FAMILIES MATTER

**Families Are the Common Denominator
in Preventing Our Social, Educational,
Health and Mental Health Problems**

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Troubled children and adolescents incur excessive public costs related to adolescent pregnancy, truancy, school dropout, delinquency, educational disabilities, alcohol and substance abuse, smoking, obesity and illnesses. Those costs multiply when followed by lives of crime and dependency. Policy makers want to end this costly cycle, but pressures to deal with crises rather than causes frustrate them.

Policy makers also are confused by the array of proposals to prevent these social, educational, health, and mental health problems. Their attention is called to school, peer, social class, racial, neighborhood, genetic, environmental and societal factors. They are advised to focus on children and adolescents through a variety of early childhood and K-12 educational programs, mentoring, advertising campaigns and community activities.

Home life seldom is effectively addressed.

Yet childrearing homes are the keys to reducing our social, educational, health, and mental health problems. For each child they raise to become a productive citizen, families contribute over $1.2 million to the economy. In contrast, each neglected and abused child who becomes a burden for our nation costs the economy over $2.4 million. Struggling families contribute to 26% of state and 45% of county expenditures.

Obstacles to Focusing on Home Life

There are a number of reasons why the obvious positive and negative influences of home life on children and adolescents are not accorded the attention they deserve:

1) We can see the impact of poverty and disorderly neighborhoods on children and youth. We can see the devastating effects of unemployment, homelessness and poor nutrition. We can see the scourges of racism. These obvious disadvantages obscure the role of family relationships in our social, educational, health and mental health problems.

2) The privacy of the home is a deeply held value affirmed in our Constitution. This makes the home out of bounds for public policy unless there is substantiated child abuse or neglect.

3) Juvenile courts usually deal with adolescents as individuals. As a result, adolescents often are held responsible for their actions without addressing their home lives. When their actions are particularly egregious, they are waived to adult courts.

4) We are reluctant to hold parents responsible for the actions of their offspring since it implies blaming parents. All conscientious parents harbor guilt over their actions or inactions in childrearing. Many of us have difficulties with our family relationships. We try to avoid offending others. This translates into a reluctance to add to the burdens of parenting by stirring up unpleasant feelings arising from recognizing the role families play in the behavior of their young. It is more acceptable to blame a child or an adolescent, who actually may be a victim of family oppression or neglect.

5) Family policy is unifying in the abstract and divisive in particulars.[1] When confronted with cold reality rather than the warm glow of family celebrations, family policy fragments. Questions immediately arise as to what constitutes a family? What are family values? Do parents deserve special consideration over non-parents? Competing ideologies also are evoked: pro-choice vs. pro-life; contraception vs. abstinence; welfare assistance vs. self-sufficiency; and adoption vs. foster care. As a result, advocates for children, for youth, for women, for the aged, and for professional groups are inclined to go their separate ways.

6) There is a sense of helplessness in dealing with families. We know what to do when a child is in a school or a public place, but we are not sure what to do when a child is at home. We can easily think of what others outside of families can do in schools, in communities, in the media and on billboards. In fact, jobs are created in these sectors. An array of service industries for problem children and youth now exists in childcare, educational, public safety, health, mental health, recreational and counseling realms. These industries seem to depend upon the inability of families to care for and control their own offspring. There is a sense that parents cannot be depended upon to do the right thing for their children; only professionals can. Although not consciously intended, strengthening families can be seen as a threat to these occupations. Actually these professionals are no more threatened than health care workers are with immunization or dentists are with fluoride treatment of water. With less "deep end" cases, their work actually would be more prevention and early intervention oriented and more rewarding for them.

7) Finally, targeting public policy on age groups, such as early childhood and adolescence, overlooks the fact that many families, especially struggling families, have children of varying ages, some even from infancy to adolescence.

Family Strengthening Programs

In spite of all of these barriers, steady progress is being made in recognizing the importance of families (childrearing homes of any kind) in preventing our social, educational, health, and mental health problems. The most effective prevention and intervention programs focus on strengthening families. The infant mental health movement has focused attention on the special importance of beginning the parent-child relationship with a strong foundation.

In *From Neurons to Neighborhoods*,[2] the National Academy of Science pointed out that families are the most important influence on child development regardless of the nature of children's out-of-home experiences. Over the last thirty years, a number of family strengthening programs have demonstrated their effectiveness in reducing social and health problems and their benefits in monetary terms.

A survey of 1,1000 research articles by Child Trends revealed that parent-child interactions and bonding greatly influence adolescents' choices, attitudes and behaviors.[3] Peer relationships are important, but peers who are negative influences themselves live in struggling families. Peers with positive influences are most likely to live in thriving families.

The following are examples of prevention and intervention programs that focus on strengthening families:

Child Abuse and Neglect

A number of home support programs effectively strengthen families and prevent child abuse and neglect and consequent social, health, and mental health problems. They include Healthy Start, Parents as Teachers, Healthy Families, Prenatal and Infancy Home Visitation Programs, Early Headstart and the Home Instruction Program for Preschool Youngsters.[4]

The child protection system should be viewed as a family resource system based on a child's right to competent parenting. We should shift from the law enforcement "safety" model to a family resource model that regards an abuse or neglect report as a family's cry for help – there is a problem somewhere with the reported or with the reporter. Reports of abuse often lead to overreactions. There are few emergencies that require the removal of children. In many instances, the best way to keep a child safe is to keep the mother safe in her home. Skilled family

preservation services with wrap-around housing, mental health, job placement, school and other family resources, such as Families First of Michigan[5] and Family to Family,[6] can avert the need to separate most abused and neglected children from their parents and prevent additional trauma for the child.

Childcare

There are good reasons to be concerned about public policies that focus primarily on the cognitive development of children rather than on strengthening family relationships. Although programs that strengthen families may be more difficult to evaluate, they are more important in the long range. The public interests are served both by strong educational systems *and* by strong families. In fact, the educational success of children almost always depends upon supportive families beginning in early childhood and continuing through adolescence.

The National Institute of Health and Child Development funded study of 1,364 children evaluated the effect of childcare.[7] It found that, while beneficial, the quality of childcare was half as important as family factors in determining favorable outcomes. It concluded that even high quality childcare cannot compensate for inadequate parenting.

Head Start, one of the oldest early childhood education programs, was designed to include parent education, health education, and parent involvement in center experiences. The follow-up of Head Start children demonstrates that children's cognitive gains fade unless families have skills and attitudes that support their children's education. As a result, Early Head Start is based upon family support and collaboration with other services for families.

Educational Underachievement, Truancy, and Dropouts

The modern era of school reform began in 1983 when *A Nation at Risk* was released by the Secretary of Education. The report inspired three waves of reform. The first was the "excellence" movement that focused on raising standards for students and teachers. The second transferred authority from central administration to individual schools. The third focused on standardized tests for students. Two recent Harvard and Stanford studies concluded that at the most only slight gains resulted from these reform efforts.[8] They pointed out that high expectations alone cannot overcome the problems of crime, poverty, chaotic families, and deteriorating facilities.

Low-achieving students often come from homes where there are no daily routines, such as meals at regular times; required study time; parents checking the completion of homework; parents having regular conversations with their children; and children having consistently enforced bed times. In his book *Achievement Matters*, Hugh Price, former President of the National Urban League, documented the fact that without family support even the best schools cannot succeed.[9] He pointed out that the time parents spend reading to their children during the early years of life is a powerful predictor of later success in school. Reading to children enhances emotional bonding, the transmission of values, and reading skills. Conversely, parents who cannot read are not able to support their children's reading and need help themselves.

The Urban Institute published a study entitled *The Health and Well-Being of Children in Immigrant Families*.[10] It revealed that children of immigrants are the fastest-growing segment of the U.S population. They have less money than the children of established citizens. At the same time, they fare as well or better than other minority children on measures of behavior problems, parental aggravation, school engagement, homework, and the likelihood of being disciplined in

school. They are more likely to live in two-parent families. These positive indicators reflect the value that immigrant families tend to place on family relationships.

A child in trouble means a family is in trouble. Of the 2,500 Mobile County Public School students with the most serious truancy and discipline offenses, more than eighty percent had parents or guardians with court records, too. About forty percent of these same children were already involved with the juvenile justice system. The Mobile County Make the Right Choice program is an innovative way to intervene with troubled youth and their families.[11]

Parents play a critical role in the language and intellectual development of their children. Parents who are competent readers are likely to help their own children in school. Even Start is an educational program for low-income families designed to improve the academic achievement of young children and their parents, especially in reading.[12] Many family activities can be turned into literacy events. Each of the national evaluations has shown that Even Start is a complicated program that takes time to understand and implement fully. The focus on literacy for the family is a special challenge, as is building on existing services to create a unified family literacy program in a community.

The *Families and Schools Together* (FAST) program for families with children between the ages of 4 and 13 pioneered in Madison, Wisconsin, by Lynn McDonald has demonstrated that even an 8-week multi-family course can have significant effects on children's educational and parents' vocational success.[13]

Smoking

The "best bet" for reducing adolescent smoking is enhancing parental monitoring and consistent discipline as well as parental anti-smoking attitudes.[14] Of greatest importance is reducing parental smoking through prevention and cessation programs.

Johnathan Caulkins and his colleagues estimated that traditional educational prevention programs reduce lifetime consumption of tobacco by 2.3 percent, alcohol abuse by 2.2 percent, and cocaine use by 3 percent.[15] Even with these low percentages of improvement, he calculated that school-based drug prevention programs yield a $2 benefit for each $1 invested. With family involvement, the benefits most likely would be much higher.

Alcohol and Drug Abuse

Peer relationships, schools, neighborhoods, and social or cultural norms influence adolescent drug abuse. But the *2002 National Survey of American Attitudes on Substance Abuse VII: Teens, Parents and Siblings* conducted by the National Center on Addiction and Substance Abuse found that family members, especially parents, exert the most influence over whether teenagers decide to use drugs, even more than their friends.[16] In fact, there is some evidence that peer group interventions do more harm than good when they bring troubled youth together and thereby foster their antisocial tendencies.[17]

Parents are the most important resource that can be mobilized to help prevent drug abuse.[18] Parent-child relationships are the key factors in determining whether or not teenagers abuse drugs. There is a direct relationship between weak family bonding and peer antisocial activity and drug abuse.[19] Even though a youngster's association with drug using friends is a dominant risk factor for inducing drug use, the findings of the National Longitudinal Adolescent Health Study reveal that parental disapproval of drug use or drug using friends is the primary reason that teens do not use drugs. The 2000 Dane County Youth Assessment confirmed this finding.[20] This survey of 7th-12th grade students found that they are far less likely to drink

excessively, be sexually experienced, or use tobacco if their parents clearly express their disapproval of these behaviors. Children who are close to their parents are less likely to engage in risky behaviors than those who are not.

Model Programs by the Substance Abuse and Mental Health Services Administration (SAMHSA) are well-implemented, well-evaluated programs reviewed by the National Registry of Effective Programs. Seventeen of fifty of the model programs involve families.[21]

"It's important that parents, educators and students work together to keep drugs out of their schools and prevent young people from engaging in drug use," said Health and Human Services Secretary Tommy G. Thompson.[22]

According to the National Youth Anti-Drug Media Campaign, effective drug treatment programs for teenagers must involve parents and other family members and support school work.[23] When children grow up in households with substance-abusing parents, they are at risk for depression and anxiety, often lack social skills and are more likely to develop substance abuse problems than children who do not have a drug-dependent parent.

Dr. Howard Little and his colleagues in California, Pennsylvania, and the state of Washington evaluated three forms of anti-drug-abuse treatment.[24] The first was Multidimensional Family Therapy (MFT), which involved individual and family therapy; the second was Adolescent Group Therapy (AGT); and the third was Multifamily Educational Intervention (MEI). Reductions in drug usage were the greatest for subjects in Multidimensional Family Therapy, whose families moved from assessments of "behaviorally incompetent" to "competent" ranges, while the AGT adolescents showed no change, and the MEI adolescents deteriorated.

Five- and seven-session family-focused drug abuse prevention programs in rural Iowa public schools have produced long-term reductions in substance abuse.[25]

Delinquency and Crime

The Child Welfare league of America and the National Center for Program Standards and Development reviewed the research that establishes a direct link between child maltreatment and juvenile delinquency.[26]

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) in collaboration with the Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention reported the results of a search for "best practice" family strengthening programs, that were found to prevent delinquency.[27] Multisystemic Therapy and Functional Family Therapy are particularly effective. This research demonstrates the clear link between a child's level of exposure to violence and the propensity to commit violent acts later in life. Parents need to protect children from seeing violent acts at home and in television and movies. When children identify with perpetrators of violence, children are likely to engage in violent behaviors themselves.

Youth living with family conflict, community disorganization, and economic disadvantage are at high risk for becoming both victims and perpetrators of violence. Because they are exposed to violence in their homes and neighborhoods, they face bleak prospects for the future and are often drawn into violent activity.

Adolescent Pregnancy

While the teenage birth rate in the United States is declining, it is still one of the highest among developed nations – twice Canada's and four times Germany's.

A review of more than 150 studies by Child Trends revealed that among the "best bets" for reducing adolescent pregnancy are strengthening parent-child relationships, promoting

stability in parental marital status, increasing parental monitoring, improving family economic status, and parental education.[28] Nurse home visiting and strong preschool programs have been shown to reduce teenage pregnancies.

Esther Wilder reported that parents who smoke model unsafe behavior and create an attitude that it is acceptable to live "on the edge."[29] Adolescents whose parents smoke were 50% more likely than the children of nonsmokers to report having had sex before the age of 15.

A survey by The National Campaign to Prevent Teen Pregnancy found that parents underestimate their influence.[30] When asked who influences adolescents' decisions about sex the most, adults cited friends more than any other source. In contrast, 69% of teenagers said it would be much easier for them to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents. 25% of teenage girls said their parents had not discussed sex, love, and relationships with them "nearly enough." Younger teenagers cited parents as the most influential by a wide margin (31% cited parents as most influential, while only 8% said friends were most influential).

On the negative side, grandmothers can be motivated to subtly encourage their daughters' childbearing because kinship foster care gives them more income than welfare and offers them a purpose in life.[31]

Childhood Obesity

According to the American Academy of Pediatrics, fifteen percent of young persons between the ages of 6 and 19 are seriously overweight. Obesity raises the chances of developing Type 2 diabetes, hypertension, asthma, and heart disease.[32]

The treatment of childhood obesity is fraught with difficulties because of motivational genetic, and environmental factors. Research has linked the risk of obesity to growing up in a single parent home, parental eating habits, and time spent watching television. Health care workers and educators need to counsel parents when the risk of obesity is detected. The greatest success in managing childhood obesity comes when parents are actively involved in controlling their own eating patterns, supervising their children's diets, regulating television watching time, and playing passive games while encouraging physical activity.

Family-centered Health Care

The experience of health care providers, decision makers, families, and patients in hospitals and clinics of all types and sizes has demonstrated that family-centered partnerships can improve the quality and reduce the costs of health care.[33]

Implementing family-centered approaches to health care requires that institutions, their staffs, and patients and families take a new look at traditional approaches to health care and create new ways of working together. Family-centered care involves engaging families directly in all phases of organizational operations: program planning, implementation and evaluation; hospital design; staffing decisions; and professional development and training.

Mental Health Care

There are mental health aspects in all of the preceding categories. Early mental health interventions with families can prevent a mental illness, delay its onset, or reduce its severity. Unfortunately, professionals in the best position to intervene often are inadequately trained. Limited fiscal resources also breed competition among groups with the same missions. Each group has its own target population, performance expectations, and allowable activities. Ways

need to be found to foster collaboration between existing programs rather than creating more "silos" through which targeted funds are used in limited ways.[34]

Family instability can alter early brain development and adversely affect a child's cognition, behavior, and socialization. Programs that strengthen families enhance the mental and emotional well-being of their members.[35]

According to *Mental Health: A Report of the Surgeon General*, mental health must be firmly establish as a cornerstone of health; mental illness treatment must be placed in the mainstream of health care services; and consumers of mental health services must be insured access to respectful, evidenced-based and reimbursable mental health care.[36]

Conclusion

European countries have a strong tradition of supporting families as the preferred way to cope with declining birth rates and to insure the well-being of children.

In contrast, the United States faces an increasing population without a general cultural and political commitment to families. In recent decades, it has not been possible to talk about families without evoking questions that derail serious discussion. That situation is changing as we realize that families are the missing link in economic development. As our society becomes more concerned about our economic, political, and international future, there is growing recognition that thriving families are essential for the integrity of our society for our prosperity.

Thriving families are the foundation of our economy. They build in early life the prerequisites for later work productivity. They provide adult workers in the present and produce the workforce of the future. They prepare children for learning in school and support their children's education. They prevent social, educational, and health problems. Our society has no future without thriving childrearing families.

In our constantly changing world, governments, businesses, and consumers are becoming more interdependent. They rely more on horizontal cooperative relationships between people and institutions than on vertical authority. Growing our financial capital depends upon growing human capital in the form of workers who can empathize and cooperate with each other under changing circumstances in addition to having knowledge and skills. Employer surveys reveal that the most important considerations in hiring new workers are their attitudes and their ability to get along with others. Research confirms the importance of emotional attachment bonding between children and their parents in growing these social skills in thriving families.

The common denominator in successful child abuse and neglect, educational underachievement, truancy, school dropout, smoking, alcohol and drug abuse, delinquency, adolescent pregnancy, obesity and illness prevention and intervention programs is strengthening families.

Our nation needs to recognize its debt to childrearing families. Families need to understand the key role they play in preventing and contributing to our social problems. They need to have the information, skills and resources necessary to raise productive citizens.

We know how to strengthen families by using our limited resources more efficiently. But we need to generate the political will to apply that knowledge by calling attention to the enormous cost of neglecting our families.

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