

Reply to comment | NCFR

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Making a sound connection between research and policy is not always straightforward, but pertinent information can contribute to a more focused and deliberate approach to both family and early childhood policy. Family Impact Seminars facilitate the research-policy connection through the presentation of research-based information to state policymakers to help them develop and evaluate policies that impact families. The University of Tennessee Extension's initial Family Impact Seminar, held in February 2014, engaged 38 state policymakers, including 19 legislators, in discussion around family policy issues, particularly focusing on families with young children.



After a committee of legislators unanimously chose the topic, "Strengthening Families," for Tennessee's first Family Impact Seminar, the authors (Wise and Brandon) were faced with the task of interpreting the topic in a way that might inform family legislation and policy. The authors worked with a committee of academic, agency, and government experts to narrow and define the topic. Among the committee's initial decisions was to place emphasis on family function rather than family form, with the goal of defusing common value judgments regarding family form. Recognizing that many social issues, including poverty, unemployment, incarceration, lack of education, family violence, and addictions, are often related to family dysfunction, the committee determined that the content of the seminar should be framed around three questions:

1. What does research tell us about strong families?
2. What are the consequences when families fail at their tasks?
3. How can state policies strengthen families?

The expert committee identified sources of high-quality research on strengthening families, including the Urban Institute, Center for Law and Social Policy, Center for the Study of Social Policy (CSSP), American Academy of Pediatrics, National Alliance for Parents, National Center for Fathering, Centers for Disease Control and Prevention (CDC), and various university research centers/initiatives. The committee also suggested potential speakers with compelling messages related to the three questions above. After reviewing a number of online presentations by suggested speakers and others, the authors chose three nationally recognized experts to address the seminar questions.

What Does Research Tell Us about Strong Families?

Dr. Don Bower, professor emeritus and extension human development specialist, University of Georgia, was selected to provide an overview of research on strong families. Dr. Bower focused primarily on the [five protective and promotive factors](#) identified by researchers from CSSP. These five factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. Dr. Bower noted that the [American Family Assets Study](#), conducted at the Search Institute, identified similar factors, as did [research from Child Trends](#). Dr. Bower described how legislators could evaluate policy through a family-impact lens by using questions outlined by the Family Impact Institute:

- How will families be affected by this policy?

- How do families already contribute to this issue, for better or worse?
- Would involving families in the development of this policy result in more effective policies and programs?
- How will this policy reinforce family members' commitment to each other and the stability and growth of the family unit?

What Are the Consequences When Families Fail at Their Tasks?

The primary message of Robert Anda, M.D., senior scientific consultant to the CDC, was that when families fail at their tasks, there are not only serious social costs associated with behavioral and emotional issues, but costs related to poor physical health, as well. Anda and his colleague, Dr. Vincent Felitti, M.D., while conducting research at Kaiser Permanente, identified eight common childhood experiences that they termed Adverse Childhood Experiences (ACE). These experiences fell into two categories: (a) experiencing physical, emotional, or sexual abuse, and (b) living in a dysfunctional household (a household where a member was mentally ill, chronically depressed, or suicidal; an alcoholic or a drug abuser; a battered mother; incarcerated; or where a parent was absent because of divorce, separation, or for other reasons). Anda and his colleagues found not only that ACEs predict the social and emotional problems that might be expected when children experience trauma, but they also [found a strong relationship to physical illnesses](#) such as high blood pressure, heart disease, diabetes, obesity, and cancers in adult victims of ACEs decades after childhood. They found that the average number of ACEs in a population was directly related to the prevalence of associated negative outcomes. Anda and his colleagues have concluded that chronic exposure to multiple ACEs results in huge costs to individuals, families, communities, and state and federal governments. Dr. Anda emphasized that if preventative measures are put in place to reduce the exposure of children to ACEs, governments can achieve long-term savings by reducing the need for medical interventions to treat chronic and serious health conditions and for social programs designed to repair or limit the damage from these experiences. In order to adequately address and prevent negative outcomes of ACEs, Anda suggested that public health policies address both short-term and long-term ACE consequences by strengthening families, particularly families of infants and young children.

How Can State Policies Strengthen Families?

Laura Porter, former director of the Washington State Family Policy Council, said that Washington was one of the first states to collect data on the prevalence of ACEs statewide by adding the ACE survey questions to the Behavioral Risk Factor Surveillance System (BRFSS) used by their state department of health. Based on her work with the Council, Porter outlined strategies states might implement to address ACE issues. Once states have baseline data on ACE prevalence, Porter recommended employing a dual-generation approach to reducing ACEs, working with teens and adults who have high ACE scores to minimize the negative impact of those experiences while seeking to reduce infants' and children's exposure to ACEs. She recommended using research to learn how to better target the limited dollars available for program development and support. She also suggested that departments related to health, justice, social work, education, and workforce development work collaboratively to reduce their individual expenditures while providing more effective and comprehensive programs and services. Porter noted that the optimum venue for developing leadership in support of at-risk families is at the community.

According to researchers at Washington State Family Policy Council, expanding community leadership is the key to community development that successfully reduces rates of major social problems and the prevalence of ACEs with their attendant costs. Washington State communities that had high community capacity were able to reduce the rates of risky behaviors among their citizens, even when average ACE scores were high. The Council created a Community Capacity Development Model that put into place a results-focused partnership between funders and community leaders and required leaders to learn about local strategies to improve programming each year. As a result, the state saw reductions in caseloads for out-of-home placements of children, births to teens ages 10 to 17, school drop-out rates, and juvenile felony crimes, with an estimated long-term savings of \$296 million.

Implications

Families are the earliest and most critical influences on children. Thus, what happens in the families of young children has a great impact on the lives of children individually and on the communities in which they live and work. Policies designed to promote family strengths may be effective in preventing ACEs or reducing their impact.

As a first step, state policymakers might implement data collection on the prevalence of ACEs across the state to establish baseline data and identify areas of priority. Practitioners working with people who have issues such as addictions, obesity, or other behavioral or physical symptoms may want to investigate the childhood histories of their clients to ascertain if ACEs may be at the root of their problems.

Policymakers can encourage communities to develop local leadership and mobilize citizens to address ACE issues comprehensively at the local level. Effective treatment may involve not only addressing the physical and behavioral manifestations of individuals with ACE histories but also helping them to overcome the deeper emotional scars of their childhoods that may be at the root of the issue. Such an approach requires networks of support from a variety of community sectors. These networks may be formal, such as family-serving agencies, faith-based organizations, and educational institutions, or informal, such as families, friends, and neighbors.

At the state level, decision makers can enact policies to help strengthen families of young children, such as these recommended by CSSP.

- **Support Family Preservation.** In many cases, providing intensive support to struggling families can be both more cost-effective to states and more effective for children than removing children from their homes. Also, keeping institutionalized family members (whether for substance abuse, mental illness, or incarceration) in close proximity to their families encourages family contact. When child abuse within the household is substantiated, removing the perpetrator rather than the victim is recommended.
- **Encourage Use of Best Practices in Intervention Programs.** Programs to strengthen parenting and family relationships need to include evidence-based resources delivered by trained facilitators using proven practices.
- **Create Community Networks to Coordinate Support.** Often families in need of support find themselves in a maze of agencies and programs without the assistance of a navigator. Program leaders may not be aware of what other programs are doing and what additional supports are available. The “systems of care” approach allows agencies to work cooperatively to tailor supports for families that will best meet their needs and often result in cost savings and more effective outcomes.
- **Invest in Young Children.** Many policy and economic experts agree that investing in the lives of young children provides one of the best cost returns for state governments. One avenue is through provision of high-quality early childhood education programs that promote both the academic and the social–emotional developmental needs of young children and their families. CSSP researchers have identified program strategies that can be incorporated into existing programs with little or no cost to strengthen families and reduce the incidence of child abuse and neglect.