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ABSTRACT

This document provides a historical framework for better understanding the emergence of community-based family support and education (CBFSE) programs, their place within the larger service delivery system, and their potential for meeting the needs of children and families living in poverty. The paper is organized into five sections. The first section outlines the core characteristics and underlying premises of the movement. The second section traces a history of CBFSE programs from the early nineteenth century to the present, including an examination of the continuities and discontinuities in underlying purposes and assumptions, social forces stimulating intervention efforts, and approaches to working with families. The third section focuses on the evolution of program evaluation in the field from the late 1960s to the present, approaches to research design and measurement, interpretation of data from selected studies, and current evaluation issues. The fourth section examines emerging patterns of organization and institutionalization among CBFSE programs, patterns of sponsorship and funding, states that are attempting to develop coherent strategies for program development, and related issues. The fifth section outlines the major policy, programmatic, and research issues for upcoming years. Includes 172 references. (JB)

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Community-Based Family Support and Education Programs: Something Old or Something New?

Heather Weiss
Robert Halpern

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Community-Based Family Support and Education Programs: Something Old or Something New?

Heather Weiss
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December 1990 revision of a 1988 paper prepared for the

National Center for Children in Poverty

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The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University. Its goal is to strengthen programs and policies for children and their families who live in poverty in the United States. The Center seeks to achieve this goal through interdisciplinary analysis and dissemination of information about public and private initiatives in the areas of early childhood care and education, maternal and child health, and the integration and coordination of services for young children and their families.

The Center commissioned this working paper to provide a historical framework for better understanding the emergence of community-based family support programs, their place within the larger service delivery system, and their potential for meeting the needs of children and families living in poverty. As the reader will discover, the authors provide not only a historical perspective on family support programs, but also a critical assessment of the state of the art and guidance for next steps in research, development, evaluation, and dissemination.

While there is growing interest in family support programs as a way of integrating and coordinating preventive services and basic supports for poor families with young children, important questions remain about the effectiveness and cost-effectiveness of different strategies, and about their potential for broad-scale replication. We hope that Weiss and Halpern's thoughtful paper will bring greater and more critical attention to bear on these approaches to serving our nation's most vulnerable and needy children and families.

Judith E. Jones
Director, National Center for Children in Poverty

Some. . .question our right to go among [the poor] with the object of doing them good, regarding it as an impertinent interference with the rights of the individual. But. . .[w]e must interfere when confronted by human suffering and need. Why not interfere effectively?

Mary Richmond
Friendly Visiting Among The Poor (1899)
[cited in Boyer (1978)]

Rather than wondering how professional expertise and discretionary authority can be exercised in the best interest of the client or patient, we should ponder how the objects of authority can protect themselves against abuse without depriving themselves of the benefits that experts can deliver.

David Rothman
Doing Good: The Limits of Benevolence (1978)

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1

Community-Based Family Support and Education (CBFSE) for Low-income Families

On March 8, 1988, a front page article in *The New York Times* bore the title, "Family Support Efforts Aim To Mend Two Generations." *The New York Times* may have come a bit late to a programmatic and philosophical movement that has been building since the 1970s, but it did finally arrive. A phenomenon that began largely as a grass roots movement is increasingly drawing the attention of policymakers, human service providers, business leaders, community leaders, and others concerned with the well-being of children and families. To cite just four examples:

1. In a report from Governor Cowper of Alaska's Interim Commission on Children and Youth (January, 1988) entitled, "Our Greatest Natural Resource: Investing in the Future of Alaska's Children," the first recommendation is that the state invest in programs to promote parenting skills and family strengths.

2. A task force asked by Governor Blanchard to review the current organization of services to children in Michigan included among its recommendations that the state encourage local human service systems to develop family support programs by providing more flexible reimbursement policies for service to broader populations of families (Michigan Human Services Cabinet Task Force on Youth Services, 1988).

3. A report prepared for the Minneapolis Youth Coordinating Board, "Way to Grow: A Proposed Plan to Promote School Readiness of Minneapolis Children," lays out a broad continuum of recommended services, which include substantial family support components (Kurz-Reimer, Larson, & Flournoy, 1987).

4. In the private sector, the Committee for Economic Development's 1987 report, "Children in Need: Investment Strategies for the Educationally Disadvantaged," recommends that "support systems be mobilized on behalf of disadvantaged families and children," and suggests the development of home-visiting programs, parent-child centers, and family resource programs.

This paper takes a broad look at family support and education for low-income families in an effort to clarify the potential of such programs to promote nurturant parenting and healthy child development. On many specific questions our judgments will be anticipatory rather than summative, since this is a field that is just taking off. The purpose of the paper is to identify issues that must be addressed as this program movement takes a more significant place in social problem-solving.

Major Themes of the Paper

A number of themes—themes that also represent major tensions in the organization and implementation of family support and education—thread their way through the paper. *First,* it is critical for community-based family support and education (CBFSE) programs to pursue a reasonable balance in emphasis between families' basic survival needs, parents' personal adjustment and development, and children's developmental needs. The three are interdependent, and progress in each domain is linked to progress in the others.

Second, it is critical for CBFSE programs to pursue a reasonable balance between nurturance and guidance in their work with families (Garbarino, 1987). Building on family strengths does not imply uncritical acceptance of all families' parenting styles and behaviors. In some families, strengths must be built in before they can be built on (Musick & Halpern, 1989).

Third, while in a generic sense all families need support, not all families need the same kinds of support. Family support and education systems must be designed to provide an array of types and levels of support that can be orchestrated to meet individual, family, and community needs. It is especially important that CBFSE programs be equipped to respond in a skilled, intensive and comprehensive way to multiply-stressed young families (Schorr & Schorr, 1988).

Fourth, if CBFSE programs are to attend adequately to the varied support and guidance needs of families, it is critical that they have solid organizational and financial foundations and technical assistance. The conditions under which many programs currently operate too often mirror the resource scarcity and unpredictability of the lives of families served (Musick & Halpern, 1989). Family support and education should not be viewed as a cheap route to the solution of major social problems.

Fifth, expectations for family support and education programs must be kept modest and commensurate with the means they employ. Family support and education programs are not a substitute for basic services—affordable housing, health care, child care, and decent schools. They are merely a component of a much broader support strategy designed to address the obstacles to healthy family life and child development in low-income families. Appropriately modest expectations will help sustain a climate of public and professional attention long enough for research and development to begin having an effect on technical and policy concerns (Weiss, 1988).

Finally, the power of family support and education may lie in the ideas it embodies, as well as the actual support it provides. It is possible that the philosophy and helping principles that characterize family support and education programs, if applied to more traditional services, could increase the capacity of these services to meet low-income families' needs.

What Are Community-Based Family Support and Education Programs? A Working Definition

The programs discussed in this paper are those in which community agencies employ lay or professional family workers to provide support to families during pregnancy, infancy, and/or early childhood. Components of this support include information, feedback and guidance, joint problem-

solving, help with securing entitlements, encouragement, and emotional support. The objective is to promote family conditions and parental competencies and behaviors that will contribute to maternal and infant health and development. Community-based family support and education is sometimes also conceived as a community development strategy, designed to promote attentive parenting and healthy child development by strengthening supports for families in the broader community.

Support is provided to families in CBFSE programs through individual formats such as home visiting and/or group formats such as peer support groups and parent-education classes. Programs may or may not include such additional services as developmental child care or respite care, health and/or developmental screening, toy lending, adult education, counseling, and so on. CBFSE programs are sponsored by many kinds of community agencies and institutions, from mental health and child welfare agencies, to health agencies, school systems, churches, Head Start programs, and other community-action agencies. In many cases, family support and education programs are based in agencies that provide more traditional services. But there are also a growing number of "family support centers," created specifically for the purpose of providing the family support services described above.

Until recently, there were two main streams of family support and education. Most commonly, these programs were (and are) initiated by local community organizations and agencies in response to a variety of perceived family and community needs. According to Weissbourd (1987:50), initiators of the first generation of programs, developed in the 1970s, "used the available resources around them and patched together a web of mutual aid, information and linkages to other resources to begin meeting the needs they saw." There has also been, historically, a "demonstration" stream of single and multisite efforts with significant research components. Statewide initiatives were rare, the most prominent being Minnesota's Early Childhood Family Education (ECFE) Program, begun in the mid-1970s. State initiatives have multiplied in the past few years and constitute a significant new thrust in the CBFSE program movement.

Family support and education programs serve all kinds of families. Program participants vary in their level of family strengths and well-being, income, family structure, and so forth. In this paper we focus on low-income families, and the bulk of the discussion will relate to CBFSE programs' targeting and serving such families. However, the implications of envisioning family support and education as a targeted versus a universal program movement will also be examined.

Premises Underlying Community-Based Family Support and Education

The basic rationale for community-based family support and education for low-income families is found in the notion of parents as the "window" into the life of the infant and young child. In early childhood, parents constitute the primary environment for the child (Musick, 1987). The devastating effect of poverty is that it not only threatens infants' physical well-being from the moment of conception, but simultaneously undermines the capacity of their parents to protect, nurture, and guide them (Musick & Halpern, 1989).

The effects of poverty are by no means monolithic; even in the poorest communities some parents are able to rear their children in competence-enhancing ways (Clarke, 1983). But for an increasing proportion of young, low-income adults, pervasively stressful living conditions and the absence of

adequate support from entitlements and services pose major obstacles to attentive parenting. These are further compounded by their struggles for personal development, lack of personal resources, and informal support systems whose costs sometimes outweigh their benefits.

As a response, community-based family support and education is premised on the notion that deliberately engineered social support, provided during a formative period of child and family development, can buffer the child and family from some of the psychological and social effects of poverty, promote personal development and psychological well-being, and stimulate healthy patterns of interaction both within the family and between the family and broader environment. In starker terms, it may be argued that deliberately engineered support can be potent enough to alter parenting capacities and styles acquired and reinforced through a lifetime of experience in a particular familial and social world.

Two corollary premises are embedded in this personal-change strategy. The first is that the support provided can be internalized in some manner and, thus, have an effect beyond the period during which it is provided. The second is that support provided can strengthen child-rearing enough to have a meaningful effect on child health and development. As will be seen in a later section of this paper, the validity of the premises underlying this genre remains an open question, which evaluated program experience as yet neither strongly confirms nor disputes. Until now, the intuitive appeal of these premises (and their programmatic expressions) have carried them far without a firmly established scientific basis.

Current Trends Stimulating Interest in the Genre

A number of current social, political, and intellectual forces are stimulating interest in and shaping the characteristics of community-based family support and education for low-income families. Increasingly, the locus, if not the cause, of many social problems is seen to be the family. And, while "the belief that families are in trouble" has been a major theme in every period of social reform in the United States (Grubb & Lazerson, 1982), the current response has an added dimension. We are not only trying to supplement the family, and when unavoidable supplant it, but to support it as well.

The overall climate for interest in CBFSE programs has been created by social trends that seem to be making family life more stressful and parenting more difficult. These include increases in the proportion of children conceived and born in poverty, increases in the proportion of single-parent families, a decline in the ability of low- and moderate-income families to meet basic needs, and a decline in the availability and value of means-tested services and supports (Kamerman, 1985; Ellwood, 1986). A number of specific social problems linked to these trends also appear to be intensifying. Primary among these are child maltreatment and school failure among low-income children.

The perception that conditions of family life are worsening is accompanied by a perception that families are losing the kind of child-rearing support and feedback traditionally provided by kith and kin. The objective reality of worsening conditions of family life and a loss of traditional supports has been questioned in many quarters. (See, for example, Berger & Berger, 1984; Moroney, 1987.) But public perceptions, often shaped by social reformers, have always been an important stimulus of interventions in the lives of low-income families, independent of any objective reality. Family support and education

is seen as a means of responding to a growing crisis and, at the same time, "recovering" something that has been lost.

Another reason for growing interest in community-based family support and education is the recognition in many quarters that traditional human services are not equipped by mandate, caseload, or dominant modes of practice to address the full range of stresses experienced by many young families. The mandates and incentives framing many traditional services most closely resemble "the ambulance service at the bottom of the cliff." Intervention is not authorized until problems have reached a crisis stage and may well have become intractable. Furthermore, the categorical nature of most services prevents them from simultaneously addressing the interconnected problems of many low-income families with young children, problems that can encompass parenting skills and capacities, parents' personal needs, basic necessities of family life, and situational crises of all kinds (Halpern, 1990).

Even noncoercive helping services are often explicitly or implicitly designed to control and limit access, with restrictive eligibility requirements, elaborate application procedures, waiting periods, and so forth. Providers are too often unable or unwilling to go halfway toward bridging cultural, linguistic and social gaps, by starting with families' own child-rearing and coping traditions. The features of family support and education programs are in many ways defined in direct opposition to these limitations of traditional services.

Emerging lines of social-psychological research that take an ecological orientation to the study of human development (Bronfenbrenner, 1979) have also reinforced the shift toward family support and education. The findings of this research suggest that agencies, institutions, and social forces in the family's environment have a strong influence on the parent-child relationship, as well as on other family processes. One important line of this research focuses on the role of social support in promoting individual and family development, and in buffering individuals and families from environmental threats. The academic community continues to debate the causal mechanisms underlying the effects of social support (Cohen & Wills, 1985; Cleary, 1988), and has begun to devote more attention to the costs as well as the benefits of support, under different individual, family, and community conditions (Riley & Eckenrode, 1986; Schilling, 1987). Nevertheless, family support and education programs have attempted to reproduce the commonly articulated elements of social support—information, emotional support, feedback and guidance, practical assistance—without waiting for researchers to identify their underlying causal mechanisms.

Family support and education is sometimes viewed as part of the self-help movement, a broad social movement that has received growing recognition since the early 1970s. Self-help emerged in response to many of the same forces stimulating family support and education: recognition of the limitations of traditional services and growing attention to the healthful effects and important stress-buffering role of social support. Both family support and education and the broad self-help movement share the concepts of peer support and mutual assistance, of reweaving the torn fabric of communities. Both are seen as complements to, not replacements for, traditional services. If there is a difference, it is that family support programs are more likely than other expressions of self-help to be initiated by professionals, and they have more professional input in service delivery and are more directly linked to human service agencies.

Family support and education has also benefited from the growth of interest in early childhood intervention for low-income and at-risk populations. It has emerged as a distinct option for the increasing numbers of states and localities that have made a commitment to expanding early childhood services. Moreover, it has benefited from growing interest in early childhood across a number of service systems where family support and education is, in some cases, viewed as a strategy for preventing child maltreatment and developmental harm and, in others, as a strategy for preventing school failure.

Finally, the values reflected in family support and education have broad appeal from an ideological perspective. They offer a middle ground with respect to our historical ambivalence about communal responsibility for children and families—when and how to intervene in family life (Grubb & Lazerson, 1982; Weiss, 1986). The concept of "family support" is opaque enough for those with very different views about public responsibility for children and families to embrace it. However, both the benefits and the costs of this broad appeal remain to be worked through in the public policy arena.

Core Characteristics of Community-Based Family Support and Education

While there has been growing interest in community-based family support and education, there is as yet no generally agreed upon definition with respect to either core features or boundaries. There is a general consensus among participants in this genre that they share a philosophy and set of approaches. But, for a variety of reasons, there has been no attempt to take a hard look at what underlies this consensus. As Kagan and Shelley (1987:3) note, although "thousands of [family support programs] have grown up across the country in the past fifteen years, we are only beginning to enumerate their characteristics, assess their impact, pinpoint their place in the social service structure, and understand the deeper trends they reflect."

The selection of core characteristics for a program genre as heterogeneous and poorly documented as CBFSE programs presents a number of problems. The most basic of these is the circular nature of the task. In order to extract core characteristics it is necessary to create a mental image of what a CBFSE program would look like. But that mental image is derived from actual programs, chosen because they have certain characteristics. A second, related problem, is how broadly to cast the net in seeking programs for examination. A different kind of problem arises from the necessity of basing judgments about core characteristics on what programs say they do in program descriptions, rather than on direct observation. One of the most urgent challenges facing those involved with CBFSE is to document how these core characteristics are put into practice.

An Enumeration of Core Characteristics

A number of formative factors have interacted to shape the core characteristics of community-based family support and education programs. In the 1960s the human service programs sponsored by the Office of Economic Opportunity (OEO) pioneered new models of service delivery, many of whose principles are utilized in today's CBFSE programs. Other characteristics evolved in response to the inability of traditional social services to reach out to multiply-stressed young families. Still others represent the practical implications of emerging lines of ecologically oriented child development theory. And some reflect the characteristics of those traditional informal systems of social support that many believe have been lost in today's fragmented urban communities.

The discrete influence of each of these formative factors cannot be disentangled, but together they have produced the following features:

What They Provide:

- CBFSE programs provide the commonly articulated elements of social support—information, guidance and feedback, practical assistance, emotional support—in a goal-oriented framework.

- CBFSE programs provide sustained support to young families, interacting with them regularly over a period of months or years.

- CBFSE programs focus both on enhancing parenting and attending to the intra- and extrafamilial forces impinging on parenting.

- CBFSE programs provide a secure, accepting climate in which young parents can share and explore child-rearing goals, beliefs, and concerns.

- CBFSE programs often strive to promote and/or strengthen informal support ties among young families in the neighborhood or community.

- CBFSE programs often advocate on behalf of the population served for improved services and other institutional supports.

- CBFSE programs see it as their responsibility to reach out to families who are unwilling or unable to seek support themselves, and to nurture their capacity to accept and use support.

How They Provide It:

- CBFSE programs take a proactive, preventive approach to addressing family support needs. By preference, as well as timing of intervention, they focus on promoting development rather than diagnosing and treating dysfunction.

- CBFSE programs' child-rearing messages are conveyed in a context of respect for cultural preferences in child-rearing values and support for families' own efforts to care for and nurture their children.

- CBFSE program participants have a voice in shaping the emphases and content of their interactions with the program.

- The goals, emphases, and types of services provided in CBFSE programs are shaped by local social conditions and concerns, and by strengths and weaknesses in other local helping services.

- Participation in CBFSE programs is generally voluntary.

- Most CBFSE programs are located so as to be easily accessible, and most have relatively simple, nonthreatening intake procedures.

- CBFSE programs generally do not base eligibility on demonstration or identification of specific problems or types of dysfunction.

- CBFSE programs often employ community members as family workers within the framework of a peer-to-peer orientation.

While one or more of these characteristics is likely to be present in many family-oriented helping interventions, the presence of several creates an identifiably unique helping format and climate.

In some cases, CBFSE programs are clearly distinguishable from other interventions. In contrast to traditional clinic-based health, mental health, and child welfare services, CBFSE programs are oriented toward prevention rather than treatment; they are noncategorical rather than categorical; they are designed to make participation as easy and attractive as possible, rather than to control demand and access; and they are multifaceted rather than specialized. In other cases, differences between this genre and others is more a matter of degree. Among the program types that would recognize themselves in this list are prenatal care outreach programs (Institute of Medicine, 1988), parent training programs (American Guidance Service, 1985), family preservation programs (Edna McConnell Clark Foundation, 1985), and clinical infant and infant mental health programs (Greenspan, 1987; Shapiro, 1985).

But while each of these close, and essential, cousins of community-based family support and education shares some of the characteristics described above, each differs from CBFSE programs along one or more important dimensions. For example:

- Prenatal care outreach programs usually have more limited goals and timing than CBFSE programs. The primary goals of prenatal care outreach—early enrollment and active participation in prenatal care—may be two among many goals that a CBFSE program has as it works with a family through pregnancy and into early parenthood. Also, prenatal care outreach focuses relatively more on linking families to other services, while a CBFSE program is viewed as/considered a service in itself.

- Parent training programs are much less multifaceted in the kinds of work they do with families and much more predetermined in their approach. Typically, they use a specific training package (for example, Gordon's "Parent Effectiveness Training") to focus on specific sets of parental skills like behavior management or communication.

- Family preservation programs work with families in which children are at imminent risk of removal from the home. Unlike CBFSE programs, they are generally nonvoluntary. Also, unlike CBFSE programs, they provide help (counseling, skill building, and case management) to families in which there are problems in child-rearing and family functioning that pose immediate, critical risks to child well-being or family integrity. Rather than sustained, periodic interaction with families, they provide intensive, short-term interventions aimed first at alleviating crises and, secondarily, at altering the patterns of dysfunctional behavior that precipitate them.

- Clinical infant programs and infant mental health programs are primarily psycho-therapeutic interventions, usually targeted at families in which there are clinically diagnosed problems in the mother-infant relationship. Concrete assistance with addressing problems and securing other services is provided, but more as a means of developing a therapeutic relationship than as an end in itself.

Head Start presents a special case in that it shares many of the philosophical and operational characteristics of CBFSE programs but, in most communities, does not work with participating parents to strengthen child-rearing skills. Parent involvement in Head Start tends to revolve around selected aspects of policy-setting and operation of the center-based programs for children. However, the home-based Head Start option does conform more closely to the set of characteristics described above and, in some communities, is self-consciously identified as a family support service.

In general, family support and education programs fit within the continuum of community-based, preventively oriented helping services, but fill a gap within that continuum. When gaps in other services are particularly large, CBFSE programs sometimes face demands that they are ill-equipped to address. Nonetheless, they do provide a kind of support to young families that other helping services do not or cannot provide and, perhaps equally important, they provide it in a manner that makes them acceptable to a wide range of families.

Summary and What's to Come

In the first section of this paper we have tried to lay out the core characteristics and underlying premises of a program movement which is currently undergoing rapid development and which, we think, may even signal the beginning of a fundamental paradigm shift throughout the human services. The challenge for those of us involved with the genre will be to capture, and avoid squandering, the opportunities afforded by growing interest in CBFSE. The rest of the paper lays out the challenges in doing so.

The next section traces a history of CBFSE from the early nineteenth century to the present, with an eye toward deriving lessons for present and future considerations of the genre. This history examines continuities and discontinuities in underlying purposes and assumptions, social forces stimulating intervention efforts and approaches to working with families.

The third section focuses on the evolution of program evaluation in the field from the late 1960s to the present. It examines how approaches to research design and measurement have evolved, reviews and interprets the data from selected studies undertaken in the past 20 years, and discusses current evaluation issues in relation to developments in theory, practice, and current social concerns.

The fourth section examines emerging patterns of organization and institutionalization among community-based family support and education programs. It describes patterns of sponsorship and funding, with special attention to states that are attempting to develop coherent strategies for program development. Issues such as linkage with larger bureaucratic service systems, relationship to categorical services, quality-control mechanisms, training, and credentialing will be discussed here.

The fifth and final section outlines the major policy, programmatic, and research issues that the authors believe will confront this field in coming years. Some of these involve policy and program choices about targeting, purposes, fit with larger systems, funding mechanisms, and so forth. Some involve knowledge that needs to be generated in order to improve practice and evaluation; others involve the relationship of this program movement to broader currents of social and institutional change.

2

Foundations of Current Practice

Foundations of Current Practice: 1800–1950

Child-rearing among poor families has been a source of communal concern in our society since the colonial era. The weekly sermons of church ministers in the eighteenth century often focused on child-rearing themes, stressing especially the need to instill predominant religious values in children. In the first quarter of the nineteenth century "maternal associations" sprang up in New England, in which mothers "regularly met in study groups" to share strategies for the religious and moral improvement of their children (Brim, 1959:323).

But in spite of a normative tradition of communal concern, child-rearing did not come to be perceived as a distinct and serious social problem until significant numbers of families began moving to cities in the early decades of the nineteenth century (Boyer, 1978; Moroney, 1987). The interconnectedness of family and community that characterized rural life in the colonial era had provided a host of informal mechanisms for both support and feedback (Demos, 1986; Mintz & Kellogg, 1988), but informal social controls were attenuated by the economic and social fragmentation of the city. Urban stresses tended to close the family in on itself, isolating the family unit from scrutiny and support. The urban context also tended to separate child-rearing from other family and community activities, and the father from an active (even dominant) role. The arrival of growing numbers of immigrant families, with their distinctive child-rearing practices, further exacerbated the perceived crisis in family life and child-rearing.

As child-rearing, and more specifically "mothering," became more distinct phenomena, they soon drew the attention of influential segments of the urban population worried about the damaging moral and social effects of urban life. Among these were "Protestant churchmen, members of the upper class whose status was rooted in a pre-urban order, [and] members of an emerging urban commercial class" (Boyer, 1978:6). These self-appointed social reformers developed a seemingly inverted causal logic that blamed the problems resulting from the terrible living conditions of urban slum and tenement life—for example, lack of supervision and abandonment of children, delinquency, and so forth—on the family members experiencing those living conditions, particularly mothers. At best, slum parents were the hapless victims of a disordered social environment; at worst, they were responsible for leaving their children "moral orphans" (Boyer, 1978:40). This general line of analysis has persisted to this day. (Grubb & Lazerson, 1982).

Organized responses to the apparent crisis in child-rearing associated with urban life came from a variety of religious, voluntary groups, and agencies (Katz, 1986). These groups and agencies, often working in concert with municipal authorities, sponsored the rapid growth of institutions designed to provide care, supervision, and instruction to children whose parents could not or would not care for them. They also pioneered methods of reaching out to poor families to "strengthen" them with instruction about proper moral values and child-rearing habits, supplemented only by enough material assistance to keep children in the family from perishing.

These early efforts to reach out to poor families with advice and guidance evolved into what came to be the paradigmatic personal-helping strategy of the latter half of the nineteenth century: friendly visiting. Friendly visiting involved home visits to poor families by well-to-do women who provided a mixture of support, scrutiny, and advice. Friendly visitors were the agents of private relief agencies (the charity organization societies), and the proper degree of deference to the friendly visitor could result in material assistance as well. The theory and practice of friendly visiting were based on three ideas: that poverty was due in large part to moral laxness; that this laxness was due partly to the growing social chasm between wealthy and poor; and that the well-to-do had a responsibility to address this moral laxness (though not the poverty associated with it). Katz (1986:76) cites the Buffalo charity organization society founder, S. H. Gurteen, who argued that the friendly visitor was not to focus on material needs, but on moral needs, to be "a real friend, whose education, experience and influence, whose general knowledge of life, or special knowledge of domestic economy are placed at the service of those who have neither the intelligence, the tact nor the opportunity to extract the maximum good from their slender resources."

The friendly visitor was not just to "expound" such virtues as thrift, but to "demonstrate" them, for example, by planning a future outing that the family could look forward to, thus learning to delay gratification. "More important than any such stratagem, however, was the friendly visitor's own personality, as it gradually unfolded during her repeated visits" (Boyer, 1978:153).

Friendly visiting was seen in its time as an exciting breakthrough in social reform and poverty-alleviation strategies, perhaps the "key" to re-creating the kind of social cohesion its promoters believed to have been present in an earlier time. Moreover, within the causal model envisaged through friendly visiting, children would be the ultimate beneficiaries, the path to the creation of a moral and cohesive social order (Boyer, 1978:246).

But friendly visiting did not produce the moral improvement, cross-social class cohesion, or individual intergenerational progress its sponsors had envisioned (Katz, 1986). By the turn of the century, the emerging professions of social work and nursing had begun to assert control of community work with poor families. These professionals were gradually replacing moral guidance with health and parenting education and, for troubled families, "social diagnosis" and casework. They were also developing new explanations for poverty and dependence, substituting defects of the environment for the moral defects of the poor as the target of intervention. Still, the basic impulse underlying friendly visiting—to reform the poor rather than the economic system—would remain a core precept of the developing social welfare system (Patterson, 1986).

The principal vehicle for the efforts of the new professional poverty warriors was the settlement house movement, which by the late 1890s was replacing the charity organization society at the cutting edge of social reform. Many components of settlement workers' community work foreshadowed the community-action strategies of the 1960s, and can still be found in today's parent support and education programs. Settlement workers "settled and developed services in the neighborhood" (Weissman, 1978:4). They undertook class-level advocacy for improved services and case-level liaison work to link families to existing resources. Settlement workers conducted parent education to help immigrants who were isolated from traditional sources of child-rearing advice. They provided practical assistance with child care, housing, legal, and other problems, and they worked to restore a sense of community and mutual support in the rapidly growing slums of the larger cities.

Under the auspices of the settlement movement, as well as other private agencies, nurses undertook home visits to attend to the sick and, taking the occasion to assess the family situation, gave advice on diet, hygiene, child care, and other domestic matters. Nurses and social workers conducted community surveys to document the living conditions of families and the relationship between these conditions and a variety of problems, notably unconscionable rates of infant and maternal mortality.

The settlement workers were in many ways the first to recognize and wrestle with the moral ambiguities of poverty-alleviation work in the American context. While they still often felt impelled to make judgments about low-income families' behaviors, they tried to soften these judgments by placing them in the context of families' life situations. Their behavioral change efforts included "consciousness-raising" and, in some cases, the promotion of collective action to improve the conditions of neighborhood life (Boyer, 1978). Patterson (1986), reviewing the settlement movement, argues that it made a significant contribution to analysis of the causes and effects of poverty. But, foreshadowing critiques of today's parent support programs (see Grubb & Lazerson, 1982), he argues that, in the end, settlement workers' specific interventions were too conservative and timid to effect fundamental social change. As he notes, the poor families served were more interested in getting out of the slums than in making their lives there more livable.

The first two decades of the twentieth century also saw the development of a number of organizations devoted in whole or in part to the promotion of parent education. These organizations were stimulated by (continuing) concerns about the deteriorating conditions of family life and also by new ideas about child-rearing emerging from the scientific study of child development (Weiss, Resnick, & Hausman, 1987). Best known among these organizations were the National Congress of Parents and Teachers, the Child Study Association, and, later, the National Council of Parent Education. These organizations, which were composed of and tended to serve economically advantaged mothers, developed parenting guides and topical pamphlets, held national and local meetings devoted to parenting, conducted training for parent educators, and brought mothers together in local groups to discuss child-rearing (Brim, 1959). The activities of these organizations reached few low-income families directly. But many social workers, nurses, educators, and others engaged in community work with low-income families derived their parent education agendas through contact with them.

The period leading up to World War II brought a gradual decline in community-based family support and education for low-income families. In the case of nurses, there was actually an increase in home visiting and other community-based work in the early 1920s, followed by a decline. The initial increase was stimulated by the federal grants-in-aid for maternal and child health services under the 1921 Shepherd-Towner Act (Melosh, 1982). But during that same period, growing medical knowledge was giving nurses new professional tools and clinic-based roles, making hospital-based practice more attractive. In addition, the "independent" public-health nurse was gradually coming under physician supervision. As a result of these forces, the seemingly "expensive and time-consuming tradition of home visiting" was increasingly abandoned in favor of clinic-based services (Melosh, 1982).

Meanwhile, throughout the 1920s, social work was becoming professionalized and institutionalized in new schools of social work and growing urban systems of private, voluntary child welfare and family service agencies. Particularly critical to the demise of community-based social work was the emergence of psychiatric social casework. Not only did home visiting and other community-based work diminish,

but populations served by social workers changed: "Instead of seeing crisis-ridden families, the clinical social workers now saw at weekly one-hour appointments patients who were motivated and completely capable of taking care of themselves between appointments" (Davoren, 1982:263).

In a comment that may explain the urgent pressure to undertake service brokerage that parent support and education programs found when they re-appeared in the late 1960s, Lubove (1965) notes that no other profession picked up the tasks that social work abandoned early in the twentieth century—helping families negotiate their way through the "thickening maze of social services," helping integrate vulnerable new population groups into community life, and advocating for more supportive social legislation. Interpersonal work by professionals would never return to the elemental helping and advocacy for poor families that were its principal early tools.

At a broader level, the depression of the 1930s disabused many social reformers of the notion that family incompetence explained poverty and that family-level intervention could therefore ameliorate it. The pervasiveness of the depression made it clear that structural features of the economy could and did lead to unemployment, community squalor, and inattentive child-rearing. The human misery and profound inadequacy of social provision illuminated by the depression yielded the building blocks of our current welfare state, including public support for dependent women and children, a modest public health system, and a variety of laws and agencies to protect children. Community work with families continued during this period of enormous social stress, but it would not be until the mid-1960s that parent support and education would re-emerge as a social reform and poverty-reduction strategy.

Foundations of Current Practice: 1950s and 1960s

The period from the end of World War II up to the early 1960s has been characterized as a period of benign neglect of poverty, due to the dominant but erroneous view that improving economic conditions would reduce structural as well as cyclical poverty. Parent support and education programs during this period served almost exclusively a middle class clientele (Brim, 1959). Nonetheless, during the 1950s especially, the groundwork was laid for the community action programs of the War on Poverty, themselves the foundation of today's family support and education programs.

Though the depression of the 1930s had raised many questions about the root causes of poverty and inequality, it was not until the civil rights movement of the 1950s that the central tenet of social reform—that the poor needed reforming as much or more than society—began to be seriously questioned. This questioning of core assumptions led to a new emphasis on the rights of poor families, above and beyond their needs and obligations (Rothman, 1978). This new emphasis would be translated in the 1960s into new human service principles, notably participation of the recipients in agenda-setting and provision of services, and a growing reluctance among program designers to impose middle class child-rearing values on the families served (Chilman, 1973).

However, at the same time that the denial of civil rights was coming to be articulated as a major correlate, if not cause of poverty, social science researchers were seeking explanations for poverty-related social problems such as school failure and juvenile delinquency in the poor themselves. These researchers were focusing again, as had their nineteenth century predecessors, on the life-style and culture of poor families, particularly poor black families, positing an identifiable set of behaviors that

were adaptive in the short-term, but ultimately served to perpetuate poverty from one generation to the next (Valentine, 1968).

These two distinct causal frameworks—one focusing on the social system, the other on the poor themselves—were combined in the 1960s to yield the specific programs of the War on Poverty. The hallmark of these programs was a dual emphasis on opening up the opportunity system and preparing poor children, youth, and to a lesser extent, adults, to take advantage of the new opportunities. Complementing these two emphases was a commitment to use social science knowledge to design interventions and social science methods to measure their effectiveness.

These strategic emphases were realized in the human service programs sponsored by the Office of Economic Opportunity in such generic elements as: the targeting of a whole community of poor families, not selected "cases"; the use of indigenous paraprofessionals to provide direct services, creating new careers and at the same time influencing the culture of the human service system; outreach to isolated or distrustful families to bring them into community life; advocacy and service brokerage on behalf of families; provision of an array of services in the same program; and attempts to embed programs physically and socially in neighborhood life.

These generic elements were applied to a specific set of priority problems, identified by a cadre of social scientists, consulted and in some cases recruited into government service by the Kennedy and Johnson administrations (Zigler & Valentine, 1979). Among these was a group of pediatricians and developmental psychologists who believed that "on their own, the poor are incapable of helping their children escape from poverty" (Skerry, 1983:27). Their concerns and the social action principles noted above were synthesized in the Office of Economic Opportunity's Head Start program, which became the paradigmatic social program of the era.

The argument underlying Head Start was that even if poor children were given equal access to decent quality schooling, they would start out disadvantaged by patterns of parental care and nurturance that failed to prepare them to compete with economically more advantaged peers, by poor health and nutritional status due to lack of family resources and community services, and by lack of parent involvement in children's educational careers. The model that emerged to address these problems was a neighborhood-based program for three- and four-year-old children, providing preschool education, health screening, meals, service brokerage for families, and varied opportunities for parent participation (although not parent education).

Head Start proved to be an effective vehicle for combining the strategic principles of the War on Poverty into a coherent program (Zigler & Valentine, 1979). It embodied the renewed, deeply rooted American faith in education as a path out of poverty. It provided human service employment and training opportunities for adults. And it provided a vehicle for mobilizing parents to become agents of community change (Skerry, 1983).

Not least, Head Start rekindled interest in parent education as a poverty-fighting strategy. Parent education was never to become a significant element of the core program, in spite of a rationale implying that poor children suffered from inadequate parenting. But, by the late 1960s, the founders were arguing that "the only way to help poor children was to educate their parents as well" (Skerry,

1983:22). One such force was renewed scientific and public attention to an old theme in the child development literature—that parents are the most important influence on and mediators of children's development, and the earliest years are a critical period for child development (Clarke-Stewart, 1981). Another was the equivocal findings of a major early Head Start evaluation (Cicirelli, 1969). These findings led the evaluators and others to conclude (prematurely) that Head Start was beginning too late, and that parents' own distinct role as early educators needed to be directly addressed in early childhood intervention programs.

These criticisms had been anticipated to some extent by a small group of developmental and educational psychologists who had been experimenting since the early 1960s with home-visiting programs designed to "teach" low-income mothers how to be better "teachers" of their young children and, in some cases, to provide direct stimulation to infants and toddlers. (See, for example, Gray & Klaus, 1968; and Levenstein, 1971.) Home visitors in the first generation of these programs not only strived to teach mothers how to play with their infants and talk with them, but frequently brought "middle class" learning materials into the home to be used during the home visit, or left till the next visit.

These programs were premised on a group of overlapping theories positing dysfunctional maternal socialization and early teaching strategies as the principal cause of what appeared to be retarded cognitive and linguistic development in low-income children, particularly low-income black children. (For an overview and critique see Baratz & Baratz, 1970.) The reports and articles flowing from this group of applied researchers reclothed the historical notion of inadequate family care among low-income families in state-of-the-art psychological terms. Perhaps more significantly, the dissemination efforts of this group of researchers put the rearing of infants on the public agenda in a historically unprecedented way, complementing the early evaluation findings from Head Start itself.

The Emergence of Community-Based Family Support and Education

The Office of Economic Opportunity responded to the basic and applied research findings on the importance (and apparent inadequacies) of early parenting in low-income families by launching the Parent Child Center (PCC) program. The PCCs were initially envisioned as a nationwide network of multipurpose family centers, providing parent education, health, and social services to low-income parents with infants from birth to three years of age. Some thirty-three centers were in fact established in the first few years, some of which still exist today. But shifting political forces and bureaucratic re-organization overtook the program, preventing its expansion.

Nonetheless, the PCCs signaled the return of parent education as an element of public social reform efforts, this time in the service of preventing educational disadvantage. The PCCs also appeared to signal a return to the historic focus on family functioning, rather than inadequacies in social structure, in efforts to address the causes and consequences of poverty. One critic, placing this trend in the larger historical perspective, described it as the "new domesticity" (Schlossman, 1978).

Another sign of this shift was the transfer of Head Start and the Parent Child Centers from the Office of Economic Opportunity to a new Office of Child Development (OCD). The early leaders of OCD were strongly committed to promoting parent education. But they were also aware that the emphasis on wide-scale social and institutional change of the preceding years was giving way to questions about

accountability and effectiveness (Weissman, 1978). The approach thus adopted was to mount carefully conceived, implemented, and evaluated demonstration projects, and then replicate them if they proved effective.

The Public and Private Sector Demonstrations of the 1970s

Federal and, eventually, foundation sponsorship led to a decade of field experimentation in early parenting intervention that was historically unprecedented and yielded some of the best evidence we have to this day about the conditions and parameters of effectiveness of family support and education programs for low-income families. The evidence from this group of programs is described in the next section of the paper.

The public sector demonstrations of the era were multisite efforts that combined in some measure the principles of OEO's community-action programs with emerging state-of-the-art psychological theory. Notable public sector demonstrations included the Parent Child Development Centers (PCDCs), linked to the Parent Child Centers; the later Child and Family Resource Programs (CFRPs), linked to Head Start; and the home-based Head Start variation, called Home Start (which, unlike the other demonstrations noted above, did not begin serving families until target children reached age three). Private sector demonstrations were usually single-site efforts and, while community-based, tended to involve sophisticated health and mental health care resources based in universities. Notable among these were the Yale Child Welfare Research Project and the Brookline Early Education Project (BEEP).

Both in their similarities and their diversity, the demonstrations initiated in the 1970s provided the conceptual and practical foundations for today's early parenting interventions for low-income families. They were the first generation of early childhood programs to begin working out the programmatic implications of emerging ecologically oriented child development theory (Weiss, 1987). For example, they tended to address a broad range of obstacles to nurturant early child-rearing, as well as parenting itself. During the course of the 1970s, these demonstrations became increasingly explicit in describing themselves as "child and family" programs whose goal was to strengthen families. And they increasingly came to describe what they provided to families as social support.

But ecological theory as a framework left a lot of room for interpretation. There was debate, for example, as to the relative emphasis on the mother-infant relationship versus the broader family context, and on the question of who defined the joint work to be done between program and family. Moreover, an ecological framework implied that programs were best shaped in response to local community conditions and population characteristics. These factors, together with diversity in sponsorship, exerted a significant influence on specific program components such as staffing patterns, target populations, program duration and intensity, and relative emphases within the general theoretical framework noted above (Weiss, 1987).

The Emergence of Family Support as a Grass Roots Movement

By the early 1970s, a number of social forces were stimulating a shift in the locus, concerns, and strategies of social problem-solving. The notion of poverty as a massive social problem requiring massive federal action was being replaced by a more disaggregated view of the problems and

populations involved. The historic focus on family functioning reappeared, but in terms that implied new approaches to intervention. Low-income families were under multiple stresses, with few assets to buffer themselves from such stresses; the informal and formal support systems in which the low-income child and parent-child relationship were embedded too often failed to provide the opportunity, assistance, status, and approval necessary for attentive, nurturant parenting (Belle, 1982).

Of equal importance, a new social-action equation emerged, one that had been vaguely visible in the outlines of the settlement movement and more clearly visible in the community-action programs of the 1960s. This equation suggested that child and family well-being could be enhanced if families could be joined together to share child-rearing resources, support each other's child-rearing efforts, and perhaps make communities more child-oriented. Support programs could be developed to reproduce the beneficial aspects of support systems. A critical dimension of this new social-action equation was a re-alignment of the traditional power balance between professionals and families, perhaps the first step in a broader family empowerment process that would eventually encompass major social institutions (Weiss, 1987).

Weissbourd (1987) locates the beginning of what has come to be known as the family support or family resource program movement at about the time that this general shift to decentralized, community-focused problem solving was gaining momentum. During the first half of the 1970s a number of individuals and groups around the country initiated, more or less independently of each other, local programs with many of the characteristics that have come to be associated with the family support and education genre. (See Weissbourd, 1987:53.) Among these were the Avance program, which started out in Houston in 1973, and later moved to San Antonio; Family Focus in Evanston, Illinois; and Minnesota's Early Childhood Family Education (ECFE) Program. The development of these programs was undoubtedly stimulated by growing national attention to problems in family life, but they were initiated primarily in response to the perceived support needs of families in their particular communities.

The numbers are not documented, but there appears to have been steady growth in locally generated family support programs since the mid-1970s. In the past few years, we have also begun to see the emergence of state initiatives in Illinois, Missouri, Maryland, and Connecticut. Local program development continues to be stimulated by a wide variety of specific community concerns and, in their quest for survival, many programs have evolved in response to problems or populations of interest to funding agencies. The diversity of statewide programs in purposes, approaches, sponsorship, and so forth is discussed in Section 4.

Although the prevalence of particular emphases and approaches within the genre is not well documented, the Harvard Family Research Project recently conducted an exploratory survey of local programs. The survey findings confirm that family support and education is a diverse genre, encompassing several levels of prevention and providing a wide range of services (Weiss and Hite, 1986). There is an identifiable group of programs serving low- to moderate-income families, which are distinct from those serving economically more advantaged families and which differ from them substantially. They are more likely to be secondary prevention programs, targeting families based on some set of risk factors. They tend to rely more on public funding, have larger budgets, and provide more services to families.

Lessons From a Historical Review of the Genre

As the historical review reveals, our society has long focused on the family in efforts to explain and address poverty. Over time, with changing social mores, major economic depressions, and the experience of trying to intervene with families, our causal analyses have become less moralistic and simplistic and more sensitive to contextual obstacles to attentive child-rearing, economic self-sufficiency, and academic success among low-income children. But only for a brief period during the 1960s did we seriously consider the possibility that low-income families, especially minority families, reflect inequality rather than produce it.

Nineteenth-century family interventions were premised on the notion of poverty as a moral fault and the low-income family as the agency primarily responsible for the transmission of poverty. By the turn of the century, that harsh view had been softened by the notion of the low-income family as a victim of an inhospitable environment and difficult circumstances. But the solution was still not to look to basic social arrangements and societal institutions. It was, rather, to help the family cope better with the inhospitable environment in the hope that the children, at least, might escape poverty by dint of personal effort.

In the 1960s, in the context of a mixed causal framework for explaining poverty, focusing at once on the social system and on the characteristics of low-income families themselves, solution strategies were aimed at creating paths out of poverty for children and youth. For a time, there was hope that a combination of efforts to change the opportunity system and efforts to prepare children and youth to take advantage of new opportunities would prove enough to reduce the consequences, if not the causes of poverty. While, in retrospect, many have argued that expectations were unrealistically high during this period, there was a sense that poverty and inequality were being addressed at levels never before considered. But the 1960s proved out of character historically.

A close analysis of the meaning of what has occurred since the 1960s is the subject of the remainder of this paper. In some ways the ideas embodied in the family support movement are part of a continuous evolution of social problem-solving strategies whose boundaries were set in the progressive era. But the authors raise the possibility, at least, that our society is experiencing a sea change in its sense of communal responsibility for families, for reasons of self-interest, if nothing else. If so, then the ideas and programs encompassed by family support and education represent an important expression of that change.

3

From Programs to Policy: What Can Evaluation Contribute?

A. Introduction

Studies of the forces driving public policy reveal that action in the public arena is the result of a complex interplay of political interests, ideology and values, and, finally, research-based information. Family support and education programs are currently the beneficiaries of a rare conjunction of these policy ingredients. It is becoming a political liability not to be interested in the well-being of children and families—especially poor ones—so political interest is once again high. There is also growing bipartisan agreement about the importance of recognizing the family's pivotal role in promoting human development, and the possibility of crafting programs that are responsive to the strengths and needs of families and communities.

Anyone following current debates about programs for young children and families could not help being struck by the importance of evidence of program effectiveness in shaping policy. Evidence plays a very large role in debates about family support and education in relation to early childhood programs, something of a role in their relation to abuse and neglect prevention, and a smaller role in their relation to child welfare reform. Program development and proliferation are also supported by child development research, which has given us a better understanding of the ingredients necessary for nurturant parenting, and of the potential of social support to mediate parenting attitudes and behaviors in ways that contribute positively to human development (Cochran & Brassard, 1979; Bronfenbrenner, 1979; Field, 1981; Belsky, 1984; Hamburg, 1987; Schorr & Schorr, 1988).

The legacy of evaluation research, which has been accumulating since the days of the War on Poverty, has begun to affect the concepts and terms of policy debates on the prevention of damage to children in two critical ways. First, this research suggests that those who care about the well-being of children must, of necessity, also care about the well-being of their families. As Marian Wright Edelman, president of the Children's Defense Fund, has noted, "If you want to save the babies, make sure the mother has access to prenatal care, to immunizations, to knowledge of basic parenting skills, and to day care that will allow her to continue her education or to get a job. Even if you really don't like the parents, and you don't want to help them, okay—think of it as investing in keeping the kids from becoming like them" (*The New York Times*, March 8, 1988:16).

Secondly, findings from research on programs for children and families have also contributed to growing public recognition that the problems of at-risk children and families are going to require intensive, sustained, and comprehensive approaches. This awareness is exemplified by the work of the Committee for Economic Development, an influential independent organization for business executives and educators. In its initial report, released in 1985, *Investing in Our Children: Business and the Public Schools*, this group made the case for business involvement in education. One of its major recommendations was investment in preschool programs that provide developmental training for three- and four-year-olds. In a subsequent report, *Children in Need: Investment Strategies for the*

Educationally Disadvantaged, released in 1987, the Committee recommended a more comprehensive strategy involving policy and programs from infancy through the preschool period for at-risk children and families. They argued, "We believe that for children in need we must begin to view the needs of the whole child, from prenatal care through adulthood. Such efforts must involve parents, who may themselves be disadvantaged, and in need of support services to help them learn how to prepare their children for a better future. We call for early and sustained intervention into the lives of at-risk children as the best way to insure that they embark and stay on the road to success" (Committee for Economic Development, 1987:22).

Family support and education programs and concepts are today getting considerable attention from local, state, and even federal policymakers, who are considering their inclusion in larger systems of publicly funded human services. This has led to a subtle shift in the types of information sought about these programs: requests from skeptics for information about program effectiveness are now balanced by requests from the converted for information about how to develop, implement, and evaluate these programs. Those who assess information about the effectiveness of family support and education programs should now move beyond examining clusters of individual program evaluations to address the broader question of what knowledge is currently available for three groups: those who want to design new programs; those who are considering whether and how to include family support and education programs within larger systems of human services; and those who want to craft a new round of program evaluations to add to the existing body of knowledge. This review will therefore look at what is known about the evaluation and effectiveness of these programs through three different lenses: that of program directors and developers; that of policymakers; and that of researchers and evaluators.

Examining the information that is currently available about the evaluation of these programs and their effectiveness through this diverse set of lenses, the limitations of evaluation-generated knowledge become more apparent. Why do we know less than we need to know to design effective programs? And how do we learn what we need to know? This section is organized around these questions, and presents the following recommendations for future evaluations:

1. The types of programs evaluated should be broadened to reflect the realities of current, community-based program development.

2. The types of outcomes examined should be increased to assess two-generational program impacts.

3. The concept of evaluation should be widened to include examination of underlying program processes in order to generate causal models.

4. The definitions of useful knowledge should be expanded to include systematic collection of practice knowledge from veteran practitioners.

The next part of this section begins with an overview of lessons from efforts to evaluate social programs for poor children and families over the past thirty years. We examine the history of evaluation in order to explain why there are gaps in current knowledge, and to suggest future directions for the evaluation of family support and education programs. In the process, some of the special challenges

that these programs pose for evaluators, and some of the questions evaluations should address will become evident. It will also be clear that during the period from the 1960s to the present, partly because of the challenges of evaluating programs for poor children and families, and partly because of greater understanding of how research affects policy, the canons of evaluation practice have evolved and broadened. As a result, this is an exciting and potentially very productive time to be doing program evaluation. This augurs well for policymakers, practitioners, and researchers intent on designing a new round of programs and on attaining a broader understanding of the potential of family support and education.

The discussion of lessons learned is followed by a description of what is currently known about the effects these programs have on children and families (Part C), and a discussion of what is known about program implementation, as well as some of the practice tensions inherent in this attempt to do business with families in a new way (Part D). Part E examines available knowledge through the policymaker's lens and suggests a set of questions and challenges for those initiating the current round of programs and evaluations.

B. Lessons from Past Evaluation Practice

During the past thirty years, the practice of evaluation has grown from a cottage industry to a major enterprise. Its growth has been inextricably entwined with the development of social programming for the disadvantaged (C. H. Weiss, 1987). Experience with the evaluation of social programs has forced evaluators to recognize both how complex many of these programs are and how difficult it is to assess them. Efforts to evaluate these programs have altered accepted evaluation practice. For example, the nature of the questions that evaluators pose has changed from the simple, "Does a program work?" to much more complex questions about what kinds of programs work for whom, how, why, and under what kinds of circumstances. Ideas about what a state-of-the-art evaluation should contain have broadened to include contextual and implementation issues.

This is a transition period. While the lessons of the past are being translated into new evaluation practice, current evaluation-based knowledge about these programs remains somewhat shallow. It does not reflect the richness, complexity, and potential of existing programs; in this sphere, program development is ahead of program evaluation. Relatively little systematic information about implementation issues exists, although the quantity is increasing; little, but nonetheless provocative, information exists about the processes and mediating factors that lead to enhanced human development; and little information exists about the very important question of whether these complex programs are able to promote adult as well as child development, though again, the volume is increasing. The data-base on two-generational program effects has grown substantially since the late 1970s, when measurement began to catch up with two-generational program practice.

Another important change taking place involves the issue of what is being evaluated, and what reviewers can draw on to address policymakers' questions about program proliferation. The bulk of the evidence about program effectiveness now comes from single-site research and demonstration programs set up explicitly to test different program models and which are evaluated with private funding. These carefully done research and demonstration projects illustrate some of the outcomes (i.e., child and parent development, parent-child interaction) that family support and education programs

can effect. However, the bulk of family support and education programs currently in operation are not research and demonstration projects, but rather community-based service efforts whose developers have seen their task as creating service programs rather than documenting program effectiveness, partly as a result of resource limitations.

The situation is changing as more of these service programs undergo evaluation (e.g., Child Survival/Fair Start programs, MELD, Avance), but many important questions simply cannot be resolved with the information currently available. For example, do the community-based service programs achieve the same kinds of results as the flagship research and demonstration programs? Can effective flagship models be replicated or adapted on a widespread basis? Because interest in family support and education programs started growing just as federal support for larger-scale evaluation projects was ending, there is a paucity of information about how to implement a single program broadly, or whether it is preferable to create systems of diverse programs tailored to the needs of particular communities.[1]

Given these limitations and our view that there should be more diverse and widespread evaluations of community-based service programs, the following overview of evaluation issues will suggest ways in which the existing gaps in knowledge about these programs could be filled.

Choosing and Implementing Alternative Research Designs

Twenty-five years of large- and small-scale program evaluations has forced the recognition that planning a successful evaluation involves considerably more than simply finding and implementing the perfect research design. There is a complex set of trade-offs involved in designing the evaluation, and there is continuous problem-solving throughout the evaluation process (H. B. Weiss, 1988; Bond & Halpern, 1988). As Eleanor Chelimsky (1987), head of the Evaluation Office of the U.S. General Accounting Office noted in a recent assessment of evaluation practice, "Overall we have learned that there is no perfect evaluation design but that, rather, evaluators must try to achieve a balance involving timing, methodological strength, and cost."[2]

One of the primary trade-offs faced by programs is the question of whether or not to employ an experimental or quasiexperimental research design. This is difficult because evaluation resources are often relatively tight, and because such evaluations may force the program to make changes required by the research design and process. Assistance in weighing the relative advantages and disadvantages of different design choices and what they impose on service delivery is an important element in strategies to encourage the evaluation of community-based service programs.

One of the main tasks of program evaluation has been and remains determining which changes in participants can be attributed to the intervention and which are attributable to other forces, including the use of other nonprogram services and participant maturation (Cook & Campbell, 1979). Random

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[1] The limitations of knowledge in the family support and education arena resemble some of those in other arenas, for example, programs for teen parents (Card, 1988; Hayes, 1987).

[2] It is worth noting that, while considerable attention has gone into understanding different facets of program implementation in the last 25 years, almost no attention has been given to systematic and comparative efforts to describe and analyze the problems that come up in the implementation of evaluations (Weiss, 1988).

assignment to treatment and control groups is often recommended as the preferred way to reduce threats to internal validity, and thereby test which changes can reasonably be attributed to the treatment. However, random assignment is exceedingly difficult, if not impossible, for many programs to consider, and it may not alleviate all threats to internal validity (Olds, 1988).

Family support and education service programs and their evaluators would benefit enormously from a clear statement of the advantages and disadvantages of employing and implementing alternative design strategies, including experimental and quasiexperimental ones, illustrated by examples from actual program evaluations. Such a statement would examine questions about the ethics and practicability of random assignment, and would discuss various evaluators' recommendations about quasiexperimental designs and the construction of comparison groups, noting all of the possible selection biases they may introduce (Seitz, Rosenbaum, & Apfel, 1985; Cook & Campbell, 1979; Zigler & Freedman, 1987). Efforts to help programs make informed design choices that take into account their resources would greatly assist the accumulation of credible information about program effectiveness.[3]

Experience with the evaluation of family support and education programs suggests that even with a careful experimental or quasiexperimental design, evaluations are subject to multiple potential problems that need to be considered from the outset when programs make their design choices. These include attrition, particularly differential attrition between the treatment and control group (Tivnan, 1988); non-equivalence of the treatment and control groups in social and psychological characteristics likely to interact with the treatment (Olds, 1988); and sample size too small to allow for subgroup analyses and the determination of interactions between program and client characteristics (Tivnan, 1988). Other factors may also blur the contrast between treatment and control groups and contribute to a finding of no difference between them.

In the last ten years, as evaluators have begun to measure what services the control group uses, it is clear that sometimes a finding of no difference between treatment and control may result because the control group received treatment elsewhere (Madden, O'Hara, & Levenstein, 1984; Travers, Nauta, Irwin, Goodson, Singer, & Barclay, 1982; Quint & Riccio, 1985). This suggests that hard-to-reach families may get other kinds of developmental supports, and that there may be few totally untreated controls, especially in service-rich urban areas. Given the current proliferation of programs for children and families, the problem of finding an uncontaminated control group promises to become even more significant in the future. Moreover, sometimes as a result of the very intervention one is trying to study, the provision of services to children and families increases in local communities (Olds, 1988). This may be the type of problem that, ultimately, one wants to have, but at the same time it illustrates how a type of program success can wreak havoc with program evaluation.

The field of family support and education is, at present, overly dependent on the results of flagship research and demonstration programs. More effort should now go into identifying strong service-oriented programs that are robust enough to sustain rigorous evaluation. Gaps in knowledge about the effectiveness of community-based programs exist for very basic reasons; sophisticated experimental and quasiexperimental research is very difficult to do, and little technical assistance has been available

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3 Such a statement could usefully build on the framework laid out by J. J. Card (1989) for the evaluation of teenage pregnancy programs.

to help programs with it. Now that family support and education programs are proliferating, the database of assessment and documentation of program effectiveness should also grow. This growth will require carefully thought-out strategies for helping community-based programs assess the trade-offs in evaluation design, as well as the provision of technical assistance throughout the implementation.

External Validity and Generalizability

While considerable discussion about research designs that maximize internal validity has taken place over the past twenty years, consideration of issues related to external validity is more recent. It is becoming increasingly clear that the positive results from the field trial of a model in a particular location may or may not generalize to trials or replications in different places with different population groups. Moreover, those who study program and policy implementation warn that one cannot assume that knowledge learned at the microlevel (e.g., from a flagship program evaluation) will transfer to macrolevel (e.g., to larger systems of programs) (McLaughlin, 1987).

Because knowledge about family support and education programs comes primarily from evaluations of programs at a single site, and not from broad multisite evaluations, little information exists to address a pressing public policy issue that currently confronts states contemplating the development of systems of programs: should they transform a model program into a broad system of state-sponsored programs, or create a system that allows for a variety of community-generated models? The limits of the generalizability of results from one program to another also suggests the need to qualify general statements about the overall effectiveness of family support and education programs until more evidence has accumulated.

There are two major exceptions to the rule that experience with family support and education programs comes primarily from single sites. The Parent Child Development Centers and the Child and Family Resource Program were both multisite Head Start experimental programs operating in the 1970s and early 1980s. The study of the implementation of the PCDCs suggests that programs sensitive to community and culture were developed by design at three local sites. Research on the implementation of CFRP suggests, as many studies of educational programs have shown (Rhine, 1981), that considerable intersite variability in program design and implementation is likely to occur. This has led some to argue that the mutual adaptation that takes place between a program and its site and other contextual factors is among the most important keys to program success or failure (McLaughlin, 1990; Travers & Light, 1982).

The growing body of research documenting intersite differences and program-site interactions raises critical questions for those formulating systems of family support and education programs. How much is local ownership of a program and the flexibility to tailor a model to local circumstances a prerequisite for program effectiveness and longevity? Can or should one "scale up," that is, replicate a specific program broadly? Or is it more appropriate to develop a general set of guidelines for programs to follow in creating local variants or new program models? As states and others create family support and education programs and consider adopting or adapting model programs, it would be useful for them to have a clear discussion of these issues, one that formulates the problems and issues involved in the various choices.

Relationships Between Programs and Their Contexts

In the CBFSE arena, the way in which the program's context affects the program's stability and effectiveness has yet to be carefully examined. For example, many family support and education programs provide information and referral services and case management for clients rather than on-site health and social services. Programs operating in service-rich environments may therefore be more effective than those operating in service-poor ones. Similarly, recent research about the development and maintenance of comprehensive programs for teen parents has indicated that local factors, especially resource richness, heavily influence service development and stability (Weatherley, Perlman, Levine, & Klerman, 1985).

To our knowledge, no one is asking about the influence of the local context on family support and education program development, stability, or effectiveness. Inasmuch as it is argued that program proliferation should proceed by means of local program development, studying the influence of local factors is especially important in the family support and education arena. The question of how a program's context affects program success is one that needs to be addressed in the future, particularly in efforts to understand how to implement seemingly effective program models more broadly.

Understanding Implementation and Program Processes: What Should Be Documented?

Much of the emphasis in the evaluation of family support and education programs has been on documenting program outcomes rather than examining program processes and implementation. In the last ten years, however, even evaluators closely aligned with the argument that good evaluation requires rigorous experimental design have begun to include qualitative and quantitative components that address questions of program implementation; program processes that help explain the pattern of outcomes; and client perceptions of program experience (Rossi & Freeman, 1982). Increasingly, social program evaluations include program life histories, ethnographies, case studies, and semistructured interviews with participants in an effort to provide practice knowledge for those interested in designing and implementing similar programs, to determine whether the program has been implemented as designed, and to acquire information useful in explaining the pattern of quantitative outcomes (Weiss, 1988).

That this expansion of evaluations to include examination of implementation and program processes has begun to yield a rich understanding of some of the problems inherent in the conception and implementation of family support and education programs will be evident from the discussion in Part D of this section. However, we note here that the payoff of what anthropologist Clifford Geertz (1980) would call "thick description" of program processes is evident in the ethnographic studies conducted at five of the eleven CFRP sites (Travers, Nauta, & Irwin, 1981). The summary of these ethnographies contains information about setting up and implementing a family support program for low-income families that would be of enormous interest to anyone setting up such a program. The breadth of understanding they yield confirms Carol Weiss's argument that "when evaluators have rich knowledge of program processes and outcomes, they can contribute more generously to the stream of policy ideas" (1987:45).

In her recent assessment of lessons from 25 years of evaluating social programs for the disadvantaged, Weiss argues that to be useful to policymakers—and, we would add, to program developers and future evaluators—evaluators should devote a larger share of their resources to describing and understanding what programs actually do. This means careful examination of "nitty-gritty" issues of program development and implementation, including motivation and attitudes of staff, participant and staff recruitment, supervision, and training issues and the like.

But while a consensus is growing about the importance of such documentation, few sources exist to help program evaluators decide which aspects of a program to describe or how to do so. (For exceptions, see Jacobs, 1988; National Center for Clinical Infant Programs, 1987.) At this juncture, efforts to collect and synthesize experience that would help programs make choices about what to document and how to do so would be very helpful, both for individual programs and for advancing general knowledge about these programs. The inclusion of qualitative methods, as well as more standard quantitative ones, is dependent on the evaluator's capacity to use and integrate very different research paradigms; therefore, efforts to disseminate information about the problems inherent in multimethod evaluations, both to the flagships and the larger fleet of community-based family support and education programs, would now be especially useful.

Unpacking The Black Box of Treatment

Family support and education programs emphasize the provision of a broad array of individualized services to families. The precise mix of services is determined by the goals and resources of the program, the needs and resources of the individual client, and those of the program worker.[4] This makes the basic questions, "what is the treatment?" and "what treatment leads to what effects?" especially difficult to address for both programs and evaluators (Hewett with Deloria, 1982; Weiss & Jacobs, 1988; Halpern, 1990).

Traditionally, evaluators have proceeded on the assumption that there is a common treatment, but it is increasingly clear that this may not be a valid assumption for many family support and education programs. At present, some evaluators are choosing to "unpack the black box of treatment" (Powell, 1988), while others acknowledge some variability but continue to assume a common treatment (Olds, 1988).[5] The discussion of treatment variability by the National Academy of Science's Panel on Outcome Measurement in Early Childhood Demonstration Programs (Travers & Light, 1982) raises these issues but does not pose alternative ways to address them. A need now exists for a careful discussion of such alternatives. This would include a careful review of how programs now document treatment variation and how they might do so in the future (complete with sample forms); a discussion of the implications of variation for program evaluation; and recommendations for programmatic, statistical, and analytic ways to take substantial variation into account.

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[4] That workers have considerable input into the definition of services is suggested by the experience of the Brookline Early Education Project. BEEP's evaluation was designed to examine the effect of variation in the amount of treatment on outcomes. Families were, therefore, to receive different numbers of home visits. However, home visitors exceeded the stipulated number of visits for families they judged as needing more attention (Tivnan, 1988).

[5] Several recent evaluations deal with one element of treatment variability by examining how different levels of participation affect various outcomes (Nauta & Travers, 1982; Ware, Osofsky, Eberhart-Wright, & Leichtman, 1987).

Toward More Ecological Models: Issues of Measurement Choice

Many early family support and education programs, especially those from the early childhood arena, worked directly with parents and children. But until the mid 1970s, the outcome measures used to assess these programs focused on effects on the child and, specifically, on the child's cognitive development (Hauser-Cram & Shonkoff, 1988). This orientation is evident in the results of a meta-analysis of evaluations of early intervention programs for handicapped and disadvantaged children (White, 1984).[6] This choice of measures has constrained understanding of how these programs produce their effects. For example, relatively little information exists as to whether and how these programs change parent attitudes, behaviors, or circumstances and, in turn, if and how these "intermediate" changes in parents or their circumstances mediate enhanced child outcomes (Clarke-Steward & Fein, 1983). The narrow choice of outcome measurements has also limited the amount of information available to address a question of substantial interest to policymakers: do more comprehensive programs that work with both poor children and their parents have strong two-generational effects?

Since the 1970s, many programs have moved beyond measuring changes in children's cognitive development to an examination of more policy-relevant indications relating to children's subsequent school and life performance (Lazar, Darlington, Murray, Royce, & Snipper, 1982; Berrueta-Clement, Schweinhard, Barnett, Epstein, & Weikart, 1984). Several recent evaluations (described in Part C of this section) have done the equivalent for adult development by assessing the impact of the program on participants' welfare dependence and educational involvement (Seitz, Rosenbaum, & Apfel, 1985; Olds, Henderson, Tatelbaum, & Chamberlain, 1986). This allows direct discussion of the social policy relevance of these programs and is undoubtedly responsible for much of the current interest in them.

There is, then, a consensus that broader measures of the effects of these programs on parents and parenting behaviors is critical, not least because many of the programs concentrate much of their energy in the parenting domain. But while the employment of non-child measures better reflects the goals of many programs, it entails considerable risk because of the underdeveloped status of measurements beyond those for the child.[7]

This new recognition of the need to broaden understanding of the intermediate processes and range of outcomes, and of the need to include policy-relevant variables, brings with it a new set of questions, problems, and tasks. Which of many possible effects should these complex programs measure? How can programs minimize the risks of using measures of unknown or less-well-established reliability and validity? Decisions about these issues obviously require skillful juggling of several factors, including program goals, evaluation resources, the audience for the evaluation, and the characteristics of available measures. Such decisions may be easier for flagship research and demonstration programs than for service-oriented community programs, which rarely have access to sources of technical assistance. The introduction of mechanisms, such as regional technical assistance networks, to provide

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6 White gathered hundreds of evaluations from the 1960s, 1970s, and early 1980s and tabulated a list of what measures were used to assess program effectiveness. The most frequently used was some measure of IQ; other predominant measures were the child's language development, academic function, and motor-skill development.

7 See Weiss & Jacobs (1988) for essays examining the status of measures to assess changes in children (Hauser-Cram and Schonkoff), parents (Upshur); parent-child interaction (Howrigan); family stress and support (Krauss); family functioning (Walker and Crocker), and social support (Cleary).

assistance with design and measurement issues (Weiss, 1986) and help programs choose among more "risky" measures, would be especially useful at this point (Weiss, 1988).

The Intersection of Family Support and Education Program Evaluation and Developmental Research

Efforts to evaluate early childhood programs, including those that fall under the rubric of family support and education, have helped to lay the groundwork for a new and potentially fruitful field-based research paradigm for the study of child development in context (Clarke-Stewart & Fein, 1983; Bronfenbrenner & Crouter, 1983). The research on early intervention, much of it initiated in an effort to promote the life chances of poor children, has contributed substantially to developmental understanding of human plasticity or malleability (Gallagher & Ramey, 1987; Lerner, 1987). This increased understanding, in turn, contributes to our understanding of how to craft programs for poor children and families.

The views that development is a "within-the-person" phenomenon, that negative events in early life irreversibly constrain later development, and that there are critical periods for intervention, have given way to the views that development is a function of interaction between person and context, that negative early events may not constrain development, and that interventions should be continuous, not keyed exclusively to critical developmental periods (Lerner, 1987). Moreover, these new views, influenced by research on life-span development, pertain to adult as well as to child development (Brooks-Gunn & Furstenberg, 1986).

Evaluation research from these programs has led to the preponderant opinion among developmentalists that while development occurs over the entire life course, sustained and comprehensive early intervention can produce substantial effects.

> Our awareness of the individual's continued responsiveness to the environment should make us more conservative in our expectation that intervention for a brief period in early infancy will have long-term effects over time. We cannot anticipate that early intervention will be an inoculation against the trauma of all future environments. Although change brought about in the family may have more lasting effects, the family is also responsive to the greater milieu. With both child and family showing significant plasticity, intervention efforts must be sustained. Only by improving living and rearing conditions throughout childhood can we expect to promote continued developmental progress at the optimal level (Sigman, 1982).

It is clear that family support and education program evaluation has stimulated developmental theory, but the reverse may be less true. Gray and Wandersman (1980) have argued that evaluation of early childhood programs should be framed in terms of developmental research questions, and some recent flagship evaluations suggest the mutual benefits of this strategy. Olds and his colleagues (1988) and Ramey, Bryant, Sparling, and Wasik (1984) have employed what Bronfenbrenner and Crouter (1983) have labeled person-process-context models to examine the effects of two specially created research and demonstration projects, the Prenatal and Early Infancy Project and Project CARE, respectively.

Their causal models and measures models take into account the characteristics of each of these three elements and the interactions among them.[8] Their work is helping to elucidate basic questions about how aspects of the environment of low-income families impinge on parenting and child development, as well as providing substantial data about the effectiveness of family-oriented interventions.

Consideration should now be given to questions about how to connect more developmental researchers to existing CBFSE programs and how to create mutually beneficial relationships. This would help get research and evaluation expertise to some of these programs, thereby building the database on the effectiveness of service-oriented as opposed to research and demonstration programs. Perhaps one way to begin would be to draft a list of questions of mutual interest to well-developed community-based programs and developmental psychologists interested in using applied research to understand the ecology of human development. Subsequent forums to communicate and publish the results from such partnerships would undoubtedly contribute to their continuation.

The Limits of Social Programs and The Limits of Single Evaluations: Toward More Appropriate Expectations

Experiences evaluating social programs for poor children and families, and the lack of major dramatic program impacts over the past 25 years, have led to increased humility about what social programs can do, and what kind of knowledge single evaluations can produce. When President Johnson launched Head Start, he declared that a single summer of the program would be a cure for poverty (Zigler & Valentine, 1979). More than 20 years later, when governors and others announce major initiatives to help at-risk children and families, they are rarely so sweeping or naively optimistic about what particular programs can achieve. The conclusions of developmentalists, summarized in Sigman's statement, are now echoed by governors, the Committee on Economic Development, and others. Their restraint, recognizing the need for more continuous services and more reasonable expectations, paves the way for thinking about the foremost challenge now facing us: what role should family support and education programs have in a human service system reorganized to create more comprehensive and long-term programs for poor children and families in a time of limited economic resources?

Just as there is more humility about the effects of any single intervention, there is more understanding that knowledge about effective social problem solving should be the result of the accumulation of evaluation inquiries, rather than the result of any single evaluation. As one of the most influential statesmen in the program evaluation arena wrote, "An evaluative inquiry lights a candle in the darkness, but it never brings dazzling clarity" (Cronbach, 1982:213). No one study can be definitive, nor should any one be the sole basis on which to structure policy (Cronbach, 1982; C. H. Weiss, 1987). These last lessons may be the most important as family support and education programs achieve greater visibility because the temptation to oversell these programs is great.

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[8] Bronfenbrenner and Crouter (1983: 375–376) describe this research model as having the following characteristics:
1. It envisages the possibility of differences by social class, not only in child-rearing practices and outcomes, but also in the process that interconnects them.
2. Developmental processes are assumed to vary as a joint function of biological and environmental factors.
3. Child-rearing attitudes and belief systems are treated as important mediators of child-rearing behavior.
4. Recognition is given to the possiblity of reciprocal influences; not only does the environment influence the child, but the child also influences the environment.
5. Developmental effects can be cumulative over time.

Lessons and Their Implications for Future Evaluation Practice

This summary of the lessons from 25 years of social programs for poor children and families suggests how family support and education programs, along with other social programs, have challenged the canons of evaluation and helped both evaluation practice and developmental knowledge evolve. We have attempted to lay out some of the challenges for the next round of program evaluation, particularly the need to understand program implementation and underlying causal processes, the need for careful decisions about expanded measurement, and the need to better understand the various treatments these programs provide and how they interact with child and family characteristics. We have tried to indicate that recommendations to broaden evaluation bring with them costs and risks, especially for community-based service programs unfamiliar with evaluation procedures, and that these will be minimized through judicious and careful technical assistance and support for program evaluation. We have also suggested some of the limits of current knowledge about how these programs operate, and proposed new areas of research that would provide information for program developers, policymakers, and evaluation researchers.

The increase in demands from policymakers for information about these programs indicates that it is time to expand evaluation expertise and resources, and to ensure that the database for these programs consists of more than careful outcome studies of flagship research and demonstration programs. Evaluation of the flagships are valuable and necessary, but insufficient. The following points argue for broader distribution of evaluation resources, based on our understanding of how family support and education programs are developing and on our assessment of the questions policymakers ask when they consider program expansion:

1. Flagship research and demonstration programs can provide systematic information about the effectiveness of carefully controlled interventions, contribute to understanding of measurement and design issues, and contribute to evolving theories of human development. When their results are positive and policy-relevant, they help drive public policy interest in programs and policies that support broader programmatic initiatives. However, their results may or may not generalize to other community-based service programs, nor do single-site evaluations necessarily tell much about whether or how to adapt these programs to larger systems. Many of these research programs demonstrate and die and, thus, tell little about how to maintain programs in communities.

2. The family support and education movement consists of a fleet of thousands of small, community-based service programs of unknown effectiveness that exemplify many of the principles outlined in Section 1: a community base; responsiveness to the needs of local families; and promotion of community resource development. In their struggle to stay alive, these programs are under increasing pressure to show that they make a difference for children and families. As service programs they have few resources and little evaluation expertise, although many are eager to evaluate if help were available to do so (Weiss & Hite, 1986).

3. Some of the community-based programs are well developed and ready for complex and vigorous evaluations. Campbell (1987) has warned against premature evaluation and suggested that, rather than design research and demonstration programs and evaluate

them in their early stages of development, sponsors should wait and "evaluate no program until it is proud" (p. 347). Evaluation of such "proud" programs would shed considerable light on questions about the development and effectiveness of stable community-based programs. Marrying developmental psychologists with these programs would contribute both to knowledge about the ecology of child development and to understanding of the nuts and bolts of community-based programs.[9] At a minimum, most such programs need substantial and sustained technical assistance with evaluation (Walker & Mitchell, 1988; Bond & Halpern, 1988).

4. Interest in family support and education programs increased just when the federal government stopped funding large-scale, multisite evaluations. The two exceptions—the evaluations of the multisite Child and Family Resource Programs (CFRP) and the Parent-Child Development Centers (PCDC) programs—have provided very valuable information about the development and effectiveness of multisite, community-responsive programs. More evaluation of family support and education programs at multiple sites would yield valuable, policy-relevant information about the processes of replication and adaptation. This process of "contagious cross-validation" (Campbell, 1987) would increase knowledge about the portability of model programs and indicate some of the local conditions necessary to support effective implementation of particular models. Some states have begun multisite family support and education pilot programs and would be potential candidates for such evaluations.

5. Several states have passed legislation for statewide family support and education programs and more are likely to do so. Questions about how to assess the implementation, costs, and effectiveness of these state systems have just begun to be formulated (Weiss, 1988). Evaluation of these statewide programs would offer valuable information about how to build the infrastructures of support necessary to develop and maintain statewide service programs. States with variability among program models offer interesting opportunities to contrast the effects of different "treatments" and to address questions about what types of programs work best for different communities and families.

C. The Effects of Family Support and Education Programs

Attempts to generalize about the effectiveness of family support and education programs face several important limitations. First, the bulk of knowledge comes from flagship research and demonstration programs, not community-based service programs. The *raison d'etre* of the former is to test a particular model, and to do so the program may restrict the individualization of client services in order to provide a common treatment. Or it may control and limit recruitment strategies for research purposes, or not permit much parent shaping of the intervention. This means that the flagship research and demonstration programs whose results are discussed below may not necessarily embody all the principles of family support and education or "test" their importance to the programs' effectiveness. And, as we have noted, the generalizability of their results is limited.

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[9] Two such marriages have recently occurred, one between Dale Johnson of the University of Texas, Houston, and Avance-San Antonio, and another between Douglas Powell at Purdue and MELD, Minnesota.

The question of which programs can accurately be labeled family support and education programs and, thus, be fairly reviewed here should be addressed at the outset. We have chosen to be inclusive and to review outcome evaluations of programs that have provided sustained support to poor (and in a few instances, nonpoor) parents and families with children between zero and five. Taken together, the resulting pool of programs attempts to do most of the following: strengthen parenting knowledge, skills, and behavior; strengthen the parent-child relationship; enhance parental problem-solving; and connect families to both formal and informal community services.

It should be noted that considerable variation in the importance of the parent and family component *vis-a-vis* other aspects of the intervention exists among these programs. Two examples will serve to illustrate this. The Perry Preschool Project, a well-known early childhood education program, included a once-a-week home visit to the mothers of program participants, but the bulk of the intervention involved a daily preschool program for a group of low-income children. The Brookline Early Education Project, another intensive early childhood education project from approximately the same era, included monthly home visits for the mother and the child as the primary mode of intervention in the first two years, and subsequently provided a center-based program for the children.

The evidence, then, is not easily compared. As a result,

> Straightforward generalization in this field of practice—whether about most appropriate target population, philosophy, intervention focus or techniques, intervention agents, or any other variable—is hampered by the unusual sensitivity of programs to community conditions, and by the multi-faceted nature of programs themselves, both of which make prediction of critical variables even more difficult than is normal in helping interventions generally (Halpern, 1990).

It is premature to make generalizations about these programs as an overall service genre. The evidence should only be read as indicative of the kinds of short- and longer-term outcomes these programs can effect, as suggestive of the larger potential of these programs, and as evidence of the need for further systematic outcome evaluation.

The Range of Program Effects

Family support and education programs provide a variety of types of information (e.g. about child health and development, nutrition, parenting techniques, etc.), emotional support (e.g. peer support, dyadic support), instrumental assistance (information and referral, assistance with problem-solving or services such as housing, etc.) and, sometimes, direct services for the child. These services are provided for parents (usually mothers) in an effort to increase parenting skills (exhibited in more realistic developmental expectations for the child, more reciprocal play and verbalization, etc.), enhance parental development (exhibited in improved self-esteem, coping and interaction skills, etc.), enhance the child's and perhaps the adult's developmental context and, ultimately, promote various aspects of a child's development. As it is only since the late 1970s that programs have begun to assess their impacts beyond the child, there are limits to what can be said about the range of effects, and whether there are short-term changes in parenting behaviors that affect child outcomes. The causal mechanisms under-

lying effective programs have yet to be worked out. With a few exceptions —Project CARE or the Prenatal/Early Infancy Project (PEIP)—evaluations have not been designed to answer questions about which program components are critical to program success.

As programs have moved beyond exclusive reliance on measures of cognitive development, however, the evidence is mounting that some programs have positive effects on aspects of children's social competence and school performance (Seitz, Rosenbaum, & Apfel, 1985; Pierson, Walker, & Tivnan, 1984; Lazar, Darlington, Murray, Royce, & Snipper, 1982; Johnson & Walker, 1987) and on post-school performance (Berreuta-Clement, Schweinhard, Barnett, Epstein, & Weikart, 1984). Broadening what is measured to include the child's school and later life performance (school completion, employment, experience with the juvenile justice system, etc.), and longitudinal assessments that indicate enduring effects, have helped propel early childhood programs into the mainstream of current education reform efforts.

Only two studies have been designed to address the question of whether working with parents to promote child development is as effective as a child-centered program or a combined program directed at both the parent and the child. The evaluation of the Home Start program, which operated at sixteen sites between 1972 and 1975 and provided Head Start services through home visits, suggests that the Home Start program was as successful as the regular center-based program in promoting aspects of child development (Love, Nauta, Coelen, Hewitt, & Ruopp, 1976). Project CARE (Ramey, Bryant, Sparling, & Wasik, 1985) contrasted a parents-only home-visit treatment with one combining home visits and a center-based developmental program for disadvantaged children (and a low treatment control), and found that the latter had more impact on children's development. Other programs have, however, shown gains for children from home visits alone (for example, Olds, Henderson, Chamberlain, & Tatelbaum, 1986).

The evaluations of two experimental Head Start programs, the PCDCs, and CFRP in the 1970s, mark the start of efforts to assess the impact of these programs on parents *per se* and, thus, on parental factors that might mediate child outcomes. Other aspects of parental behavior that have been assessed for family support and education programs include increased knowledge of child development (Rodriguez & Cortez, 1988; Pfannenstiel & Seltzer, 1985), increased recognition of the parent's role as the child's teacher (Travers, Nauta, Irwin, Goodson, Singer, & Barclay, 1982; Slaughter, 1983), better care-giving behaviors as indicated by better control techniques, more elaborate verbal interchanges, better maternal teaching strategies, more initiation of contact with the child's teacher (Andrews, Blumenthal, Johnson, Kahn, Ferguson, Lasater, Malone, & Wallace, 1982; Gray & Ruttle, 1980; Slaughter, 1983; and Hauser-Cram, 1983), and less-restrictive behavior and use of severe punishment (Olds, Henderson, Chamberlin, & Tattlebaum, 1986; Rodriguez, 1983). Because so much of the data comes from parental self-report or brief observations, it is unclear how much they reflect actual or enduring changes in parental behavior. Nevertheless, evidence is mounting that programs attempting to change parenting knowledge, attitudes, or behaviors, and providing various of kinds of supports directly to parents, can influence aspects of parenting behavior and, in a few cases, parent-child interaction.

Provocative evidence also exists to suggest that some programs that provide comprehensive services for parents can affect various aspects of the parents' personal development. This raises the possibility that these programs may in fact have positive two-generational effects. The causal process underlying parental change is uncertain. Perhaps, for example, the program enhances adult self-

esteem which, in turn, enhances parents' sense of what they can accomplish themselves in terms of improving their own and their families' life circumstances. Several evaluations suggest this.

The CFRP evaluation found that parents who participated in the program had a greater sense of self-control, enhanced self-esteem, and improved coping skills when the program ended (Travers, Nauta, Irwin, Goodson, Singer, & Barclay, 1982). These changes in parent behaviors led the evaluators to conclude that effective social service programs "succeeded in moving families into new jobs, schools, or vocational training, and enhanced their prospects for achieving economic self-sufficiency" (Travers, et al., 1982: 132). Olds, Henderson, Chamberlain, & Tatelbaum (1986) found that PEIP's home-visited mothers were more likely to have completed or returned to school, and to have expressed concern about finding employment when that intervention ended. Finally, the longitudinal assessment of the Yale Child Welfare Research Project (Rescorla, Provence, & Naylor, 1982; Seitz, Rosenbaum, & Apfel, 1985) suggested that the program's major contribution was its long-term impact on family patterns, specifically, in limitations on family size, improvements in residence, educational advancement, economic self-sufficiency, and quality of life. These studies suggest that family support and education programs, albeit fairly intensive ones, may be able to play a role in enhancing parents' own personal development and improve families' life circumstances and chance of economic self-sufficiency. The strength of this finding will be increased when there is the longitudinal evidence for the maintenance of parental program effects.

The relationship between the aspects of parent development that were the focus of programmatic attention in these cases and the pattern of outcomes suggests that results mirror program emphases. The PCDCs, for example, emphasized parenting skills, while Slaughter's parent groups and the CFRPs emphasized parental personal development. The former evaluation found changes in parenting behaviors, the latter in personal behaviors. The CFRP case also suggests that in highly stressed poor families there may be tension between the program's child development goals and its adult and social service goals.

CFRP child development goals were based on the expectation that there would be intensive work with the mothers to provide child development information and support. But an ethnographic study of service delivery indicated that most of the service time actually went to providing for mothers' basic social service needs and addressing frequent crises. As noted, the CFRP evaluation showed maternal changes but no child development gains at the end of the program. The CFRP case indicates the need for caution as well as optimism about possible two-generational effects from family support and education programs for poor families. It also suggests that two-generational gains may be more likely from continuous, comprehensive, intensive and, therefore, not inexpensive programs.

Increasing attention has been given to the impact of these programs on aspects of parenting behavior, parents' personal development and parent-child interaction, and some positive results have been demonstrated. It is as yet unclear, however, how these various types of parental changes are interrelated, and whether and how they relate to enhanced child development (Clarke-Stewart & Fein, 1983). Results from the existing studies examining parent outcomes suggest a number of points--framed here as questions to underline their tentative nature—that future evaluations need to address for program planners and policymakers:

1. What mix of emphases on parenting knowledge and skills, parental problem-solving, and parents' personal development is most likely to lead to enhanced and sustained parent and/or child development?

2. Are programs that work with parents and also with children (through high quality developmental child care, for example) more likely to enhance child development than those that focus on parents and on enhancing parent-child relationships and interaction?

3. Does a parent's increased sense of competence and self-esteem transfer to other domains of adult behavior (employment, increased educational attainment, etc.)?

4. How do different modes of service delivery (such as a one-to-one relationship with a home visitor, participation in a peer support group, or informal networking with other parents) contribute to parental and personal development? Do these different modes attract and maintain participation by different types of parents?

5. What types and amounts of social service advocacy and assistance are necessary for highly stressed families in order to allow for a focus on parenting and personal development issues? Which can be brokered and which should be provided in-house?

In the last 25 years, the nature of the outcomes assessed by family support and education program evaluations have become broader and broader. We have moved from an emphasis on child outcomes to an emphasis on parents and the immediate ecology of the developing child. Now a shift is occurring toward examination of changes in the broader familial, social, and community environment. This shift has been accompanied by the development of more complex causal models that employ measures at several ecological levels to examine how changes at these different levels interact and relate to human development.

Some evaluators are also beginning to conceptualize these programs in terms of familial stresses and supports. Until recently this had been hampered by the confusing status of stress and social support measurement (Krauss, 1988; Cleary, 1988).[10] Despite the apparent conceptual affinity between family support and education programs and theories of social support, integration of stress and social support concepts and measures into program evaluation has been slow. Several observers have noted that there is little integration between theoretical and applied social support research, despite at least some common research questions (Rook & Dooley, 1985; Zigler & Weiss, 1985) and the mutual advantages of closer collaboration. There has also been little cross-fertilization among those who study the effects of naturally occurring social support on child-rearing and family functioning (for example, Crockenberg, 1987; Crnic & Greenberg, 1987) and the developers and evaluators of family support programs.

It would be productive to review the growing literature on stress, social support, and parenting with an eye toward its implications for family support program development and evaluation. In

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10 Review of the relevant program development and evaluation literature suggests that there have been three stages in the recognition and documentation of these programs as sources of social support (Weiss, 1987). In the initial stage, support was provided but not recognized as such. In the intermediate stage, the possible value of the programs' provision of social support for families was recognized but not evaluated directly (Dawson, Robinson, & Johnson, 1982; Pierson, Walker, & Tivnan, 1984). In the current stage, many programs are consciously providing social support and directly evaluating its impact on the child and family (Bryant & Ramey, 1985).

addition, it would be useful to create forums where those who study the relationships between various aspects of social support and human development share their research with programs trying to provide social support to enhance development. One product of such a forum might be a common applied research agenda.

D. Studies of Implementation and the Collection of Practice Knowledge

Family support and education programs represent a new way of doing business with families although, as the discussion of their historical roots suggests, some of the ideology of service delivery and particular tensions in its evolution go back to the 19th century. Because these programs are a new way of doing business, systematic information about how they are implemented and the accumulation of practice knowledge from seasoned program personnel are as important as outcome information. With a few notable exceptions, until the 1980s evaluations did not include studies of program implementation, nor was much attention paid to documenting the life histories of these programs. As a result, a paucity of information exists about commonly occurring implementation and practice problems.

Here we use the available information to suggest some of the lessons learned about program design and implementation, and to discuss some of the tensions that are probably inevitable as a new generation works through the service development and delivery issues inherent in these programs. We have drawn heavily from a small set of articles and reports that describe the life histories of programs. The practice and implementation issues now surfacing illustrate the practical payoffs of closer scrutiny. They also indicate the importance of researchers', as well as practitioners', efforts to understand program processes and practice tensions.

Low Participation and Attrition

Examination of program participation and attrition in family support programs that are based on home visits, parent groups, drop-in centers or some combination of these service modes, suggests that it can be difficult to attract and maintain program participation from highly stressed, low-income families. One of the themes running through many of this decade's flagship evaluations is that of high program attrition and the difficulty of sustaining participation (Miller, 1988; Slaughter, 1983; Travers, Nauta, Irwin, Goodson, Singer, & Barclay, 1982; Andrews, Blumenthal, Johnson, Kahn, Ferguson, Lasater, Malone, & Wallace, 1982; Ware, Osofsky, Eberhart-Wright, & Leichtman, 1987). Relatively little evidence exists about who is attracted to and remains in what types of programs, either from research and demonstration programs that work hard at sustaining participation, or from the larger fleet of community-based service programs. More research is needed about what program components maximize participation (Lyons-Ruth, Botein, & Grunebaum, 1984) and about what personal and contextual issues affect parents' participation in different types of family support and education interventions (Powell, 1988).

Substantially more research on program participation is needed for two reasons. First, for purposes of program design and, second, to answer questions from policymakers about whether or not these programs can attract and maintain the participation of a substantial number of low-income parents. Reviewing the evidence on participation in family-oriented early childhood programs, Ramey, Bryant and Suarez (1983) argue that low-income parents are reluctant to participate in parent groups, that home visits and other outreach strategies are required to reach this parent population, and that programs directed more intensely at children than parents may be more advisable. In his study of the

working-class participants of a parent-child support program that did not conduct extensive outreach, Powell (1987) found that the short-term participants were less likely than long-term ones to be involved in other community affairs, tended to have fewer friends and relatives, and received less help from their parents. Some of the available data on participation raise questions about "creaming"—that is, do these programs only reach the easy-to-reach and easy-to-serve, missing those who are perhaps most in need of services? The "creaming" issue is one likely to be raised by policymakers considering programs for at-risk families, and more data should be collected to address this issue.

Among program developers, it is now axiomatic that it takes time to establish a new program, especially one based on new principles of service delivery. In addition to more data about the determinants of program participation, it is important to assemble knowledge from seasoned program practitioners about outreach and program development strategies that reduce attrition. For example, several programs that include both home visits and group activities have reported that the home visits were almost a prerequisite for greater participation in the group activities (Lyons-Ruth , Botein, & Grunebaum, 1984; Osofsky, Culp, & Ware, 1988; Cochran & Henderson, 1987).

Examination of participation patterns also suggests that the introduction of family support principles not only requires changes in those who deliver services, but also change expectations on the part of the consumer. In their analysis of the major start-up issues in the state of Maryland's Family Support Centers, the program's developers raise a very important point in this regard (Friends of the Family, 1987). Just as parents bring their own history and experience with parenting to these programs, they often bring a history of experience with other social agencies. The clients of these centers are used to seeking services only in a crisis and, as a result, "it will take skilled public relations work in the neighborhoods before the families and the community fully understand the philosophy of the new program, trust the staff, and decide how to use the Centers appropriately" (p. 16). The developers of Maryland's Family Support Centers note that many of their adolescent parent clients are, in fact, still "testing" them.

The experiences of both the Child and Family Resource Program, and the Parent Child Development Centers, suggest additional tensions that contribute to reduced participation. Both of these programs were caught in a trade-off between encouraging low-income mothers to work or gain training in order to achieve financial independence, and thereby increasing the difficulties of providing services to tired and extremely time-pressed working mothers. This kind of tension may increase in the wake of welfare reform efforts with mandatory work requirements. At a minimum, this suggests the need for coordination between welfare reform and parenting initiatives.

Family support and education programs have grown up in response to a variety of demographic and labor market changes that have increased the stresses on families, especially poor ones. Paradoxically, these stresses may inhibit participation in a demanding and intensive program. There is even a possibility that such programs contribute to stress in some families. Low participation levels may also be an indication that such programs do not appeal to and cannot serve everyone, a possibility to be considered and respected when programs are voluntary. We need to explore more fully the challenges this dilemma presents for participation in family support and education programs.

It is essential to examine participation from the combined perspectives of researchers, practitioners, and policymakers. A research lens focuses discussion on issues such as attrition, minimal treatment,

and the possible consequences for statistical power and reduced effects. A practitioner's lens focuses attention on how the services can be provided to maximize ease and likelihood of participation, and on the voluntary nature of participation. And a policymaker's lens focuses on the possible limits of these programs, especially if they are not seen in conjunction with other programs and policies such as employment and training programs.

Tensions and Dilemmas in Program Development and Implementation

The work of a number of reflective practitioners and program evaluators suggests two kinds of tensions inherent in family support and education programs at their current stage of development. These programs are attempting to develop, introduce, and refine a new social technology and there are short-term tensions having to do, for instance, with staff recruitment, training, and supervision. A second set of tensions, perhaps more long-term, is inherent in the nondeficit and family-empowering ideology of service delivery represented by family support and education programs. Report after report documents these tensions and indicates how programs attempt to deal with them (Weiss, 1979 [BEEP]; Travers, Nauta, & Irwin, 1981 [CFRP]; Provence & Naylor, 1983 [Yale Child Welfare Research Project]; Lyons-Ruth, Botein, & Grunebaum, 1984 [Parent Support Project], Mindick, 1986 [Family Matters]; Ware, Osofsky, Eberhart-Wright & Leichtman, 1987 [Menninger Infant Project]; Halpern, 1990 [Child Survival/ Fair Start]). Recognition of the practice tensions inherent in these programs has implications, not only for staff training, but for future program formulation and resource allocation. What follows is a precis for a much-needed broader synthesis and description of the issues and workable solutions involved in implementing nondeficit, empowerment approaches with highly stressed, low-income families.

Family support and education programs are trying to craft a new kind of helping role, predicated on the recognition and enhancement of family strengths. Because how the services are provided is perhaps as important as what is provided, issues about the selection, training, and supervision of program personnel take on special importance and have begun to receive more sustained attention in the literature. Those who have written about staff selection and development in these programs outline the many problems involved in finding staff with the necessary personality characteristics and training. They also indicate the importance of continued training and supervision and note how much program success and staff retention depend on supporting the staff who are working with highly stressed families (Halpern & Larner, 1987; Osofksy, Culp, & Ware, 1988; Lyons-Ruth, Botein, & Grunebaum, 1984; and Friends of the Family, 1987). Furthermore, seasoned practitioners and evaluators make it clear that personnel come with their own beliefs and child-rearing values, which have to be examined in the process of staff training. Often these programs hire people from the community who have substantial interpersonal skills and the planners then spend a considerable amount of time training them about parenting, parent-child interaction, child development, outreach strategies, and the like.

At the level of staff and participant interaction, staff have to balance goals that can sometimes be in conflict. For example, they must balance program goals of conveying information and providing support with responsiveness to the individual needs and strengths of families. As Halpern (1990) has noted elsewhere, "It is inherently difficult to implement nondeficit-oriented interventions that purport to emphasize family strengths, but inevitably bring with them an implicit, if not explicit view, of optimal child-rearing values and behaviors" (p. 492). Staff must often strive to create trust and a place for the program in families' social support networks while, at the same time, not fostering dependence

upon the program (Provence & Naylor, 1983; Zigler & Weiss, 1985; Halpern, 1990). Finally, programs that work with poor and often highly stressed families also report the difficulties of achieving a balance between creating trust and the fact that program workers are mandated to report cases of abuse or neglect (Ware, Osofsky, Eberhart-Wright, & Leichtman, 1986; Mindick, 1986).

Workers in programs for highly stressed families must also balance the needs of the child with the needs of the parents. In their examination of the issues involved in providing a preventive intervention program to strengthen the parenting skills of adolescent mothers, Ware et al. (1987) note that the home visitors frequently confronted two needy individuals, the mother and the infant. "The mothers needed to talk about their problems or just talk, have breaks from their children, and feel nurtured, while the babies needed to be talked to, have their immediate needs met, and be stimulated" (p. 11). This tension plays out not only in the experience of individual workers but also in decisions about the design and components of family support programs. Provision of services for the mother, the mother and the child, and for the child, in the form of high quality care or early childhood programming, may be essential if a program is to achieve its goals for parents and children, especially in the case of young, highly stressed mothers (Musick, 1987).

The fact that many of these programs work with families with a variety of family problems and unmet basic needs for food, shelter, and clothing, means that they are, perhaps inevitably, caught in the effort to meet a family's immediate survival needs while, at the same time, attempting to work with them on skills to enhance child development. The ethnographic study of the CFRP program suggested that home visitors spent more time helping these highly stressed, low-income mothers deal with pressing personal, economic, and housing problems than on the child development activities that they were supposed to conduct during the visit. The program outcomes reflect this shift in emphasis: there was evidence of a change in the mother, but no evidence of changes in the child as a result of the intervention. The CFRP experience points to a critical tension between helping families to reduce environmental stresses and working with them on child development knowledge and activities. This is a perennial tension in both the design and delivery of services for low-income families. The same tension runs through discussions of friendly visitors and settlement house workers at the turn of the century (Boyer, 1978), as well as discussions about the experiences of home visitors employed by the Child and Family Resource Program in the late 1970s. Underlying it are unresolved questions about how much one can change the individual and his or her parenting if one does not change the surrounding basic circumstances (Belle, 1982).

For program developers this tension indicates a need for adequate numbers of staff and enough resources to handle families' basic needs (either in-house or through client advocacy and follow-up services). It also highlights the importance of considering how these programs can and do work with participants and/or other service providers to advocate for necessary services for families. For researchers and policymakers, the tension raises questions about how effective these programs can be if basic needs are not met, and about how comprehensive family support and education programs for highly stressed, low-income families should be. We need to obtain systematic information about how programs now decide what services to provide and what to attain through other arrangements, and about how these arrangements affect program effectiveness.[11]

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11 A recent study of comprehensive programs for teenage parents frames these issues in a way that is relevant to family support and education programs as well (Weatherley, Perlman, Levine, & Klerman, 1985).

Programs In Their Communities

While considerable information exists in reports, in project life histories, and in the heads of practitioners and evaluators about some of the practice tensions described above, considerably less attention has been paid to questions about how programs fit into the local cultural and human service communities. Apart from the evaluation of the Parent-Child Development Centers, which examined how a multisite parenting program could be delivered in consonance with the values of a variety of local ethnic groups, and the evaluation of United Charities of Chicago Parent Education Programs (Slaughter, 1983), there have been few attempts to address the relationship between culture and program philosophy. Warning flags have gone up and people have argued for the theoretical importance of culturally consonant programming, but remarkably little has been written about how to create, tailor, or deliver culturally sensitive programs (Williams, 1987; Jenkins, 1987). Existing discussions on the topic focus on the importance of parent input into program design, parent involvement on advisory boards, and the like. The hard thinking necessary to decide what information is to be transmitted, and how it is to be transmitted, in order to be culturally sensitive has yet to be done. Areas of cultural sensitivity include disciplinary practices and the complex questions about how these programs influence maternal development in traditionally patriarchal cultures (Halpern & Larner, 1987; Rodriguez, 1987; and Heberle, 1987).

Similarly, there has been little discussion about how these programs fit into the local organizational context, although Ware, Osofsky, Eberhart-Wright, & Leichtman (1987) suggest that there can be considerable strain when traditional agencies add on family support and education services. It would be useful to examine this question by dividing programs into two types: comprehensive programs, which provide a variety of services themselves, and programs that depend upon other agencies to provide health, educational, and social service supports for their program participants. Interviewing seasoned practitioners in the latter type of program about how they maintain relationships with other service providers could contribute useful knowledge, both to other practitioners and to policymakers deciding what services to include in programs for low-income families.

Increasingly, individual programs working with highly stressed families are reporting the sorts of tensions described above. It would be useful if, at this point in the evolution of family support and education programs, forums could be created in which seasoned practitioners could debate their practice knowledge for the benefit of other practitioners and the policymakers involved in developing a new round of programs. Such forums would usefully contribute to the development of nondeficit helping approaches for those training both a new generation of professionals and lay workers who will work in these programs. Some of the issues that could be addressed are: staff selection, training and supervision, matching families with service types (home visits, parent groups, etc.), outreach and recruitment, working with multiply-stressed families to build skills in attaining nonprogram services, and helping staff balance the tensions inherent in serving as a friend with a programmatic agenda.

E. Continuing to Build the Legacy: Planning Future Evaluations

Without a doubt, one of the outstanding questions in the family support and education arena, now that these programs have achieved more visibility among policymakers, is the question of whether or not there is enough evidence about the effectiveness of these programs to warrant substantially increased

public investment. Policymakers, researchers, and program planners are in a situation like that of the people who launched Head Start 25 years ago (Weiss, 1988). Then, as now, the political climate was ripe for major initiatives for children and families, and there were those who argued that the research base was insufficient to warrant such initiatives. Then, as now, a tension existed between those who wanted to go ahead and those who wanted more information before proceeding. Today, this tension is perhaps eased by the realization that, in the interval since Head Start began, we have accumulated a more substantial body of research and evaluation of family-oriented initiatives on which to base judgments about how to craft a new round of programs. If the argument is correct that the current round of interest in these programs is, at least in part, a result of the evidence that has accumulated in that interval, it suggests that evaluation research has played, and is likely to continue to play, a significant role in the debate about creating and continuing programs and policies for children and families.

In fact, family support and education programs may now be living in a climate of even greater skepticism. The publication of dramatic results from flagship evaluations has increased the demand for evidence of effectiveness by demonstrating the influence that well-done experimental research can exert. It may also be the case that there is a greater demand for information documenting the effectiveness of CBFSE programs because they represent a new "social technology." Quite likely, the time is past when evidence about program effectiveness was irrelevant to the formulation and continuation of programs and policies for children and families. Moreover, if our judgment is correct that broader, more responsive evaluation strategies can be developed that sensitively assess the effectiveness of community-based service programs, evaluation may be a more welcome contribution to the development of CBFSE programs. It will help address the "how and what" questions of policymakers, and not simply contribute to "go, no go" decisions.

In an ideal world, we would know better what programs work, how, when, where, and why, before making recommendations about the development and proliferation of programs likely to meet the needs of poor families and children effectively. Short of that, the challenge is to develop diverse evaluation strategies that address the different, but overlapping, needs of programs, policymakers, and researchers as they work to build a new round of programs.

Given the increased interest of policymakers in these programs, we must now begin to shape evaluations that address the questions of policymakers. The following is a list of the questions that need to be addressed in the current and future rounds of program evaluation:

1. What are the costs of developing and implementing different program models? Cost is inevitably a predominant consideration for policy makers. It is important to design evaluations that identify which program components are necessary and sufficient to produce a variety of results. At present, policymakers have no basis upon which to make judgments about how to minimize costs without substantially reducing program effectiveness.

2. It is critical to design studies that will facilitate the targeting of programs and promote the best matches of program and client. Over time, we need information from many programs to address the questions what works for whom, when, how, where, and why?

3. What programs are exportable or adaptable? When is it appropriate to encourage local development and adaption rather than widespread implementation of one program model? Careful consideration of these alternative ways of developing systems of programs are particularly important now.

4. What programs achieve enduring two-generational effects and should, therefore, be built into larger social efforts aimed at ameliorating the conditions of poverty in this generation and the next?

5. Can programs reach and serve the most needy? What models have the best chances of doing so for particular populations?

6. What infrastructure of training, supervision, and support is necessary to train providers in the new way of doing business with families that these programs represent?

7. How can these programs be institutionalized as parts of wider systems of human services and still maintain their special qualities and ways of relating to families?

8. How do family support and education programs fit with existing human services to create the continuous, multifaceted, intensive services that, all indications suggest, are needed to enhance the development of many poor children and families?

4

Emerging Patterns of Organization and Institutionalization

In the past, the family support and education field could be characterized as a set of two dozen or so flagships (the research and demonstration programs) and a much larger fleet (the thousands of grass roots, community-based programs). Both the fleet and the flagships have had uncertain credibility and funding and little visibility, particularly among policymakers and human service professionals. Now these programs are moving out of relative obscurity to become the focus of substantial attention.

Public interest in strengthening families and working with parents of young children to promote their development is now high. In some states, this public interest has begun to put questions about what to do for families on the political agenda. Governors, legislators, executive agency staff, and specially convened commissions are giving speeches and issuing reports that focus on ways to strengthen families to prevent a variety of family-related problems.[12] These states are driven, at least in part, by visions of a better educated work force, lower special-education costs, less welfare dependence, and fewer family-related social problems (National Governors' Association, 1987). The ratio of talk to action is changing quickly as more and more states think about the programmatic implications of addressing the problems of families. As a result, some states are considering the provision of family support and education programs through their formal human service apparatus, whether it be education, child welfare, social services or, occasionally, public health. In a few states, consideration of family support and education concepts and programs has moved beyond the stage of discussion to the stage of formulation of state-sponsored pilot programs or, in a few states, to the actual legislation of statewide systems of programs.

For family support and education programs, this marks a new stage in which they are being considered for entry into the mainstream of human services and for public funding. It should be emphasized, however, that the translation of family support and education concepts into state-level policies and programs is still just beginning. In a number of the states where state-sponsored programs now exist, these programs barely have a toehold within the departments that sponsor them. Most do not have substantial budgets, particularly when their budgets are compared to those of the agencies that sponsor them. Nonetheless, these programs represent the beginning of a strategy for moving public dollars from child-oriented treatment programs to more family-oriented primary and secondary prevention programs geared toward early intervention. In some states these programs have attracted the interest of policy makers interested in reforming human services and in changing the relationship between the family and the public sector. These fledgling state programs with an unpredictable future may mark the beginning of a significant change in the relationship between government and families.

In the past, government intervention in the family was confined to instances in which the family was felt to be in crisis and it was considered necessary to remove the child. In the twentieth century, there

[12] Some of the places in which there is state-level interest in strengthening families include North Dakota, California, Wisconsin, Kentucky, Vermont, Alaska, Massachussetts, New Mexico, and Illinois.

have been more and more efforts to work with families who are perceived to be at risk (Head Start is one example). Now several states, whose family support and education program initiatives will be described in this section, have taken the next step and are providing publicly funded, voluntary, primary prevention services to all families in an effort to promote nurturant parenting and to strengthen families as contexts for human development. This, then, is a time of transition for grass roots family support and education programs, as well as a time of transition for states who are rethinking their role with respect to young children and their families.

The Basic Characteristics of State CBFSE Initiatives

This section of the paper focuses on four states (Minnesota, Missouri, Maryland, and Connecticut) that have begun state-sponsored family support and education programs. These four initiatives are at different stages of development. The oldest statewide initiative is the Early Childhood Family Education Program in Minnesota, which began with a set of pilot programs in the early 1970s and has been a statewide program with authorizing legislation since 1984. The second oldest is the Missouri Parents As Teachers Program, which began with a set of pilot programs in the early 1980s and is now expanding to a statewide program network. Authorizing legislation in Missouri was passed in 1984. Maryland's Family Support Centers have been in operation since 1985. This initiative is at the stage of offering pilot programs, as are the Connecticut Parent Education and Support Centers, initiated in 1986.

In this section we will describe the origins of these state initiatives, their goals, locations, services, target populations, and costs, and discuss some of the factors that went into particular decisions that each state made about these issues. This will be followed by a discussion of some of the issues that have arisen as these programs have grown in the context of state-agency sponsorship.

Promoting New Services

In each of these four states, those groups promoting family support and education programs usually "market" them as programmatic responses to particular social problems of interest to that state at that particular time. In the case of both Minnesota and Missouri, the programs were marketed and maintained, at least in part, as a way to strengthen early child development and prevent later school problems. In Maryland, the program has been promoted as a means for reducing the negative consequences of early childbearing for teen parents and their families. In Connecticut, the program has been promoted as a way to prevent a variety of costly problems for children and youth. In several states, general arguments about the cost effectiveness of these programs have been made, justifying them on the basis that one can "pay now or pay later."

In each of the four states, the development of the program involved marketing new concepts and programs that would expand current public services in several ways. Often these expansions involved the provision of new services to new populations. In the case of Minnesota and Missouri, for example, where family support programs are under the auspices of education, it has meant expanding the education system's responsibility for children below traditional school-age by providing parenting support and education services from birth to kindergarten entry. In some states, members of this age group have previously been served through legislation for the handicapped but, in the two cases described here, service provision is now universal. Anyone in Missouri or Minnesota with children of

the appropriate age is eligible to participate in these services. In the case of Maryland and Connecticut, whose programs are under the sponsorship of social service agencies, the expansion has meant providing primary and secondary prevention services instead of tertiary treatment. Maryland's program serves primarily teen parents with children from birth to three in eight community-based programs. Connecticut now provides funding to ten centers that serve parents with children from birth to seventeen, with priority given to those groups in the community who are otherwise underserved.

Pilot Programs and Slow Growth

No state has begun with a large-scale legislative mandate instituting these programs statewide. Rather, the programs' formulators have chosen capacity-building as their initial policy instrument to set up the programs. Each state began with a relatively small number of pilot programs, and each has had a history of erratic growth. This is most evident in the case of the oldest initiatives, those of Minnesota and Missouri.

In Minnesota, the idea of Early Childhood Family Education first surfaced in the early 1970s. In 1973, the first legislation for state sponsorship of the programs was introduced and defeated. The programs' developers then set up a plan for a small set of pilot programs beginning with six in 1974. Pilot program growth continued until legislation was finally passed in 1984 that allowed for program development in community education districts throughout the state. Similarly in Missouri, interest in parent-oriented early childhood education began in the early 1970s. Four state-sponsored pilot programs were begun in the early 1980s, and legislation authorizing statewide provision of the programs was established in 1984 and funded in 1985. Maryland has been adding new programs to its original core set, and Connecticut is now on a continuous level of funding.

As this brief history indicates, it has taken a considerable amount of time for these programs to make their way from the pilot stage through to legislation. Now that there is more interest in family support and education programs, it is unclear whether the interval from pilot to fuller growth will be shorter. In each of these states, the emphasis is still not on mandates but on capacity-building in order to build up a set of strong programs and a training and technical assistance infrastructure of to support them.

In each state the program has established at least a modest place within the sponsoring agency, although none of the states has a large staff connected with the CBFSE initiative. In Minnesota, there is a director of early childhood family education who reports to the director of community education. However, the staff overseeing ECFE at the state level is small. In Missouri, Parents As Teachers is within the division of Early Childhood Education and it, too, has a small staff. In Maryland, a special public-private partnership called Friends of the Family has been created to administer the Family Support Centers program. This partnership includes representatives of the state's Department of Human Resources, the Social Service Administration, and several private foundations. There, too, a relatively small staff administers the programs. The Connecticut initiative is under the auspices of Children and Youth Services in a newly created division of Family Support and Community Living.

The fact that the infrastructure to support and monitor these programs at a statewide level is built by relatively small staffs is noteworthy because of the magnitude of the job. In each case they are building program models, largely without precedent at the state level. When these programs were being initiated and different communities were applying for funding to provide the service, the state

staff spent a great deal of time working with representatives of local communities, communicating the new concepts and working through the kinds of services one had to provide to receive state funding. In each instance, the state staff have worked out ways of doing cross-program technical assistance and training, operating within somewhat scarce resources.

Decisions About Program Location and Community Responsiveness

In the four programs described here different decisions were made about where to locate programs and how the state would determine local services. Minnesota and Missouri each provide their services through local educational authorities, although in both states the legislation allows the authority to subcontract to other groups. In both cases, while the local education authority has administrative responsibility for the program, the actual services are delivered at a variety of sites, including non school ones. This allows some flexibility at the local level to negotiate with other family support and education services for joint service provision. The Minnesota legislation specifies that the ECFE program must not duplicate services provided by other agencies and, further, must work collaboratively with other agencies when it is appropriate to do so.

In contrast to the two state initiatives based in the educational system, the two initiatives sponsored through social services are set up so that the resources do not go exclusively to their own line agencies at the local level. In Maryland, new Family Resource Center programs, usually affiliated with existing local organizations, have been created. These local organizations range from religious groups to community action agencies. Similarly, in the case of Connecticut, Parent Education and Support Center funding goes to a variety of agencies, from mental health centers to youth service and day care agencies. Connecticut and Maryland have created a funding strategy that gives the state a great deal of choice with respect to which local agencies receive funds. This, in turn, allows them to work with whatever agency they feel is best able to provide services in the local community. Presumably, it also limits any stigma that might be associated with parenting programs offered exclusively through social service agencies.

The states allow different amounts of local community input into the shaping of the CBFSE services. Minnesota, Maryland, and Connecticut are hybrids: they are not "top-down" programs imposed by the state, nor are they completely "bottom-up" grass roots initiatives. They are hybrids in the sense that the state begins with specifications and tries to shape local programs through technical assistance and other means while, at the same time, allowing for considerable input and variability at the local level. Each of these states has guidelines specifying in general terms what services are to be provided, but the system in each also requires considerable local input about what services will be offered. Missouri strongly recommends the use of their New Parents as Teachers curricula at each site, although their legislation allows for other curricula, provided they meet certain state-specified requirements. In Minnesota, by contrast, local school districts determine the needs of local participants and curriculum development is a joint effort of parents and program directors. The state staff, assisted by local directors, have now put together a resource guide so that local program directors have access to a variety of materials with which to design their own curricula and programs. Maryland's Friends of the Family has also been providing guidance and materials to their local sites. Each of the states, despite limited resources, also provides statewide in-service training in an attempt to build strong local programs and increase peer support for those trying to implement new programs.

Differentiation of Universal Services

One of the major arguments among those concerned with family support and education services is whether or not to provide these services universally or to target them to particular population groups. Each of the four states examined here either provides services universally, or has intentions of doing so. The legislation authorizing Minnesota's Early Childhood Family Education program and Missouri's Parents As Teachers specifies that any parent with children in the designated age group is eligible to participate. Similarly, Connecticut's regulations for its Parent Education and Support Centers specifies universal provision. Maryland's centers, at present, are targeted to teen parents, but there are plans to broaden the program to include other parents.

While provision of services in three of the four states is universal, however, there are provisions for special services for particular groups and requirements with respect to particular groups. In Minnesota, for example, the legislation requires that services must be provided to groups according to their representation in a particular district. This has meant, for example, that in St. Paul special programs have been set up for Hmong immigrants. In Connecticut, the centers must serve parents of children from birth to seventeen, with priority given to those groups in the community who are underserved. Examples of appropriate target populations specified in Connecticut's guidelines include adolescent parents, first-time parents, families with two working parents, single parents, low-income parents, parents with limited English proficiency, minority parents, and parents of children in critical transition periods.[13]

In order to reach special populations, several states have made provisions for special services in addition to their regular programming. The Duluth, Minnesota, ECFE program, for example, offers a variety of programs, including a hospital-based one to reach new parents, and a particularly intensive program called Family School, designed to meet the needs of highly stressed parents. While these states have set up universal services, they have also required specific outreach efforts and, in some cases, programs to reach those regarded as at risk. Most of the states' initiatives are too recent to determine whether or not they are reaching all those specified, or whether the services that are being provided are appropriate for different groups.

Each of the state initiatives described here is the work of a single agency. As yet, little interagency collaboration exists at the state level in the provision of family support and education programs, although in several states informal consultation did take place in formative stages of the initiatives. Each state's legislation or regulations, however, strongly encourage local programs to work with other community agencies. Each state has also required the formation of advisory groups at the local level that include representatives of other social services, program staff, and participants. In some cases, for example in Maryland, advocacy and public education are an integral part of the program. When gaps

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[13] Oregon has passed legislation establishing prekindergarten state education and a separate program designed to help families foster their children's development. The legislation specifies that parents of children from birth to eight, whose child is identified as being at risk of school failure, can use the service. The criteria for eligible families includes, but is not limited to, single and step-parents, dual-career families, low-income families, families for whom English is a second language, families who have experienced high mobility, those whose children have high absenteeism in school, families with a disruptive family environment, families whose children have been assessed as developmentally at risk, and families with handicapped children as defined by the state's child legislation.

in services are identified, the program works with other community representatives to advocate for additional services. Program directors in each of the states report some success in their efforts to coordinate with other agencies but, as yet, no systematic study of this dimension has been done.

Funding Variability

The states are spending very different amounts of money on these programs. The two oldest programs, Minnesota and Missouri, have the most substantial funding. In 1987, Minnesota spent $18.3 million from a combination of State Department of Education funding and local levying. Missouri spent $11.4 million from the State Department of Education budget to broaden its initiative to serve 35 percent of the eligible children in the state. Both Minnesota and Missouri have funding formulas clearly specified in the legislation. In Missouri, districts are paid $150 per family per year and $15 per child for screening. In Minnesota, the state provides funding on the basis of the number eligible, not the number served. The Maryland pilot program had approximately $1 million of funds from the state's Department of Human Resources and a group of private foundations. Connecticut's initiative, which is the youngest, had a budget of $300,000 from the state's Department of Children and Youth Services in 1987. Each of the ten agencies funded received $30,000 to use for family education and support services.

Calculating the unit cost of services for the programs outside Missouri is extremely difficult because costs vary across centers and, within centers, by client, as illustrated by the Duluth, Minnesota, ECFE program. Marilyn Larson, director of the Duluth program, estimates that the average cost is $620 per family per year (or $250 per participant). Breaking this down further by program components, the rate is $160 per family ($66 per participant) in the hospital-based programs, and $4,250 per family ($1,750 per participant) for the much more intensive Family School Program. Thus, averages mask considerable variation.

All of the states examined here are currently struggling with evaluation issues. Each of them has a systematic, formative evaluation which has helped in shaping the program and in signaling necessary mid-course corrections. Each is considering an outcome evaluation and is struggling with many of the issues described in Section 3 of this paper. Minnesota is considering the use of the following to assess its statewide system: indications of the dropout rate for parents; the use of other community services before ECFE; level of parent satisfaction; subsequent parental participation in children's education; the absentee rates of children in school; and special education and retention. Missouri has conducted an evaluation of its first four pilot programs (Pfannenstiel & Seltzer, 1985) and is currently evaluating the impact of the program on the larger group of children who have been served since the state's legislation was passed.

At the outset we argued that the family support and education field is undergoing a transition in which fledgling community-based programs are now being incorporated into larger statewide systems. A similar progression is just beginning at the state level. A group of fledgling state initiatives are struggling to be incorporated into their state human service systems. Because few precedents exist for these programs at the state level, this has involved many mid-course corrections and required building an infrastructure of support for the local programs. We turn now to a brief examination of some of the issues that these programs, and new ones in other states, will face as they grow.

Issues Related to the Growth of State Initiatives

In the course of conducting intensive research on the formulation and implementation of the four above-mentioned state family support and education initiatives, the Harvard Family Research Project has isolated a set of issues that have surfaced in each of the states. These issues are briefly outlined below.

The first is the "famine to feast" problem. Each of the programs began with a small set of pilot programs. In each case it has taken a considerable amount of time to go from a small set of programs to a larger set of pilot programs and, in two cases, to legislation mandating the programs on a statewide basis. Initially, the programs confronted the problem of the famine. That is, relatively little money was available to build an infrastructure of training and technical assistance for the programs. In addition, expansion to new sites was sometimes frustratingly slow. In several cases, however, the famine was replaced by a feast when the state made the transition from a small set of pilot programs to statewide programming. In a relatively short amount of time, Missouri and Minnesota had to create programs in a great many sites and then experienced some of the problems associated with very quick growth.

Now, in several states, the programs have become more established and they have gone through a "famine to feast to famine" cycle. This third stage begins to occur, for example, when the funding does not increase and additional responsibilities are added to the program. For example, in Minnesota there is some concern that additional responsibilities will be given to the ECFE program without the additional resources to fulfill them. In the case of Missouri, when the state passed its legislation, the allocation per family was reduced considerably. It is unclear what the impact of that will be ultimately on the effectiveness of the program.[14] As new states consider family support and education programming, it is important to keep these various cycles in mind and to raise a fundamental question: what are the minimum services necessary for a family support and education program and, as a result, what is the minimum amount of funding necessary?

A second issue has begun to surface as state initiatives move from being small and marginal to being better funded and more firmly established. Then the program becomes more of a threat to the existing order, and other agencies challenge it for control of the program. As long as these programs remained small, their home agencies often paid them little attention. But as they have grown, obtained larger budgets, and acquired more power at both the state and local levels, other parts of their own agency or, in some cases, outside agencies have begun to struggle for control of the initiatives. If, as some program planners hope, these programs eventually get more funding and ultimately realign agency budgets so that more resources are available for preventative programs for young families, more opposition to the state initiatives is very likely.

Third, the states are now working on creating an effective mix of state and local control of these programs. Several of them have created hybrids in which the definition of program content, for

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14 This demonstration-dilution dilemma is a difficult one, and one that may occur in other states that start with a small number of relatively well-funded pilot programs and then, in the course of expansion, experience a reduction in the funding available per family or per site.

example, is shared between the state agency and the local community. In the early stages of these programs, much of the state effort went to building the capacity of the local community to implement these programs. As time has gone by, issues of accountability and compliance have begun to come to the fore. The experience of the multisite Child and Family Resource Program is of considerable relevance here. In this case, the federal government laid out a set of general services and goals that were to be implemented at each of eleven experimental Head Start program sites around the country. This led to considerable cross-site variability as the programs were crafted in accordance with local needs and resources. The general nature of the goals and specification of services meant that it was difficult for the federal monitors to argue that some programs were out of compliance when they were not providing the services the federal agency intended. The relationship between the federal government and the local sites became difficult and some of the goals of the program were not achieved. The directors of state programs have struggled hard with these issues in an attempt to create a workable set of relationships that blend local responsiveness with state goals for these programs.

Fourth, each of the states has had some difficulties recruiting and training staff. This is partly because few people trained in working with parents and promoting adult development are available in many communities. It is also a result of the fact that program staff often need substantial training in order to work with families in the new way prescribed by these programs. In many states, it has been a train-as-you-go situation in which the staff are learning and growing as the program develops. As a result, the state and local program staff in each of the four states have a substantial amount of expertise in training to share with others about to embark on state-sponsored family support and education programs.

Fifth, each of the states has been struggling with evaluation issues and decisions. These programs have benefited from past evaluations of early childhood interventions that suggest the cost-effectiveness of early work with children and families, and some of them have used these results to justify their own programs. Pressures now exist in each of the states, although in most cases not strong ones, for evaluation of these programs. With a small state staff, however, it is difficult to design an evaluation and, in several states, very little money is forthcoming to implement one. Legislators talk evaluation but do not provide the necessary resources. There is a growing sense that the issue of evaluation may be the Damocles' sword hanging over a program's head. Will legislators reallocate the money because programs cannot ultimately show their cost-effectiveness? At this juncture, these states could benefit from technical assistance to help them think through what is an appropriate, sensitive, and credible evaluation strategy for their particular effort.

Sixth, none of the four state efforts described here, nor any others to the authors' knowledge, involve interagency collaboration in a family support and education initiative. This may be a cause for concern for several reasons. There are a few federal, and in some cases, state initiatives that require agencies other than those sponsoring the programs described above to begin providing family support and education services to some of the same populations these programs currently serve. This raises the possibility of duplication. Furthermore, if, as the evaluation section of this paper suggests, comprehensive, continuous, and intensive services are necessary to serve highly stressed poor families, it may be necessary to combine funding streams to create sufficient family

support and education services. It is therefore appropriate to ask why there are no interagency collaborations in this arena and, further, whether interagency collaborative efforts should begin at the state or local level?

Seventh, at this point, it would appear that the four states described here are managing to institutionalize family support and education services without losing many of the key characteristics described in the first section of this paper. These are the characteristics that make these programs special and differentiate them from many other human services. While this proposition warrants further scrutiny, it also suggests that the state and local directors of these programs have a substantial amount to share with other states about how to institutionalize family support and education programs without turning them into the rigid and bureaucratic services the programs originally set out to replace.

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Policy, Program, and Research Issues for the Future

In the previous sections of the paper, the authors have examined family support and education from a variety of perspectives: those of the historian, the evaluator, the policymaker, and the analyst of state programs. The historical review suggested that the ideas embodied in the family support movement are part of a continuous evolution and refinement of social problem-solving strategies, the boundaries of which were set in the progressive era. In that and other sections, the authors suggested that family support and education programs may be an expression of important changes in relationships between families and other basic social institutions. And, further, that they may embody attributes that could now be especially critical in reaching and helping "children and families in the shadows" (Schorr, & Schorr, 1988:252).

The genre emerged in the 1970s as a grass roots movement, complemented by a group of increasingly family-oriented early childhood demonstration projects. (These would later provide an important empirical foundation when the movement began to receive more public attention in the 1980s). Throughout the 1970s, although debate about the needs of children and families was plentiful, the emerging network of family support programs received relatively little attention from the debaters or, for that matter, from traditional human service systems and program networks.

During the 1980s, the notion that child well-being and development can be promoted by supporting families in their child-rearing efforts has caught on. The term "family support" has entered the vocabulary of reform-minded governors and human service commissioners. It has become the label of choice for a variety of new treatment strategies in different sectors of the traditional service system. Recently, it has become the major focus and organizing principle in a number of states' efforts to rethink and reorganize their child and family service systems. At least a few envision family support and education as part of an emerging social strategy to improve the life chances of poor children and families. Finally, some envision family support centers scattered throughout the national landscape, serving as one-stop service and support systems for all kinds of families, not just those with special support needs.

But for all this activity, family support and education as a social and programmatic movement is still in a formative stage of development. It is not clear yet how valid the premises, how robust the underlying practice principles and approaches, or how strong the ties that bind the genre will prove to be. The gradually accumulating program design and implementation experience, touched on in the evaluation section of this paper, must begin to be examined and systematically codified in forms useful for new initiatives at a number of levels.

We now have enough experience to explore a number of important questions. These include:

- Which approaches and emphases are likely to be most effective for which populations of families?

- What is the minimum set of services needed to constitute a program that is likely to be effective?
- What are the advantages and disadvantages of different staffing patterns?
- What contextual conditions are critical?
- In what family and community situations are direct services to children a critical element of family support programs?
- What are the advantages and disadvantages of universal versus more selective targeting approaches?

We are perhaps less well prepared but must, nonetheless, begin to address a number of policy questions. For example:

- What are the advantages and disadvantages of sponsoring family support programs through different segments of the more traditional human service bureaucracies?
- What are the advantages and disadvantages of different funding mechanisms?
- How can the flexibility and responsiveness to families that characterize the genre be preserved as programs find their way into the human service mainstream?
- What are the range of costs for different program strategies and approaches?

We are perhaps least well prepared to address a most basic and critical question that the growth of these programs provokes, particularly at the state level:

- Can these programs redefine the relationship between families and government so that the latter extends its responsibility to serve children and families who are not only in deepest crisis?
- If so, can services be offered in line with the principles outlined earlier as underlying CBFSE programs?
- Can these programs successfully negotiate their way through the extremely complex issues related to family privacy and this new, broader, public responsibility for families?

These and related questions are not just relevant to family support programs as a distinct set of services. The premises and principles underlying family support and education are viewed by some as a possible framework in which to organize the discrete elements of a continuum of developmental and rehabilitative services for children and families. Such a possibility raises numerous additional questions. For example:

- What provider incentives and supports are required to alter the deeply entrenched patterns of interactions between traditional services and families?
- Which kinds of institutional bases are likely to be more attractive to families in different life situations?

- What elements would a functional continuum of services have to contain? Should these be prescribed as standards for communities wishing to participate in this new way of serving families?
- How can categorical funds be consolidated to give communities greater discretion in funding family support services?
- How would social control functions—particularly child protection—be integrated with this continuum of services?
- What past experience is relevant to new efforts to re organize and renew services to children and families?
- What are the critical lessons of this experience?

Proponents and analysts of family support and education must now work together to forge the infrastructure needed to sustain what appears to be rapidly growing public interest in these programs. This infrastructure, built through the collaboration of many groups, will have to include knowledge useful for policy formulation, program design, and effective practice. It will have to include the training and technical assistance capacity to share relevant knowledge with those working at different levels. And it should include networks to share experience, formulate important research and development questions, and link interested policymakers, administrators, community leaders, and researchers together to extract the full potential of these programs and ensure that they do not become yet another short-lived, oversold social panacea.

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