

**NCCP** National Center for  
Children in Poverty

Columbia University

MAILMAN SCHOOL OF PUBLIC HEALTH

## CHILDREN AND WELFARE REFORM

Issue Brief No. 6

### **Beyond Work: Strategies to Promote the Well-Being of Young Children and Families in the Context of Welfare Reform**

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The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States and that improve the life chances of the millions of children under age six who are growing up poor.

The Center:

- Alerts the public to demographic statistics about child poverty and to scientific research on the serious impact of poverty on young children, their families, and their communities.
- Designs and conducts field-based studies to identify programs, policies, and practices that work best for young children and their families living in poverty.
- Disseminates information about early childhood care and education, child health, and family and community support to government officials, private organizations, and child advocates, and provides a state and local perspective on relevant national issues.
- Brings together public and private groups to assess the efficacy of current and potential strategies to lower the young child poverty rate and to improve the well-being of young children in poverty, their families, and their communities.
- Challenges policymakers and opinion leaders to help ameliorate the adverse consequences of poverty on young children.

## Series Introduction

When the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted, the National Center for Children in Poverty (NCCP) recognized that the law and its implementation would have a major impact on the health and development of young children living in poverty. In response, the Center established the Children and Welfare Reform Leadership Project to work with others around the country to promote the implementation of welfare reform in a child-friendly way.

The Project is based on a growing body of research that indicates that successful policies for families must take into account the needs of children when addressing the needs of parents and the needs of parents when addressing the needs of children. Although the primary focus of welfare reform has been to ensure that parents engage in work activities, welfare reform also has the potential to help or hurt children in three major ways: (1) by changing family income, (2) by changing levels of parental stress and/or parenting styles, and (3) by changing children's access to basic and specialized services and supports.

Building on this framework, NCCP has developed a series of issue briefs on children and welfare reform to explore how states and communities can achieve the adult-focused goals of welfare reform *and* enhance the well-being of young children. This issue brief presents four general strategies

that states and localities can use to strengthen basic family supports such as health care and child care, promote young children's health and development, and address specialized child and family needs. These strategies are illustrated with examples of state and local policies, programs, and partnerships from around the country.

NCCP is grateful to Carnegie Corporation of New York for support of this issue brief. We especially thank Michael Levine and Susan Smith who saw the potential of using the Starting Points sites as a laboratory to explore the integration of welfare reform with systems change initiatives for young children. NCCP also thanks the Annie E. Casey Foundation, which has generously funded the Children and Welfare Reform project from its inception. In addition, we express appreciation to the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, especially Martha Moorehouse and her colleagues. Their support of a related project enabled us to study how early childhood programs are responding to the emerging needs of families and to integrate those findings into this issue brief. Finally, we extend special thanks to the many individuals who provided information about the initiatives discussed in this issue brief as well as feedback on earlier drafts. NCCP takes full responsibility for the facts and opinions presented here.

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Three years have passed since the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) restructured the nation's welfare system. During that time, caseloads have dropped 40 percent,<sup>1</sup> and many former welfare recipients have found employment. Yet, while some families are better off financially, others are spending more time in work activities with no financial gain. Because of low wages, many employed parents continue to struggle to pay their rent and provide food for their families. Lack of affordable child care and health care continues to threaten job stability for many as well.<sup>2</sup> A portion of those who remain on welfare will require substantial assistance to prepare for work, while others will be unable to handle employment because of poor health, substance abuse, domestic violence, or other challenges.<sup>3</sup> The changes in welfare have also had unanticipated effects on other social welfare programs. Medicaid and food stamp caseloads have dropped more than expected, suggesting that some eligible families are not being enrolled.<sup>4</sup>

Policymakers at all levels of government are taking note of these changes. They have begun to debate what steps are needed to help families make lasting transitions to employment and to ensure that work pays more than welfare. Missing from much of the debate, however, is a discussion of the implications of welfare reform for children and the opportunities that it holds to strengthen child outcomes. Children comprise 70 percent of all welfare recipients, and more than one-third of them are younger than age six.<sup>5</sup>

When welfare reform is viewed from the perspective of young children's needs, the policy picture changes. Although children may benefit from policy efforts to promote work and increase family income, additional steps are needed to ensure their healthy growth and development and to see that welfare reform helps and does not hurt them.<sup>6</sup>

Like all young children, those growing up in low-income families need regular health care and positive early learning experiences. They also need nurturing relationships with their parents and other adults who care for them. To provide for these basic needs, all low-income parents transitioning to employment need access to high-quality health care for their families and high-quality child care and child development programs for their young

children. Some parents need additional services, such as family support or parent education, to help them meet the complex demands of work and parenting. A significant proportion of low-income parents with young children need intensive services, such as substance abuse treatment or mental health services, for themselves and their children. Still others need access to shelters to exit abusive relationships.<sup>7</sup>

In short, if policymakers are concerned about improving young children's health and development as a way to impact their immediate well-being as well as outcomes for the next generation of families, the policy debate about welfare reform must be broadened beyond employment and income. Policymakers need to focus on the full array of basic and specialized supports required to enhance the well-being of low-income young children and their families. This means that in addition to efforts to promote employment and increase family income, deliberate policy, program, fiscal, and collaborative strategies are needed to:

- *Strengthen basic supports* (e.g., access to health care and child care);
- *Promote young children's health and development* (e.g., high-quality child care, comprehensive early childhood programs, and family support activities); and
- *Address specialized child and family needs* (e.g., mental health, substance abuse, and domestic violence interventions for children and their parents).

As the title *Beyond Work* suggests, this issue brief focuses on non-economic strategies to promote child and family development in the context of welfare reform. It is based on interviews with directors of child development and family support programs, statewide early childhood initiatives, state and local partnerships between early childhood and welfare programs, and Starting Points initiatives (a multisite effort to support young children and families funded by Carnegie Corporation of New York).<sup>8</sup>

The first section discusses why it is important to integrate child and family development perspectives with welfare reform implementation. The second section describes specific strategies and provides examples from initiatives and programs across the country.

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## Why Pay Attention to Young Children in the Context of Welfare Reform?

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### Lessons from Research

Research suggests that failure to pay attention to young children in the context of welfare reform is shortsighted. Evaluation studies of pre-TANF welfare-to-work programs indicate that welfare reforms emphasizing employment can influence children's development by affecting multiple aspects of family life, such as parents' psychological well-being and their interactions with their children.<sup>9</sup> Furthermore, research on how young children develop, and particularly on their early brain development, indicates that the quality of relationships with caregivers has a significant impact on later outcomes.<sup>10</sup> These outcomes include emotional well-being, social competence, and performance in school, which are in turn related to adult outcomes, such as success with family and work.

There is also a compelling body of work documenting that the risks of poor child outcomes are not distributed equally among young children; rather, they disproportionately affect low-income children, particularly those in families with the least income.<sup>11</sup> Moreover, children fare worse, not surprisingly, in families where parents already have several strikes against them—low educational levels, poor work histories, and depression.<sup>12</sup> On a more hopeful note, there is also a body of research suggesting that high-quality comprehensive child development programs that include family-focused supports can reduce the likelihood of poor outcomes for low-income young children.<sup>13</sup> For all these reasons, policymakers, advocates, and others concerned with the well-being of young children should pay attention to child and family development perspectives in the context of welfare reform implementation.

### Emerging Policy and Practice Opportunities

Welfare reform has dramatically changed the policy landscape for helping low-income families. Several important changes in federal legislation have provided new resources and opportunities to states and communities. Simultaneously, some states and localities have increased their own investments in young children and

families. Indeed, many of the resources that state and local policymakers need to address the well-being of young children in the context of welfare reform already exist. These include:

- Increased federal funding and expanded options to provide health insurance and child care subsidies to low-income families;
- Growing state, federal, and foundation investments in comprehensive early childhood programs and initiatives; and
- Increased funding opportunities through Temporary Assistance to Needy Families (TANF).<sup>14</sup>

Highlighted below are some of the opportunities and challenges that these developments provide, followed by examples of creative responses from state and local policymakers and advocates.

### *New Federal Options to Expand Health Insurance*

Several changes in federal legislation have affected state options for providing health insurance to low-income families. PRWORA severed the prior connection between welfare and Medicaid, under which families receiving Aid to Families with Dependent Children (AFDC) were automatically eligible for health insurance. By establishing different eligibility criteria, PRWORA set the stage for states to provide Medicaid to some families who do not qualify for cash assistance. Further, the State Children's Health Insurance Program (CHIP), created by the 1997 federal Balanced Budget Act, allows states to provide health insurance for children in families with incomes above state Medicaid eligibility levels. All states have expanded health insurance eligibility for children or are in the process of doing so, and many have expanded eligibility for parents as well, although there is considerable state-to-state variation.

Creating state policies to support the expansion of health insurance, however, is only one part of the challenge. The other is ensuring that those who are eligible are actually enrolled. As of June 1999, over one million children had been enrolled under the provisions of CHIP—fewer than half the number estimated to be eligible. This is in addition to the nearly five million children estimated to be eligible for but not

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enrolled in Medicaid.<sup>15</sup> As a result of the changes in welfare, Medicaid enrollment has dropped precipitously, in part because families not eligible for cash assistance may not be aware or told that they may still be eligible for Medicaid. Thus, in addition to expanding eligibility for health insurance, a critical challenge for states and localities as they refine their welfare programs is to ensure that eligible children and families are actually enrolled and have access to health services.

### ***New Federal Options to Expand Child Care Subsidies and Improve Quality***

PRWORA also made changes in child care policies. Four separate funding streams were consolidated into a single Child Care and Development Block Grant (also known as the Child Care and Development Fund). As part of this consolidation, states were given increased discretion over how to structure their child care subsidies and how to allocate funds. Approximately \$600 million per year was added to federal child care funding through the child care block grant.<sup>16</sup> States are also committing more of their own financial resources to child care. New flexibility and additional resources, although still not sufficient, provide states with opportunities to better integrate child care subsidies and quality improvement initiatives to enhance the well-being of young children.

Here too, however, states confront implementation challenges. As welfare reform shifts more cash assistance recipients to the low-wage labor market, the demand for child care subsidies may continue to grow substantially.<sup>17</sup> In addition, to maintain employment for the long term, many low-income families may require child care assistance for an extended period of time. Meeting these changing needs will require a shift in emphasis from previous policy, which assumed that welfare recipients leaving the rolls needed child care assistance only for a limited time after transitioning to employment.

### ***Growing State, Federal, and Foundation Investments in Comprehensive Early Childhood Programs and Initiatives***

In response to research on early brain development and the national educational goal that all children enter

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school ready to learn,<sup>18</sup> states, and to a lesser extent the federal government and foundations, are investing in comprehensive early childhood programs and initiatives. These efforts seek to improve a range of outcomes for young children—including health, social and emotional competence, and school readiness—by addressing both child and family needs.

Early childhood programs attempt to achieve these goals through direct service strategies to help parents meet the health and developmental needs of their children, to strengthen parent-child relationships, and to assist families with special challenges. Examples of comprehensive early childhood programs include preschool programs with nutrition, health care, and family support components; home-visiting programs designed to help parents in high-risk families establish positive relationships with their infants and toddlers; and family resource centers, sometimes linked to schools or neighborhood centers. NCCP's 1998 report, *Map and Track: State Initiatives for Young Children and Families*, indicated that just under half the states were funding one or more statewide programs for infants and toddlers, 34 states were funding statewide programs for preschoolers, and half were funding family support programs.<sup>19</sup> Federal investments in comprehensive early childhood programs have also increased, including the initiation of Early Head Start in 1994 to serve families with children from birth to age three years. There are now over 500 such programs across the country.

Some states and localities are supplementing programmatic efforts for young children and families with initiatives that seek to create responsive systems of services and supports. These wide-ranging initiatives typically involve some combination of the following:

- Developing, expanding, and improving the quality of existing programs and services;
- Enhancing leadership mechanisms for planning, decision making, and mobilizing resources on behalf of young children and families;
- Identifying and tracking outcomes related to the well-being of young children and families; and
- Educating, engaging, and mobilizing the public around early childhood issues.

National, regional, and local foundations are building on such efforts as well as seeding new early childhood initiatives. One major effort, for example, has been funded by Carnegie Corporation. (See Box 1.)

However, *Map and Track* data also make clear that, as of 1997, only 10 states reported explicit efforts to connect welfare reform implementation with program and systems change initiatives on behalf of young children and families. An informal analysis of sites involved in foundation initiatives revealed a similar pattern.

### ***Increased Opportunities to Fund Child and Family Supports Through TANF***

In April 1999, the federal government issued the final TANF regulations,<sup>20</sup> which clarify how states can and cannot use TANF funds, as well as the consequences of spending these funds in particular ways. As expected, TANF funds can be used to increase family income and

## **BOX 1: Meeting the Needs of Our Youngest Children—Carnegie Corporation’s Starting Points Initiative**

In a 1994 report, Carnegie Corporation of New York sounded a call to action on behalf of the nation’s youngest children and their families. Its report, *Starting Points: Meeting the Needs of Our Youngest Children*, challenged states and communities to act to improve the well-being of very young children by promoting responsible parenthood, providing quality child care choices, ensuring good health and protection, and mobilizing communities to support young children and families.\* Two years later, the foundation implemented the Starting Points initiative to fund state and local efforts in support of these goals. The grantees, under varying administrative auspices, have engaged in a wide range of strategies to improve outcomes for young children and families, such as developing and improving programs, effecting policy change, enhancing fiscal resources, building leadership, and mobilizing public attention around child and family issues.\*\*

Eleven Starting Points sites are funded until the year 2000:

SITE	INITIATIVE	GRANTEE
BALTIMORE	The Baltimore Starting Points Initiative	Baltimore City Healthy Start, Inc.
BOSTON	Connecting the Dots for Boston’s Tots	Boston University Medical Center, Inc.
COLORADO	Bright Beginnings	Colorado Bright Beginnings
FLORIDA	The Florida Starting Points Initiative	The Florida’s Children’s Forum, Inc.
HAWAII	Good Beginnings Alliance	Community Research Bureau of the Hawaii Medical Association
NORTH CAROLINA	The North Carolina Starting Points Initiative	North Carolina Partnership for Children, Inc.
PITTSBURGH	The Pittsburgh Starting Points Initiative	University of Pittsburgh, Office of Child Development
RHODE ISLAND	The Rhode Island Starting Points Initiative	Rhode Island Department of Elementary and Secondary Education (administered by Rhode Island Kids Count)
SAN FRANCISCO	The San Francisco Starting Points Initiative	The San Francisco Foundation Community Initiatives Fund (administered by the Mayor’s Office)
VERMONT	The Vermont Starting Points Initiative	Vermont Community Foundation (administered by the state Agency for Human Services)
WEST VIRGINIA	The West Virginia Starting Points Initiative	Governor’s Cabinet on Children and Families

\* Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children*. New York, NY: Carnegie Corporation of New York.

\*\* Knitzer, J., Collins, A., Oshinsky, C.; Stout, L.; Weiss, H.; Schilder, D.; Riel, E.; Smith, J. C.; & Strategic partners from the Starting Points sites. (1997). *Starting points: Challenging the “quiet crisis”—A description of the Starting Points sites*. New York, NY: National Center for Children in Poverty, Columbia School of Public Health and Cambridge, MA: Harvard Family Research Project, Harvard University Graduate School of Education.

support employment. But the regulations are clear that TANF can also be used to fund a wide array of supportive services for families with young children to achieve the goals of welfare reform, such as efforts to expand and improve child care, provide family support, and assist families dealing with mental illness, substance abuse, and domestic violence.<sup>21</sup> Because of declines in cash assistance caseloads and federal requirements regarding state spending levels, states currently have access to more TANF funding than needed to provide cash benefits.

## Strategies to Address the Needs of Families with Young Children

Given this picture of opportunities coupled with implementation challenges, it is instructive to learn from the pioneers—the states, communities, and programs that are trying to integrate child and family development with welfare reform implementation. These states, communities, and programs are seizing the opportunities highlighted above to build a coherent response to the needs of young children and their families in the context of welfare reform. The initiatives they are seeding are works in progress, evolving even as NCCP gathered information about them, and subject to the vicissitudes of leadership changes, competing priorities, and, sometimes, insufficient resources. But they point to four general strategies that states, communities, and programs are beginning to implement and that hold valuable lessons for others. (See Box 2 for an overview of the four strategies.)

Together the four strategies can strengthen basic supports for families (such as health care and child care), promote young children’s health and development, and address specialized child and family needs. The strategies often overlap in practice, addressing multiple objectives. Depending on existing resources and state and local priorities, policymakers and program leaders can use the strategies individually or together.

The strategies differ in the degree to which they require action at the state, local, or program levels, and represent different emphases on policy development and implementation, program design and implementation,

### BOX 2: Four Strategies to Promote the Well-Being of Young Children and Families in the Context of Welfare Reform

#### STRATEGY 1: Expand and Improve Health Care, Child Care, and Other Basic Supports for Low-Income Families

For parents to make a successful transition from welfare to work—and to remain employed—their families need access to affordable health care and child care services. Having access to these and other basic supports can increase job stability for all low-income families, whether or not they have ever received cash assistance. Basic supports are important not only for helping families maintain their connections to the labor force; access to high-quality health care and child care also have critical implications for young children’s health and development.

#### STRATEGY 2: Adapt Comprehensive Early Childhood Programs to Address Welfare-Related Needs

Comprehensive child development and family support programs are in a unique position to help parents and their young children address the challenges associated with welfare changes. Many families affected by welfare reform are already enrolled in such programs, which typically focus on helping parents meet the health and developmental needs of their children, strengthening parent-child relationships, and assisting families with individual challenges.

#### STRATEGY 3: Invest TANF Funds in Programs and Services for Families with Young Children

TANF provides states with significant financial flexibility in how they spend their welfare dollars. This flexibility allows states to use TANF funds to provide a variety of supports and services to low-income families with children. For example, TANF dollars can be used to improve the quality of child care, to provide child development and family support services, and to offer specialized supports, such as mental health or substance abuse services.

#### STRATEGY 4: Develop Formal Partnerships Linking Early Childhood, Welfare, and Other Supports for Low-Income Families

Families with young children who receive cash assistance are sometimes involved with multiple social service systems (such as TANF, child support enforcement, and child welfare services) as well as with one or more comprehensive early childhood programs (such as Head Start, prekindergarten, and home visiting). Efforts to coordinate or integrate the delivery of these services can help reduce strain on already stressed families. From a policy perspective, formal partnerships can streamline service delivery, prevent duplication of effort, and use resources more effectively.

fiscal creativity, and collaboration among multiple stakeholders. The first strategy, expanding and improving basic supports, requires primarily state and local efforts. Eligibility for Medicaid, CHIP, and child care subsidies is set primarily at the state level, while efforts to address the availability and quality of health and child care services are typically carried out at the local level. Programs can still play an important role by helping to connect low-income families to basic services for which they may be eligible. (See Box 3.)

Strategy two, adapting early childhood programs to meet welfare-related needs, is a program-level strategy. However, if programs are funded as part of a statewide network, implementation of this strategy may involve state-level policy issues as well. Strategy three, investing TANF funds in programs and services for families with young children, is a funding strategy that can be implemented at the state level, or at the local level in those states with local discretion over TANF spending. Strategy four, developing formal partnerships, is a systems strategy that can be implemented at both the state and local levels, with the involvement of a broad array of stakeholders. Examples of each of these strategies are provided below.

### STRATEGY 1: Expand and Improve Health Care, Child Care, and Other Basic Supports for Low-Income Families

When leaving cash assistance for employment, many former TANF recipients move into low-wage jobs that do not provide benefits. One way to maintain employment among this group of new low-wage workers is for states and communities to provide them with the health care and child care they need. Families may also need other basic supports, such as housing subsidies, transportation, and food stamps. This new group of low-wage workers joins an already large group of working poor families. Even before welfare reform was fully implemented, nearly five million parents who worked full-time year-round did not earn enough to lift a family of four out of poverty (roughly \$16,700).<sup>22</sup> All working families with low wages, whether or not they have ever received cash assistance, are potentially in need of a combination of basic support services to retain jobs while meeting the challenges of parenting young children.

For families with young children, lack of health care and unstable child care are significant impediments to maintaining employment. Sick young children, particularly infants and toddlers, pose problems to parents who must

**BOX 3: Strategies to Promote the Well-Being of Young Children and Families in the Context of Welfare Reform—Objectives and Levels of Implementation**

STRATEGY	PRIMARY OBJECTIVES			PRIMARY LEVELS OF IMPLEMENTATION		
	Strengthen Basic Supports	Promote Young Children's Health and Development	Address Specialized Needs	State	Community	Program
STRATEGY 1: Expand and Improve Health Care, Child Care, and Other Basic Supports for Low-Income Families	✓	✓		✓	✓	
STRATEGY 2: Adapt Comprehensive Early Childhood Programs to Address Welfare-Related Needs		✓	✓			✓
STRATEGY 3: Invest TANF Funds in Programs and Services for Families with Young Children	✓	✓	✓	✓	✓	
STRATEGY 4: Develop Formal Partnerships Linking Early Childhood, Welfare, and Other Supports for Low-Income Families	✓	✓	✓	✓	✓	✓

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work and who may lack a family or community support system. So too, access to child care for families working irregular hours is also a major concern. But beyond this is the issue of quality care. The bottom line is that quality counts for healthy child development over both the short term and the long term.<sup>23</sup> The approaches used by two jurisdictions—one state (Rhode Island) and one city (San Francisco)—illustrate possible ways to improve access to high-quality health and child care.

### ***Rhode Island: Simultaneously expanding access to health care and child care benefits***

Policymakers in Rhode Island, through the Governor's Children's Cabinet, state agencies, and the advocacy group Rhode Island Kids Count, made a commitment to implement welfare reform through a child and family lens. They also committed themselves to focusing on the needs of all low-income children and families, not just on those immediately affected by welfare reform. The result has been a significant expansion of health insurance and child care assistance, with eligibility for each based on income level. The state is working toward a single, generous eligibility standard for both health and child care benefits. This will not only expand access to these critical supports; it will also reduce the confusion that prevails when state programs use different eligibility criteria.

The state extended its Medicaid program to children in families with incomes up to 250 percent of the federal poverty guidelines (\$34,700 for a family of three).<sup>24</sup> Although there is currently a lower eligibility level for parents—family income up to 185 percent of the federal poverty guidelines (\$25,700 for a family of three)—there is a proposal pending to increase this level to 250 percent, the same level as for children. The state recognizes that paying attention to the health care needs of parents in low-wage employment is critical to helping them maintain their jobs and meet their parental responsibilities.

As part of Rhode Island's comprehensive early care and education initiative, Starting Right, the state is expanding eligibility for child care subsidies. As of July 2000, families with incomes up to 250 percent of the federal poverty level will be eligible for subsidized care; the current eligibility level is 225 percent. Families with

*Many of the resources that state and local policymakers need to address the well-being of young children in the context of welfare reform already exist. These include health insurance, child care subsidies, and other basic supports; comprehensive early childhood programs and initiatives; and increased funding opportunities through TANF.*

incomes less than 100 percent of the federal poverty level (\$13,900 for a family of three) receive child care for free, while those with higher incomes make co-payments based on a sliding scale.

What makes Rhode Island's child care assistance unique is that the state has established a legal entitlement to child care subsidies for all families who meet the income guidelines, not just for those receiving cash assistance or transitioning to employment. This means that all eligible families who use approved providers are entitled to reimbursement. Although other states have similar eligibility levels, families are not typically entitled to child care assistance, and families on TANF or transitioning to employment often receive priority.<sup>25</sup>

In addition to expanding eligibility for health care and child care benefits, Rhode Island is working to improve the quality and capacity of early care and education services using Starting Right and other initiatives, including Starting Points. At the urging of family child care providers, the state began to see that paying attention to the health care needs of child care providers not only is an appropriate business benefit but can reduce provider turnover and improve the caregiving environment for children. Thus, the state subsidizes health care coverage for licensed family care providers and workers in child care centers that participate in the state's subsidy program. The state has also increased reimbursement rates for participating providers. In addition, the Starting Right initiative includes efforts to develop 700 new slots for Head Start or child care with

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comprehensive services, increase training for child care providers, and foster coordination and links between child care providers and the schools.

Rhode Island is an example of a state that has maximized the potential of federal child care and health care policies, supplementing these with state dollars. In the process, it has mobilized an effective partnership involving both state officials and child and family advocates. The state has crafted a vision that links welfare reform explicitly to the well-being of young children, making a commitment to all low-income families regardless of their welfare status.

***San Francisco: Increasing the affordability, capacity, and quality of child care for low-income families***

In San Francisco, which is both a city and a county, the focus is primarily on enhancing the supply and quality of child care in the context of welfare reform. The San Francisco experience illustrates the many steps that go into creating leadership for young child and family issues at the local level, as well as the kinds of strategies a city can employ to meet child care challenges.

Building on a long history of children’s advocacy in San Francisco, the Starting Points initiative—funded by Carnegie Corporation, the city, and local foundations—helped the city to undertake an ambitious new child care agenda. Through Starting Points, San Francisco has developed an early childhood leadership network, the Early Childhood Interagency Council. The Council is comprised of representatives of local government, local foundations, direct service providers, advocacy groups, and parents. Council members provide citywide leadership for planning, coordinating, and monitoring services for young children and their families.

Welfare reform provided the opportunity for the Council to advance a child care agenda that would benefit all low-income families in the city. Working closely with the Mayor’s Task Force on Welfare Reform, the Council took the lead in developing a series of initiatives to increase the affordability, availability, and quality of child care throughout San Francisco. Specifically, in partnership with the Council, the city is working to: (1) increase the number of licensed child care spaces, (2) improve the quality of care, and (3) increase direct child care subsidies to low-income families.

To increase the availability of licensed child care spaces for low-income children, San Francisco has developed three initiatives. First, the city established the Child Care Facilities Fund, a joint public/private venture that provides loans, grants, and technical assistance to help child care centers and family child care providers create additional spaces. It is administered by the Low Income Housing Fund. Second, San Francisco developed the Section 108 Child Care Center Development Loan Program that helps nonprofit child care centers access federal community development loan funds by using city funds to subsidize loan payments. Third, the city developed the Adopt a Child Care Center Program, which, in collaboration with a program called Christmas in April, matches child care centers in need of renovation with local construction companies willing to donate labor and materials.

To improve the quality of child care, the city itself has made an investment of \$2 million to establish a High Quality Child Care Fund. This fund is used to provide mental health consultation to child care programs, training initiatives, and other support services to child care providers, including the creation of a home-visiting program to support “kith and kin” providers. The money is also used to create a purchasing pool that partially subsidizes the costs of materials and supplies for licensed care providers and to centralize the eligibility list for subsidies. The city has also invested its own funds to increase child care subsidies to low-income families, allocating \$2 million for each of the last three years.<sup>26</sup>

San Francisco’s efforts to improve child care for low-income families is part of the Early Childhood Interagency Council’s larger agenda to ensure that all children in the city enter school ready to learn. The Council’s work provides a model of how a city can develop a leadership forum involving many stakeholders to generate and implement innovative strategies supported by service providers, advocates, and government agencies. Most importantly, the investment of local dollars in support services for young children marks significant recognition that both implementing welfare reform successfully and promoting positive outcomes for young children are city-level responsibilities.

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*Welfare reform presents an opportunity to assess and address the basic support needs of all low-income working families, regardless of welfare status. Some states and localities have recognized that supports such as child and health care are necessary for low-wage workers both to maintain employment and to meet the needs of their children. As these examples suggest, however, some are also learning that expanding eligibility for services is only a first step. Ensuring access to benefits as well as improving the quality of services are ongoing challenges.*

## **STRATEGY 2: Adapt Comprehensive Early Childhood Programs to Address Welfare-Related Needs**

Recent research on early brain development confirms that paying attention to child development and parent-child relationships during the infant-toddlers years can be critical for later development.<sup>27</sup> Fostering healthy child development and nurturing parent-child relationships are among the primary goals of child development and family support programs.<sup>28</sup> In addition, some early childhood programs have begun to establish adult-focused programming, such as job training, skill development, and family literacy. Welfare's renewed emphasis on work participation has accelerated this trend. Thus, a growing number of comprehensive early childhood programs are working to simultaneously address child development, parent-child relationships, and family economic security.

Many families with young children who are affected by welfare reform are already enrolled in child development and family support programs, and many such families have trusting relationships with program staff. This means that comprehensive child development and family support programs are often in a unique position to help parents and their young children address the challenges associated with welfare changes. The three examples below highlight the ways that some early childhood programs are adapting to better accommodate the needs of families receiving and leaving cash assistance. The first example illustrates how two communities use their Early Head Start programs to help families transition to employment. The second example illustrates how a network of child development programs in Vermont provides welfare-related services to young fami-

lies. The third example is a program being implemented in multiple sites across California that focuses on the needs of the most vulnerable high-risk families.<sup>29</sup>

### **Project EAGLE and Pittsburgh Early Head Start: Using Early Head Start to help families transition to employment**

Early Head Start (EHS) is a relatively new federal initiative that provides comprehensive and intensive child development and family support services to pregnant women and families with an infant or toddler. EHS programs emphasize the physical, cognitive, and behavioral development of children, as well as family development and economic security. They offer home visits, center-based services, or both. To ensure continuity of services, EHS programs are required to coordinate with Head Start. EHS programs have been implemented in 42 states and the District of Columbia. Two EHS sites—Project EAGLE in Kansas City, Kansas, and Pittsburgh Early Head Start in Pennsylvania—use different strategies to help families transition from cash assistance to employment.

Project EAGLE (Early Action and Guidance Leading to Empowerment) has undertaken the following activities to help parents prepare for and obtain employment.

- To help mothers with infants who are exempt from TANF work requirements prepare for future employment, the program provides skill training and other job readiness activities during the exemption period.
- To help parents prepare for employment while simultaneously fulfilling TANF work obligations, the program provides preemployment skill training that satisfies TANF requirements.
- To encourage employers to hire TANF recipients and to educate employers about how to support newly working parents, the program helps convene forums for local businesses.
- To help staff to understand Kansas-specific welfare rules and regulations, the local welfare agency conducts staff trainings.

Pittsburgh Early Head Start is helping families transition from cash assistance to employment by trying to ensure that participating families have access to qual-

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ity child care, whether center-based, with licensed family child care providers, or with relatives or neighbors.<sup>30</sup>

- To increase child care access and quality, Pittsburgh EHS is working to create slots for EHS children in Head Start family child care homes and to implement quality improvement measures. These activities are being carried out in formal collaboration with a local Head Start project.
- To improve the quality of informal child care, Pittsburgh EHS reaches out to “kith and kin” care providers, offering them training in child development, appropriate care practices, and health and safety measures. Pittsburgh EHS is collaborating with a local child care resource and referral agency in this effort.
- To strengthen links between EHS and informal care services, EHS home visitors serve as liaisons between parents and care providers and visit EHS children in informal care settings.

#### ***Vermont: Contracting with parent/child centers to provide case management services for TANF families***

In 1994, after obtaining federal waivers from the AFDC program, Vermont implemented a seven-year Welfare Restructuring Project. When PRWORA was passed in 1996, the state opted to continue operating under its waiver rather than implement TANF. The Welfare Restructuring Project shares several features with TANF, such as work requirements and sanctions for noncompliance. But it places no lifetime limit on the receipt of cash assistance and allows flexibility based on the individual circumstances of recipient families. And, unlike most state TANF programs, Vermont rewards welfare recipients who work on their parenting skills (e.g., taking parenting classes or volunteering in a day care center).

While restructuring its welfare program, Vermont has also been developing and expanding its initiatives for children and families. Central to these efforts is a statewide network of Parent/Child Centers that target young families, especially teen parents with infants and toddlers. The centers share a core philosophy that seeks to build on family strengths and to promote healthy child development. The centers provide child development and family support services, parent leadership devel-

opment, and information services through a combination of home visits, center-based activities, and referrals to other providers.

The Parent/Child Center Network was involved in the state’s welfare reform planning and implementation efforts from the beginning, offering feedback about how proposed reforms would affect young children and their parents. As part of its Reach Up program, which helps families transition from welfare to work, the Vermont Department of Social Welfare contracts with the Parent/Child Centers to provide welfare and case management services to teen parents and other young families receiving cash assistance. Reach Up staff work onsite and are employed by the centers. They receive the same training as other center staff in addition to the welfare training provided to all Reach Up workers. Services include case management, home visiting, parent education, and referrals for child care. One center also provides job training and employment readiness activities as well as a program targeting fathers. There are plans to implement similar programs throughout the network.

The Vermont initiative has occurred in the context of a sustained statewide effort to make the well-being of all children, particularly low-income young children, a high priority. Integrating Reach Up with the Parent/Child Centers is but one effort to improve supports to young children and families. The payoff is beginning to be visible—marked by improvements in state outcome indicators.<sup>31</sup>

#### ***California Safe and Healthy Families (Cal-SAHF): Using a family support program to minimize new burdens for high-risk families***

Aimed at “overburdened” families with very young children,<sup>32</sup> the California Safe and Healthy Families (Cal-SAHF) program is a comprehensive family support home-visiting model administered by the Office of Child Abuse Prevention of the California Department of Social Services. It is based on an adaptation of a psychosocial rehabilitation model that is effective with adults with mental illness. The goals of the program are to protect children and to improve overall family functioning and self-sufficiency. The program combines intensive home visiting with center-based

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*Many families with young children who are affected by welfare reform are already enrolled in child development and family support programs and have trusting relationships with program staff.*

*Thus, these programs are often in a unique position to help parents and their young children address the challenges associated with welfare changes.*

activities and service coordination. Services are provided by multidisciplinary teams consisting of several home visitors, a nurse, a child development specialist, a group coordinator, a child care aide, and a team leader.

Recognizing that the new welfare requirements are especially challenging for high-risk families coping with multiple barriers to employment, such as family violence, substance abuse, and mental illness, Cal-SAHF has implemented the following strategies:

- To streamline and coordinate the provision of services to families involved with multiple systems and service providers, the program uses multidisciplinary teams, many of which include a staff person from CalWORKS (California's TANF program).
- To help families understand CalWORKS rules and requirements, Cal-SAHF staff participate in extensive welfare-related training. They use home visits and parenting classes as opportunities to give information to families and to clarify misunderstandings.
- To provide families with easier access to both Cal-SAHF and CalWORKS services, most Cal-SAHF program sites are co-located with a CalWORKS office. In addition to making the services more accessible to families, the physical proximity also facilitates collaboration and information sharing between the two programs.

Using both state and federal funds, Cal-SAHF has been expanded to 22 sites across California. Additional funding sources, including TANF, are being considered. Cal-SAHF sites are part of a statewide evaluation, which

includes outcome measures for maternal well-being, family violence, family functioning, substance abuse, and child health.

*Those who work daily with young children and families affected by welfare reform are in a unique position to respond creatively to the needs of families as they work to achieve economic security. The programs profiled here provide supports to a broad range of families with diverse needs, from those who need minimal assistance to those who require more intensive services. Ensuring that early childhood and family support programs are responsive to the range of needs of families receiving cash assistance and transitioning to employment marks an important challenge for the next few years.*

### **STRATEGY 3: Invest TANF Funds in Programs and Services for Families with Young Children**

TANF provides to states a degree of financial flexibility that did not exist under AFDC. Some states, especially those with large caseload reductions, have experienced substantial savings in cash payments. In these states there are choices to be made about how to spend the resulting surpluses.<sup>33</sup> Some states have not yet decided how to spend surplus funds, while some are holding on to the savings in the event of an economic downturn. A small but growing number of states and localities are using part of their TANF funds to invest in programs that provide supports to families with young children.

Although the two examples provided here—Ohio's TANF-funded comprehensive services for families with infants and toddlers, and TANF-funded efforts in El Paso County, Colorado, to prevent the need for child welfare intervention—are quite different, the rationale behind the use of TANF funds is the same. Both efforts seek to promote healthier outcomes in the present and thereby *prevent* negative outcomes in the future. In addition, both seek not only to benefit families but also to provide future cost savings through lowered cash assistance and child welfare caseloads. In Ohio, the strategy is to adapt an existing statewide program for families with young children to help low-income parents achieve economic security while also promoting young children's healthy development. In El Paso

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County, the strategy is to use welfare reform to prevent the need for child welfare services by building a system of community supports to serve different subgroups of families affected by welfare changes.

### ***Ohio: Using TANF to fund comprehensive services for families with infants and toddlers***

Several years ago, the state of Ohio developed an early intervention program called Early Start that targets infants and toddlers at high risk for developmental delays, abuse, or neglect. The program seeks to improve parenting skills, increase parental knowledge of child development, help parents deal more effectively with stress, and link families with community resources.

With the enactment of the 1996 federal welfare law, the state decided to use TANF funds to target Early Start services to families with very young children who are enrolled in the state's TANF program, Ohio Works First (OWF). The goal is to help parents obtain and maintain employment while also promoting child health and strong parent-child relationships early in children's lives.

Early Start has six core components: child health and development screenings, an individualized family services plan, referrals to appropriate services providers (e.g., primary health care providers, mental health services, transportation), access to appropriate family supports (e.g., respite care for parents, links with parent mentors, educational tutoring programs), service coordination, and home visits. Counties have discretion about how to implement Early Start services and which families they serve.

Ashtabula County, for example, opted to provide Early Start services to eligible OWF families through the self-sufficiency contract, which means that participation in Early Start activities can help fulfill OWF work requirements. Early Start in this county is coordinated with Early Intervention and Head Start. The programs use a common pre-enrollment form and individual family services plan. Since the integration of Early Start and OWF, a section of the plan has been enhanced to address family goals and individual parent goals, in addition to the goals for the child(ren). One of the support services available to Early Start parents is access to an adult learning center that provides English as a

Second Language classes, GED preparation, and job-skills training. Services for parents are coordinated among staff from the adult learning center, Early Start, and OWF. Once the individual family services plan is completed or the eligible child reaches age three years, transition services are provided to the family. These services may include Early Start core services, child care, employment assistance, and other services, depending on family needs. Children leaving Early Start are often eligible for Head Start services, a transition facilitated by the common individual family services plan.

A statewide evaluation of the Early Start program is assessing performance in three areas that affect child development: medical care, family environment, and support services accessible to the children.

### ***El Paso County, Colorado: Using TANF funds to develop a system of supports for children and families***

Counties in Colorado have considerable discretion in the implementation of both TANF and child welfare policies. For TANF, counties are given a block grant of federal and state dollars to which they are required to contribute; spending decisions rest with the county. With a surplus resulting from declining caseloads, the El Paso County Department of Human Services (DHS) decided to invest TANF funds in a seamless set of supports for families receiving cash assistance and families with children at risk of out-of-home placement through child welfare services.

To link the TANF and child welfare programs, the DHS first identified and embraced a set of operating principles for the common system of care, familiarly known as the seven P's: protection, prevention, preservation, placement, permanency, partnerships, and proficiency.<sup>34</sup> Resources and staff were then reallocated to promote these goals. Experienced child welfare workers with skills in family assessment and strength-based intervention work with TANF staff to serve families receiving cash assistance. To assist families in the child welfare system, staff now have access to additional resources and supports through TANF. To date, the focus has been on two groups of children at risk of entering the child welfare system—children being raised by their grandparents and the children of teen parents.

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Approximately 30 percent of El Paso County TANF cases are “child-only cases,” that is, they are children being raised by grandparents or other relatives who do not receive assistance. To provide both financial assistance and support services to these relative-caregivers, experienced child welfare workers knowledgeable about family support and preservation and TANF staff formed a new unit that is specifically designed to serve relative-caregivers and their children. Staff help connect relative-caregivers to community resources that they may have been denied because they are not parents. They also conduct support groups and provide assistance to family members seeking legal guardianship. The program tries to keep extended family units intact and reduce the need for child welfare intervention.

Teen parents, in another TANF-funded program, are also served by a team of eligibility workers and case-workers, some of whom are experienced child welfare workers. The program emphasizes educational achievement, skill building, individual and family goal setting, and employment readiness. Services include assessment and case management, home visits, crisis intervention, nurse visitation, parenting instruction, continuing education, and job training. The services are provided collaboratively by the DHS, community agencies, and local school districts.

Recognizing the pivotal role that quality child care plays for all low-income families, El Paso County has also used its TANF dollars and planning processes to increase child care reimbursement rates. It has encouraged and supported the development of a community partnership to promote high-quality child development and early learning services, bringing together the provider network in an ongoing planning process. In addition, it has provided encouragement and financial support to the Center on Fathering, which is now beginning to use federal welfare-related dollars to help low-income noncustodial fathers.<sup>35</sup>

As with other initiatives highlighted here, the focus on welfare, children, and families in El Paso County is guided by a vision that links the economic security of families with strategies to promote healthy family and child development outcomes. The DHS has established a one-stop office that includes a child care resource and referral agency, counseling staff, and information about

job openings. The staff has also made a concerted investment in outcome indicators and evaluation to ensure that the goals are being accomplished. While vision and leadership are key, it is the use of TANF dollars that has made implementation possible.

*The fiscal flexibility that the new TANF regulations provide marks a dramatically new way of doing business, requiring a shift in thinking, not just in accounting. In many places, this has not happened. However, some jurisdictions, including counties with discretion over TANF dollars, are responding with creativity by developing and supporting specific programs or, in a few places, designing comprehensive strategies to actively promote the well-being of low-income young children and their families, including those who are most vulnerable.*

#### **STRATEGY 4: Develop Formal Partnerships Linking Early Childhood, Welfare, and Other Supports for Low-Income Families**

Families with young children who receive cash assistance may be involved in multiple social service systems (e.g., TANF, child support enforcement, child welfare) as well as child development and family support programs (e.g., Early Head Start, Head Start, home visiting). For parents who are working, these activities must be juggled with child care, creating further stress. Efforts to coordinate and integrate the delivery of services can help reduce these burdens. Thus, formal partnerships that link early childhood, welfare, and other services for low-income families provide another mechanism for addressing the multiple needs of families with young children.

To date, such efforts are few in number, in part because they are time-intensive to create and sustain.<sup>36</sup> Differences in goals, organizational cultures, service delivery mechanisms, and funding sources are familiar barriers to collaboration. But as the examples below suggest, formal partnership arrangements offer a number of advantages for serving families. For the agencies involved, collaborative efforts provide opportunities to better understand the goals and operations of other agencies that are likely to serve the same families. From a policy perspective, formal partnerships can streamline service

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delivery, prevent duplication of effort, and use resources more effectively.

The examples below, from Washington State and West Virginia, illustrate a range of cross-system activities, including information sharing and communication, planning, cross-training, and coordinating and integrating service delivery.

### ***The Washington Partnership: Collaborating across Head Start, prekindergarten, child care, and TANF***

Washington State has developed an intergovernmental partnership involving state, local, and federal agencies. A direct response to welfare reform, the Partnership links the state's existing network of early childhood programs, including Head Start programs and the state's prekindergarten program, with the state agencies implementing welfare reform. State partners include human service and economic development agencies<sup>37</sup> and the Head Start–State Collaboration Project; federal partners include Head Start and regional child care administrators. A local pilot project in two counties involves the local administrators of WorkFirst (Washington's TANF program), as well as Head Start and the Early Childhood Education and Assistance Program (ECEAP, the state's prekindergarten program). The partnership's goal is to improve, coordinate, and integrate services for families with young children who are transitioning from welfare to work.

In 1997, the partners in the local pilot project signed a memorandum of understanding that articulates a shared vision and common goal—to improve access to quality services for the mutual clientele of WorkFirst, Head Start, and ECEAP. The memorandum also expresses the partners' commitment to integrated service delivery. One strategy for meeting these goals is the formation of local "triads" comprised of contact persons from the local agencies that administer WorkFirst, Head Start, and ECEAP. The triads meet on a regular basis to ensure quality of service to mutual clients. A second strategy is cross-training, which brings representatives from participating state and local agencies together to learn about each other's agency culture and services and to provide updates about service delivery.

*The regulations are clear that TANF can also be used to fund a wide array of supportive services for families with young children to achieve the goals of welfare reform, such as efforts to expand and improve child care, provide family support, and assist families dealing with mental illness, substance abuse, and domestic violence.*

The Partnership has also worked to eliminate barriers to providing full-day and full-year child care services to low-income working families by blending child care subsidies and funding for Head Start and ECEAP. The Partnership's child care working group has explored regulations, performance and licensing standards, and models enabling early care and education programs to provide comprehensive full-day services at one site. Provisions for a blended funding and service model have been issued to Head Start grantees and ECEAP providers; plans are being made to formalize these provisions.

### ***The West Virginia Partnership Challenge Grant: Using Head Start as a base for state and local collaborative efforts***

When West Virginia Works, the state's TANF program, was first implemented, Head Start programs began to report widespread confusion among families about the new rules and regulations. To address this problem, the West Virginia Head Start Association, the Office of Family Support, the state's Welfare Reform Coalition, and the Head Start–State Collaboration Project formed a partnership funded by a grant from the National Head Start Association.<sup>38</sup> The Partnership became a state-level mechanism for educating families, government staff, service agencies, and local businesses about the new legislation and for fostering collaboration.

The Partnership has implemented several statewide educational efforts. The main activity, which targets families, began with the development and dissemina-

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tion of an education package comprised of print and audiovisual materials. Head Start families receive information about West Virginia Works during home visits and parent-training sessions; families receiving cash assistance learn about Head Start during visits to the Office of Family Support. A second effort involves cross-training of Head Start and Office of Family Support staff to educate them about welfare requirements and how they can better help families access needed services. The Partnership also provides mini-grants to individual Head Start sites to promote educational activities at the local level. As a result of the Partnership, the state Head Start Association and the Office of Family Support signed a memorandum of understanding encouraging local collaboration regarding personal responsibility contracts, on-the-job training, and employment opportunities with Head Start.

The West Virginia Partnership Challenge Grant is embedded in a larger set of collaborative efforts to improve and expand early childhood programs and services across the state. These efforts have been largely coordinated by the Governor's Cabinet on Children and Families, the Governor's Early Childhood Implementation Commission, and the West Virginia Starting Points Initiative.

*Partnerships across jurisdictional levels and agencies and within communities<sup>39</sup> represent a potentially important but labor-intensive way to transform the categorical mindsets that have grown up around welfare and child and family services. Evidence suggests that partnership strategies seeking to transform traditional service delivery approaches work best if they grow out of the state or local culture and leadership, provide incentives for participation, establish a common vision, and develop realistic implementation strategies. The partnerships described here focus on intergovernmental connections to implement welfare reform. A challenge for the future is to engage a broader set of leaders, including the business community.*

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## Toward the Future: Principles and Steps for Action

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### Common Principles

Undergirding the examples highlighted here are four simple but profound principles that can be used as building blocks to promote the well-being of young children and their parents in the context of ongoing welfare reform efforts.

#### **PRINCIPLE #1:**

***Enhance basic supports for all low-income young children and families, not just those receiving or leaving cash assistance.***

Research cited throughout this issue brief, as well as the practical experience of those working with low-income families, sounds a consistent theme about basic supports: whether receiving or transitioning off cash assistance or working but still poor, all low-income families need access to affordable as well as high-quality health care and child care. With respect to these basic supports, there is no line that separates those who are poor and working from those who are struggling to become workers. Activities in Rhode Island, San Francisco, and Washington State illustrate ways to implement this broad perspective.

#### **PRINCIPLE #2:**

***Build on and adapt existing programs and policies to meet the basic needs of families as well as new and emerging needs.***

The programs and policies highlighted in this issue brief feature strategies that reflect the importance of building on what exists and adapting to new circumstances. Rhode Island, for example, has expanded health insurance not only for children but also for parents and caregivers. Ohio has taken an existing statewide program and adapted it for families affected by welfare reform, giving options to counties regarding implementation. Vermont has not only linked its statewide network of Parent/Child Centers with welfare reform implementation, it has also stationed its welfare workers onsite, training them in child and family development principles as well as welfare requirements. West

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Virginia has joined its Head Start and welfare reform efforts at the state and community levels, cross-training welfare and Head Start staff, airing videotapes on Head Start in welfare offices, and working to link welfare responsibility contracts with Head Start family service plans. A similar set of “building on and adapting” strategies are reflected in the federally funded Early Head Start programs described above, as well as California’s CAL-SAHF program.

**PRINCIPLE #3:**

*Recognize that some families need more intensive supports, and develop strategies to identify these families and to link them with appropriate services.*

Long embedded in the rhetoric of individualized and family-centered service delivery, the fiscal flexibility of the TANF program creates a new set of opportunities to operationalize this principle in systematic ways. The examples of El Paso County, Colorado, as a matter of policy, and CAL-SAHF, in its program design, are making explicit efforts to provide intensive supports to subgroups of parents and other caregivers in the context of welfare reform. Both emerging data and practical experience suggest that meeting the needs of subgroups of families will be a crucial “next generation” challenge in the successful implementation of welfare reform.<sup>40</sup>

**PRINCIPLE #4:**

*Take a family perspective.*

This principle sounds deceptively simple. But three critical conceptual and implementation challenges are embedded within it:

- Listen carefully and systematically to families through evaluation, focus groups, and other means;
- Build a collective mind-set across agencies with the goal of “doing whatever it takes to help families,” rather than simply implementing categorical programs; and
- Combine a big vision with small, concrete steps to help individual families.

Both West Virginia and the Kansas City Early Head Start program provide examples of what, concretely, taking a family perspective means. In the former, it resulted in the creation of a new video tape about Head

Start, available to all eligible parents through the welfare office, as well as efforts to consolidate service plans. In the Kansas City Early Head Start program, a family focus led to a survey of families and staff and subsequently to the development of a practical tool to help both groups achieve better outcomes in the context of welfare reform. In all the examples, careful attention to families is reflected not in grand rhetoric but in specific and, sometimes, very small steps that can make a family’s life easier. Other examples include placing welfare workers onsite in child development programs, crafting local agreements to provide welfare orientation and job-readiness training to parents in early childhood settings, and adding welfare workers to multidisciplinary teams assigned to work with the most challenged families.

In addition, a number of the initiatives cited in this issue brief have attempted to address the needs of nonfamilial caregivers, especially child care providers, to help them better serve families. In Rhode Island, for instance, policy efforts to provide health insurance to child care providers not only address the needs of individual caregivers; they also help create a more stable child care system by reducing provider turnover. San Francisco is responding to nonfamilial caregiver needs by using city funds to provide an array of supports to child care providers, including training, subsidies for materials and supplies, and help in meeting the mental health needs of young children and families.

### **Action Steps to Promote Child and Family Well-Being Under Welfare Reform**

Building on the general strategies and principles as well as the specific examples highlighted above, we provide a series of action steps to guide state and local policymakers, service providers, advocates, and others in their efforts to promote young child and family well-being in the context of welfare reform.

#### ***Expand and Improve Health Care, Child Care, and Other Basic Supports for Low-Income Families***

- Base program and service eligibility on family income rather than welfare eligibility or past welfare receipt.
- Implement generous eligibility levels across health insurance, child care subsidies, and other supports.

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*Formal partnerships that link early childhood, welfare, and other services for low-income families provide another mechanism for addressing the multiple needs of families with young children. Efforts to coordinate and integrate service delivery can reduce the burdens experienced by families who are involved in multiple social service systems as well as child development and family support programs.*

- Simplify and consolidate application and enrollment procedures.
- Make a commitment to serve all eligible children and families.
- Provide comprehensive information to families about the full range of basic supports for which they may be eligible, including Medicaid, CHIP, child care subsidies, TANF, Supplemental Security Income (SSI), food stamps, housing assistance, the federal Earned Income Tax Credit, and state income and other tax credits.

#### ***Adapt Comprehensive Early Childhood Programs to Address Welfare-Related Needs at the State and Community Levels***

- Strengthen direct service programs by providing families with up-to-date information about welfare rules, helping families to access needed benefits and services, and supporting parents who are preparing for employment and learning to balance work with the demands of parenting young children.
- Improve state and community capacity to serve families with more intensive needs. For example, develop interagency work groups at the state and local levels to share resources, training, and staff to meet the special needs of parents (e.g., substance abuse treatment, mental health services), repair or prevent damaged relationships with their children, and provide children with enriched early experiences.

- Promote links among existing resources to support young children and families at the state and community levels. For example, promote cross-training among programs and services that serve low-income families with children (e.g., train welfare workers in family-centered practice, train early childhood staff in welfare requirements), and convene state and community forums to provide policymakers with feedback about the effects of welfare reform on families with young children.

#### ***Invest TANF and Other Funds in Programs and Services for Families with Young Children***<sup>41</sup>

- Critically assess the strengths and weaknesses of the state's capacity to promote the well-being of low-income young children in the context of welfare reform, and use TANF dollars strategically to enhance outcomes on their behalf.
- Engage the business and foundation communities in efforts to invest in high-quality early care and education services and in supportive family and work strategies for families transitioning off welfare.
- Allocate state and local funds to supplement federal and other dollars to improve outcomes for young low-income children and families.

#### ***Develop Formal Partnerships Linking Early Childhood, Welfare, and Other Supports for Low-Income Families at the State and Community Levels***

- Establish planning and problem-solving forums across welfare agencies, early childhood and family support services, and programs addressing the needs of the most challenged families. Governors, local officials, federal regional offices, and foundations should all be encouraged to initiate such efforts.
- Use formal partnerships to implement many of the cross-system strategies highlighted above, such as promoting statewide and communitywide cross-training among programs and services that serve low-income families with young children, improving efforts to meet the needs of families facing the most severe barriers to work, and convening state and local forums to provide policymakers with feedback about how welfare reform is affecting families with young children.

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## Conclusion

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Emerging research findings increasingly confirm common sense perspectives. In their efforts to achieve economic security, some low-income families need only the basic supports required by all families, such as access to high-quality health care and child care and early learning experiences that promote healthy child development. Some families may benefit as well from parent education and family support services. Other families need more intensive services to address depression, domestic violence, and substance abuse.

The general strategies and specific examples presented here make clear that some states, communities, programs, and foundations have begun in earnest the difficult work of strengthening families and promoting healthy child development in ways that acknowledge family realities. This issue brief sounds a challenge to other states, communities, and programs to use welfare reform as a catalyst to promote better outcomes for this generation of children and families as well as the next.

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#### **West Virginia Partnership Challenge Grant**

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## Endnotes

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1. Cash assistance caseloads dropped 40 percent between August 1996, when the federal PRWORA was passed, and March 1999 (see <http://www.acf.dhhs.gov/news/stats/aug-sept.htm>).

2. Brauner, S. & Loprest, P. (1999). *Where are they now? What states' studies of people who left welfare tell us*. Washington, DC: The Urban Institute.

Parrott, S. (1998). *Welfare recipients who find jobs: What do we know about their employment and earnings?* Washington, DC: Center on Budget and Policy Priorities.

3. Danziger, S. K.; Corcoran, M.; Danziger, S.; Heflin, C.; Kalil, A.; Levine, J.; Rosen, D.; Seefeldt, K.; Siefert, K.; & Tolman, R. (1999). *Barriers to the employment of welfare recipients* (IRP Discussion Paper No. 1193-99). Madison, WI: Institute for Research on Poverty, University of Wisconsin-Madison.

4. Families USA Foundation. (1999). *Losing health insurance: The unintended consequences of welfare reform*. Washington, DC: Families USA Foundation.

U.S. General Accounting Office. (1999). *Food Stamp program: Various factors have led to declining participation*. Washington, DC: U.S. General Accounting Office.

5. U.S. Department of Health and Human Services, Administration of Children and Families, Office of Planning, Research and Evaluation. (1999). *Temporary Assistance for Needy Families (TANF) Program: Second annual report to Congress, August 1999*. Washington, DC: U.S. Department of Health and Human Services.

6. Collins, A. & Aber, J. L. (1997). *How welfare reform can help or hurt children* (Children and Welfare Reform Issue Brief No. 1). New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

7. Knitzer, J. (forthcoming). *Promoting resiliency among the most stressed young children and families: Toward more responsive welfare-linked policies and programs*. New York, NY: National Center for Children in Poverty, Columbia University, Joseph L. Mailman School of Public Health.

8. Data were gathered from two sets of interviews. One set of interviews was conducted as part of a project to identify and analyze emerging approaches across the country to integrate child development and family support activities with welfare reform. The approaches were identified through a national nomination process involving 300 key informants, including child care officials; Head Start-State Collaboration Project directors; administrators for welfare, child welfare, and mental health programs; governors' early childhood policy advisors; national organizations; and researchers. In fall 1998, NCCP conducted interviews with directors and key staff from more than a dozen of the most promising nominated programs and initiatives. The project was funded by the Office of the Assistant Secretary for Planning and Evaluation of the U.S. Department of Health and Human Services; the research was carried out by NCCP in conjunction with Mathematica Policy Research. The findings are detailed in: *Enhancing the well-being of young children and families in the context of welfare reform: Lessons from early*

*childhood, TANF, and family support programs*, by Jane Knitzer and Nancy K. Cauthen in collaboration with Ellen Kisker. (Washington, DC: U.S. Department of Health and Human Services, 1999). For the full text see: <http://www.nccp.org>.

The second set of interviews was conducted by NCCP staff with the directors of Starting Points sites at two points during 1998. The directors were asked to talk about any activities in which their sites were engaged that specifically addressed the needs of young children and families affected by changes in welfare. In a second round of interviews, directors of selected sites were asked what they knew of other such activities being implemented in their states. In several instances, follow-up interviews were conducted in early 1999 with personnel who were more directly involved in those efforts.

9. Zaslow, M.; Trout, K.; Smith, S.; & Moore, K. (1998). Implications of the 1996 welfare legislation for children: A research perspective. *Social Policy Report*, 12(3), pp. 1–35.

10. Shore, R. (1996). *Rethinking the brain: New insights into early development*. New York, NY: Families and Work Institute.

11. Duncan, G. J. & Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor*. New York, NY: Russell Sage Foundation.

12. Moore, K. A.; Zaslow, M. J.; Coiro, M. J.; Miller, S. M.; & Magenheimer, E. B. (1995). *How well are they faring? AFDC families with preschool-aged children at the outset of the JOBS evaluation*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

13. Gomby, D. S. & Lerner, M. B. (Eds.). (1995). Special issue: Long-term outcomes of early childhood programs. *The Future of Children*, 5(3), pp. 6–191, 212–221.

14. Title I of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193), enacted in August 1996, created the Temporary Assistance to Needy Families (TANF) Block Grant. TANF replaced Aid to Families with Dependent Children (AFDC), Emergency Assistance, and the Job Opportunity and Basic Skills Training (JOBS) Program, and eliminated the federal entitlement to welfare benefits for eligible families.

15. Smith, V. K. (1999). *Preliminary estimates: Enrollment increases in state CHIP programs, December 1998 to June 1999*. Lansing MI: Health Management Associates.

16. Adams, G.; Schulman, K.; & Ebb, N. (1998). *Locked doors: States struggling to meet the child care needs of low-income working families*. Washington, DC: Children's Defense Fund.

17. For an analysis of the growth and changing patterns of use of child care subsidies under welfare reform, see: Pieczyk, J. B.; Collins, A.; & Kreader, J. L. (1999). *Patterns and growth of child care voucher use by families connected to cash assistance in Illinois and Maryland* (Child Care Research Partnership Report No. 2). New York, NY: National Center for Children in Poverty, Columbia University, Joseph L. Mailman School of Public Health.

18. See *Goals 2000: Educate America Act*, P.L. 103-227, enacted in March 1994.

19. Knitzer, J. & Page, S. (1998). *Map and track: State initiatives for young children and families, 1998 edition*. New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

20. U.S. Department of Health and Human Services, Administration for Children and Families. (1999). Temporary Assistance for Needy Families final rule. *Federal Register*, 64(69), pp. 17, 719–17,768.
21. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (1999). *Helping families achieve self-sufficiency: A guide on funding services for children and families through the TANF program*. Washington, DC: U.S. Department of Health and Human Services.
- Greenberg, M. H. (1999). *Beyond welfare: New opportunities to use TANF to help low-income working families*. Washington, DC: Center for Law and Social Policy.
- Schott, L.; Lazere, E.; Goldberg, H.; & Sweeney, E. (1999). *Highlights of the final TANF regulations*. Washington, DC: Center on Budget and Policy Priorities.
22. FitzPatrick, C. S. & Lazere, E. (1999). *The poverty despite work handbook: Data and guidelines for preparing a report on the working poor in each state*. Washington, DC: Center on Budget and Policy Priorities.
23. Peisner-Feinberg, E. S.; Burchinal, M. R.; Clifford, R. M.; Culkin, M. L.; Howes, C.; Kagan, S. L.; Yazejian, N.; Byler, P.; Rustici, J.; & Zelazo, J. (1999). *The children of the Cost, Quality, and Outcomes study go to school: Technical report*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center.
24. For the 1999 federal poverty guidelines, see <http://aspe.hhs.gov/poverty/99poverty.htm>.
25. A handful of other states, including Illinois, Minnesota, Washington, and Wisconsin, have attempted to provide child care assistance to all eligible low-income families without regard to welfare receipt. But unlike Rhode Island, these states do not provide a legal entitlement to child care assistance for eligible families. See: Center on Budget and Policy Priorities. (1998). *Reinvesting welfare savings: Aiding needy families and strengthening state welfare reform*. Washington, DC: Center on Budget and Policy Priorities.
26. For other examples of child care capacity building and quality improvement efforts, see:
- Blank, H. & Poersch, N. O. (1999). *State child care and early education developments: Highlights and updates for 1998*. Washington, DC: Children's Defense Fund.
- Stebbins, H. (1998). *Improving services for children in working families*. Washington, DC: National Governors' Association.
27. See Shore in endnote 10.
28. For research on the effects of early childhood programs, see Gomby & Lerner in endnote 13.
29. For additional information on program approaches see: Knitzer, J.; Cauthen, N. K.; & Kisker, E. (1999). *Enhancing the well-being of young children and families in the context of welfare reform: Lessons from early childhood, TANF, and family support programs*. Washington, DC: U.S. Department of Health and Human Services (for the full text see: <http://www.nccp.org>).
30. For a discussion of strategies to support informal "kith and kin" child care providers, see: Collins, A. & Carlson, B. (1998). *Child care by kith and kin—Supporting family, friends, and neighbors caring for children*. (Children and Welfare Reform Issue Brief No. 5). New York, NY: National Center for Children in Poverty, Columbia University, Joseph L. Mailman School of Public Health.
31. Murphey, D. (1999). *The social well-being of Vermonters, 1999: A report on outcomes for Vermont's citizens*. Waterbury, VT: Vermont Agency of Human Services, Planning Division.
32. Although Cal-SAHF typically serves pregnant women and families with children younger than age three years, recent funding collaborations have enabled sites to develop a continuum of prevention and treatment services for families with children from birth to age 18 years.
33. Lazere, E. & Kim, L. (1999). *Welfare balances in the states: Unspent TANF funds in the middle of federal fiscal year 1999*. Washington, DC: Center on Budget and Policy Priorities.
34. Berns, D. & Drake, B. (1998). Promoting safe and stable families through welfare reform. *The Prevention Report: National Resource Center for Family Centered Practice*, (2), pp. 4–8.
35. For a description of this effort, see Bernard, S. N. & Knitzer, J. (1999). *Map and track: State initiatives to encourage responsible fatherhood, 1999 edition*. New York, NY: National Center for Children in Poverty, Columbia University, Joseph L. Mailman School of Public Health.
36. Although many partnerships target young children and families, most do not address welfare-related issues or link with those implementing welfare reform. See, for example: Child Care Partnership Project (1998). *A handbook for successful public-private partnerships*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau.
37. These agencies are the Department of Social and Health Services, the Department of Employment Security, and the Department of Community Trade and Economic Development, which funds the state's prekindergarten program.
38. The W. K. Kellogg Foundation gave the National Head Start Association a three-year grant to promote partnerships between Head Start and other groups. The priority for the final grant year was to focus on welfare reform implementation.
39. For an example of a county-level partnership, see the profile of the Bibb County, Georgia Training/Child Care Center in Knitzer, Cauthen, & Kisker in endnote 29.
40. Blum, B. B. & Berrey, E. C. (1999). *Welfare research perspectives: Past, present, and future—A view from the Research Forum on Children, Families, and the New Federalism*. New York, NY: National Center for Children in Poverty, Columbia University, Joseph L. Mailman School of Public Health.
- See also Knitzer, Cauthen, & Kisker in endnote 29 and Knitzer in endnote 7.
41. In addition to the examples provided in this issue brief, TANF funds can also be used to increase family incomes and provide basic support services to low-income families. See, for example: Center on Budget and Policy Priorities. (1998). *Reinvesting welfare savings: Aiding needy families and strengthening state welfare reform*. Washington, DC: Center on Budget and Policy Priorities.