Wisconsin Family Impact Seminars
Briefing Report

Raising the Next Generation:
Public and Private Parenting Initiatives

University of Wisconsin-Extension
Center for Excellence in Family Studies
School of Human Ecology
University of Wisconsin-Madison
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First Edition

Wisconsin Family Impact Seminars Briefing Report

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Family Impact Seminars have been well received in Washington, D.C., by federal policymakers, and Wisconsin is one of the first states to sponsor the seminars for state policymakers. Family Impact Seminars provide state-of-the-art research on current family issues for state legislators and their aides, Governor’s Office staff, state agency representatives, educators, and service providers. Based on a growing realization that one of the best ways to help individuals is by strengthening their families, Family Impact Seminars analyze the consequences an issue, policy, or program may have for families.

The seminars provide objective nonpartisan information on current issues and do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.

“Raising the Next Generation: Public and Private Parenting Initiatives” is the 13th seminar in a series designed to bring a family focus to policymaking. This seminar featured the following speakers:

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Each seminar is accompanied by an in-depth briefing report that summarizes the latest research on a topic and identifies policy options from across the political spectrum. Copies are available at Extension Publications, Room 245, 30 North Murray Street, Madison, WI 53715, (608) 262-3346.

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Executive Summary

P olitical interest in children and families ebbs and flows, but now may be at its highest peak in the last 20 years. When the American public is asked what is important, families top the list (Legato, 1999). When policymakers are asked, the leaders of state legislatures across the country have called child and family issues a “sure-fire vote winner.” Importantly, this concern for families is not Republican or Democratic, liberal or conservative, but is so universal that it is simply American.

Parenting matters. That’s the conclusion of the first chapter of the briefing report written by Dave Riley and Karen Bogenschneider, professors at the University of Wisconsin-Madison. Almost every year, best-selling books gain momentary fame with proclamations that parents matter little to children’s development, usually suggesting that children grow according to a fixed genetic script or sometimes that peer and other influences matter more. Hundreds of studies in the last couple decades conclude, however, that the family is the first and foremost influence on most child development outcomes. Children who experience secure attachment relationships and authoritative parenting do better than other children. They are less resistant with parents as two-year-olds, more cooperative with peers as preschoolers, and get better grades and get drunk less as teenagers.

Can we mount effective programs to improve parenting? The short answer is “yes.” The briefing report describes three effective programs: educational newsletters for parents of infants and adolescents, home visiting, and parent training programs that reduce antisocial behavior among children who are already aggressive or in trouble with the law.

A legitimate question from policymakers is whether parenting is a proper issue for public policy or whether it is strictly a personal matter. Most Americans would agree that raising the child is the family’s responsibility, not the government’s. Yet public policies play a strong role in creating the conditions for parents to do their best. Policies that support parents deal with such issues as schools, libraries, parks, public health, child care, workplace law, employment programs, family resource centers, and training for foster parents. It takes only a moment of reflection to realize that most legislation has some impact on family life, just as they often have an economic and an environmental impact. Policymakers do not have a choice about whether to affect family life or not; they already do.

Yet, just because government can do something to help parents, doesn’t mean it can do everything. Because it is difficult to mandate parents to spend more time with children or to legislate a greater cultural valuing of parenting, some of the actions needed to promote good parenting must come from parents themselves. The chapter closes by identifying several specific government policies and personal actions that can promote good parenting.
Because Wisconsin’s rate of juvenile arrests is the highest in the nation and because of the escalating costs of correctional institutions, interest has grown in alternatives to institutional care for troubled youth. In the second chapter, Patricia Chamberlain of the Oregon Social Learning Center, focuses on whether treatment foster care is safe and effective for chronic, repeat juvenile offenders who have been taken out of their homes.

Chamberlain’s treatment foster care program was selected as one of the National Blueprint Programs for violence prevention by the U.S. Department of Justice. Treatment foster care was more effective in reducing delinquent acts and serious crimes among chronic juvenile offenders than traditional group care. One year later, the youth in treatment foster care spent, on average, fewer than half as many days in detention and about a third less time locked up in state training schools than youth in group care. The program worked for hard-to-reach older offenders and also for youth with such severe mental illness (e.g., schizophrenia and borderline personality) that they would typically be placed in psychiatric hospitals. What remains to be seen, however, is whether these results will extend to youth in large metropolitan areas and to minority or female delinquents.

The linchpin of treatment foster care is the foster parent who is carefully selected, supported, and trained for 20 hours in parent management skills. Not only were the youth taught to be responsible members of the family, but the treatment foster parents also used parent management skills to encourage youth to attend school regularly, to improve their relationships with teachers and peers, and to do their homework. A key aspect of the program is isolating teens from contact with other delinquents and promoting activities that will bring them into relationships with less troubled youth.

According to estimates by the Washington State Public Policy group, the program is cost effective. For every $1 spent on treatment foster care, taxpayers have saved more than $17 in criminal justice and victim costs by the time the youth is 25. For youth with severe mental illness, Chamberlain estimates that placement in treatment foster care saves an estimated $10,280 per child in hospital costs. Also, parent training, support, and an extra $70 monthly stipend resulted in a foster parent drop-out rate two-thirds less than in the control group.

In the final chapter of the briefing report, William Doherty, President of the National Council of Family Relations, contends that parents find it increasingly difficult to be engaged in childrearing. Increasingly, parents find themselves competing for time with their own children in an over-busy, over-scheduled, over-commercialized society. As examples, active marketing of clothing to preteens has preempted parent influence on the clothing choices of children as young as 7 and 8. The exaggerated emphasis on athletics at the expense of family time is another example. Most educational, economic, recreational, and religious activities are aimed at individuals, thereby pulling families apart rather than bringing them together.

Doherty argues that the principal momentum for competent parenting must come, not from a top-down state or federal initiative, but rather from diverse families working together in powerful, but non-partisan ways. What is needed is
a public, grass roots movement generated and sustained by parents themselves to make family life a priority.

Doherty describes “Family Life 1st,” a group of parents and community leaders in suburban Minneapolis who are committed to supporting parent’s attempts to create a better balance between time for relationships inside the family and activities outside the family. The chapter concludes with several specific suggestions about how families can engage in citizenship activities to build the commonwealth and how state and federal governments can serve as a catalyst for such a national movement.
A Checklist for Assessing the Impact of Policies on Families

The first step in developing family-friendly policies is to ask the right questions:

- What can government and community institutions do to enhance the family’s capacity to help itself and others?
- What effect does (or will) this program (or proposed policy) have for families? Will it help or hurt, strengthen or weaken family life?

These questions sound simple, but they can be difficult to answer.

The Family Criteria (Ad Hoc) Task Force\(^1\) developed a checklist to assess the intended and unintended consequences of policies and programs on family stability, family relationships, and family responsibilities. The checklist includes six basic principles that serve as the measure of how sensitive to and supportive of families policies and programs are. Each principle is accompanied by a series of family impact questions.

The criteria and questions are not rank ordered (Ooms & Preister, 1988). Sometimes these criteria conflict with each other, requiring trade-offs. Cost effectiveness also must be considered. Some questions are value-neutral. Others incorporate specific values. People may not always agree on these values, so sometimes the questions will require rephrasing. However, this tool reflects a broad, nonpartisan consensus, and it can be useful to people across the political spectrum.

**Checklist: A Tool for Analysis**

Check all that apply. Record the impact on family well-being.

1. **Family support and responsibilities.** Policies and programs should aim to support and supplement family functioning and provide substitute services only as a last resort.

   - How does the proposal (or existing program) support and supplement parents’ and other family members’ ability to carry out their responsibilities?

   - Does it provide incentives for other persons to take over family functioning when doing so may not be necessary?

   - What effects does it have on adult children’s ties to their elderly parents?

   - To what extent does the policy or program enforce absent parents’ obligations to provide financial support for their children?

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Does the policy or program build on informal social support networks (such as community/neighborhood organizations, churches) that are so essential to families’ daily lives?

2. **Family membership and stability.** Whenever possible, policies and programs should encourage and reinforce marital, parental, and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself.

   - What incentives or disincentives does the policy or program provide to marry, separate, or divorce?
   - What incentives or disincentives are provided to give birth to, foster, or adopt children?
   - What effects does it have on marital commitment or parental obligations?
   - How does the policy or program enhance or diminish parental competence?
   - What criteria are used to justify removal of a child or adult from the family?
   - What resources are allocated to help keep the family together when this is the appropriate goal?
   - How does the policy or program recognize that major changes in family relations such as divorce or adoption are processes that extend over time and require continuing support and attention?

3. **Family involvement and interdependence.** Policies and programs must recognize the interdependence of family relationships, the strength and persistence of family ties and obligations, and the wealth of resources that families can mobilize to help their members.

   - To what extent does the policy or program recognize the influence of the family and family members upon individual needs or problems?
   - To what extent does it involve immediate and extended family members in working toward a solution?
   - To what extent does it acknowledge the power and persistence of family ties, especially when they are problematic or destructive?
   - How does it assess and balance the competing needs, rights, and interests of various members of a family? In these situations, what principles guide decisions (i.e., the best interests of the child)?

4. **Family partnership and empowerment.** Policies and programs must encourage individuals and their close family members to collaborate as partners with program professionals in delivery of services to an individual. In addition, parent and family representatives are an essential resource in policy development, program planning, and evaluation.
In what specific ways does the proposed or existing program provide full information and a range of choices to families?

In what ways do program professionals work in collaboration with the families of their clients, patients, or students?

In what ways does the policy or program involve parents and family representatives in policy and program development, implementation, and evaluation?

In what ways is the policy or program sensitive to the family’s need to coordinate the multiple services they may require?

5. **Family diversity.** Families come in many forms and configurations, and policies and programs must take into account their different effects on different types of families. Policies and programs must acknowledge and value the diversity of family life and not discriminate against or penalize families solely for reasons of structure, roles, cultural values, or life stage.

   - How does the proposal or program affect various types of families?

   - If the proposed or existing program targets only certain families, for example, only employed parents or single parents, what is the justification? Does it discriminate against or penalize other types of families for insufficient reason?

   - How does it identify and respect the different values, attitudes, and behavior of families from various racial, ethnic, religious, cultural, and geographic backgrounds that are relevant to program effectiveness?

6. **Targeting vulnerable families.** Families in greatest economic and social need, as well as those determined to be most vulnerable to breakdown, should have first priority in government policies and programs.

   - Does the proposed or existing program identify and target publicly supported services for families in the most extreme economic or social need?

   - Does it give priority to families who are most vulnerable to breakdown and have the fewest supports?

   - Are efforts and resources targeted on preventing family problems before they become serious crises or chronic situations?
Do We Know What Good Parenting Is? And Can Public Policy Promote It?

By Dave Riley and Karen Bogenschneider

Parenting matters. Children who experience secure attachment relationships and authoritative parenting are less resistant with parents as two-year-olds, more cooperative with peers as preschoolers, and get better grades and get drunk less as teenagers. Three programs are described that have proven effective in promoting competent parenting: parent education newsletters, home visiting, and parent training for aggressive youth. The chapter concludes that raising children is clearly the parent’s responsibility, yet it may be the policymaker’s responsibility to help create the conditions under which parents can do their best. Several specific government policies and personal actions are identified that can promote competent parenting.

Political interest in children and families ebbs and flows but now may be at its highest peak in the last 20 years among policymakers, professionals, and the public alike (Hutchins, 1998; Ooms, 1995). When the American public is asked what is most important, families top the list (Legato, 1999). When policymakers are asked, leaders of state legislatures across the country call child and family issues a “sure-fire vote winner” (State Legislative Leaders Foundation, 1995). Similarly, in our polling of the Wisconsin state legislators who advise us on topics for Family Impact Seminars, competent parenting tops the list. The concern for families is not Republican or Democrat, liberal or conservative, but is so universal that it is simply American (Jacobs & Davies, 1991).

Yet, in recent national surveys, the leaders of state legislatures report being generally unaware of grassroots groups that advocate on behalf of children and families, unacquainted with child and family advocates, and seldom contacted by constituents on family issues. Also, they feel unfamiliar with how children and families are faring in their districts and uninformed about effective family policies and programs (State Legislative Leaders Foundation, 1995; Zigler, 1998).

Before suggesting policy ideas, this chapter responds to five related questions that policymakers might ask when considering whether legislation can promote competent parenting: (1) Does parenting matter? (2) Do we know what competent parenting is? (3) Can we mount effective programs to improve parenting? (4) Is parenting a proper issue for public policy or is it strictly a personal matter? (5) What policy options and personal actions can promote good parenting? To answer these questions, we draw upon hundreds of studies of parenting conducted in the last couple decades—not to offer a specific policy solution—but to provide a solid foundation for thinking about a range of policy options concerning parents.
Does Parenting Matter?

Almost every year, best-selling books gain momentary fame with proclamations that parents matter little to children’s development, usually suggesting that children grow according to a fixed genetic script, or sometimes that peers and other influences matter more. Some books even argue that children have a bigger impact on parents than parents have on kids (a view we can sympathize with when our toddler is crying at midnight or our teenager is rebelling).

Researchers familiar with the hundreds of studies on parenting are virtually unanimous in agreeing that genes and social influences, in addition to parents, are crucial to understanding why children grow into one kind of person or another. But these same scholars quickly add that child rearing by the family is still the first and foremost influence on most child development outcomes (Bronfenbrenner, 1986; Sawhill, 1992; Steinberg, 1996; Zigler & Gilman, 1990).

The best evidence for the importance of parenting comes from two kinds of studies. The first is of children who are deprived of any or most parental influence, typically children raised in orphanages. The recent case of Romanian children who spent many years in orphanages with no parent-like figure, for example, re-confirms what earlier studies have shown: most children in such situations sustain lifelong effects and many never leave institutionalized care. Parents matter.

The second form of data comes from experiments where parents are trained to change their child rearing behaviors, and the effects on children’s development can be charted. Experiments of this sort solidly prove a cause-and-effect relationship, with changes in parenting behaviors having the power to raise children’s intelligence or reduce their juvenile delinquency, for example.

In the apt words of Urie Bronfenbrenner, the family is the “most powerful, the most humane, and by far the most economical system known for building competence and character” (1986, p. 4) in children and adults alike. As the only institution based primarily on love and caring, families teach connectedness and a commitment so strong that we would give our life for each other (Hewlett & West, 1998). More than any other institution, families perform the magic feat of “making and keeping human beings human” (Bronfenbrenner, 1986, p. 3).

Do We Know What Competent Parenting Is?

Parenting is such a personal matter, and children are all so different from each other, that we might wonder if there can be any agreement on what “competent parenting” is. To a surprising extent, researchers can agree (Maccoby and Martin, 1983). The greatest consensus surrounds the infancy period, when the characteristics of competent parenting are most strongly influenced by biology and least affected by culture.

By just examining U.S. culture in this era, researchers can give a surprisingly coherent picture of competent parenting across the years of childhood. The picture will have some variations depending upon the gender of the child and the ethnic subculture, social class, and family structure. The picture is complex, and researchers are quick to admit that their knowledge is incomplete. But it is fair to summarize that, to a surprisingly great extent, researchers can observe normal interactions of parents with their children at home, and from these observations...
can predict quite a bit about children’s later compliance with adults, cooperativeness with peers, empathy with the distress of others, school failure or success, aggressiveness across their childhood years and into adulthood, and many other outcomes.

Much of the complex picture of parenting that is painted by research findings can be summarized in terms of (1) parent-child attachment in infancy, and (2) authoritative parenting in childhood and adolescence. A secure attachment bond in infancy is the result of parenting that is sensitively responsive and reliably available to the infant. Beginning in the preschool years, authoritative parenting combines high demandingness (high expectations for the child, a willingness by the parent to exert authority, set rules, and act consistently), and high responsiveness (expressing warmth to the child, listening to the child’s point of view, engaging in verbal give-and-take with the child, and explaining the reasons for the parent’s rules).

Hundreds of research studies document that children who experience secure attachment relationships and authoritative parenting are much more likely than other children to “do better” in almost any measurable way. They are less resistant with their parents as 2-year olds; more cooperative with peers as preschoolers; and get better grades and get drunk less as teenagers (Maccoby & Martin, 1983). Even with this general conclusion we must note cultural differences. Among some groups, notably Asian-Americans and African-Americans, high demandingness alone leads to better outcomes regardless of the amount of responsiveness.

**Can We Mount Effective Programs to Improve Parenting?**

The short answer is “yes.” This may surprise many parents who believe that effective child rearing is:

...either common sense (Everybody knows what good parents do, just ask my grandmother), instinctive (Some people are naturally good parents; either you are or you aren’t and it can’t be taught) or relative (Who’s to say what a good parent is, anyway? Steinberg, 1996, p. 104).

But studies of actual parenting education and support programs verify that the specific knowledge and skills of effective parenting can be promoted in parents, ultimately benefitting children’s development. Effective programs are of many types, and one convenient way to categorize them is in terms of the level of needs of the parents they target. At one extreme we have primary prevention programs, which are provided to every family in a community. Secondary prevention programs are provided to only those families who are “at risk” of parenting difficulties. And tertiary prevention programs are really “treatment” programs for families that have shown serious difficulties, such as child abuse. They are “prevention” programs in the sense that, if successful, they prevent a re-occurrence of the problem. See figure 1 (first suggested to us by David Andrews of Ohio State University).

**Children who experience secure attachment relationships and authoritative parenting do better in almost any measurable way.**
Do We Know What Good Parenting Is? And Can Public Policy Promote It?

Figure 1. Levels of Prevention

Figure 1 shows how these three levels of programs differ in the number of families they reach and the costs per family. Primary prevention programs, because they reach everyone, must be inexpensive on a per-unit basis. In the next section, we describe a successful example of this type of program, which provides instruction to parents through newsletters that cost less than $10 per family per year. As an example of an effective secondary prevention program, we will describe intensive home visiting programs. They cost around $3,000 per family per year, but they can prevent child abuse in a smaller number of families where this would otherwise be highly likely. Child abuse, of course, ends up costing society a great deal, so these programs can be very cost effective, despite their high per-unit cost. An example of an effective tertiary prevention (or treatment) program is a well-evaluated parent training program that creates real change for families whose children are already aggressive or in trouble with the law. To be effective with these families, the program must include intensive work that is fairly expensive, but of course not nearly so expensive as the future incarceration of these children in prisons.

If effective programs are available at all three prevention levels, in which level should public policy invest its funds? We believe that a balance of programs at all three levels is best. Following are descriptions of these three programs, one at each level and all proven to be effective.

Aged-Paced Parent Education Newsletters

Because families find parenting information most useful when it is provided at needed times—not too early or too late—newsletters geared to the age of the child are one vehicle for teaching competent parenting. Every year, over half of Wisconsin families with newborns receive the 12 monthly age-paced “Parenting the First Year” newsletters produced by UW-Extension. “Age-paced” means parents learn about 5-month-olds when their baby is exactly that age. Newsletters are inexpensive, compared with home visits or parent education classes, which may make them one of the “few economically feasible methods of primary
prevention in the area of child rearing” (Riley et al., 1991, p. 252). Primary prevention requires, by definition, providing education to parents before problems arise, in effect delivering the program to all families.

In a study of Wisconsin’s “Parenting the First Year” newsletter, Milwaukee parents reported they found its information and advice to be “highly useful” significantly more often than any other source, including physicians and one’s own relatives (Riley, Meinhardt, Nelson, Salisbury, & Winnett, 1991). In another study of their effectiveness, a field study was conducted with 1,104 Milwaukee families who had a 14-month old child (Riley, 1997). Parents who received the newsletters, compared with those who did not, had attitudes that were significantly less like child-abusing parents. Consistent with this belief, they also reported spanking or slapping their baby fewer times in the previous week.

Building on these results, Bogenschneider and Stone (1997) developed a series of three newsletters for parents of high school students, predicting that adolescence, like infancy, may be a sensitive period when parenting practices are in flux and parents are more receptive to advice. Comparing newsletter readers to a no-newsletter control group in a study of 726 Wisconsin parents, those who read all of the newsletters monitored their teenagers’ activities more closely, were more responsive and available to their children, and engaged in more discussions of risky teen behaviors with their adolescent. Importantly, monitoring and responsiveness are key features of authoritative parenting, the highly-effective parenting style mentioned earlier. When the newsletters included the perceptions of local parents and teens from community surveys, an additional benefit emerged. For every 1,000 newsletters mailed at a cost of about $5 per family, an estimated six episodes of teen drinking and driving were prevented.

An especially positive note in these studies is that the newsletters have proven as effective (and oftentimes more effective) for parents who need them most—parents in disadvantaged and highly stressed environments. In studies of the first-year newsletters, those who benefitted most were parents at greatest risk for parenting difficulties—single parents, first-time parents, and parents who were less educated, lower income, and more socially isolated (Riley, et al., 1991). Similarly, in studies of parents of adolescents, newsletters proved more advantageous to parents who faced more of the risks that may interfere with good parenting—a high school education or less, a family structure other than a two-parent biological or adoptive family, limited contact with relatives, and social isolation from friends (Bogenschneider & Stone, 1997).

In terms of state policy, development of the “Parenting the First Year” newsletter series was partly funded by the Wisconsin Children’s Trust Fund, a state agency. Writing of the sequel series, “Parenting the Second and Third Year” was also made possible by state funding, with a Maternal & Child Health grant. The $250,000 cost of distributing these newsletters through the mail to about 45,000 Wisconsin households each year is underwritten by a network of local partnerships including 77 maternity hospitals, 22 health departments, 165 Kiwanis Clubs, 70 county Extension offices, and private funding from the Child Abuse Prevention Fund of Milwaukee. This contrasts with some other states, which distribute our Wisconsin parenting newsletter entirely with state funding.

Parent newsletters have proven most effective for parents in disadvantaged and highly stressed communities.
Intensive Home Visiting

Home visiting has emerged in the last two decades as a promising strategy for promoting competent parenting. Home visiting is a generic term that encompasses a number of interventions (e.g., home visits alone and visits supplemented with case management or child care) by a range of program staff (from nurses to para-professionals and volunteers) with a variety of goals (e.g., preventing child abuse, helping families become economically self-sufficient) for diverse families (e.g., families in high risk environments or any family with a newborn in a particular geographic locale).

The common element in these programs is a series of regular visits to the home of a young child (often weekly or bi-weekly for the first year) with the goal of enhancing the child’s well-being by changing the parent’s behavior through parent education, social support, and practical assistance (Gomby, Culross, & Behrman, 1999). Home visiting is based on the rationale that parents who have realistic expectations of a child, know ways to respond to misbehavior, have friends and relatives they can count on, and possess the resources for coping with stressful life events will be responsive to their child in ways that are more apt to build strong attachments and prevent abuse.

Evaluations of intensive home visiting programs show a mixed picture, with some rigorous studies showing very positive impacts, while other studies do not (Gomby, et al., 1999). When benefits have been documented, the effects have not always been large, and programs have benefitted some types of families more than others. Taken together, the evidence suggests that these programs have great potential, but not every home visiting program is living up to that potential.

The most promising results have been documented by the only home visiting program that has follow-up data. Olds has conducted a 15-year longitudinal study using a rigorous experimental design that compares the treatment with a comparison group (Olds, 1997). In Old’s program, nurses visited low-income mothers, many of whom were unmarried teens. The voluntary visits occurred in their homes prenatally and during the first two years of the children’s lives.

Compared with low-income families assigned to an alternate program (transportation and developmental screening only), nurse home visiting resulted in benefits to children’s behavior and the mother’s life course, and lower child abuse rates when measured 15 years later. Using data from the Elmira (New York) study of primarily white families, the 15-year-olds born to low-income, nurse-visited mothers had 90 percent fewer verified reports of child abuse and neglect and also 50 percent fewer arrests. Compared with the control group, mothers visited by nurses in the study had (on average):

- Thirty fewer months on AFDC;
- Thirty-six fewer months on Food Stamps and Medicaid;
- One-third fewer subsequent births;
- A spacing of 30 months more between first and second children; and
- Seventy percent fewer arrests as shown in Figure 2 (Olds, 1997).
In a follow-up study in Memphis of low-income urban African-American families, the two-year assessments replicated some of these improvements in parental caregiving and maternal life course, although the long-term Elmira evaluation documented more substantial gains on a broader range of outcomes (Olds et al., 1999).

**Figure 2. Old's Nurse Home-Visiting Study: Age 15 Findings**

State and local governments are financing home visiting through existing programs, such as Temporary Assistance for Needy Families (TANF), Medicaid, child abuse funds, and crime prevention dollars. For disadvantaged mothers in Olds’ study, home visiting programs paid for themselves by the time the child was age 4 in reduced government expenditures, primarily for AFDC and Food Stamps.

Because the umbrella of home visiting covers diverse programs with different goals, the varying impact that appears to exist among programs is not surprising. “Home visiting programs do not have the same ingredients and they will not produce the same effects” according to Gomby and colleagues (1999, p.20), leading to contradictory conclusions. For home visiting, as for many other programs, policymakers need more fine-tuned evaluations that demonstrate not only whether the program works, but also what outcomes are affected, why and how effects occur, for which families, and under what conditions (Cohen & Ooms, 1993; Weiss, 1986).
Parent Training

The efficacy of parent training can be discussed using the example of juvenile crime. In longitudinal studies, the strongest predictor of juvenile delinquency is ineffective parenting (Kumpfer, 1993). More specifically, researchers have learned that 30 to 40 percent of antisocial behavior of early offenders, who are those most likely to become violent and chronic offenders later, can be tied to harsh, inconsistent parenting during the preschool years (Patterson, 1986; Patterson & Yoeger, 1993). Parents of these early offenders threaten, nag, and scold but seldom follow through (Patterson, 1986). This teaches children to resolve conflict through coercion—specifically whining, yelling, temper tantrums, or physical attacks (Patterson, 1994). This aggressive behavior leads to rejection by prosocial peers, trouble with teachers, and poor school performance (Patterson, Debaryshe, & Ramsey, 1989). Negative consequences snowball, and these youngsters, who are poorly monitored by their parents, drift into deviant peer groups (Dishion, Patterson, & Griesler, 1994) and increase their use of illegal substances (Dishion, French, & Patterson, 1995). Over time, they fail to develop the skills for stable work or marriages that might enable them to drop out of crime as an adult (Caspi, Elder, & Bem, 1987; Patterson & Yoerger, 1993).

Based on this evidence of family and peer influence, it is not surprising that programs focusing disproportionately on individual youth have seldom demonstrated lasting success (Zigler, Taussing, & Black, 1992). But one family-focused program for antisocial children, hailed as one of our most promising interventions (Kadzin, 1987), is the Oregon Social Learning Center’s Parent Management Training. This program was designed for families whose children have, by early adolescence, already come to the attention of school and juvenile justice officials as aggressive and delinquent. As tertiary prevention, it aims to prevent future trouble by these youth, and it succeeds.

Parents in the program receive, on average, 20 hours of training on specific child management practices that help them act more authoritatively, including closer monitoring, conveying clear expectations for behavior, responding effectively to noncompliance, and rewarding positive behavior. In this well-researched program, children from participating families (and also their siblings) displayed less antisocial behavior, with improvements large enough to bring participating youth into the range of normal functioning (Kazdin, 1987; Patterson, 1986, 1994). These results have been replicated in several studies with effects lasting as long as four and a half years (Baum & Forehand, 1981). The benefits have extended beyond the children in the family to their mothers, who experience less depression as a result of the program (Kazdin, 1987; Patterson, 1986, 1994).

The success of this parenting program is remarkable in several respects. First, it has proven effective with high-risk families, often with a child who is already aggressive or in trouble with the law. Second, it has proven effective, not only with children 3 1/2 to 6 years old (63 percent success rate), but also with children 6 1/2 to 12 years old (27 percent success rate). The success rate with older children is impressive because it requires reversing antisocial behavior that is already well established among children experiencing school failure, rejection by prosocial peers, and encouragement by antisocial peers (Patterson, Dishion, & Chamberlain, 1993). Finally, adaptation of this proven parenting program for foster parents
has been more effective than traditional group care in preventing delinquent acts among male adolescents with a history of chronic juvenile offenses (see Chamberlain, this report).

**Summary of Program Effectiveness**

Taken together, these results provide a compelling example of the potential of parent education. In fairness, however, not all family approaches have been this encouraging. Even programs that are similar to these three have not always been able to document similar, positive impacts. These studies show the potential of parenting programs, but they do not guarantee that every program will have similar results.

While we caution against exaggerating the reliability and effectiveness of these programs (Moynihan, 1996; Wilcox & O’Keefe, 1991), it would also be counter-productive to ignore their demonstrated potential. Sawhill has put this balanced view well:

> The evidence is always mixed...longer follow-up data are scarce, and it is risky to assume that what is accomplished in small demonstrations by trained and dedicated people will be replicated when the program becomes national in scope...A lack of positive findings may simply reflect insufficient evidence to prove anything one way or the other...one must weigh the risk of doing something and having it not work against the risk of doing nothing and missing an opportunity to improve lives. (Sawhill, 1992, p. 169)

**Is Parenting a Proper Issue for Public Policy? Or is it Strictly a Personal Matter?**

This question concerns values and judgment, not research findings. Nonetheless, let us suggest that for most people, the best answer is that parenting is both inherently private, and inevitably affected by public policy.

On one hand, our American tradition, born in reaction to the unbridled power of monarchy, has been to protect the private sphere from government intrusion. This view has moderated over time, for example by acceptance of public intrusion into the families of child abusing parents (originally through the use of farmers’ animal cruelty laws). But most Americans would still agree that raising the child is the family’s responsibility, not the government’s.

On the other hand, families don’t exist in a vacuum. Families do better when supported by close friendships, good schools, and caring communities. Some communities make it easy to raise children well, while others make it hard. For example, moving families out of Chicago’s public housing projects and into working class neighborhoods leads to much more effective parenting in those families and far better outcomes for the children (Garbarino & Kostelny, 1994). These parents don’t need more knowledge or better attitudes nearly as much as they need a supportive community for their efforts.
Can Government Policies Promote Good Parenting?

The answer is both yes and no. Public policies, of course, play a strong role in creating the conditions for parents to do their best. Parents themselves voice a desire for government help in the private matter of childrearing. In recent public opinion polls, only 6 percent of parents said government was doing a great deal to help them. Yet 47 percent said government could be doing a great deal to help them, and 37 percent said government could do something to help them (Hewlett and West, 1998).

Government could help families with some of the stresses that parents say make parenting harder today than it used to be—excessive work demands, social isolation, economic pressures, and unsafe streets and neighborhoods (National Commission on Children, 1991b). Policies that support parents deal with such issues as schools, libraries, parks, public health, child care, workplace law, employment programs, family resource centers, and training for foster parents. For example, zoning laws could make it easier to allow child care programs inside residential neighborhoods, encouraging the formation of parenting social networks and a sense of community.

It takes only a moment of reflection to realize that most legislative bills have some impact on family life, just as they often have an economic and an environmental impact. Policymakers do not have a choice about whether to affect family life or not: they already do.

Yet, just because government can do something to help parents, doesn’t mean it can do everything. Some of the changes we need to promote good parenting must come from parents themselves.

What Can Parents Do to Promote Good Parenting?

In a recent book on the New York Times best seller list, a renowned social scientist said “The widespread disengagement of parents from the business of childrearing is a public health problem that warrants urgent national attention” (Steinberg, 1996, p.189). Parents may find it difficult to be engaged in childrearing, according to the President of the National Council on Family Relations, because they find themselves competing for time with their children in an over-busy, over-scheduled, over-commercialized society (Doherty, in press). For example, active marketing of clothing to preteens has preempted parent influence on the clothing choices of children as young as 7 and 8. Most educational, economic, recreational, and religious activities are aimed at individuals, thereby pulling families apart, rather than bringing them together (see Doherty, this report).

Because it is difficult to mandate parents to spend more time with children and to legislate cultural changes such as a greater valuing of parenting or less emphasis on materialism, some activists argue that instead of looking to government or professionals, parents must take action themselves (Boyte, 1993). One thing that is needed to promote competent parenting is a nonpartisan, grass roots movement generated and sustained by parents themselves to make family life a priority and to support parents’ attempts to create a better balance between time for relationships inside the family and activities outside the family (see Doherty, this report).
In summary, raising children is clearly the parents’ responsibility, yet it may fall to policymakers to help create the conditions under which parents can do their best. Government policies to promote good parenting may work best when enacted in a cultural climate that values children and cherishes parents.

**What Policy Options and Personal Actions Can Promote Good Parenting?**

Because good parenting depends on both the public and private realms, this section identifies both government policies and personal actions that can promote competent parenting. While this list is not intended to be exhaustive, hopefully it will stimulate creative thinking and constructive dialogue about how society as a whole and we as individuals can take steps to promote the type of parenting that produces the responsible citizens and productive workers upon which the future of our nation rests.

**Policy Options at the Government Level**

Examples of policy options for promoting more competent parenting come from both conservative and liberal sources. They include:


- Home visiting programs can help parents get off to a good start in raising their children (Governor’s Task Force on Family and Children’s Issues, 1990; Olds, 1997).

- Employment policies can provide paid family leave, part-time or job sharing opportunities, and other family-friendly work policies that allow time away from work for family responsibilities (National Commission on America’s Urban Families, 1993; National Commission on Children, 1991a). Because some employers are not required to participate, the right to family leave and other family-friendly workplace policies could be made more widely available to employees (Skocpol, 1997).

- Marriage education and enrichment programs have proven to reduce rates of separation and divorce, leading to a more stable environment in which children thrive (National Commission on America’s Urban Families, 1993; National Commission on Children, 1991a; Resnick, Blumberg, & Markman, 1992). Married parenthood can be encouraged through supportive tax policies, benefits, and marriage rules. Yet when marriages fail, systems need to be in place that ensure reliable child support payments (Skocpol, 1997). Also, mandated programs on how to co-parent after divorce have been shown to reduce by half future re-litigation rates over custody and child support (Arbuthnot, Kramer, & Gordon, 1997).
Foster parents can benefit from parent training and support. A foster parent education program developed by the Oregon Social Learning Center increases the willingness of foster parents to provide care, prevents multiple foster home placements, and is more effective than group care in preventing repeat crimes among chronic juvenile offenders (Chamberlain, Moreland, & Reid, 1992; Chamberlain & Reid, 1991, 1998).

Policies that lead to decent incomes, reliable child care, safe neighborhoods, quality schools, and affordable health care give parents the peace of mind that allows them to focus on the important work of raising the next generation (National Commission on Child Welfare and Family Preservation, 1990; National Commission on Children, 1991a).

In addition to taking steps to enact these specific family policies, policymakers can promote a family perspective in any legislation by the following actions:

- Policymakers can raise questions about how legislation would affect family well-being, just as the economic or environmental impacts of legislation are routinely considered in policy debate. Specifically, policymakers can ask in what ways families contribute to a problem, how they are affected by it, and whether they should be involved in the solution (Ooms, 1990).
- Policymakers can require parent or family criteria in any evaluations of programs or policies that affect families.

### Actions at the Personal Level

- Family coalitions can be organized to develop and actively pursue policies that would strengthen families and support their decision to make family time a priority (Doherty, this volume).
- Just as parents used to receive support at barn raisings, church meetings, and other community gatherings, communities could provide opportunities for parents to get to know each other and to become familiar with community rules and standards for childrearing (e.g., curfews, age of dating, rules regarding teen alcohol use; United States Department of Education, 1991).

In summary, government and personal options can be quite distinct from each other, but they also can overlap. For example, government can provide seed money to jump-start the formation of family coalitions or public forums at the community level. These family coalitions, in turn, could develop a range of strate-
gies to make family time a priority, which could include advocating for specific family-friendly government policies.

**What Parenting Efforts Are Being Tried in Other States?**

To develop and evaluate legislation, state legislators are often interested in what other states are doing. The Harvard Family Research Project identified five pioneering states that have developed preventive, family-oriented services on a broad or statewide basis—Connecticut, Kentucky, Maryland, Minnesota, and Missouri. The goals, services, sponsorship, and funding of these five states are summarized in the Wisconsin Family Impact Seminar Briefing Report, “Can Government Promote Competent Parenting?” This report also includes more than 25 policy recommendations from six different sources that span the political spectrum. Ordering information is included in the front of this briefing report. Or, contact Meg Wall Wild at (608) 262-8121.

**How Can Legislators Evaluate Parenting Legislation or Initiatives?**

To help evaluate legislative proposals, the previously mentioned briefing report on parenting lists several principles for assessing how successful a parenting initiative is likely to be. Successful programs are ecological, collaborative, long-term, have terrific staff, are targeted to specific ages and outcomes, intervene at critical periods, build on existing strengths, and allow for individual differences. For ordering information, see the introduction to this briefing report or contact Meg Wall Wild at (608) 262-8121.

**Conclusion**

In their importance to both policymakers and the public, child and family issues are now at their strongest point in recent decades. However, as one scholar recently lamented, there is often little connection between what is funded and the specific programs known to be effective or most promising (Carter, 1996). While the knowledge created by the research community grows at a slow pace and seldom seems to provide the facts needed by policymakers today, we at least have knowledge of some flagship programs, and perhaps enough knowledge to help us avoid jumping on the latest bandwagon. We know enough, at least, to increase the odds that parenting education programs will deliver on their promise. Fulfilling this promise may depend on a dual-pronged focus of moving forward on both a government and a personal front.

**References**


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Treatment foster care has proven more effective in reducing criminal activity among serious juvenile offenders than traditional group care. For every $1 spent on treatment foster care, taxpayers save more than $17 in criminal justice and victim costs. The program has also been successful for youth with such severe mental illness that they would typically be placed in psychiatric hospitals. The linchpin of treatment foster care is the foster parent who is carefully selected, supported, and trained for 20 hours in parent management skills. Moreover, parent training and support, when combined with an extra $70 monthly stipend, reduced the foster parent drop-out rate by two-thirds.

Wisconsin’s rate of juvenile arrests is the highest in the nation. Because of the unacceptable rates of repeat crimes by juveniles and the escalating costs of correctional institutions, interest has grown in alternatives to institutional care for troubled youth.

In this chapter, I focus on community treatments for older youth with severe criminal records. First, I address what we know from research about the factors that lead to antisocial behavior and delinquency during adolescence. Then I compare the traditional group-based facility for delinquent youth with a treatment foster care program in which carefully selected foster parents receive parent management training and support. Can treatment foster care reduce crime and delinquent behavior among chronic offenders and, if so, is it cost-effective? Will it work for older boys with more serious criminal records and with youngsters with severe mental illness? Finally, in a time when the demand for foster care is increasing faster than the number of foster families, we examine whether offering parent training, support, and a small extra stipend increases the willingness of foster parents to provide care.

What Do We Know About Delinquent Behavior Among Youth?

Key elements contributing to antisocial behavior and delinquency during adolescence include poor parental supervision, lack of consistent discipline, low parental involvement, friendships with delinquent peers, and school failure (Chamberlain, 1994, 1996; DeBarryshe, Patterson, & Capaldi, 1993; Reid, 1993; Reid & Eddy, 1997). Research has shown that antisocial behavior leads to increasingly serious delinquency, and also that the behavior itself wears down the social forces that could potentially guide the youth to more acceptable behavior. Their families are distressed, demoralized, defeated and cynical. As a result, the family becomes incapable of supervising, mentoring, setting limits, or negotiating with the teen. The youth’s homework, attendance and school behavior deteriorate, while he be-
comes increasingly influenced by peers. Finally, the youth’s behavior compromises community safety.

The courts intervene and the youth is taken out of the home. At this point, the challenge is to re-create the powerful socialization forces of functional family life for these teens, while protecting the community, the adults in charge of the youngsters, and the youth themselves.

Teens who have been removed from their homes for chronic delinquency have traditionally been placed in secure or community-based group care facilities. However, in one of our studies, we found that keeping troubled teens in the community with carefully selected and trained foster families has had better short- and long-term impacts on changing antisocial behavior.

Results from this study found boys ran away less frequently, completed their programs more often, and were locked up in detention less while participating in treatment foster care, compared with group care. In addition, teens in foster care had fewer criminal referrals in official court records and fewer self-reported violent or serious crimes than teens in group care.

How Does Treatment Foster Care Work?

We compared treatment foster care and group care with 79 boys ages 12 to 17 (average age: 15 years) who had histories of serious, chronic delinquency. (See Table 1). Thirty-seven boys were assigned to foster care, and 42 to group care conditions. All had been required to be placed in out-of-home care. The boys averaged 14 previous criminal referrals, including more than four previous felonies. All had been detained in the year before the study, and the average number of days in detention was 76. All had been placed out of their homes at least once before. All lived in a medium-sized metropolitan region or surrounding rural neighborhoods in the Pacific Northwest. Eighty-five percent were white; 6 percent were black; 3 percent were Native American; and 6 percent were Hispanic.

### Table 1. Risk Factors of Boys in Sample

<table>
<thead>
<tr>
<th>Factor</th>
<th>Group Care (%)</th>
<th>TFC (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-parent family</td>
<td>54</td>
<td>59</td>
</tr>
<tr>
<td>Parent hospitalized</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Parent convicted of crime</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>Siblings institutionalized</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>Perpetrator of sexual abuse</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Drug or alcohol abuse</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Chronic truancy</td>
<td>69</td>
<td>61</td>
</tr>
<tr>
<td>Fire setting</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>Had run away from placement</td>
<td>78</td>
<td>75</td>
</tr>
<tr>
<td>2 or more of the above</td>
<td>85</td>
<td>87</td>
</tr>
<tr>
<td>3 or more of the above</td>
<td>63</td>
<td>56</td>
</tr>
</tbody>
</table>

Note: TFC = treatment foster care.
The central component to the treatment foster care program was the foster parent. Families were recruited based on their experience with teens, their willingness to act as treatment agents, and their nurturing family environment. Selection included a telephone screening, an application form, a home visit, and a 20-hour preservice training. To provide the boys with a structured living environment, the training emphasized parent management skills such as monitoring whereabouts and setting clear rules. Foster parents were taught to track positive and negative behaviors and to respond appropriately and consistently. Youth were supervised closely, all free time was prearranged, and contact with peers with known histories of delinquency was prohibited. Foster parents also learned how to implement an individual plan for each teen.

Foster parents received weekly supervision and daily phone calls where parents identified problems and discussed potential solutions. Case managers were on call 24 hours per day, 7 days per week.

Each boy participated in weekly individual therapy focused on problem solving and non-aggressive methods of communicating. Each boy’s biological family or caregiver participated in weekly family therapy, including supervision, encouragement, discipline, and problem-solving. Frequent home visits occurred, beginning with 1- and 2-hour visits, increasing to overnights.

All teens were enrolled in public school, with 45 percent involved in at least some special education programming. School staff attended a conference with program staff before enrollment. Teens carried a card to each class for teachers to sign off on attendance, homework and attitude. Support was provided to the school if a teen had problems. Program staff were on call to remove a youth if he was disruptive.

Consequences for breaking rules were tailored for each teen, including loss of privileges, work chores, and demotion to a lower level. Consequences were consistent, even for minor rule violations (e.g., being 2 minutes late, not doing breakfast dishes). Boys were encouraged to accept consequences and start each new day with a clean slate. Foster parents were trained to offer consequences in a neutral way and to give boys credit for complying with the consequence.

Group Care

Teens assigned to group care went to one of 11 programs located in the state. Each had from 6 to 15 youths in residence, and all employed shift staff. The approach most often used was the positive peer culture approach, which assumes that the peer group can best influence and motivate youth to change. Teens participate in therapeutic group work to establish prosocial expectations, confront each other about negative behavior, and participate in discipline and decision-making. Teens usually attended in-house schools. Family contact was encouraged, and family therapy was provided if families could commute to program sites, most often once a month or less.
Differences between treatment foster care and group care include:

- Group therapy occurred at least weekly in more than three-quarters (77 percent) of the group care placements; it was not offered at all in treatment foster care.
- Adults in group care believed peers had the most influence on teens’ success; foster parents felt adults had the most influence.
- Adults spent less one-on-one time with teens in group care than they did in foster care.
- Peers had more influence on house rules and discipline in group care than foster care.
- Teens in group care spent more time with peers than did their counterparts in foster care.

Is it Feasible and Safe to Place Serious Youth Offenders in Foster Families in the Community?

Results from this study found that teens placed in treatment foster care actually were much more likely to complete their programs successfully, and much less likely to run away while in foster care, compared with teens in group care. Nearly three-quarters, or 73 percent in foster care completed their programs, compared with 36 percent in group care. Clearly, traditional group care appears to provide the community with only modest protection from the criminal behavior of program participants. Likewise, 31 percent of teens in foster care ran away from their placements, compared with nearly 58 percent of teens in group care (See Figure 1).

Figure 1. Delinquent Youth Are More Likely to Complete Foster Care Than Group Care
During the year following referral, youth in foster care spent, on average, fewer than half as many days in detention as youth in group care and about a third less time locked up in state training schools (See Figure 2). Overall the treatment foster care boys spent 60 percent fewer days in jail during the year following referral. In addition, teens in foster care spent nearly twice as much time living with parents or relatives—a major goal of both types of treatment programs—during the year after their program than boys in group care (See Figure 2).

**Figure 2. Foster Care Resulted in Less Time in Jail and More Time with Parents**

![Bar chart showing days in detention, state training schools, and days spent with parents for treatment foster care and group care.](image)

**Can Foster Care Actually Reduce Crime and Delinquent Behavior in Chronic Offenders?**

The study looked at official juvenile court records of teens in both foster care and group care from one year before enrollment through one year after leaving the out-of-home placement. Clearly, foster care was more effective than group care in reducing recorded delinquent behavior. The study found that teens entering foster care had an average of 8.5 criminal referrals per year before treatment, and 2.6 referrals a year after treatment foster care. In contrast, the group of teens entering group care had an average of 6.7 criminal referrals per year before treatment, and 5.4 referrals a year after group care (See Figure 3). In self-reports, the boys also committed fewer delinquent acts and fewer violent or serious crimes. A year after out-of-home placement, 41 percent of teens in foster care had no criminal referrals, compared with only 7 percent of teens placed in group care. These results are over and beyond any effects of age at first criminal referral and number of prior offenses.

*Foster care was more effective than group care in reducing recorded delinquent behavior.*
For every $1 spent on treatment foster care, taxpayers save more than $17 in criminal justice and victim costs.

Is Treatment Foster Care Cost-Effective in the Long Run?

Our treatment foster care model was chosen as one of the ten National Blueprint Programs for violence prevention by the U.S. Department of Justice. The Washington State Public Policy group (Aos, Phipps, Barnoski & Lieb, 1999) calculated that for every $1 spent on this foster care program, taxpayers save more than $17 in criminal justice and victim costs by the time the participating youth is 25 years old.

Does Treatment Foster Care Work as Well for Older as for Younger Boys?

Most of the participants in this study were early, chronic offenders. The age at which they committed their first official offense varied from under 6 years old to just over 16 years old. We were surprised to find that the foster care program had beneficial effects on this hard-to-reach group, and also that the program’s impacts did not seem to vary by age. The older teens responded as well as the younger ones. The study seems to suggest that placing older, early-onset delinquents in strong, well-trained families has the potential to set them on a more positive life path.

Can Community Foster Care Work for Youth with Severe Mental Illnesses?

While recent research is finding that treatment foster care in community settings can be highly effective for teens with chronic delinquency, there is less information on the success of teens who have such severe mental illnesses that they would traditionally be placed in psychiatric hospitals.
Another of our studies (Chamberlain & Reid, 1991) with a sample of 8 boys and 12 girls ranging from age 9 to 18 found reason to be hopeful. The youths involved in the study had diagnoses including conduct disorder, schizophrenia, substance abuse and borderline personality. Other risk factors among the group included eight who had family histories of mental illness, eight who had been sexually abused, eight experiencing family violence, six who had attempted suicide, five living in poverty, and three who had been through failed adoptions.

The study placed 10 of the youth in treatment foster care with carefully screened and trained foster parents, and 10 of the youth in a control group. Of the control group, seven went into settings such as a group home, residential treatment center, or parent’s or relative’s home, while three remained in the hospital.

All 10 youth in the treatment foster care program were eventually placed in a family setting compared to only four of the 10 youth in the control group, a difference which was statistically significant. Youth in the foster care group were also placed outside the hospital more quickly than those in the control group.

During the first three months of the study, the results regarding youth behavior were striking. The youth placed in foster care went from 22 reported problems per day down to 10, while the control group went from 24 to 22 reported problems per day. However, after seven months, the control group dropped, but still not as low as the treatment foster care group. The control group decreased to about 15 problems per day, while the foster care youth held steady at around 10 problems per day.

We are optimistic about the treatment foster care program, given that the young people in the study had severe, complex problems that have been very difficult to support in community settings. In practice, community placements for these children are difficult to find and are usually restricted to one or two “slots” in any given program. Moreover, hospital programs average about $6,000 per month per child, while treatment foster care averages $3,000 per month. Placement in treatment foster care saved an average of $10,280 per child in hospital costs.

**Does Enhanced Parent Training, Support, and a Small Stipend Increase Parents' Willingness to Provide Foster Care?**

In a 1992 study (Chamberlain, Moreland, & Reid, 1992), we found that increased parent training, support, and an extra $70 monthly stipend resulted in a foster parent drop-out rate two-thirds less than in the control group (See Figure 4). Also, children in the enhanced training and support and stipend group had fewer multiple placements then in either of the other two conditions.

The enhanced training and support included a weekly two-hour meeting with other foster parents and a trained facilitator. The trained facilitator also contacted each foster family three times per week. The staff costs of implementing the enhanced training and support for 15 to 20 foster families includes the cost of one experienced foster parent facilitator (salary equivalent of a case worker) and two hours of weekly supervision by clinical staff experienced in group process.
In summary, our studies show that treatment foster care can be more effective in reducing criminal activity among serious juvenile offenders than group care, regardless of how old the offender is, and can be at least as effective for treating young people with serious mental illness, at greatly reduced cost. The cornerstones of the treatment foster care approach include developmentally appropriate, intensive, and individualized family-focused treatment that address the antecedents to antisocial behavior, conditions such as poor parental supervision and involvement, friendships with delinquent peers, and school failure.

The linchpin of treatment foster care is the foster parent, who is carefully selected, trained, and supported. Not only were the boys taught to be responsible members of the family, but the treatment foster parents also used parent management strategies to encourage youth to attend school regularly, to improve their relationships with teachers and peers, and to do their homework. A key part of the program is isolating teens from contact with other delinquents and promoting activities that will bring them into relationships with less troubled youths.

These findings are promising over the short run, yet long-term outcomes still need to be demonstrated. What remains to be seen is whether these results will extend to youth in large metropolitan areas and to minority or female delinquents.

Training and supporting foster parents as professionals appears to have the potential for providing young people who have criminal records or severe behavioral problems with a more normal lifestyle, while at the same time saving substantial amounts of money in the treatment system and in potential victim costs.
Providing foster parents with enhanced parent training, support, and a small additional stipend also enhances the willingness of foster families to continue to provide care.

During the 16 years we have been involved in the program, we have been pleased by the response from strong, tightly knit families that were willing to accept training and supervision so they could provide a positive family experience for delinquent or disturbed youth.

This article is based on the following three publications:


References


Patricia Chamberlain, Ph.D., is a Researcher at the Oregon Social Learning Center and is Executive Director of the Oregon Social Learning Center Community Programs. Dr. Chamberlain’s Treatment Foster Care Program, selected as 1 of 10 National Blueprint Programs for Violence Prevention by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, is being replicated in 10 communities across the country.
Family Life 1st:
Activating a Grass-Roots Parents’ Movement

By William J. Doherty
with Harry Boyte

Increasingly, parents find themselves competing for time with their own children in an over-busy, over-commercialized society. Most educational, economic, and recreational activities are aimed at individuals, thereby pulling families apart rather than bringing them together. Doherty contends that the principal momentum for competent parenting must come from diverse parents working together in powerful, nonpartisan ways. What is needed is not a top-down state or federal initiative, but a public, grass-roots movement generated and sustained by parents themselves. State and federal governments can serve as a catalyst for a national movement to make family life a priority.

Recent federal policy initiatives for parents have focused on helping parents have more time at home with their children after a birth and when a child is ill, and on encouraging voluntary television and movie rating systems.

While these policies are helpful and needed, they do not seriously tackle the underlying erosion of parents’ ability to steer the development of their children in a world increasingly dominated by the consumer culture, the media, and over-scheduled family hyperactivity. In homes across the country, parents are fighting—and often losing—the battle for influence over their children against powerful forces far stronger than most individual parents.

How Has Consumerism Eroded the Influence of Parents?

A case in point for how the culture has undermined family life is the declining influence of parents on the clothing decisions of young children. It’s not that pre-teen children are becoming more truly independent in choosing what to wear. Instead, their tastes for increasingly sexier and more expensive clothes are driven by clothing marketers.

According to the Wall Street Journal, children’s clothing manufacturers have concluded that parents now have little influence over their pre-teen daughters’ clothing choices. Brands are now marketing and selling sexualized names and styles such as Streetwalkers™. Advertising is going around the parents and directly to the children who are the decision-makers, if not yet the purchasers.

It is difficult for most parents to compete with a multi-billion dollar industry marketing directly to young children with well-researched and captivating images of pseudo-mature teen sexuality. One Target manager in Minnesota ruefully reported that, while his store does not carry the Streetwalkers™ brand, it has just one remaining line of traditional children’s clothes that are “designed for 7-and-8 year olds whose mothers are still impacting the purchase decision.”
What Other Forces Have Invaded Family Life?

The exaggerated emphasis on athletics is another argument for social change. One mother in a Minnesota public discussion on putting families first reported that she feels “terrorized” by coaches who insist on practicing on Mother’s Day and Thanksgiving Day. Another participant was told by the soccer coach that her family could take vacation only during a two-week period in August.

In fact, most social, educational, and religious programs in America today are aimed at individuals who are pulled out of their families. In one town, the coaches and clergy met in a “summit meeting” to divide up families’ times so as to avoid competition between church and sports.

Ironically, despite the over-abundance of community activities currently available on the consumer menu (in one community, there are 14 organized activities for three-year-olds), there are few chances for whole families to participate in common, intergenerational activities, and even fewer opportunities for families to engage in citizenship activities that build the commonwealth. We are increasingly a hyper-individualistic, consumer-oriented society that values family life as a political icon and marketing target, but not as a place for nurturing active, productive citizens.

What is Needed to Counter These Attacks on Family Life?

We need a movement of families to take back our kids and make family life the first priority. “Family Life 1st” is a group of citizens in suburban Minneapolis who are committed to building a community in which family life has first priority in an over-scheduled world. The group is committed to reversing the deleterious effects of the consumer culture of childhood, in which parents see themselves as competitive providers of services to children, and children are overscheduled in a frantic pursuit of experiences and opportunities for personal enrichment and advantage over peers.

Family Life 1st was created out of a town meeting in Wayzata, Minnesota, attended by parents and community leaders concerned with this nameless social problem. It consists of parents, community activists, clergy, teachers, and other professionals.

The democratic theory underlying this effort is that the family can only be a seedbed for current and future citizens if it achieves a balance between internal bonds and external activities. This balance has become gravely out of whack for families of all social classes. What is sorely needed to retrieve family life is a public, grass roots movement generated and sustained by families themselves.

What Can a Parents’ Movement Accomplish?

Thus far, Family Life 1st has generated a vision of a desired future for families in our community, and begun a series of stakeholder interviews to better understand the problem and solicit allies. We want to inspire a broad community discussion, and we are committed to a “no villains” approach that does not blame parents, coaches, clergy or any other group. A specific task will be to develop, along with community activity groups, youth, and families, a set of working policies that acknowledge, support, and respect families’ decisions to make family time a priority.
What Can the State and Federal Governments Do to Help?

Clearly, top-down state or federal initiatives will not be successful or well-received. In fact, beginning with government programs or policies—without widespread citizen deliberation and input—contradicts the basic democratic theory underlying families' civic work. The principal momentum must come from diverse families working together in powerful but non-partisan ways.

Government, however, can serve an important role as a catalyst for such a national movement. Here is a proposal for state or federal action:

- Create and fund a national network of community circles, family coalitions, or public discussion forums, consisting of demographically representative groups of parents and grandparents. (Grandparents are very worried, and have a big stake in this discussion about the welfare of their grandchildren.)

- Give this national initiative a striking name. One possibility: Taking Back Our Kids and Making Family Life 1st.

- These groups will explore and define, via their own experience, reading, and the testimony of experts on childhood and family life, the central challenges that parents face in raising children in today’s culture.

- The groups will make recommendations for action in four areas: what individual families can do, what families collectively can do in their local communities and nationally, what private organizations such as faith communities and non-profits can do, and what government at different levels can do.

- Publicize widely the activities and conclusions of these family forums.

- Call a White House Conference to address the findings and recommendations from the forums.

- Catalyze a national, non-partisan movement of families that would take on civic projects to strengthen families and promote a sense of common purpose among families. After being launched, this movement would operate autonomously and without further direct federal or state support.

Summary

We aim to stimulate a national movement of families taking back their lives through democratic public work. We are committed to reversing the encroachment of the consumer culture on what has been called the world’s smallest democracy—the family.

Today’s “triple threat” to children and families—consumerism, media saturation, and family hyperactivity—calls for national leadership to create a civic space for families to join in common purpose to recapture their influence over the development of the next generation of citizens and, in the process, to rebuild the commonwealth.
References


William Doherty, Ph.D., a Professor at the University of Minnesota, is the President of the National Council on Family Relations. Dr. Doherty is a Rockefeller Foundation Bellagio Fellow and has been recognized by the American Association for Marriage and Family Therapy for significant contributions to marriage and family therapy.
The Children’s Trust Fund

The Children’s Trust Fund is a public-private partnership created by the Wisconsin State Legislature in 1983. The Children’s Trust Fund is administered by a 16-member Child Abuse and Neglect Prevention Board, which includes eight governmental members and eight public members chosen by the Governor for their interest and expertise in child abuse and neglect issues.

Goals
The goal of the Children’s Trust Fund is to reduce child abuse and neglect in Wisconsin and protect our state’s greatest resource—its children.

In attempting to achieve that goal, the Children’s Trust Fund supports a strong and balanced prevention agenda by

- Developing public information campaigns and educational materials that promote awareness and understanding of child abuse and neglect prevention;
- Advising national, state and local policy makers on child abuse and neglect prevention statutes and policies.

Services for Parents
The Children’s Trust Fund currently funds 17 Family Resource Centers throughout the state that provide a combination of these core services:

- Group services include parent-education courses, workshops, support groups, drop-in programs, child care while parents use the Center, and play groups;
- Individual center-based services provide parents with personal consultations and support at the Family Resource Center;
- Outreach and family visiting services reach out to parents with new children at their home and at other locations convenient for families;
- Community resource referral and follow-up services offer a reliable link to public and private agencies and provide strong family advocacy within local communities. Families can receive referrals to other community programs and assistance with transportation to attend programs.

In addition, the Children’s Trust Fund provides funding to 21 community-based family resource and support programs. These programs develop diverse approaches to meet local needs for parent education and support. Community-based child abuse and neglect prevention programs use a variety of prevention strategies including...
Comprehensive educational programs for both parents and children
Child sexual abuse prevention programs
Respite care or crisis care nurseries
Programs for homeless families
Programs for families with children who have disabilities

Funding
Nearly $1.9 million is distributed annually to 35 different agencies throughout Wisconsin, focusing on prevention of child abuse and neglect. The majority of the Children’s Trust Fund annual budget comes from a charge on duplicate birth certificates. It also receives federal matching funds and gifts from private individuals, corporations and foundations.

Evidence of Effectiveness
The Children’s Trust Fund sponsors programs that provide effective services and support systems to emphasize and build on family strengths. The philosophy is one of universal access, encouraging all families to use any programs and support services provided. Nearly 6,000 adults and their children will participate in Family Resource Center programs this fiscal year. This does not include the thousands of others reached with public information materials, newsletters, and conference sponsorships.

Participant feedback demonstrates that parents appreciate the support they receive from staff and from the other families. They enjoy coming to the center and learning new ideas and techniques to be the best parents they can be. Comments include “…the Center is a peaceful, fun-filled home away from home,” “…the Center has become a place to go to keep my spirits up and surround myself with positive people,” and “…a place that offers good help, good advice, and a shoulder to lean on.”

For More Information
For more information about the Children’s Trust Fund or about family support programs and services, contact:

The Children’s Trust Fund
110 East Main Street, #614
Madison, WI 53703
(608) 266-6871 Office
(608) 266-3792 FAX
http://wctf.state.wi.us
University of Wisconsin-Extension
Family Living Programs

Goals
University of Wisconsin-Extension, Family Living Programs provide education promoting family strengths and help communities become positive environments for family life. Programs respond to community needs with research-based education and partnerships that support Wisconsin families and communities.

Services for Parents
Family Living programs teach family members to:

- Become more effective parents or caregivers;
- Make healthy choices about diet, exercise and food safety;
- Assess local child care needs;
- Manage family finances;
- Maintain independence and economic security for older adults; and
- Evaluate access to and quality of health care in their own communities.

Family Living Programs offer a variety of educational opportunities that strengthen both families and communities. Faculty and staff build community partnerships and provide family policy education.

Evidence of Effectiveness
UW-Extension Family Living Programs employ research to create educational programs that teach family members to become more effective parents and caregivers, make more healthy choices, and create supportive communities. A sample of program highlights include:

- UW-Extension county offices in 70 counties coordinate distribution of “Parenting the First Year” newsletter in partnership with Kiwanis Clubs, maternity hospitals, city or county health departments and others partners. Parents receiving “Parenting the First Year” rated the series “very useful as a source of childrearing advice.” Parents said reading the newsletter caused them to give their babies more stimulation, to hug and talk to them more, and to be less angry when the baby was difficult. They report spanking or slapping their babies significantly less often than comparable parents who do not receive the newsletters.

- Local collaborations including the UW-Extension School Readiness Project have led to more available and better integrated services for children in 10 communities. Community projects have greatly increased the participation of parents of infants, Spanish-speaking parents, fathers, teen parents, and low-income parents. The number of parent education options available also has increased.
• UW-Extension, working in partnership with the Wisconsin Association for Home and Community Education, brought the First Book Project to 25 counties where 130 volunteer mentors read to 1,374 children and provided more than 16,000 books.

• Through home visiting programs such as Healthy Families Walworth County, parents and their babies participate in programs that teach child development. Participating mothers breast fed longer, interacted with infants in stimulating ways, made better use of preventative health care, and reported greater formal social support from community resources.

• More than 6,000 Wisconsin parents of 5th to 12th graders in 17 communities have completed the Tapping into Parenting (TIP) survey assessing parents’ perceptions of their children, families, schools and communities. Results from the project include individual reports to participating communities, parent education newsletters, and a statewide report of the views of 4,435 Wisconsin parents. Compared to a control group, parents who read TIP newsletters monitored their teens more closely, were more responsive and available to their adolescents, and engaged in more discussions of risky behaviors.

• Teenage Assessment Project (TAP) surveys have been conducted in more than 280 Wisconsin communities since 1989. These projects have resulted in new programs for teens and their families, and communities have formed coalitions to address youth issues. The surveys help communities understand how they can support positive youth development and discourage problem behaviors.

Funding
University of Wisconsin-Extension is funded by county, state and federal government, by participant fees, and by gifts, grants and contracts from public and private sectors.

For More Information
Laurie Boyce, Ph.D.
State Program Leader
Assistant Dean/Director
Family Living Programs
UW-Extension
432 N. Lake Street, Room 637
Madison, WI 53706
http://www.uwex.edu/ces/flp/aboutflp.html
ljboyce@facstaff.wisc.edu
608-263-0759 Office
608-265-4600 FAX
Wisconsin Child Abuse and Neglect Prevention Program
1997 Wisconsin Act 293

**Goals**

This program is intended to decrease the incidence of child abuse and neglect, improve family functioning and parenting skills, increase the effectiveness of systems in responding to families in crisis, and make families more self-sufficient and less reliant on programs and services.

**Services of the Program**

The Wisconsin Child Abuse and Neglect prevention program provides support for a program of child abuse and neglect prevention services which includes home visiting to first time parents eligible for Medicaid and a flexible fund for those receiving home visitation program services. The program also includes a flexible fund for individuals or families who have either been the subject of a child abuse or neglect report or who have asked for assistance to prevent abuse, who are willing to cooperate with an informal plan of services, and for whom there will be no court involvement.

**Number of sites**

Ten awards to the following sites were made effective January 1, 1999:

- Brown County Human Services
- Door County Department of Social Services
- Fond du Lac County Department of Social Services
- Lac Courte Oreilles Tribal Government
- Manitowoc County Health Department
- Marathon County Health Department
- Portage County Health and Human Services
- Vernon County Health Department
- Waukesha County Department of Health and Human Services
- Waupaca County Department of Health and Human Services – Health Division

**Evidence of Effectiveness**

The legislation requires an evaluation of the home visitation program, which is under the direction of the Department of Health and Family Services, Office of Strategic Finance. The criteria that must be evaluated include the number and the result of substantiated reports of child abuse and neglect; the number of emergency room visits for injuries to children, the nature of the injury, and frequency of visits; the number of out-of-home placements of children, the type of
placements, and length of placements; the up-to-date immunization rates of children; the number of comprehensive HealthCheck services received according to the recommended guidelines; the number of families who remain in the program for the time recommended in their case plan; criteria determined by DHFS that evaluate strengthening family functioning; criteria determined by DHFS that evaluate enhanced family development; and criteria determined by DHFS that evaluate positive parenting practices. A report of the findings is expected in spring, 2001.

Funding Sources
Legislated in May 1998 by 1997 Wisconsin Act 293 in the amount of $995,700 of state general purpose revenue for each year of the biennium.

For More Information

DHFS Staff Contacts:
Richard Aronson, MD, (608) 266-5818
Ann Altman Stueck, (608) 266-3504
# Local, State, and National Parenting Resources

Compiled by Jessica Mills

<table>
<thead>
<tr>
<th>Topic Area</th>
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<th>Project Description</th>
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<tr>
<td>Early Childhood</td>
<td>Gay Eastman&lt;br&gt;Childhood Education Specialist&lt;br&gt;UW-Extension&lt;br&gt;1300 Linden Drive, Room 120&lt;br&gt;Madison WI 53706&lt;br&gt;(608) 262-1115</td>
<td><strong>School Readiness Project.</strong>&lt;br&gt;The project helps Wisconsin communities provide optimal environments for the growth and development of children. Using school readiness as a focal point, the project aims to motivate each community to change in ways that will better support and promote the development of its young children.</td>
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<td>Ann Keim&lt;br&gt;Program Specialist&lt;br&gt;UW-Extension&lt;br&gt;432 N Lake Street&lt;br&gt;Madison WI 53706&lt;br&gt;(608) 262-2453</td>
<td><strong>Family Living Programs.</strong> Position priorities include home visiting programs for parents of newborns, parent education, and child abuse prevention.</td>
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<td>Linda Leonhart&lt;br&gt;Professional Development/&lt;br&gt;Collaboration Specialist&lt;br&gt;Wisconsin Head Start Association&lt;br&gt;122 East Olin Avenue, Suite 110&lt;br&gt;Madison WI 53713&lt;br&gt;608-265-9423</td>
<td><strong>Head Start.</strong> A comprehensive program for low-income preschool children and their families designed to promote child development, increase parental self-sufficiency, improve the parent-child relationship, and enhance the home-learning environment.</td>
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<td>Dave Riley&lt;br&gt;Professor,&lt;br&gt;Child &amp; Family Studies&lt;br&gt;Child Development Specialist&lt;br&gt;UW-Madison/Extension&lt;br&gt;1430 Linden Drive&lt;br&gt;Madison WI 53706&lt;br&gt;(608) 262-3314</td>
<td><strong>Parenting the First Year.</strong> A 12-part series of age-paced, instructional newsletters for new parents. County Extension agents coordinate over 80 local partnerships that deliver the series for free to more than half of Wisconsin's new parents each year (over 40,000 households). Research shows that parents strike their babies less often when they receive the series, and provide more intellectual stimulation as well.</td>
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<td>Early</td>
<td><strong>Parents as Teachers</strong>&lt;br&gt;National Center&lt;br&gt;10176 Corporate Square Drive, Suite 230&lt;br&gt;St. Louis, MO 63132&lt;br&gt;<a href="http://www.patnc.org">http://www.patnc.org</a></td>
<td><strong>Parents as Teachers (PAT).</strong> The National Center serves parent educators and parents of children from birth to age five. PAT uses research-based curriculum, providing age-appropriate information to parents on child development and ways to encourage development and learning. PAT has been recognized by the US Congress as an effective program for families and young children.</td>
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<td>Childhood (cont.)</td>
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<td>Adolescence</td>
<td><strong>Karen Bogenschneider</strong>&lt;br&gt;Associate Professor, Child &amp; Family Studies&lt;br&gt;Family Policy Specialist&lt;br&gt;UW-Madison/Extension&lt;br&gt;1430 Linden Drive&lt;br&gt;Madison WI 53706&lt;br&gt;(608) 262-4070</td>
<td><strong>Tapping Into Parenting (TIP).</strong> Over 6,000 Wisconsin parents of 5th to 12th graders in 17 communities have completed the TIP survey which assesses parents’ perceptions of their children, families, schools, and communities. TIP community reports, parent education newsletters, and a statewide report of the views of 4,435 Wisconsin parents have been issued. Compared to a control group, parents who read TIP newsletters monitored more closely, were more responsive and available to their adolescent, and engaged in more discussions of risky behaviors.</td>
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<td><strong>Steve Small</strong>&lt;br&gt;Professor, Child &amp; Family Studies&lt;br&gt;Human Development &amp; Family Relations Specialist&lt;br&gt;UW-Madison/Extension&lt;br&gt;1430 Linden Drive&lt;br&gt;Madison WI 53706&lt;br&gt;(608) 263-5388</td>
<td><strong>Teen Assessment Project (TAP).</strong> TAP is a community-based program to help parents, schools, agencies, and community leaders better support youth development. Local teens complete survey on attitudes, behaviors and perceptions regarding personal worries and concerns, drug and alcohol use, and sexual behavior. More than 280 communities have used the information from the survey to develop local solutions for youth issues.</td>
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<td>Foster Care</td>
<td>Mary Conroy</td>
<td><strong>Out-of-Home Care Specialist</strong>&lt;br&gt;Division of Child &amp; Family Services&lt;br&gt;1 W. Wilson, Room 465&lt;br&gt;Madison WI 53709&lt;br&gt;(608) 267-7287&lt;br&gt;Bureau of Programs and Policies. Identifies out-of-home problem areas and formulates strategies to improve statewide program operations and provides technical consultation to county and private agency social services staff and out-of-home care support groups to help develop and assure accurate interpretation of state and federal laws and regulations for out-of-home care for children.</td>
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<td>Mark Courtney</td>
<td><strong>Associate Professor, Social Work</strong>&lt;br&gt;1350 University Avenue&lt;br&gt;Madison WI 53706&lt;br&gt;(608) 263-2669&lt;br&gt;Affiliate of the Insitute for Research on Poverty. Courtney’s scholarship focuses on the child welfare services system including child protective services, foster care, adoption, and preparing foster youth for independent living.</td>
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<td>National Foster Parent Association, Inc.</td>
<td><strong>P.O. Box 81</strong>&lt;br&gt;Alpha OH 45301-0081&lt;br&gt;800-577-5238&lt;br&gt;National Foster Parent Association. A nonprofit organization established in 1972 to bring together foster parents, agency representatives, and community people who wish to work together to improve the foster care system and the lives of children and families.</td>
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<td>Parent Education, Resources and Support</td>
<td>Bonnie Hutchins</td>
<td><strong>Outreach Specialist</strong>&lt;br&gt;UW-Extension Family Living Programs&lt;br&gt;428 Lowell Hall&lt;br&gt;610 Langdon St.&lt;br&gt;Madison WI 53703&lt;br&gt;(608) 265-9101&lt;br&gt;UW-Extension Parenting Education. Two conferences are held for family service providers. “The Parent Educator Institute: Focus on Effective Parent Education,” and “Fulfilling the Promise: Getting Parents and Babies off to a Good Start.” For registration details, contact Bonnie Hutchins.</td>
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<td>Ann Altman Stueck, RN, MSN</td>
<td><strong>Nursing Consultant for POCAN Home Visiting Programs/Systems</strong>&lt;br&gt;Division of Public Health Bureau of Family and Community Health&lt;br&gt;1414 East Washington Avenue&lt;br&gt;Madison WI 53703&lt;br&gt;(608) 266-3504&lt;br&gt;Prevention of Child Abuse and Neglect (POCAN). See program description page 35.</td>
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| **Parent Education, Resources and Support (cont.)** | **Family Resource Coalition of America**  
20 North Wacker Dr., Suite 1100  
Chicago IL 60606  
(312) 341-0900  
http://www.frca.org | **Family Resource Coalition of America (FRCA).** FRCA is a membership, consulting, and advocacy organization that has been advancing the movement to strengthen and support families since 1981. The family support movement and the FRCA seek to strengthen and empower families and communities so that they can foster the optimal development of children and family members. |
| | **National Parenting Association**  
Sylvia Ann Hewlett  
51 West 74th Street, Suite 1B  
New York, NY 10023-2495  
(212) 362-7575  
http://www.parentsunite.org | **National Parenting Association (NPA).** The NPA, founded in 1993, believes that helping parents helps kids. Their goal is to build a parents’ movement that unites mothers and fathers across the country and gives parents a greater voice in the public arena. |
| | **Parenthood in America Conference**  
Jack Westman, Committee Chair  
Professor Emeritus, Psychiatry  
University of Wisconsin-Madison  
1234 Dartmouth  
Madison WI 53705-2214  
(608) 238-4053  
http://parenthood.library.wisc.edu | **Conference Proceedings Database.** The aim of this Conference was to discuss the inability of some children to say with confidence that their parents are the most important factors in their lives, the potential consequences for those children, for their parents, and for society and what can be done about those consequences. The database includes paper proceedings, work group reports, and related parenting publications. |
| | **Strengthening America’s Families**  
Rose Alvarado, Project Director  
University of Utah  
Health Education and Promotion  
(801) 581-7718  
http://www.strengtheningfamilies.org | **Effective Family Programs for the Prevention of Juvenile Delinquency.** A collaborative effort between the University of Utah and the Utah Department of Health Education to synthesize research findings and current practice in family-focused prevention funded by the Office of Juvenile Justice & Delinquency Prevention. The three-year project focuses on disseminating the knowledge through training, technical assistance, and written materials. A literature review on model family and parenting programs is available on their website. |

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