting programs as its "single most important recommendation to prevent child abuse and neglect." One of the ways Hampton chose to achieve its mission was to offer voluntary Healthy Families home visiting services citywide. Maine has eleven Healthy Families sites, two Parents as Teachers sites and one Parents as Teachers, Too, site that offer universal and voluntary home visiting services to parents.

After reviewing these programs, the Task Force identified three keys to achieving the mission that all Maine children reach their highest potential through lifelong learning that begins at birth:

KEY COMPONENTS OF A STATEWIDE SYSTEM TO ACCOMPLISH THIS MISSION:

- Home visiting services for all new parents
- Parenting education and support for parents as children's first teachers
- Community based family support services, including quality and enriched child care

These key components are the most effective strategies for ensuring the success of parents in both their parenting and their teaching roles. Few parents know everything they need to know when the child comes home from the hospital. Supporting parents in this most critical role in their lives is essential to their success. We discovered that this support can be found in many ways, but that home visiting, parenting education programs and quality child care provide fundamental supports for parents.

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HOME VISITING SERVICES



Home visiting as a method to support and teach families has been used for over 100 years in this country. A considerable amount of research has been done in the last ten years on the effectiveness of this technique. Studies reveal that certain programs around the nation--notably Healthy Families and Parents as Teachers--produce dramatic successes in teaching parents to create an environment conducive to the positive development of a child.

Children who participate in these programs enter school substantially more prepared to learn. Their language and fine motor skill development is superior to that of children from families that did not participate.^{viii} They are able to comprehend information and instruction, use pencils, and turn book pages appropriate to their age. These children continue to do better in school and require less special education than children from similar families without this support and education.^{ix} Programs where the parents have a strong association with a home visitor over a period of three years or more show less child abuse in the family, and less involvement of the children later on with the criminal justice system.^x In 1994, every tax dollar spent on early childhood support and education through home visiting programs saved \$7.50 in later years; in 1993, \$7.16 was saved on the reduction of crime alone.^{xi}

Home visiting programs which have proved most successful in strengthening the family and improving school readiness include services which are:

- **voluntary**
- **offered to every interested family**
- **begun prenatally**
- **continued at least until the child is three, and preferably five**
- **focused on the broad strengths and needs of the family**
- **promoting positive parent/child relationships**
- **flexible and tailored to meet the needs of the individual family**
- **sensitive to the cultural and social diversity of the family**
- **offered by well-trained personnel**
- **providing early and ongoing assessment of family strengths and needs**
- **enhancing family functioning**
connecting the family to the school system

Voluntary Services

Parents want and need education and support on a regular basis during the early years, especially with the first child. Research reveals that families who enter programs voluntarily show the greatest progress. Ensuring choice empowers families to be in control and recognize that they are the constant in the child's life.

Services for Every Interested Family

Research shows that programs that screen families for participation and provide long term home visiting services only to those at high risk, due to low-income, young age of the mother, single parent family or other factors, soon stigmatize both the program and the family. This stigmatization often leads to eventual recruitment problems. Programs open to all families are far less expensive per household to operate. Lower-risk families can benefit from as few as four home visits per year if these home visits are supported by mailings on child development, telephone contact, or other lower level support by the home visitor. Lower-risk families can cost \$200 or less to support while high risk families may cost as much as \$2,000, with an average of \$500-\$1500.

Furthermore, home visitors are frequently retained over a longer period of time if they work with a mix of higher and lower risk families. Retention of effective home visitors keeps the program moving forward and the cost of the program down.

Prenatal Services

Where prenatal services are provided early in the pregnancy, research shows several positive impacts. Healthy prenatal care practices reduce the incidence of low birth weight in the baby, delayed cognitive and physical development of the child, and corresponding increased medical and/or special education costs. Entering a new period in their lives with little experience or training, parents are generally eager for accurate information.

New parents who have had the opportunity to make decisions on the care of the child prior to the birth, are more comfortable taking over the responsibility themselves. Beginning the home visiting process prenatally also allows the home visitor to develop a trusting relationship with the family.

Services Continuing Until the Child is at Least Three

Recent brain development research identifies periods when the brain is developing in specific areas. Skills not learned in the span of time where the brain is most able to accept the information are more difficult to learn later. During the first three years of life, the child is receptive to information that forms the basis of the ability to communicate through language, to interact socially and emotionally, and to develop

gross and fine motor skills. Teaching parents how to enhance the child's development during this period helps to ensure that children enter school ready to succeed.

Highest-risk parents benefit from continued home visits until the child enters school. Home visiting support ensures that the family is linked to appropriate community services and continues to provide positive support and stimulation for the child.

Reading to the child is a particularly important activity during this period, but many homes are without quality children's books. The home visitor may need to provide parents with information about library cards, encouragement to visit their local library, and in some cases literacy referral services and special training on how to read aloud to their children for optimal brain development.

Broadly Focused

Research shows that narrowly focused programs or those that offer one, two or three home visits have little permanent impact. Programs that show the greatest success in effecting positive changes in the family are those that approach the family as a whole unit and help in a broad spectrum of areas. Greatest progress is shown where the home visitor is able, on a continuing basis, to help the family understand the importance of healthy prenatal practices, a nurturing home environment, successful coping skills, clear family goals, and available community services.

Promoting Positive Parent-Child Relationships

Recent brain research tells us that children who are not consistently nurtured in a positive way, or who are emotionally neglected, are at risk of depression, cognitive/social delays, and poor performance in school. The home visitor can introduce interactive activities which encourage positive growth and development of motor and cognitive skills, and help parents develop a positive emotional relationship with their child.

Additionally, home visiting programs offering individual family support plans can work together with the family to identify, set and achieve goals; to access community services; and to learn how to advocate for themselves and their child.

Flexible Services

Successful programs do not use a standard curriculum with every family. Rather the most effective programs build on existing strengths within the individual family and are tailored to suit the specific needs of the family. The home visitor is in a position to offer information on requested topics based on individual learning styles and literacy needs. Occasionally, families may prefer videotapes or other visual media.

In the most successful programs, services are offered at a frequency, time of day, and in a format that appeals to the parent, while ensuring that critical information is

given to the family when it is most advantageous to the child's development. Parent-driven programs allow parents to be in control of their own learning; flexible programming results in good retention of families.

Services Meeting the Cultural and Social Diversity of the Family

Successful programs respect the religious, cultural, and social values of the individual family. The home visitor is a guest in the home of the family and must be sensitive to differences in diverse backgrounds and philosophies. There are many ways to raise a happy, healthy, and productive child, and the teachings of the program, as well as the staff, must be culturally competent.

The Home Visitor is Well Trained

Home visiting programs like Healthy Families and Parents as Teachers require both intensive and ongoing training for their home visitors, who are most often professional or paraprofessional nurses, social workers or teachers. The most successful home visitors are non-judgmental, compassionate and able to establish trusting relationships with families.

Assessment of Family Strengths, Needs, and Progress

The beginning of most home visiting programs is a systematic assessment of the family's needs and strengths. Programs that have the greatest success in gathering accurate family data are those where the home visitor uses a combination of conversation and observation while meeting with the family either prenatally, in the hospital or the home. Much of the information required can be collected over time as the home visitor discusses what the family would like to learn.

Connection to the School and Library

Research shows that a child's success in school is closely related to parental support and involvement in the child's school experience. Programs that have great success in advancing the development of the child and strengthening the family make linkages for the family with the school system. To help the high-risk parent bridge the gap between the home visiting program and the school system, studies recommend at least three connections to the school be made prior to the child's entering school.

Libraries can also play an important role in providing special services for parents and their children. Some parents will need help in learning how to access and enjoy their local library.

Home Visiting in Maine

In 1994, the 117th Legislature voted to affirm the report of the Healthy Start Task Force, which recommended the establishment of three Healthy Families home visiting pilot sites in 1997 as a strategy toward the establishment of a statewide universal, voluntary system of home visiting for all new parents. The Department of Human Services is currently funding six Healthy Families sites. Five other privately funded Healthy Families sites, two Parents as Teachers home visiting sites, and a ten-year old Parents Are Teachers, Too site operate throughout the State. The programs that have been providing services to families for over two years have all been experiencing the same success rates for their participating families as programs in other states.

Therefore, the Task Force recommends that the existing home visiting services through Healthy Families, Parents as Teachers and Parents as Teachers, Too be expanded to serve all families in Maine.

These services, in collaboration with other home visiting services, will provide the family of every Maine child with voluntary access to:

- the support of a home visitor prenatally through the child's entry into kindergarten
- tools and knowledge necessary to support the cognitive, social, and emotional development of the child
- access to community services
- resources and information about
 - * best prenatal practices
 - * bonding with and attachment to the child
 - * child development (what to expect from a child and when)
 - * coping with challenges and developing problem solving skills
 - * activities that provide positive stimulation for brain development (such as talking, reading aloud, singing, games)
 - * health and nutrition
 - * safety for the young child

Summary of Target Goals for Expanded Home-Based Services:

- 1) By 2000, the families of all children born in Maine will be offered the support of a home visitor. Services will include:
 - the systematic assessment of family strengths and needs, with ongoing assessment of child and family development.
 - a trained home visitor/parent educator providing support as intensely as needed or desired, up to the child's entry into kindergarten.
- 2) By 2000, all home visiting services will be coordinated through an integrated case management system.

PARENTING EDUCATION



If all children are to reach their potential through lifelong learning that begins at birth, all parents of children 0-5, teachers, and caregivers will need appropriate knowledge of child development, as well as the skills and tools to become consistent, nurturing and predictable caregivers who can enhance children's early capacity for learning. This knowledge can be developed through the home visiting process, or through other ways of learning within the wider community. Creating a whole community of caregivers who have this knowledge base and these skills can be accomplished through the further development in Maine of two basic strategies: development of a Core Curriculum and a requirement for parenting education in the schools.



Development Of A Core Curriculum

The following services currently exist for children and/or parents throughout the State: Early Head Start and Head Start; Child Care services; Child Development Services for children with disabilities; Healthy Families Home Visiting Sites; Parents as Teachers, Too; Parents as Teachers; Cooperative Extension; Communities for Children; the Maine Library Association; the Maine Humanities Council Born to Read program; Mainely Parents; and numerous local parent support efforts conducted by such agencies as the county child abuse and neglect prevention councils.

Many of these services collaborate with each other. All could use the support of a core curriculum of information entitled: "What Every Parent and Caregiver Needs to Know to Raise a Happy, Healthy Child." This **Core Curriculum** will include the following:

CORE CURRICULUM

Early Infant Care

- Information regarding healthy prenatal practices
- Preparation for baby's arrival, feeding options and infant care
- How to create a strong attachment between parent and child that is consistent, predictable, nurturing and enriched
- Building trust between parent, child and other adults
- Appropriate infant stimulation techniques for optimal brain development
- Nutrition, health and safety for newborn infants and toddlers
- Using play to promote infant development
- Fostering positive self-esteem in infants and toddlers

Stages of Child Development

- Stages of physical, emotional, cognitive and social child development
- Parental expectations and plans for their child
- Creating simple, inexpensive toys that encourage development
- Fostering relationship and language through conversation, games, singing and reading to children
- Monitoring the child's development through periodic check-ups
- How to respond to indicators of child abuse, trauma or neglect
- 40 developmental assets that children need to succeed

Enhancing Family Functioning

- Problem-solving skills for families
- Parental coping skills and stress management
- Guidance in dealing with challenging child behaviors and discipline techniques that are developmentally appropriate
- Developing extended family support systems
- Developing family self-assessment and advocacy skills
- Understanding how to make referrals to other community services available to children and families

Healthy Families

**Cooperative
Extension**

**Maine Library
Association**

**Domestic Violence
Shelters**

**Public Health
Nursing**

**Head Start and
Early Head Start**

**Born to Read
(Maine Humanities
Council)
(Appendix F)**

**Physicians,
Nurses,
Dentists
Psychologists**

Parents as Teachers

**Parents Are
Teachers, Too**

**Child Abuse and
Neglect Prevention
Councils**

**Communities for
Children**

Mainely Parents

**Child Care
Providers**

**Child Development
Services (for children
with disabilities)**

**Child Protective
Services**

**Infant Mental
Health
Association**

The **Core Elements** listed in the chart (facing page) make up an essential knowledge base for all community members who interact with young children and their families. This curriculum does not now exist in Maine as a unified core. Some of the components of this curriculum are available from a variety of sources currently in use by many of the agencies and programs surrounding the chart (see Appendix D).

It is therefore the recommendation of the Task Force that a Core Curriculum be developed, pulling together the best available information for use by all parents and providers. It is further recommended that all child care providers for children 0-5 be certified in their competency in the use of the Core Curriculum.

To ensure that the **Core Curriculum** is widely utilized by all providers, it will be necessary to provide training across several systems: Healthy Families, Parents as Teachers, Child Care, Head Start and others.

Therefore, the Task Force recommends that a training program be developed that will equip caregivers of children 0-5 to use the Core Curriculum in their work with children and their parents, and that all state-funded home visiting services for families with children age 0-5 be required to provide this information to parents.

Parenting Education In The Schools

All Maine citizens could benefit from parenting education from a very early age. In addition to the use of a **Core Curriculum** by home visitors, parenting education must take place in many other ways. Some cities and states have decided to make parenting education mandatory for all students to graduate from high school, and parenting education could be understood to be included in Maine's Learning Results in both the preparation for careers (parenting) and health and physical education (healthy families).

Learning how to parent will be different for elementary school children—beginning with the development of empathy for an infant—than for high school students, or for university students. Yet, introducing the elements of the **Core Curriculum** that are appropriate for each age group throughout the education of all children and young adults will serve to create an aware and knowledgeable citizenry.

It is therefore the recommendation of the Task Force that, in conjunction with the Learning Results, all students complete a course of study in parenting education—from elementary school through higher education—that includes child development, understanding early brain development, and the process and responsibilities of parenting; and that the assessment instrument designed to measure student performance in accordance with Maine's Learning Results, Career Preparation, begin as early as possible and no later than 2001.

Summary of Target Goals for Improved Parenting Education:

- 1) By 1999, a Core Curriculum will be developed and implemented by the Children's Cabinet agencies.
- 2) By 2002, through the commitment of Maine's public schools and institutions of higher education, all students will have completed a sequential course of study that includes child development and the process and responsibilities of parenting.
- 3) Each year, the number of parents who demonstrate positive parenting practices will increase by 10% (tools will be developed to measure changes in knowledge/competency/capability/satisfaction of parents and children).

COMMUNITY-BASED SERVICES



For all children to realize their full potential, all members of the community must support their families: children need high quality, enriched child care; communities need to ensure that all children have a smooth transition from home to school; schools need to welcome the involvement and participation of parents; and businesses need to develop positive family support policies, such as flex-time, meal-time parent education and support programs, health insurance and child care. Finally, communities need to ensure that family time at home is valued and supported and to offer a full range of community-wide family activities that parents and children can enjoy together.

One of the tools that can help an entire community learn to value and support its children is the 40 Developmental Asset framework developed by the Search Institute, a national social science research organization in Minnesota. The Search Institute has identified a list of “assets” that children need to have in order to become healthy, caring, contributing members of a community. The research of the Search Institute also identifies many things all members of a community can do to support the positive growth and development of its children. (see Appendix E).

Improved Community-Based Services

Some of the community-based services available to families in Maine will need to be improved. The Task Force has identified the following services that should be enhanced:

- every child should have a **medical home**, with a primary medical care provider, and access to the services they need, including health insurance;
- all **child care** programs should meet state licensure and nationally recognized program accreditation standards;
- all eligible children should have access to **Early Head Start and Head Start services**;
- every **library** should have a space dedicated to children, parents, and families, including materials on child development;
- all **domestic violence shelters** should have support for their children’s services;
- all **homeless shelters** should have parenting education materials available to residents;
- all families should have 2-3 interactions with the **public school** prior to kindergarten, easing their child’s transition into school;
- more families who need assistance with their child’s developmental issues should have access to **Child Development Services**.
-

Many of these basic services will need to be expanded in order to meet the needs of all Maine families. Some child, parent and family support programs are available in local communities, but federal regulations often impede collaboration and limit the numbers of people who would benefit from their support.

It is therefore the recommendation of the Task Force that further study be conducted of the current family support programs available to parents, opportunities for collaboration, and effective techniques for creating greater public awareness of the available services. Further, where services are not available, it is recommended that comprehensive parent education and support services be developed through multiple means by the Children's Cabinet agencies and their contracted services.

Family Resource Centers

As a strategy to develop better coordination among existing and expanding services, the Task Force has identified the importance of designating family resource centers in all Maine communities. These centers will provide information about resources available to parents. These centers could be designated or created by the emerging Children's Leadership Councils created by Communities for Children. The Children's Leadership Councils could assess whether or not parenting support services are available, accessible and affordable. The services could be coordinated within a region or a more local community, according to the self-definition of the community. The ultimate goal is that every family in Maine will be able to identify where in the community they can access family and parenting support resources.

Family resource centers will either deliver services to children and parents and/or will be an educational resource center. In rural communities, technology will play a critical role in providing these services electronically.

It is therefore the recommendation of the Task Force that family resource centers be created or designated throughout the state.

Summary of Target Goals for Improved Community-Based Services:

- 1) By 2002, all eligible children in Maine will have access to Early Head Start, Head Start, Child Development Services, and quality, enriched Child Care services.
- 2) By 2002, all major employers in Maine will develop family support policies such as flex-time, lunch-time parenting education courses, health insurance, and child care.
- 3) By 2003, communities in Maine will have a Children's Leadership Council, supported by Communities for Children, that will help assess and develop the family support resources available in the community.
- 4) By 2005, communities in Maine will have a designated family resource center.
- 5) By 2005, libraries throughout the State will develop a space for children and parents to access information about child development and parenting.

CONCLUSION

Given what we now know about the rapid and early development of the brain in children from birth to age five, it would be humanly, educationally and economically tragic to turn away from this important opportunity to support the healthy development and learning of all of Maine's children. It is now a known fact that lifelong learning begins at birth. Children do not enter school ready to **learn**. They have been learning since the moment of birth. Any kindergarten teacher can tell us that some children enter school ready to **succeed** because their parents and other caregivers have been their first and most influential teachers.

From the moment of birth, parents teach their children best through consistent, predictable, empathic nurturing and modeling. The important question is, how does the State of Maine help parents become effective nurturers and successful teachers of their children right from the start?

The Task Force has concluded that the most effective strategies for supporting parents are home visiting, parenting education and community-based family support services, including quality and enriched child care. These services exist in Maine, but need dramatic expansion in order to serve all families who want them. Now is the time to create that expansion. The State must invest in the earliest possible support for **all** of our children. To do so ensures that children in Maine reach their highest potential.

When making a decision about the way we invest in the lives of Maine's children, the important question is, **when** do we want to spend money? Do we want to invest in the health and education of our children from the moment of birth, supporting the optimal development of their brains, and therefore their lives? Or do we want to wait until they are older and may need the remedial support of more costly services? The economic wisdom of investing in preventative early childhood education and support programs has been demonstrated by research and the experience of other states.

Cost effectiveness is not the only issue, however. At issue is the well-being of our children and families, and therefore the productivity of all Maine citizens. Now that we know what to do to give all Maine citizens the advantage of a healthy and successful start in life, we must simply do it. The Task Force looks forward to working closely with the Children's Cabinet to accomplish this mission.

APPENDIX A

**TASK FORCE TO STUDY STRATEGIES TO SUPPORT PARENTS AS
CHILDREN'S FIRST TEACHERS**

**Chapter 68, Resolves of 1997
Membership**

Appointments by the Governor:

Ruth H. Southworth	Member at Large
Jennifer Van Deusen	Member at Large
Dorothy Schwartz	Maine Humanities Council

Appointments by the President and Speaker:

Rep. Christina Baker, Chair	House Member
Sen. Mary R. Cathcart	Senate Member

Others:

Leslie Livingston	Healthy Families Maine
Dianne Stetson	Head Start
Jane Weil	Maine Children's Alliance
Maribeth Canning	Maine Association of Child Abuse and Neglect Councils
Barbara Williams	Maine Education Association
Judith Graham Colburn	Parents As Teachers Program
Jeannie Hanren	Child Development Services
Christine Snook	Maine Parent Federation

Ex Officio

Jaci Holmes (Susan Corrente)	Commissioner's Designee Department of Education
Peter E. Walsh	Commissioner's Designee Department of Human Services
Robyn Boustead	Commissioner's Designee Department of Mental Health, Mental Retardation & Substance Abuse Services

Staff: Department of Human Services

Advisors:

Fredricka Wolman	Department of Human Services
Pat Pierson, Pam LeHaye	Cooperative Extension, Waldo County
Susan Savell	Communities for Children
Marge Medd	State Board of Education
Lynne Smith	Maine Parent Teacher Association

APPENDIX B DEFINITIONS

HEALTHY FAMILIES

Healthy Families Maine is a voluntary home visiting program designed to provide the support of a home visitor for all new parents who choose to participate. An assessment is made of the needs and strengths of the family before the birth of the child, and the family is then assigned a family support worker. Some families want minimal support, while others need intensive support, including weekly home visits. If a family needs and wants this service, they can receive the support of their home visitor for the first five years of their child's life.

Healthy Families Maine is based on Healthy Families America, which is underway in over 250 communities across the country. Supported by the National Council to Prevent Child Abuse in partnership with the Ronald McDonald House Charities, Healthy Families America builds on more than two decades of research. It has documented impressive outcomes for families enrolled in home visitor programs that start before birth, including the reduction of child abuse, reduction in the teen pregnancy rate, and completion of immunizations for participating children.

Healthy Families Maine provides comprehensive and long-term support to respond to a family's unique needs. The program helps families with issues they may be confronting: finding adequate housing or a job, getting treatment for substance abuse, continuing education, and dealing with violence in the home or community. Healthy Families Maine is also well-integrated with other community resources, such as child care, nutrition, and other early intervention programs.

PARENTS AS TEACHERS

Parents as Teachers is based on two truths: babies are born learning, and parents are their first and most influential teachers. Components of PAT include home visits by child development specialists, group meetings of parents, developmental screenings, and community connections. Research shows that PAT children have significantly enhanced language, problem-solving skills, and social development by age three; parents are more confident in their parenting skills and read more to their children; and children's gains carry over to the early elementary school grades.

Created in 1981, PAT has been implemented in approximately 2,000 sites in the District of Columbia, 47 states, and five other countries.

PARENTS ARE TEACHERS, TOO

Parents are Teachers, Too is a program developed by Cooperative Extension staff in Waldo County, Maine. It is based on the principles of both Healthy Families America and Parents as Teachers, combining home visiting support with a focus on teaching parents how to teach their children. The program has been operating for nine years, serving over 600 families and 1,000 children. During these years there have been only two reports of child abuse among participating families in a county with the highest rate of child abuse and neglect. Furthermore, PATT children enter school developmentally ready to succeed.

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WHAT OUTCOMES CAN WE EXPECT?

1.1 REDUCTIONS IN CHILD ABUSE AND NEGLECT

Implementation of a *Healthy Families* family support program in Kennebec County is expected to result in significant reductions in the incidence of child abuse and neglect. In this regard, statistics from Hawaii's Healthy Start program (on which the Kennebec County effort has been based) are quite impressive. For example:

- * From 1987 to 1991, a total of 2,193 'high-risk' families participated in the program. For these families, there were only 18 documented cases of child abuse and neglect during this period (compared to an expected 58 cases, based on well-established incidence rates for this population); this translates into successful outcomes in 99.2 % of the families served (Hawaii Department of Health, Maternal and Child Health Branch), and a 69 % reduction in documented child abuse and neglect cases.
- * Of the 74 families that had prior child protective service involvement, none had subsequent incidents of substantiated child abuse or neglect.
- * Significant improvements occurred among clients in several key areas of parent-child interaction and home environments during the project period (Breakey and Pratt, 1991, p. 20).
- * The Healthy Start (Healthy Families) model compared favorably to other home visitor models as well. Of all Hawaii families receiving some form of home visitor services during the study period, neglect was documented for only 1 % of the Healthy Start families, compared to 2 % for other (less intensive) models. Similarly, the threat of imminent harm was present for only 1.8 % of Healthy Start cases, compared to 5.8 % of the families enrolled in other home visitor models.

Other studies have affirmed the effectiveness of home visitor programs generally (Olds and Henderson, 1990; Daro, 1988b; Lutzker and Rice, 1987; and Seitz and others, 1985), and of the Hawaii model specifically (Breakey and Pratt, 1991; Hawaii Family Stress Center, 1991). Indeed, the U.S. Advisory Board on Child Abuse and Neglect (1991) concluded that "while not a panacea, no other single intervention has the promise that home visitation has."

Using outcome data from Hawaii, it is possible to project expected outcomes from a *Healthy Families* home visitor program in Kennebec County. In 1995, a total of 665 new cases, involving 1,434 (2.2 children per case, on average), were assigned to child protective caseworkers for assessment. Using the statewide proportion of appropriate referrals not assigned for assessment due to a lack of resources (39.6%), the estimated total of appropriate referrals for Kennebec County for 1995 would be 1,101 cases. These cases are estimated to involve 2,422 children (1101 cases x 2.2 children per case).

During 1995, abuse was substantiated (documented) in 57 percent of the cases assessed in Kennebec County (56% Statewide). Using this proportion, it is reasonable to estimate that abuse would have been substantiated in a minimum of 628 cases, involving 1,382 children had the Department of Human Services had the resources necessary to complete assessments in all "appropriate referral" cases. (Note: the actual number of child abuse and neglect cases is undoubtedly much higher, since it is well established that a significant proportion of incidents are not reported to the Department of Human Services, or are screened out as inappropriate referrals because the Department does not have adequate information to determine that the referral is appropriate under applicable guidelines).

Put differently, 1,382 Kennebec County children are abused or neglected each year. This represents the minimum "expected" incidence of documented child abuse and neglect without implementation of the *Healthy Families* program. Using outcome findings from the Hawaii Healthy Start program, it is possible to project the expected incidence after program implementation, as depicted below:

FIGURE 1- EXPECTED ANNUAL CHILD PROTECTIVE SERVICES CASES, BEFORE AND AFTER HEALTHY FAMILIES IMPLEMENTATION (2.2 Children Per Case)

TYPE OF ABUSE	Assessment Completed 1995	"Expected" 1995	After <i>Healthy Families</i>	Reduction in Cases
Sexual abuse (15.7%)	48	82	33	49
Major physical injury (1.6 %)	5	8	3	5
Minor physical injury (27.2%)	83	143	57	86
Neglect (55.4 %)	169	290	116	174
Not classified (16% of total)	58	105	42	63
Total	363	628	251	377

*Assumes a 60 % reduction in documented child abuse and neglect. This is more conservative than outcomes in Hawaii, where a 69 % reduction was documented. This conservative estimate is justified by differences in the characteristics of the populations to be served, by differences in the culture of the areas, and by the larger number of people to be served by Kennebec County.

An annual reduction of 377 documented cases of child abuse and neglect translates into a minimum of 830 fewer abused or neglected children in Kennebec County each year. This data is detailed in Figure 9, on the following page. For the first five years of the *Healthy Families* program, this would result in about 1,885 fewer documented cases of child abuse or neglect, involving 4,147 children (assuming no duplication of cases from year to year). Of course, the actual reductions are likely to be larger, given the significant proportion of incidents that go unreported or that do not meet established criteria as appropriate referrals to the Department of Human Services.

FIGURE 2: EXPECTED ANNUAL CHILD PROTECTIVE SERVICES CHILDREN, BEFORE AND AFTER HEALTHY FAMILIES IMPLEMENTATION

TYPE OF ABUSE	'Documented' 1993	'Expected' 1993	After <i>Healthy Families</i>'	Reduction In Children
Sexual abuse (15.7%)	106	180	72	108
Major physical (1.6%)	11	18	7	11
Minor physical (27.2%)	183	315	126	189
Neglect (55.4%)	372	638	255	383
Not classified (16% of total)	128	231	92	139
Total	800	1382	552	830

* Assumes a 60% reduction in documented child abuse and neglect. This is more conservative than outcomes in Hawaii, where a 69% reduction was documented. This conservative estimate is justified by differences in the characteristics of the populations to be served, by differences in the culture of the areas, and by the large number of people to be served in Kennebec County.

1.2 ECONOMIC BENEFITS

Using this projected reduction of 377 cases of child abuse and neglect (involving 830 children each year), it is possible to estimate the economic benefits to be gained from implementing the *Healthy Families* program in Kennebec County. These benefits are in the form of projected cost reductions in three areas: health care, out-of-home care, and child welfare. Each area is detailed below.

Health Care Costs

Child abuse and neglect impacts health care costs in several ways:

Children who are abused may require a doctor's care, emergency room care, or a hospital stay. Neglected children are likely not to receive well child care, or care for illness until there is a serious problem. It has been estimated that approximately 30 percent of abused children have chronic health problems. In addition to the cost of care to mend broken bones, or rehydrate a malnourished child, children who are abused and neglected also suffer emotionally. The cost of individual, family, or group therapy can be extensive (National Committee to Prevent Child Abuse, no date).

Figure 10 presents an estimate of the annual health care costs in Kennebec County associated with documented child abuse and neglect, together with projected cost reductions that should result from implementation of the *Healthy Families* program.

**FIGURE 3: ESTIMATED ANNUAL COST OF HEALTH CARE DUE TO
CHILD ABUSE AND NEGLECT IN KENNEBEC COUNTY
BEFORE AND AFTER *HEALTHY FAMILIES* IMPLEMENTATION**

TYPE OF HEALTH CARE	"Expected Cases"		After <i>Healthy Families</i>		Reduction In Costs
	Children	Costs	Children	Costs	
Hospitalization					
Major physical injury	18	\$ 57,096	7	\$ 22,204	\$ 34,892
Outpatient Services					
Sexual abuse (2)	90	\$ 34,380	36	\$ 13,752	\$ 20,628
Minor physical injury (2)	158	\$ 60,356	63	\$ 24,066	\$ 36,290
Neglect (2)	319	\$121,858	128	\$ 48,896	\$ 72,962
Not classified (2)	116	\$ 44,312	46	\$ 17,572	\$ 26,740
Sub-total	683	\$260,906	273	\$104,286	\$156,620
Counseling					
All abuse types (3)	276	\$999,948	110	\$398,530	\$601,418
Total		\$1,317,950		\$525,020	\$792,930

(1) Assumes that all children receiving major physical injuries require hospitalization. In 1994, the average Maine inpatient charge was \$ 3,172 per patient for treatment of children (ages 0-5) covered by Medicaid for whom the primary diagnosis was child battery or child maltreatment syndrome (cited in Maine Healthy Start Task Force *Final Report* Appendix E).

(2) Assumes that half of all children who are sexually abused, neglected, or receive minor physical injuries require outpatient services. In 1994, the average-Maine outpatient charge was \$ 382 per patient for treatment of children (ages 0-5) covered by Medicaid for whom the primary diagnosis was child battery or child maltreatment syndrome (costs cited in Maine Healthy Start Task Force *Final Report* Appendix E).

(3) Assumes that one fifth of all abused and neglected children (and their families) require outpatient counseling services. The estimated cost per family per year for such counseling by a lay person was \$2,860 in 1988 (costs cited in Daro, 1988, p. 197). Adjusting for inflation at a rate of 3 % per year, this average would be \$3,623 in 1996; this figure has been used in estimating costs here. In general medical costs run higher than inflation.

The costs identified above are by no means inclusive, and thus represent only minimum savings. Many of the health care costs related to child abuse and neglect are much more difficult to quantify. These include: costs incurred in attempting to save children who have been fatally abused; costs of treating long term impairments due to head injuries or other permanent trauma to children's vital organs; costs of long term therapeutic care; emergency room care and related costs; and the costs of social work and similar services provided to children and their families by health care personnel.

Out-of-Home Care Costs

The foster care, juvenile corrections, and mental health systems have primary responsibility for children who require out-of-home care. A report by the U. S. Select Committee on Children, Youth and Families (1990, p. 26) indicates that child abuse and neglect are significant contributors to such placements. For example, the National Institute of Justice (Widom, 1991, p. 2) has concluded that childhood abuse increases the odds of future delinquency and adult criminality by 40 percent.

Figure 4 presents a basic estimate of the current annual out-of-home care costs in Kennebec County associated with documented child abuse and neglect, together with a projection of the reduction of those costs that should result from implementation of the *Healthy Families* program.

Figure 4: ESTIMATED ANNUAL COST OF OUT-OF-HOME CARE DUE TO CHILD ABUSE AND NEGLECT IN KENNEBEC BEFORE AND AFTER *HEALTHY FAMILIES* IMPLEMENTATION

TYPE OF OUT OF HOME CARE	"Expected Cases"		After Healthy Families		Reduction
	Children	Costs	Children	Costs	In Costs
Foster Care (1)	265	\$3,710,000	106	\$1,484,000	\$2,226,000
Juvenile Corrections (2)		\$1,505,702		\$602,281	\$903,421
Total		\$5,215,702		\$2,086,281	\$3,129,421

(1) In October of 1996, the Augusta regional office of DHS had 165 children residing in foster care placements. DHS estimates that approximately 9.7% of children in foster care are there due to child abuse and neglect. Using this indicator, 160 of the children in foster care can be attributed to child abuse. However, since DHS is not able to assess all of the "appropriate referrals" it receives, and assuming no significant differences in custody /care outcomes for cases not assessed, the "expected" number of child abuse related foster care placements should be around 265. It is estimated that the average annual board cost of foster care per child per year is about \$14,000. (DHS estimated 3392 in foster care in SFY 1996 at a cost of \$32,255,000 for board alone) This figure does not include services, clothes, medical costs, transportation, etc.

(2) National data indicates that 68 % of youths arrested had a prior history of child abuse and neglect based on substantiated reports. On that basis, 68 % of the \$ 13,926,215 budgeted from state and federal funds for Maine's juvenile corrections system in Fiscal year SFY 1996 can be attributed to abuse and neglect. (Source Dec. 1996). Here, 15.9 percent of the total annual statewide cost is allocated to Kennebec County, based on the region's share of substantiated child abuse and neglect cases in the state.

The costs identified above are not inclusive, and should be viewed as minimum estimates. Some costs associated with out-of-home placement are difficult to quantify. These include: the costs of respite care, training, licensing, and monitoring of foster homes; the costs incurred by local law enforcement, courts, and corrections agencies in arresting and processing juvenile offenders; and the long-term costs on criminal justice and mental health systems as problems created by child abuse show up in adulthood (in the form of behavior, substance abuse, and mental health issues.)

Child Welfare Costs

Another significant category of social costs associated with child abuse and neglect involve expenditures by the child welfare system in response to abuse reports. These expenditures include the direct costs of child protective services and the costs for family preservation services, as shown in Figure 5.

Figure 5: ESTIMATED ANNUAL COST OF CHILD WELFARE DUE TO CHILD ABUSE AND NEGLECT IN KENNEBEC BEFORE AND AFTER *HEALTHY FAMILIES* IMPLEMENTATION

TYPE OF CHILD WELFARE SERVICES	"Expected Cases"		After <i>Healthy Families</i>		Reduction In Costs
	Children	Costs	Children	Costs	
Child Protective Services(1)		\$3,454,300		\$1,380,120	\$2,070,180
Family Preservation (2)	69	\$241,500	28	\$ 98,000	\$143,500
Total		\$3,695,800		\$1,478,120	\$2,213,680

(1) In SFY 1996, Maine budgeted \$21.7 million in state funds, for child protective services (18.8 regionally, 2.9 administrative, ME State Legislature approved budget) . Here, 15.9 percent of the total annual statewide cost is allocated to Kennebec County, based on the county's share of substantiated child abuse and neglect cases in the state. This does not include other funding such as purchased social services (\$8.6 million), child welfare services (\$6.6 million), etc.

(2) Assuming that 5% of abused children receive family preservation services to prevent out-of-home placements, 69 children in Kennebec County would be expected to utilize such services each year. An average annual cost of \$3500 per child is assumed. (McCart and Heller, 1992, p.2)

These estimates do not include such child welfare expenditures as respite care services, crises nursery care, child care, voluntary family services, emergency shelter costs, victim advocacy, home based services, community programs, rape crisis, special needs, MR, MH, homemakers (Dana Devoc, Legislative Documents Labor/Law. Alex Avorrc Legislative Finance Office) and some costs associated with family reunification and protective supervision. Thus the estimates should be viewed as minimum costs.

Other Social Costs

Child abuse and neglect creates other social costs as well. For example, children who have been severely abused often experience considerable difficulty in school and may require special education services. Abused children are less likely to complete high school and to go on to post-secondary education than their non-abused counterparts; there are clear social costs associated with their reduced earning power. Moreover, adults with unresolved traumas from childhood

abuse often have great difficulty maintaining stable productive employment. This contributes to the cost of unemployment and public assistance. Interpersonal relationships are also often difficult for adults abused as children, contributing to domestic violence, divorce, and the costs of supporting children in the resulting single parent homes.

Most of these costs cannot be quantified in economic terms, and therefore the cost savings to be realized through effective implementation of a *Healthy Families* home visitor program in Kennebec County cannot be estimated. Clearly, however, the savings for each child not abused as a result of the program's creation will accrue over the life of the individual. These are not one-time avoided costs, but rather a long-term reduction in the social costs of child abuse and neglect.

Summary of Economic Benefits

As detailed above, the economic benefits of the *Healthy Families* program are reflected in the social costs to be avoided as fewer children in Kennebec County are abused or neglected each year. The quantifiable costs can be summarized as follows:

Figure 6: ESTIMATED ANNUAL COST OF CHILD ABUSE AND NEGLECT IN KENNEBEC COUNTY BEFORE AND AFTER HEALTHY FAMILIES IMPLEMENTATION

TYPE OF COST	"Expected " Costs	Healthy Families Costs	Reduction In Costs
Health Care Costs	\$1,317,950	\$525,020	\$792,930
Out-Of-Home Care Costs	\$5,215,702	\$2,086,281	\$3,129,421
Child Welfare Costs	\$3,695,800	\$1,478,120	\$2,213,680
Total Costs (1)	\$10,229,452	\$4,089,421	\$6,136,031

Projected Costs of Healthy Families Program (annual average)

Projected Annual Net Savings

(1) In one sense, these costs should not be aggregated, since there is undoubtedly some duplication of children across cost categories. However, the over-estimation of costs that results from such duplication should be more than offset by the hidden costs of unreported abuse and neglect.

These net annual savings are significant, totaling over \$16 million in five years. The *Healthy Families* model clearly represents a sound investment in economic terms.

Parents as Teachers Curriculum Topics

(*Italics* = Parent Educator Resource)

- Prenatal** **Developmental Characteristics of the Newborn**
Understanding Postpartum Depression
- 1 Month** **Understanding Baby's Cues**
Your Child - Birth to 6 Weeks
Sensory Overload in Infants
Homecoming Issues for Families with Premature Babies
Sudden Infant Death Syndrome
Shaken Baby Syndrome
- 2 Months** **Immunization & Attachment**
Your Child - 6 Weeks to 3-1/2 Months
Immunizations Protects Your Child
Reading Aloud: Matching Books & Techniques to Baby's Development
Preventable Diseases
The Importance of Attachment
The Young Child's Developing Self-Concept
- 3 Months** **Language and Intellectual Development**
Ten Tips on Toys
Smoke Harms Babies
Early Development of Communication - Birth to 12 Months
Intellectual Development - Birth to 8 Months
The Importance of Fathering
Homemade Toys - Birth to 8 Months
- 4 Months** **Hearing**
Your Child - 3-1/2 Months to 5-1/2 Months
The Hearing-Talking Connection
The Importance of Hearing Well
Maturation of Auditory Response
Whisper Test
Learning to Hold Things: The Gradual Development of the Pincer Grasp
Resources for Hearing
- 5 Months** **Language; Early Use of Books; Healthy Teeth**
Your Child - 5-1/2 Months to 8 Months: Language Development
Reading Aloud: Matching Books & Techniques to Baby's Development
Tips on Teeth: Keep that Winning Smile

- 6 Months** **Establishing Healthy Sleep Patterns**
 Your Child - 5-1/2 Months to 8 Months: Social Development
 Understanding Your Baby's Sleep
Understanding & Establishing Healthy Sleep Patterns
- 7 Months** **Motor & Intellectual Development; Safety Proofing the Home**
 Your Child - 5-1/5 Months to 8 Months: Motor & Intellectual Devel.
 Home Safe Home
 Common Poisonous Plants
 Helping Your Baby Move Around
Gross Motor Development
- 8 Months** **Developmental Characteristics of 8-14 Months**
Social-Emotional Development; The Parents' Role
 Your Child - 8 to 14 Months: The Parents' Role & Emotional Devel.
 Understanding the Difference Between Stranger & Separation Anxiety
 Encouraging Social Development
 Reading Aloud: Matching Books & Techniques to Baby's Development
Fostering the Child's Maximum Social-Emotional Development
Social-Emotional Development: 8-14 Months
Understanding Temperament
Effects of Temperament on Development
- 9 Months** **Motor Development**
 Your Child - 8 to 14 Months: Motor Development
 Home Safety Checklist
Motor Development 8-14 Months
- 10 Months** **Intellectual Development; Discipline**
 Your Child - 8 to 14 Months: Intellectual Development
 Firm Limits: Easier Set Than Kept
 Learning to Learn: 8-14 Months
Curiosity: 8-14 Months
Understanding Discipline
Setting Limits
- 11 Months** **Language Development; Encouraging Interest in Books**
 Your Child - 8-14 Months: Language Development
 Techniques to Nurture Beginning Interest in Books
 Language Development: 8-14 Months
 Frequently Understood Words
Book Behaviors of Infants and Toddlers

- 12 Months** **Developmental Characteristics 8-14 Months**
Screening
 A Parents' Guide to Screening
 Why Screen?
 Reading Aloud: Matching Books & Techniques to Baby's Development
 Parents Advised to Go All Out to Prevent Mishaps
Screening Techniques and Procedures
Manual, kit and protocol for Denver II
- 13 Months** **Fine Motor Development; Exploring Objects with Hands & Eyes**
 Fine Motor Development, 8-14 Months
Homemade Toys - 8 to 14 Months
Learning to Hold Things: The Gradual Development of the Pincer Grasp
- 14-18 Months** **Negativism**
 Your Child - 14-24 Months: Intellectual & Motor Development
 Dealing with Negativism
 Outdoor Play
Understanding Negativism
- Language Development & Parallel Talk**
 Your Child - 14-24 Months: Language Development
 Parallel Talk: Say What the Child is Saying
Language in the Second Year of Life: 12-24 Months
Reading Aloud: Matching Books & Techniques to Baby's Development
- Social-Emotional Development; Temper Tantrums**
 Your Child - 14-24 Months: Social Development
 Recipe for Playdough and Silly Putty
 Parents' Little Helper
 Homemade Toys 14 to 24 Months
Play and Learning
Understanding Social-Emotional Development 12 to 18 Months
Understanding Temper Tantrums
Child Stress

19-23 Months Language Development: Listening and Hearing

The Little Turtle

The Hearing-Talking Connection

The Importance of Hearing Well

Resources for Hearing

Motor Development

Your Child 14 to 24 Months: Motor Development

Fun with Dad

Cabin Fever

Self-Esteem; Social-Emotional Development

Your Child 14 to 24 Months: Social-Emotional Development

Developing High Self-Esteem in Children

Changing and Dressing

Creating Positive Self-Esteem in Children

Intellectual Development

Your Child 14 to 24 Months: Intellectual Development

Intellectual Development 18 to 24 Months

Social-Emotional Development

Dealing with Parent Stress

Dealing with Stress

Parent-Stress

Understanding Social-Emotional Development 18 to 36 Months

The Long Road to Learning Rules

24 Months Developmental Characteristics 24-36 Months

Screening

Your Child 24 to 36 Months: What is Special About This Age?

A Parents' Guide to Screening

25-30 Months Social-Emotional Development

Your Child 24 to 36 Months: Social Development

Homemade Toys 24 to 26 Months

Autonomy and Independence

Role Play, Fantasies, and Imaginary Friends

Gross and Fine Motor Development

Your Child 24 to 36 Months: Motor Development

Discovering the World Through Our Senses

Language Development; Intellectual Development
Your Child 24 to 36 Months: Language Development
Fingerplays
Why Read to Your Child?
What to Read Aloud
Language in the Third Year of Life

Language Development; Social-Emotional Development
Your Child 24 to 36 Months: Language Development
Your Child 24 to 36 Months: Social-Emotional Development
What About Sibling Rivalry?
Interacting Through Play: Ways to Have Fun with Your Child
The Young Child's Developing Self-Concept

Intellectual Development
Your Child 24 to 36 Months: Intellectual Development
Intellectual Development 24 to 36 Months

Language Development; Toilet Learning
Helping Your Child Learn to Use the Toilet
Involve Your Child While Shopping
Encouraging Language Skills
Four Factors Often Present in the Home Environment of Early Readers
Enhancing Language: Ways to Have Fun with Your Child
Reading Aloud to Children
Language in the Third Year of Life
Sexuality Education

31-35 Months Fine Motor Development; Fears and Nightmares
Your Child 24 to 36 Months: Motor Development
Reinforcing Positive Self-Esteem
Bread Dough Creations
Emergency Room Tips for Parents
Fears and Nightmares
Helping Your Child Develop Cutting Skills
Brazelton: *Touchpoints*

Gross Motor Development; Television
Your Child 24 to 36 Months: Motor Development
Understanding the Effects of Television on Development
Reading Aloud: Matching Books & Techniques to Child's Development

Intellectual Development

Your Child 24 to 36 Months: Intellectual Development

Curiosity: Ways to Have Fun with Your 2-Year-Old Child

Listening

Your Child 24 to 36 Months: Language Development

Your Child 24 to 36 Months: Intellectual Development

Favorite Books for Twos

Fine Motor Development

Your Child 24 to 36 Months: Intellectual Development

36 Months

Moving from PAT to the Wonderful World of Threes

Your Child 24 to 36 Months: What's Coming Next?

How Does Your Child Grow and Learn?

How to Choose a Good Early Childhood Program

Developmental Characteristics of 3-Year-Old Children

The Asset Approach

giving kids what they need to succeed

Why do some kids grow up with ease, while others struggle? Why do some kids get involved in dangerous activities, while others spend their time contributing to society? Why do some youth “beat the odds” in difficult situations, while others get trapped?

Many factors influence why some young people have successes in life and why others have a harder time. Economic circumstances, genetics, trauma, and many other factors play a role. But these factors—which seem difficult, if not impossible, to change—aren’t all that matters. Research by Search Institute has identified 40 concrete, positive experiences and qualities—“developmental assets”—that have a tremendous influence on young people’s lives. And they are things that people from all walks of life can help to nurture.

Research shows that the 40 developmental assets help young people make wise decisions, choose positive paths, and grow up competent, caring, and responsible. The assets (see page 2) are grouped into eight categories:

- ▶ **Support**—Young people need to experience support, care, and love from their families and many others. They need organizations and institutions that provide positive, supportive environments.
- ▶ **Empowerment**—Young people need to be valued by their community and have opportunities to contribute to others. For this to occur, they must be safe and feel secure.
- ▶ **Boundaries and expectations**—Young people need to know what is expected of them and whether activities and behaviors are “in bounds” or “out of bounds.”
- ▶ **Constructive use of time**—Young people need constructive, enriching opportunities for growth through creative activities, youth programs, congregational involvement, and quality time at home.
- ▶ **Commitment to learning**—Young people need to develop a lifelong commitment to education and learning.
- ▶ **Positive values**—Youth need to develop strong values that guide their choices.
- ▶ **Social competencies**—Young people need skills and competencies that equip them to make positive choices, to build relationships, and to succeed in life.
- ▶ **Positive identity**—Young people need a strong sense of their own power, purpose, worth, and promise.

The asset framework is a framework that includes everyone. Families, schools, neighborhoods, congregations, and all organizations, institutions, and individuals in a community can play a role in building assets for youth. This brochure introduces the assets, shows their power and presence in young people’s lives, and gives concrete suggestions for what you can do to build assets.



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40 Developmental Assets

Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible. Percentages of young people who experience each asset represent almost 100,000 6th- to 12th-grade youth surveyed in 213 towns and cities in the United States.

ASSET TYPE	ASSET NAME AND DEFINITION		
EXTERNAL ASSETS	Support	1. Family support—Family life provides high levels of love and support.	64%
		2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).	26%
		3. Other adult relationships—Young person receives support from three or more nonparent adults.	41%
		4. Caring neighborhood—Young person experiences caring neighbors.	40%
		5. Caring school climate—School provides a caring, encouraging environment.	24%
		6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.	29%
	Empowerment	7. Community values youth—Young person perceives that adults in the community value youth.	20%
		8. Youth as resources—Young people are given useful roles in the community.	24%
		9. Service to others—Young person serves in the community one hour or more per week.	50%
		10. Safety—Young person feels safe at home, school, and in the neighborhood.	55%
	Boundaries and Expectations	11. Family boundaries—Family has clear rules and consequences and monitors the young person's whereabouts.	43%
		12. School boundaries—School provides clear rules and consequences.	46%
		13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people's behavior.	46%
		14. Adult role models—Parent(s) and other adults model positive, responsible behavior.	27%
		15. Positive peer influence—Young person's best friends model responsible behavior.	60%
		16. High expectations—Both parent(s) and teachers encourage the young person to do well.	41%
	Constructive Use of Time	17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.	19%
		18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.	59%
		19. Religious community—Young person spends one or more hours per week in activities in a religious institution.	64%
		20. Time at home—Young person is out with friends "with nothing special to do" two or fewer nights per week.	50%
INTERNAL ASSETS	Commitment to Learning	21. Achievement motivation—Young person is motivated to do well in school.	63%
		22. School engagement—Young person is actively engaged in learning.	64%
		23. Homework—Young person reports doing at least one hour of homework every school day.	45%
		24. Bonding to school—Young person cares about her or his school.	51%
		25. Reading for pleasure—Young person reads for pleasure three or more hours per week.	24%
	Positive Values	26. Caring—Young person places high value on helping other people.	43%
		27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty.	45%
		28. Integrity—Young person acts on convictions and stands up for her or his beliefs.	63%
		29. Honesty—Young person "tells the truth even when it is not easy."	63%
		30. Responsibility—Young person accepts and takes personal responsibility.	60%
		31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.	42%
	Social Competencies	32. Planning and decision making—Young person knows how to plan ahead and make choices.	29%
		33. Interpersonal competence—Young person has empathy, sensitivity, and friendship skills.	43%
		34. Cultural competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.	35%
		35. Resistance skills—Young person can resist negative peer pressure and dangerous situations.	37%
		36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.	44%
	Positive Identity	37. Personal power—Young person feels he or she has control over "things that happen to me."	45%
		38. Self-esteem—Young person reports having a high self-esteem.	47%
		39. Sense of purpose—Young person reports that "my life has a purpose."	55%
		40. Positive view of personal future—Young person is optimistic about her or his personal future.	70%

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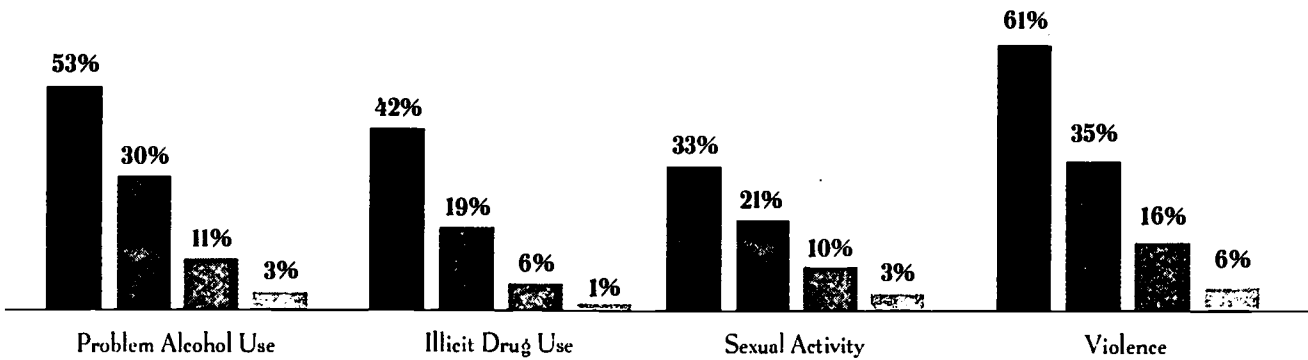
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The Power of Assets

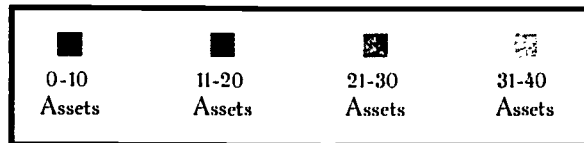
On one level, the 40 developmental assets represent everyday wisdom about positive experiences and characteristics for young people. In addition, Search Institute research has found that these assets are powerful influences on adolescent behavior—both protecting young people from many different problem behaviors and promoting positive attitudes and behaviors. This power is evident across all cultural and socioeconomic groups of youth. There is also evidence from other research that assets may have the same kind of power for younger children.

Protecting Youth from High-Risk Behaviors

Assets have tremendous power to protect youth from many different harmful or unhealthy choices. To illustrate, these charts show that youth with the most assets are least likely to engage in four different patterns of high-risk behavior. (For definitions of each problem behavior, see page 7.)

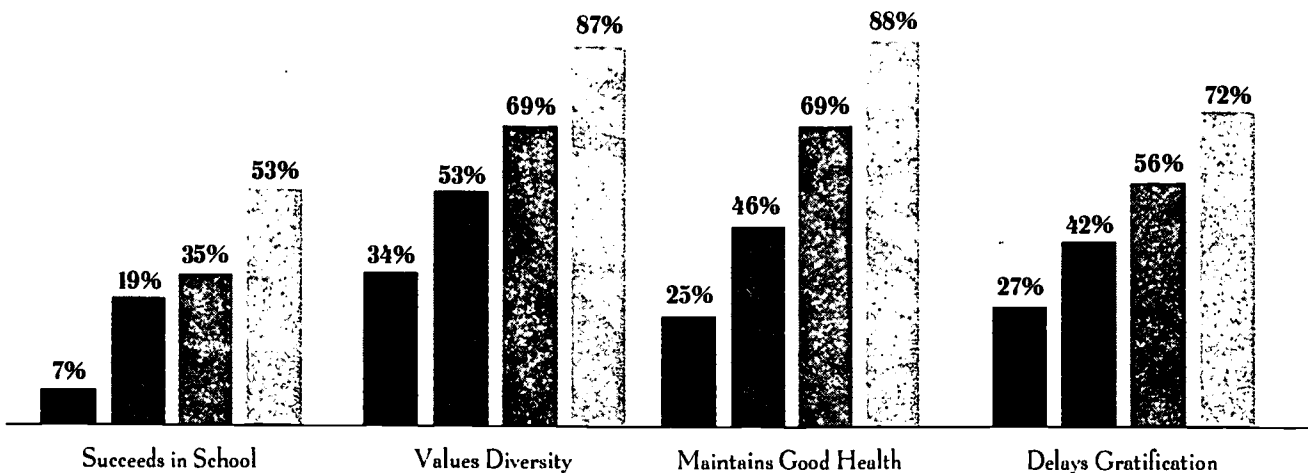


The same kind of impact is evident with many other problem behaviors, including tobacco use, depression and attempted suicide, antisocial behavior, school problems, driving and alcohol, and gambling.



Promoting Positive Attitudes and Behaviors

In addition to protecting youth from negative behaviors, having more assets increases the chances that young people will have positive attitudes and behaviors, as these charts show. (For definitions of each thriving behavior, see page 7.)

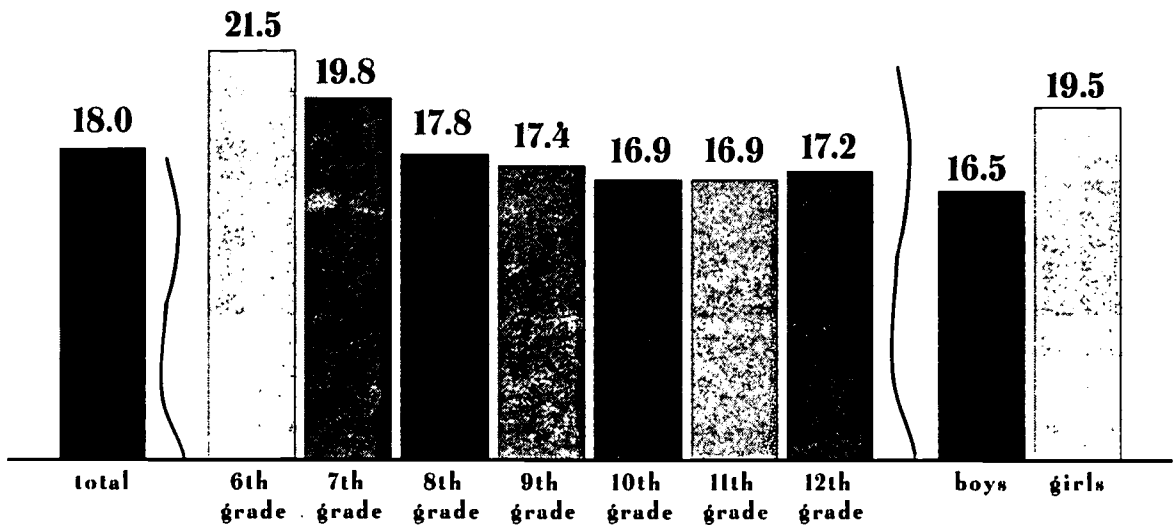


The Challenge Facing Communities

While the assets are powerful shapers of young people's lives and choices, too few young people experience many of these assets. Twenty-five of the 40 assets are experienced by less than half of the young people surveyed.

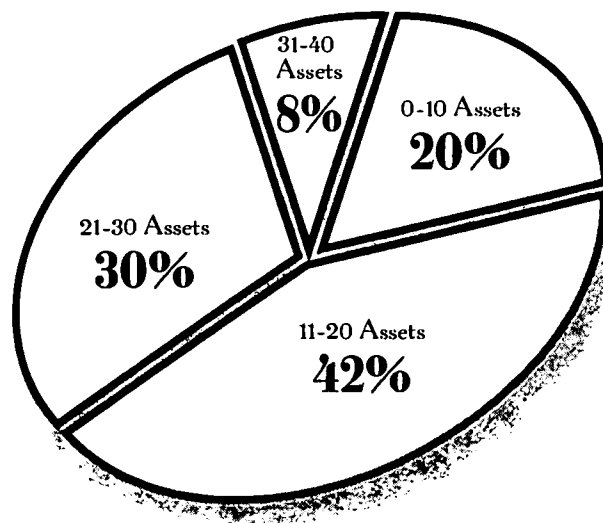
Average Number of Assets by Grade and Gender

The average young person surveyed experiences only 18 of the 40 assets. In general, older youth have lower average levels of assets than younger youth. And boys experience fewer assets than girls.



Youth with Different Levels of Assets

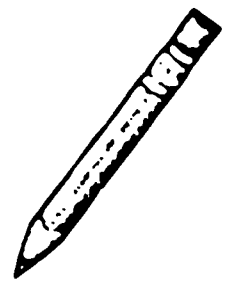
Ideally, all youth would experience at least 31 of these 40 assets. Yet, as this chart shows, only 8 percent of youth experience this level of assets. Sixty-two percent experience fewer than 20 of the assets.



What goal would you set for young people in your community, organization, neighborhood, or family?

An Asset Checklist

Many people find it helpful to use a simple checklist to reflect on the assets young people experience. This checklist simplifies the asset list to help prompt conversation in families, organizations, and communities. *NOTE: This checklist is not intended nor appropriate as a scientific or accurate measurement of developmental assets.*



1. I receive high levels of love and support from family members.
2. I can go to my parent(s) or guardian(s) for advice and support and have frequent, in-depth conversations with them.
3. I know some nonparent adults I can go to for advice and support.
4. My neighbors encourage and support me.
5. My school provides a caring, encouraging environment.
6. My parent(s) or guardian(s) help me succeed in school.
7. I feel valued by adults in my community.
8. I am given useful roles in my community.
9. I serve in the community one hour or more each week.
10. I feel safe at home, at school, and in the neighborhood.
11. My family sets standards for appropriate conduct and monitors my whereabouts.
12. My school has clear rules and consequences for behavior.
13. Neighbors take responsibility for monitoring my behavior.
14. Parent(s) and other adults model positive, responsible behavior.
15. My best friends model responsible behavior.
16. My parent(s)/guardian(s) and teachers encourage me to do well.
17. I spend three hours or more each week in lessons or practice in music, theater, or other arts.
18. I spend one hour or more each week in school or community sports, clubs, or organizations.
19. I spend one hour or more each week in religious services or participating in spiritual activities.
20. I go out with friends "with nothing special to do" two or fewer nights each week.
21. I want to do well in school.
22. I am actively engaged in learning.
23. I do an hour or more of homework each school day.
24. I care about my school.
25. I read for pleasure three or more hours each week.
26. I believe it is really important to help other people.
27. I want to help promote equality and reduce world poverty and hunger.
28. I can stand up for what I believe.
29. I tell the truth even when it's not easy.
30. I can accept and take personal responsibility.
31. I believe it is important not to be sexually active or to use alcohol or other drugs.
32. I am good at planning ahead and making decisions.
33. I am good at making and keeping friends.
34. I know and am comfortable with people of different cultural/racial/ethnic backgrounds.
35. I can resist negative peer pressure and dangerous situations.
36. I try to resolve conflict nonviolently.
37. I believe I have control over many things that happen to me.
38. I feel good about myself.
39. I believe my life has a purpose.
40. I am optimistic about my future.

How You Can ... On Your Own Build Assets

Everyone—parents and guardians, grandparents, teachers, coaches, friends, youth workers, employers, youth, and others—can build assets. It doesn't necessarily take a lot of money. But it can make a tremendous difference in raising

confident, caring young people. What it takes is building relationships, spending time together, and being intentional about nurturing positive values and commitments. Some things you can do:

- ▶ Get to know the names of kids who live around you. Find out what interests them.
- ▶ Get to know what young people around you are really like, not just how they are portrayed in the media.
- ▶ Eat at least one meal together every day as a family. Take time to talk about what's going on in each other's lives.
- ▶ Volunteer as a tutor, mentor, or youth leader in a youth-serving program.

... In Your Organization

If you're involved in an organization such as a school, youth organization, congregation, family service agency, health-care provider, or business—either as an employee or volunteer—you can encourage asset-building action within that organization. Some possibilities:

- ▶ Educate your constituency, employees, or customers about their potential as asset builders.
- ▶ Develop policies that allow parents to be involved in their children's lives and that encourage all employees to get involved with kids in the community.
- ▶ Contribute time, talent, or resources to support community asset-building efforts.
- ▶ Develop or strengthen programs and activities that build assets, such as mentoring, service-learning activities, peer helping, and recreation.

... In Your Community

Hundreds of communities across the United States are discovering the power and potential of uniting efforts for asset building. They involve people from all parts of the community in shaping and coordinating strategies that will help all young people be more likely to succeed. You can use your influence in the community to:

- ▶ Talk about asset building with formal and informal leaders and other influential people you know. Get their support for asset building.
- ▶ Conduct a survey to measure the asset levels of young people in your community. (Call Search Institute for information.)
- ▶ Develop opportunities for youth to contribute to the community through sharing their perspectives and taking action and leadership.
- ▶ Celebrate and honor the commitments of people who dedicate their lives and time to children and youth.

Six Keys to Asset Building

It doesn't cost a lot of money or require special training to build developmental assets. Here are six keys to guide asset-building action.

- 1. Everyone can build assets.** Building assets requires consistent messages across a community. All adults, youth, and children play a role.
- 2. All young people need assets.** While it is crucial to pay special attention to those youth who have the least (economically or emotionally), nearly all young people need more assets than they have.
- 3. Relationships are key.** Strong relationships between adults and young people, young people and their peers, and teenagers and children are central to asset building.
- 4. Asset building is an ongoing process.** Building assets starts when a child is born and continues through high school and beyond.
- 5. Consistent messages are important.** Young people need to receive consistent messages about what's important and what's expected from their families, schools, communities, the media, and other sources.
- 6. Intentional redundancy is important.** Assets must be continually reinforced across the years and in all areas of a young person's life.

About the Research in this Brochure

Search Institute has been studying developmental assets in youth in communities since 1989, using a survey called *Profiles of Student Life: Attitudes and Behaviors*. In 1996, the current framework of 40 developmental assets was released. The data in this brochure is based on surveys during the 1996-97 school year of 99,462 6th- to 12th-grade public school students in 213 towns and cities in 25 states.

How Problem Behaviors and Thriving Indicators Were Defined

Here is how each of the behaviors and attitudes shown in the charts on page 3 were defined in the survey. *Note that the definitions of high-risk behaviors are set rather high, suggesting ongoing problems, not experimentation.*

High-Risk Behavior Patterns

- ▶ **Problem Alcohol Use**—Has used alcohol three or more times in the past 30 days or got drunk once or more in the past two weeks.
- ▶ **Illicit Drug Use**—Used illicit drugs (cocaine, LSD, PCP or angel dust, heroin, and amphetamines) three or more times in the past 12 months.
- ▶ **Sexual Activity**—Has had sexual intercourse three or more times in lifetime.
- ▶ **Violence**—Has engaged in three or more acts of fighting, hitting, injuring a person, carrying a weapon, or threatening physical harm in the past 12 months.

Thriving Attitudes and Behaviors

- ▶ **Succeeds in School**—Gets mostly A's on report card.
- ▶ **Values Diversity**—Places high importance on getting to know people of other racial/ethnic groups.
- ▶ **Maintains Good Health**—Pays attention to healthy nutrition and exercise.
- ▶ **Delays Gratification**—Saves money for something special rather than spending it all right away.

About Healthy Communities • Healthy Youth

This brochure is part of Search Institute's national Healthy Communities • Healthy Youth initiative, which seeks to equip communities across the country to build assets for youth. This initiative is underwritten by Lutheran Brotherhood, a not-for-profit organization providing financial services and community service opportunities for Lutherans nationwide. Search Institute's work on asset building also has received support from the Blandin Foundation, the Cargill Foundation, the DeWitt Wallace-Reader's Digest Fund, and the W.K. Kellogg Foundation.

Search Institute also leads Assets for Colorado Youth, a statewide initiative that seeks to mobilize all Coloradoans to build assets in children and adolescents. Major support for Assets for Colorado Youth is provided by The Colorado Trust.

Search Institute is a nonprofit, nonsectarian organization whose mission is to advance the well-being of adolescents and children by generating knowledge and promoting its application. The institute conducts research and evaluation, develops publications and practical tools, and provides training and technical assistance.

For More Information About Asset Building

Healthy Communities • Healthy Youth
Search Institute
700 South Third Street, Suite 210
Minneapolis, MN 55415
Phone: 612-376-8955
Toll-free: 800-888-7828
Web: www.search-institute.org

Assets for Colorado Youth
Search Institute—Colorado
1580 Logan Street, Suite 700
Denver, CO 80203
Phone: 303-832-1587

tools for asset builders

Here is a sampling of asset-building resources available from Search Institute.

101 Asset-Building Actions is a full-color poster that lists the 40 assets and gives ideas for individuals and organizations on how to build assets. Portions of the poster are bilingual (English and Spanish).

All Kids Are Our Kids is the groundbreaking book by Search Institute President Peter L. Benson that gives in-depth information on the assets and how communities can mobilize individuals and organizations to build assets in young people.

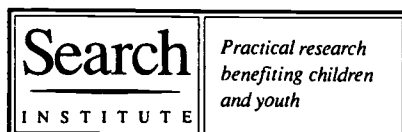
Assets: The Magazine of Ideas for Healthy Communities & Healthy Youth offers information and strategies for building assets and promoting positive youth development in kids. The magazine has ideas, stories, and resources for individuals, organizations, and community-wide initiatives that care about young people. To subscribe, call 800-869-6882.

Parenting with a Purpose is a booklet that challenges parents to view parenting through the asset framework, highlighting how the assets can reshape major parenting tasks and suggesting ways parents can find support in their community.

Starting Out Right: Developmental Assets for Children offers new frameworks for understanding and building the foundation that children from birth through age 11 need to begin a healthy life. It blends Search Institute's extensive research on adolescence with the literature on child development and the practical wisdom of people who work with and care for children.

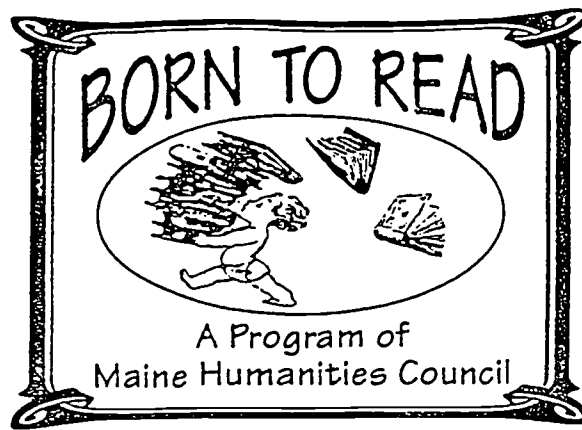
What Kids Needs to Succeed is an easy-to-read book that shows the importance of helping youth make positive life choices and gives practical ideas for building each developmental asset.

Introducing Healthy Communities • Healthy Youth is an informational handout that provides an overview of the Healthy Communities • Healthy Youth initiative and Search Institute. It opens to a colorful poster of asset-building ideas.



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For more information on these resources and others, contact Search Institute, 700 South Third Street, Suite 210, Minneapolis, MN 55415. Toll-free: 800-888-7828. Web: www.search-institute.org.



Born to Read Home Visitor Pilot Projects

In a joint effort of the Maine Humanities Council, *Success by Age Six* of mid coast Maine, and the University of Maine Cooperative Extension, the family literacy program, *Born to Read*, is being offered, for the first time, to over 2,000 families through home visitors of area social service agencies.

On August 4, 1997, the Council presented a special introductory training to provide tips and techniques on how to encourage reading aloud and other family literacy activities. Led by the Director of Literacy Programs at the Vermont Humanities Council, which has had enormous success in creating new program models for providing family literacy through social service organizations, this orientation drew about 75 people, representing seven midcoast social service agencies, including Headstart, Parkview Hospital, CHANS, and the Bath Brunswick Child Care Services as well as Cooperative Extension staff from the eight counties of Androscoggin, Sagadahoc, Oxford, Cumberland, York, Kennebec Franklin, and Somerset.

Few of those in attendance were providing literacy activities in their regular work with clients, but they were eager and excited to learn of a program that would provide them with an opportunity to do so. As one attendee said, "By bringing the joy and education to children, books help them to worlds beyond the ones they live in, which may not be so pleasant. Another noted that reading together "teaches the family a way to bond that may be new to them." Knowing that these families have many urgent and basic needs, those who work with them recognize, to quote an Extension Educator, that "Bringing books into these homes reinforces our educational efforts, and are an important part of helping and supporting families to be whole and healthy."

We expect the pilot projects with the Coalition and the Extension will serve as successful models that can be replicated throughout Maine. Meanwhile, methods for evaluating and assessing the success of *Born to Read* are being formulated to ensure that it continues to expand and strengthen as an effective and long-lived literacy program for all Maine families.

Born to Read has received support from the Brain Family Foundation and *Success by Age Six* of mid coast Maine.

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Born to Read Programs

Born to Read Training Workshops: For social service administrators, home visitors and day care providers, workshop sessions equips them with the tools and books to introduce their clients to techniques for encouraging other reading-related activities to children and to give them confidence to promote the transformative value of reading, thereby building a network of reading advocates.

Born to Read Book Sets: To expose each family to the variety and richness of children's literature, we offer book sets that include one quality Mother Goose collection, a classic story, a work by a Maine author and an alphabet book. Specific titles and editions are selected on the basis of their humanities content, quality illustrations, and affordability.

Born to Read Home Visit Program: The idea is simple: home health visitors bring children's books into their clients' homes and model the pleasure of family literacy activities--reading a picture book aloud to a child, talking about the pictures and the story, doing simple finger rhymes like Eentsy Weentsy Spider, and reciting Mother Goose rhymes together. Through our present pilot programs with home visitors, we offer each client family a set of four books.

Born to Read Day Care Program: Day care providers can participate in the *Born to Read* effort by attending a family literacy workshop as part of their regular training and licensing requirements. Participants will receive book sets for sharing with the children in their care.

Born to Read Prescription Program: When a new baby comes to a doctor's office for its sequence of visits after birth, the treating doctor will talk to the parent(s) about the importance of reading to babies and very young children, give them a children's book and a written actual prescription to read it to their child. Story hours in the doctor's office reinforce the message about importance of reading to children.

For more information contact the Maine Humanities Council at:

Maine Humanities Council
PO Box 7202
Portland, ME 04112

Phone: (207) 773-5051; Fax: (207) 773-2416;
E-mail: dpendle@maine.humanities.org

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NOTES

RECOMMENDATIONS TO IMPLEMENT THE REPORT OF THE TASK FORCE TO STUDY STRATEGIES TO SUPPORT PARENTS AS CHILDREN'S FIRST TEACHERS

JANUARY 1999

The Task Force to Study Strategies to Support Parents as Children's First Teachers continued to meet throughout 1998 in order to follow up on the legislation passed by the 118th Legislature of the State of Maine. This legislation accepted the Report of the Task Force, and called for the Task Force to continue meeting to guarantee progress on the following recommendations:

1. *That the Children's Cabinet agencies be directed to develop a fiscal plan for the expansion of existing state-funded child and family support initiatives, including Healthy Families, Head Start and Early Head Start, Child Development Services, Child Care and Communities for Children, as well as a fiscal plan for the expansion and support of other initiatives such as Parents as Teachers, Parents are Teachers, Too and Born to Read (February, 1998).*

Progress Report

The Task Force worked closely with representatives of the Children's Cabinet to implement this recommendation. The Children's Cabinet has requested an increase in the funding available for Head Start, Early Head Start, Child Care and Communities for Children. This increase will still leave a significant gap in the funding available for early care and education. Consequently, ACCESS (the Alliance for Children's Care, Education and Supportive Services) is submitting legislation to increase the funding available for early care and education, which this Task Force supports.

Aware that other groups will bring forth legislation to increase funding for Child Care, Head Start, Early Head Start and Communities for Children, the Task Force to Study Strategies to Support Parents as Children's First Teachers focused its work with the Children's Cabinet on developing a fiscal plan for the expansion of the home visiting services provided to children and families throughout the State. **Approximately 13,000 children are born each year in Maine but, currently, only 1,000 families are receiving voluntary home visiting services for the first five years of their child's life.** (For the rationale about the importance of home visiting services for all new parents, please see pages 15-29 of the Task Force Report, February 1998). Recognizing this serious gap in the services provided to new parents and families, the Task Force makes the following recommendation:

Recommendation #1: That funding be allocated to provide home visiting services to the parents of all children born throughout the State, age 0-5, beginning in the year 2000.

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1

Several effective models of home visiting are recommended, including Healthy Families, Parents as Teachers, and Parents Are Teachers, Too. The Task Force to Study Strategies to Support Parents as Children's First Teachers has concluded that each local community should be able to choose which model they want to develop. Therefore, a proposal to national foundations has been developed to fund training throughout the State in three national models: Healthy Families, Parents as Teachers and MIHOW (a home visiting model for rural states that includes a community development component).

An important component of any of the home visiting models will be provided by the early literacy program, Born to Read. Sponsored by The Maine Humanities Council, this program will ensure that all children have access to quality books in the home, and that parents are supported in their efforts to teach their children how to read.

Fiscal Plan

The fiscal plan required to support this recommendation is included in this Report on page 6. It should be noted that the annual cost of developing and providing a statewide system of home visiting for all new parents will be approximately \$6,800,000 each year for five years. This figure assumes that only 60% of all the parents of the 13,000 newborns each year will want to receive the services, even though all parents will be invited to participate. At year five, the funding needed to operate this system will stabilize as fifth year families are no longer served and first year families begin to receive services. In the fiscal plan developed by the Task Force with the Children's Cabinet, these costs will be shared by both public and private funders, locally and statewide.

Cost Benefit Analysis

As The Task Force to Study Strategies to Support Parents as Children's First Teachers investigated the cost of creating this statewide system of home visiting, it was discovered that the cost of providing services to children who do not receive this kind of effective early intervention will be far greater. Research has shown that later child welfare, out-of-home care costs, and health care costs can be dramatically reduced by providing home visiting services for children age 0-5 (see Task Force Report, Appendix C, page 47).

Kennebec County has estimated that the expected costs of child welfare, health care and out-of-home care, totaling \$10,229,452 annually should be compared to the costs of providing home visiting services for all new parents, totaling only \$4,089,421. This represents an annual savings of \$6,136,031 through the provision of home visiting services to all of its new parents. And this figure does not represent all of the potential savings. Related costs such as respite care, crises nursery care, child care, voluntary family services, emergency shelter costs, victim advocacy, home based services, community programs, special needs, special education services, and other costs associated with juvenile crime and delinquency have not been included.

The full impact of this kind of savings becomes clear when we multiply the savings of one county by 16 counties. This savings figure, now totaling \$98,176,496 annually, clearly demonstrates that the annual cost of providing home visiting services is far less

than the cost of the later interventions that are prevented by the support parents receive from their home visitor.

2. *That the Children's Cabinet agencies be directed to develop a Core Curriculum that will be available to all Maine parents and caregivers by 1999. Further, that the Children's Cabinet agencies develop a training program for all caregivers and providers based on the Core Curriculum, and that all state-funded home visiting services for families with children 0-5 be required to provide this information to parents (February, 1998).*

Progress Report

The Task Force to Study Strategies to Support Parents as Children's First Teachers examined a variety of available curricula, and decided that several excellent curricula are currently available that will meet this requirement. Only minor adaptations will need to be made to make this material appropriate for Maine's parent and provider populations. Consequently, we can concentrate on developing a training program that will include as many parents and providers as possible in the use of this Core Curriculum, or what the Task Force now prefers to call "Essential Knowledge for Children's Caregivers." This change from the "Core Curriculum" to the "Essential Knowledge" is due to the fact that many systems in Maine, including child care directors, have requirements for a core curriculum that could lead to unnecessary confusion. The intent of the Task Force is that all parents and providers have access to the essential knowledge and information they will need to be effective caregivers and teachers for their children.

During the summer of 1998, several members of the Task Force met with a volunteer grant writer who works with many national foundations. She is currently working on a proposal to them that will request funding for all of the training and curriculum development components of the Children's Cabinet's plan.

Recommendation #2: That foundation funding be sought by the Children's Cabinet to provide training for providers in three effective home visiting models, as well as training for providers, parents and all caregivers in the use of the Essential Knowledge for Children's Caregivers.

The foundation proposal that is currently being developed includes funding for both trainers and service providers in the three most effective home visiting models: Healthy Families, Parents as Teachers and MIHOW (Maternal Infant Health Outreach Worker). It also includes funding for the training of all people who work with children in The Core Curriculum, or Essential Knowledge for Children's Caregivers, which is currently being developed by the Department of Human Services and the Department of Education staff. This Essential Knowledge for Children's Caregivers will be compiled in a form that teachers, family support workers, day care providers, parents and all other caregivers can use easily in their daily work with children of all ages.

3. *That all students complete a course of study in parenting education—from elementary school through higher education—that includes child development, understanding early brain development, and the process and responsibilities of parenting; and that the assessment instrument designed to measure student performance in accordance with Maine's Learning Results, Career Preparation, begin as early as possible and no later than 2001 (February, 1998).*

Progress Report

The Task Force to Study Strategies to Support Parents as Children's First Teachers discovered that a strong network of Family and Consumer Sciences teachers (formerly known as Home Economics teachers) has been advocating for this kind of parent education, and has adopted an exciting secondary level curriculum to accomplish part of this task. What remains to be done is the development of an elementary level curriculum and the task of assessing students in their proficiency in the career of parenting. The Department of Education is currently developing a plan for this assessment in its work on the Learning Results which will require funding in the next biennium.

Recommendation #3: That the Department of Education include the "Essential Knowledge for Children's Caregivers" document in its development of curriculum for both Career Development and Health Education, and that this Essential Knowledge be included in the Learning Results assessment of students-- particularly information about brain development in children 0-5.

Representatives of the 200 Family and Consumer Sciences teachers throughout the State have contributed to the work of the Task Force, and are willing to assist the Department of Education in the task of preparing teachers to teach the Essential Knowledge to students of all ages.

4. *That the Children's Cabinet agencies be directed to study the current family support programs available to parents, develop a plan for the creation of needed family support programs, including the designation and support of family resource centers throughout Maine (February, 1998).*

Progress Report

The Task Force to Study Strategies to Support Parents as Children's First Teachers has collected a body of information about effective family resource centers in other states, and has also explored the family resource centers that now exist in Maine. It is clear that the family resource centers in Maine, and elsewhere, are becoming an important location for the one-stop delivery of services to children, parents and families, including office space for home visiting staff. These resource centers have yet to reach their full potential, and will need time to be developed further. But, currently, important support for parents is being provided at many of these locations throughout the state.

Recommendation #4: That further study be conducted to determine the needs of and for family resource centers in Maine, by the year 2001.

A representative of the Communities for Children initiative in York County is providing leadership for the work of the Task Force in this area. The study of family resource centers will become a primary responsibility of the Task Force throughout 1999.

5. *That the life of The Task Force to Study Strategies to Support Parents as Children's First Teachers be extended until January, 1999.*

Progress Report

The continuation of the Task Force during 1998 has been critical to the progress made on all of the recommendations passed by the 118th Legislature, including the development of the fiscal plan for home visiting services. The work is not complete, however. In fact, it will be equally critical to the implementation of the fiscal plan that the Task Force continue to meet regularly to advise the Children's Cabinet on the follow-up for all of the current recommendations. Furthermore, the work of The Task Force to Study Strategies to Support Parents as Children's First Teachers has grown to include the full range of early childhood care and education issues.

Recommendation #5: That the name of The Task Force to Study Strategies to Support Parents as Children's First Teachers be changed to "The Task Force on Early Care and Education," and that its life be extended for another two years, until January 2001; that two more legislators be appointed to this Task Force; and that the Task Force be staffed and funded by monies allocated to the 5% administration fee attached to the costs of providing the home visiting services in the proposed fiscal plan.

Conclusion

To accomplish the above recommendations, a fiscal plan has been developed that includes the expansion of home visiting services to all children born in the year 2000 and 2001, including the Born to Read literacy program; funding for the training of home visiting trainers and staff; training for parents and providers in the use of the Essential Knowledge for Children's Caregivers; and funding for the ongoing work of the Task Force on Early Care and Education.

Recommendation #6: That the 119th Legislature fund the following fiscal plan for the provision of statewide home visiting services, training for providers and parents, and use of the Essential Knowledge for Children's Caregivers:

The Task Force to Study Strategies to Support Parents as Children's First Teachers

A. FISCAL PLAN FOR HOMEVISITING SERVICES FOR ALL NEW PARENTS			
Total number of newborns	13,000		
60% acceptance rate for services	7,800		
Children/families already receiving services:	1,000		
Total number of children needing services:	FY 2000	FY 2001	
	6,800	13,600	
(Assuming 1/2 year delay in start up)	3,400	10,200	
COSTS FOR FISCAL YEAR 2000-2001	2000	2001	BIENNIUM
<u>Home visiting Services</u>			
Average cost per year per family (Avg of 10 visits @ \$1,000 total)			
Cost for first year of operation (Assuming 1/2 year delay)	\$ 3,400,000		
Costs for second year of operation		\$10,200,000	
Cost of administration of services (5% of full year costs)	\$ 340,000	\$ 340,000	
Sub-Total	\$ 3,740,000	\$10,540,000	\$14,280,000
<u>Born to Read Literacy Program</u>			
Cost of Born to Read program: books for families \$15 per newborn (13,000)	\$ 195,000	\$ 195,000	
(cost of administration of services)	\$ 50,000	\$ 75,000	
Sub-Total	\$ 245,000	\$ 270,000	\$ 515,000
Total cost of services for the biennium:	\$ 3,985,000	\$10,810,000	\$14,795,000
<u>INCOME BEING SOUGHT FOR FY 2000-2001</u>			
Medicaid (@40% of families receiving services)	\$ 1,020,000	\$ 3,060,000	\$ 4,080,000
Maine Children's Trust	\$ 250,000	\$ 250,000	\$ 500,000
Maine Humanities Council (Born to Read)	\$ 145,000	\$ 145,000	\$ 290,000
Private sources	\$ 500,000	\$ 500,000	\$ 1,000,000
Government grants (federal)	\$ 500,000	\$ 500,000	\$ 1,000,000
General fund			
Homevisiting Services	\$ 1,470,000	\$ 6,255,000	\$ 7,725,000
Born to Read	\$ 100,000	\$ 100,000	\$ 200,000
Total	\$ 1,570,000	\$ 6,355,000	\$ 7,925,000
Total	\$ 3,985,000	\$10,810,000	\$14,795,000
<u>B. FISCAL PLAN FOR TRAINING AND CURRICULUM DEVELOPMENT</u>			
COSTS FOR FISCAL YEAR 2000-2001	2000	2001	
Training for homevisiting models	\$ 287,370	\$ 206,620	\$ 493,990
Training for use of "Essential Knowledge"	\$ 100,000	\$ 100,000	\$ 200,000
Training for Born to Read program	\$ 48,000	\$ 60,000	\$ 108,000
Total	\$ 435,370	\$ 366,620	\$ 801,990
<u>INCOME BEING SOUGHT FOR FY 2000-2001</u>			
Foundations	\$ 347,370	\$ 266,620	\$ 613,990
Maine Humanities Council (Born to Read)	\$ 24,000	\$ 30,000	\$ 54,000
General Fund			
Use of Essential Knowledge	\$ 40,000	\$ 40,000	\$ 80,000
Born to Read	\$ 24,000	\$ 30,000	\$ 54,000
Total	\$ 64,000	\$ 70,000	\$ 134,000
Total	\$ 435,370	\$ 366,620	\$ 801,990
Total Cost of Homevisiting Services and Training			\$15,596,990
TOTAL REQUEST FROM GENERAL FUND			\$ 8,059,000



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