Societies that thrive and prosper pay attention to the health and well-being of the children who will populate their workforce, build their communities, innovate and solve the problems of the future. To promote their success in meeting these challenges, research shows we must attend to birth through age eight as a critical time period for establishing the solid foundations essential for children’s long-term health and learning.

The degree to which families are supported over time in their efforts to raise healthy, productive children should be a topic of concern to all. Since one generation of children grows up to parent the next, a multi-generation approach would appear a sensible undertaking for states.

To meet this challenge, in 2014, the Alliance for Early Success conducted key-informant interviews and convened a meeting with the National Governors Association and the Annie E. Casey Foundation: Bridging Policies for Children and Families. Experts represented a broad range of early childhood, anti-poverty, workforce, and family engagement fields. This paper reflects the key takeaways and policy recommendations that emerged from those conversations and can lead to better health, family, and learning outcomes for vulnerable young children. The Alliance will use these recommendations to update the Birth Through Age Eight State Policy Framework, and as a guide for future investments and potential new partners. The paper is also intended to be a resource for anyone interested in how to bridge state policies between family support and early childhood for better results.

Research shows that it is through relationships with caring adults that young children engage in the process of “serve and return” interaction, which shapes the foundations of healthy brain architecture. Like a game of tennis, every child “serves up” an invitation to engage to which an attentive caregiver responds, thereby laying down connections in the child’s brain that form a solid foundation for future learning and engagement with the world. The quality and consistency of a child’s early environments and experiences shape the processes that determine whether the brain will have a strong or weak foundation. When consistent, reliable relationships are disrupted through parent depression, dislocation or homelessness, chronic stress or violence, or extreme poverty, the child’s basic brain circuitry is affected. Making sure that this early process of interaction goes well should be an important part of society’s investment in each generation of children and their families.

Research has identified key factors that simultaneously buffer against stress and promote optimal development, even in the presence of risk. Successful communities are those that invest in these buffers, building more positive environments and supports into the public structures that families encounter to outweigh the negative effects of cumulative and chronic stressors. These protective factors—parental resilience, social connections and access to supports when needed—can be present in any family regardless of income, race, area of residence or other socio-economic factors. Families can also build and strengthen them by drawing on their own resources or seeking help from formal and informal sources. Some families, however, will need additional help in securing access to the resources needed to meet the considerable challenges of parenting and survival in their communities.
Parents can best support their children’s development when they have accurate and sufficient knowledge of child development and have opportunities to develop and practice effective parenting skills (e.g., understanding developmental milestones and setting reasonable expectations for their children, maintaining consistent routines, using positive discipline techniques, promoting healthy habits, reading to their children regularly). This is especially challenging in situations where multiple generations have been exposed to chronic stressors to the degree that their “serve and return” skills have been greatly impaired.

Significant public attention currently focuses on the importance of high-quality early learning settings for all children, and the public sector’s role in ensuring that vulnerable children especially can access and benefit from them. But given the important role and primary influence of parents, the public sector can also maximize outcomes by equipping them with the skills, knowledge, capacities and resources they need to support their children.³

The Alliance for Early Success’s policy recommendations for states acknowledge the need for this added focus and center on three key approaches:

**Universal:**
- All families need support and benefit from access to formal and informal resources; some families need additional help to ensure the conditions that enable children to thrive.

**Family-Centered:**
- Adopting strengths-based, family-centered approaches to supporting adults and children can shift the focus from individuals to families and inform higher-impact solutions.

**Outcome-Focused:**
- Accountability measures should focus on outcomes and promote a culture of innovation, inquiry and continuous improvement that expands the knowledge-base of what works for America’s diverse families.
All parents need help facing the every-day challenges of raising children and providing for the needs of their families. Often this help comes from informal sources, such as extended family members, neighbors, colleagues or faith community members. Other times, formal help comes from professionals or organizations such as pediatricians, licensed child care providers, parenting classes or career counseling. This form of assistance is often broadly available in communities and paid for by families themselves, by public sources, or a combination of both. But some families also face multiple challenges that stem from poverty, substance abuse, mental health issues, single parenthood, neighborhood violence, homelessness, and the lack of jobs. In this case, tailored and more intensive services are needed such as cash assistance, housing support, and mental health counseling. Such services are largely financed through public, and to a lesser extent, philanthropic or charitable funding.

In all cases, parents are likely to seek help when they encounter messages and attitudes that such action is not a sign of inadequacy or failure, but is instead a form of self-advocacy that builds resilience. Professionals and service providers’ approach to families can be a barrier. But even when parents are willing to seek help, resources and services may not be affordable, available or easily accessible. In this case, public policy and investments are needed to expand the availability of local services and remove barriers to service coordination.

This understanding of what families need suggests a policy response that fosters a graduated continuum of supports:

The Role of Resilience

Developmental experts see child outcomes as the result of a scale of factors that the child encounters—positive factors get put on one side and negative factors on the other—and the way that the scale tips is like the outcomes of development. The scale can be counterbalanced such that good outcomes can still happen even when there are numerous factors stacked on the negative side. For every child, the fulcrum starts in a different place, which influences how the scale works and makes some scales easier to counterbalance than others. For those children who begin with developmental delays and genetic predispositions, the fulcrum is placed in a challenging position. But over time, with the right counterbalancing load of positive and nurturing environments, these children can beat the odds. Families constitute a very large weight on the resilience scale. State policies can tip the scale in favor of positive development when they invest in better environments and services that address the multi-generational needs of families.
UNIVERSAL SUPPORTS FOR ALL FAMILIES

There are policies and investments in systemic infrastructure, outreach and communication that can help any family find resources and information. For example, family support information hotlines like 2-1-1, the national Help Me Grow model, and child care resource and referral networks are strategies that seek to support all families through centralized information and referral systems. Universal health screening, parenting kits and informational websites are strategies intended to reach large numbers of families. Family-friendly policies (such as paid maternity leave and tax deductions for child and dependent care expenses) also fall in this category. Children thrive when families have basic supports.

POLICY RECOMMENDATIONS

- Create centralized referral/linkage resources to help all families access services
- Adopt program standards and incentives to encourage programs to focus more intentionally on family engagement strategies and providing parenting support
- Support and expand income strategies such as the Child Tax Credit and the Earned Income Tax Credit to boost family resources
- Increase opportunities for relationship building between the parents and their babies, especially in the earliest weeks with family-friendly policies such as Temporary Assistance for Needy Families (TANF) work exemptions and family leave
- Expand access to parent education and parent-child interaction programs that are linguistically and culturally appropriate and support development and nurturing of infants and toddlers
- Ensure access to health care and education programs for children cared for by grand-parents and other relative caregivers and provide supports to those caregivers
- Promote hub strategies that integrate supports for parents and children and deliver them in settings in which families are already participating or present

Example: Indiana Partnership

Indiana’s MIECHV funds support a partnership between Goodwill Industries, Nurse-Family Partnership (NFP), and public and private sector organizations to improve maternal and child health outcomes, particularly employment, educational attainment and others necessary to achieve financial independence.
THEME 1: All families need support; some families need more support for children to thrive

SHORT-TERM OR TARGETED SUPPORT TO MEET A SPECIFIC NEED

Some families face occasional or temporary challenges such as a severe illness, job loss or military deployment, for which short-term assistance is beneficial. Other families need supports to deal with long-term challenges, which is relatively limited to the specific challenges they face. For example, families with members suffering from chronic illness or physical or mental disabilities might benefit from respite care, therapeutic services, or counseling. Some families need help paying for basic supports, such as rent, food, child care and health insurance coverage, because of the temporary or long-term challenge. But not all of these families need all of these services. Customizing supports where they are needed is smart investing that results in good outcomes for children and families.

POLICY RECOMMENDATIONS

• Address short-term need for basic supports such as food, rent or transportation that help families maintain housing and employment
• Connect families to employment and training opportunities while also promoting strong adult-child relationships
• Develop effective service referral and recruitment paths for families, and keep fine-tuning
• Expand the use of effective goal-setting and coaching approaches with families
• Invest in identification and treatment strategies with the financing needed to address early childhood mental health and adult mental health problems
• Invest in voluntary, evidence-based, home visiting programs for new and expectant families at risk for poor child outcomes that match with family needs
• Establish program standards that ensure home visitors are trained and use appropriate screening tools to identify and refer families for additional supports
• Maximize opportunities to pay for preventive care through the Affordable Care Act
• Adopt policies that encourage involvement of fathers (or noncustodial parents)
• Promote strategies to blend and braid funding to support comprehensive and coordinated service delivery and reduce financing barriers

Example: Community Hub Strategies

Through the MOMS Partnership in New Haven, Connecticut, “MOMS Zones” include a “MOMS hub” to deliver mental health and family self-sufficiency and economic security services and Community Ambassadors trained to engage the hardest to reach families and encourage their engagement with the MOMS hubs. They are testing whether reducing parenting stress among families living in high-poverty neighborhoods will result in improvements in maternal mental health, economic security and child outcomes.
Some families face multiple stressors and require more intensive, multi-faceted and/or long-term supports and services. Some of their challenges can be addressed through direct services (e.g., treatment for maternal and/or caregiver depression or substance abuse, intensive home visiting and family preservation services). But often, the challenges families face are linked to broader community or societal factors described above that are beyond the scope of what any single family, professional or program can address. Here, intentional state and local efforts are also required to better coordinate and deliver services to families and young children. In these cases, children and families are in dire need, but the right type of supports can prevent greater problems later.

**POLICY RECOMMENDATIONS**

- Invest in combined interventions that address serious challenges to optimal child development, parental employment, and family well-being from trauma, domestic violence, mental health and substance abuse
- Use community data to assess need and target services to highest-need populations or neighborhoods
- Promote the common use of appropriate screening tools across child-, adult/parent- and family-serving programs to identify individual and family risk factors and strengths
- Implement cross-discipline training for front-line staff and program administrators on family risk and protective factors, screening tools, and trauma-informed practice
- Invest in networks of parent navigators/ambassadors to build social capital in high need neighborhoods and connect families to the services and supports they need
- Provide incentives through enhanced reimbursement or new service combinations that promote co-location of services or care coordination among family-serving programs
- Shift the focus of service and case management practice and policy away from compliance and toward adult/parent-, child- and family-level outcomes
- Promote data-sharing across programs to better manage, serve and track outcomes for families with multiple needs
- Invest in prevention programs and services for children at risk of abuse and neglect and their families
Adopting strengths-based, family-centered approaches to supporting adults and children shifts the locus of prevention and intervention from individuals to families and inform higher-impact solutions.

Most child- and family-service sectors have a long history of using a deficit-based approach that fails to factor-in the strengths and capabilities that individuals or families can bring to bear as active participants (rather than passive recipients) in the solution process. Research shows that too often, this focus on “what’s wrong” with families communicates low expectations, negatively influences the perceptions and attitudes of service professionals, and results in practices, programs, policies, and systems that are punitive and stigmatizing. On the other hand, research shows that across multiple disciplines, programs and professionals that demonstrate strengths-based, family-centered approaches to service delivery is associated with positive child and family-level outcomes.

An effective strengths-based approach for families with young children is one that:

• Focuses on what is working well and assumes that parents are capable of solving problems and learning new skills.
• Engages individuals and families as an integral part of the “solution” process rather than simply the recipients of services and/or professionals’ expertise.
• Acknowledges that, even when parents may lack specific knowledge or skills, they are experts on their own family and want to do right by their child.
• Encourages shared-decision-making which involves families in problem-solving with the service professional.

What Are Family Strengths?

Researchers at Child Trends define family strengths as, “The set of relationships and processes that support and protect families and family members, especially during times of adversity and change. Family strengths help to maintain family cohesion while also supporting the development and well-being of individual family members.” Family Strengths: Often Overlooked, But Real. Child Trends, 2002.
A strengths-based approach emphasizes the individual’s or family’s potential while maintaining sensitivity to the barriers they face. Unfortunately, most of the valid and reliable tools and measures available to inform service delivery are designed to assess deficits, not strengths. This is beginning to change, but more can be done to design and test new tools to support strengths-based approaches.

Another challenge that is common is that programs focus on either the child or the adult, ignoring the family as a unit. While some individual programs, such as Head Start and some home visiting models, have attempted to integrate a dual-focus on parents and children and/or integrate comprehensive “wrap-around” family services, many more remain focused on one or the other and miss an important

POLICY RECOMMENDATIONS

• Provide leadership and create incentives to change the culture of existing programs: Interagency commissions, executive orders, dedicated staff and resources can re-examine policies and practices to shift to a family-centered approach

• Promote the adoption of family-centered professional competencies, practices and training in all services and programs that touch the lives of parenting adults, children and families

• Adopt eligibility, redetermination and enrollment policies that simultaneously promote families’ access to high-quality, year-long early learning experiences for children ages 0-5 and support parental employment

• Implement universal, on-line applications to child programs and public benefits to improve outreach and reduce barriers to family participation

• Align definitions, eligibility requirements and enrollment periods across services for children and their families to improve access

• Promote and scale up two-generation strategies that successfully promote optimal child development and support adults in their dual roles as parents and providers of their family’s basic needs

Example: Family Engagement in Educare Schools

Many early childhood programs and schools are focused on “family engagement” strategies. Educare programs use the Head Start Parent, Family and Community Engagement Framework. Family engagement in Educare Schools is defined as partnering with families to build mutually respectful, goal-oriented relationships that support strong parent-child relationships, family well-being and ongoing learning and development for both parents and children. Their services include on-site family support specialists and services that promote both maternal and child health.
opportunity to make a larger impact on families as a whole. Leadership from public and philanthropic sectors is seeking to change this by raising attention to promising two-generation programs and strategies. (See side-bar.)

A family-centered approach changes business-as-usual at the program and agency level. It requires cultural shifts in how practitioners, administrators and policymakers think about, respond to and work with family members of all ages and families of all circumstances and backgrounds. Head Start and Educare schools have been intentional in using this approach to better meet the learning needs of children and the multiple needs of their families. (See Text box) This approach also requires expanding the mission of existing services and changing the outcomes they are expected to achieve to include the “right” mix of child-, parent- and family-level measures. States can use policy as a lever to promote these shifts in culture by integrating family-centered concepts and approaches into: outcome and reporting requirements, professional standards and competencies, professional development and training, administrative policy and procedure.30

Two-Generation Strategy Resources

- Ascend at the Aspen Institute
- Annie E. Casey Foundation Two Generation Approaches
- National Human Services Assembly: Breaking the Cycle of Poverty in Young Families
- Ray Marshall Center and the Foundation for Child Development: Dual-Generation Strategy
- Center on the Developing Child at Harvard University, Frontiers of Innovation Initiative
- The Center for High Impact Philanthropy: Invest in a Strong Start for Children. A Toolkit for Donors
- The W.K. Kellogg Foundation and the David and Lucile Packard Foundation are investing in this area.
Accountability measures should focus on outcomes and be used to promote a culture of innovation, inquiry and continuous improvement.

Investing in families offers states a set of innovative opportunities with greater promise of positive outcomes. Recognizing that accountability and continuous improvement are important levers for ensuring effective use of public dollars, these approaches amplify the existing investments across the birth through eight age span. Promoting a more family-centered and responsive approach to supporting vulnerable families requires a shift from program-specific interventions to a mix of comprehensive and tailored supports. Ideally, solutions would account for individual differences among families and consider the complex interplay of family, community and societal factors that influence child- and family-level outcomes. They would also be grounded in the science of early development and the underlying processes that influence outcomes for all children.

The best approach to ensuring accountability can also be used to drive continuous quality improvement through the use of performance, progress and outcome measures. Those measures, however, will require a recalibration as a family-centered approach literally changes the way we interpret progress. A results-oriented approach requires a shift away from inputs and toward outcomes. For example, this could mean expanding beyond adult work participation rates as the sole accountability measure for Temporary Assistance for Needy Families funding to include measures of long-term economic and family outcomes such as employment retention, earnings, and children’s school readiness. A new federal rule is encouraging states to shift to outcome accountability. The Office of Management and Budget will now, on a case-by-case basis across federal agencies, waive certain grant

POLICY RECOMMENDATIONS

- Increase data collection and analysis by race and ethnicity
- Develop longitudinal, linked data systems that can be disaggregated by race/ethnicity, gender, and geography to identify high need areas and target interventions to promote equity
- Shift reporting requirements from those that measure process inputs and services for individual clients to those that measure outcomes for children and adults
- Promote the use of results-oriented, performance-based accountability processes that promote continuous improvement to speed up innovation
- Invest in development of new evaluation tools and measures to enable assessment of impact of a broader range of factors on different populations
- Seek funding opportunities and federal waiver approval for investments in innovative programs and strategies that are strengths-based, family-focused and will contribute to the evidence based of what works
compliance requirements in exchange for the use of performance-based mechanisms, such as tiered evidence grants, Pay for Success and other pay-for-performance approaches, and Performance Partnerships allowing braided and blended funding.\textsuperscript{26}

Effective accountability and continuous improvement processes involve key decision-makers who agree on a common set of results, indicators and interim benchmarks. Data is reviewed regularly to monitor progress toward targets, assess the effectiveness of strategies, evaluate the factors that contribute to or detract from success, and revise plans as necessary. Attention to collecting and analyzing data on specific subpopulations is also essential to ensure equitable outcomes across racial, ethnic and other demographic differences.\textsuperscript{27}

Useful performance assessment tools and processes include performance contracting, annual review and recalibration of targets, and “dashboard” reports that summarize metrics and clearly communicate progress to stakeholders, policymakers and the public.\textsuperscript{28} Strong accountability helps make the case for sustaining and scaling the programs and policies that lead to better child and family outcomes.

**CONCLUSION**

Recent research in neuroscience and in the cognitive and social sciences has informed a new understanding of what children need to thrive, and shines a bright light on the primary importance of early caregiving and a multi-generational approach to developmental outcomes. The time is ripe to expand the early childhood conversation to include supporting parents in their dual roles as caregivers raising their children and providers for their families.

The recommendations in this paper can serve as a roadmap to achieving good outcomes for society by recognizing that children live in families who live in communities and that all of these environments affect the quality of experiences that form healthy development. An effective policy approach combines elements of universal supports and tailored assistance, promotes a cultural shift toward family-centered and strengths-based practice and services, and adopts results-oriented, performance-based accountability measures. State policymakers can lead the way by making the case and setting a clear vision and goals for integrating family-centered approaches across agencies and programs. They can hold agency executive leadership accountable for achieving child, parent, and family-level results. They can engage other champions and critical stakeholders in the charge. By connecting the issue to other high-level priorities such as promoting grade-level reading or raising high school graduation and college completion rates, state leaders can generate additional momentum for ambitious reform efforts. Ultimately, these efforts will result in real improvements in the health and learning outcomes of all young children, keeping them on track for a life as contributing adults.
ABOUT THIS PAPER

This paper reflects the knowledge and best thinking of leading national experts in the fields of early learning, family support, parent engagement, and two-generation approaches. The Alliance for Early Success gratefully acknowledges the contributions of the many experts we interviewed and those that attended the Bridging Policies for Children and Families meeting in June 2014. Anna Lovejoy is the principal author, an independent consultant specializing in policies that impact the well-being of young children and their families. The recommendations were developed in conjunction with the Alliance for Early Success. The author gratefully acknowledges the contributions of Lisa Klein, Helene Stebbins and Steffanie Clothier from the Alliance for Early Success, staff at the Ounce of Prevention Fund, Shelley Waters Boots, independent consultant, and Susan Bales from the Frameworks Institute.

ENDNOTES


2 The Center for the Study of Social Policy completed a recent synthesis of the research on brain science and child development examines the evidence associating five protective factors with family strengths, optimal child development and the reduced likelihood of child abuse and neglect. These are: parental resilience; social connections; knowledge of parenting and child development; concrete supports in times of need; and the social emotional competence of children. These five factors form the basis of the Strengthening Families approach which the Center for the Study of Social Policy conceptualized and piloted in a handful of states in 2007. Since then, more than 30 states and many communities around the country are using this approach to shift practice, policy and systems to better support children and families. For more information, visit www.strengtheningfamilies.net or see The Strengthening Families Approach and Protective Factors Framework: Branching out and reaching deeper (Harper Brown, September 2014), available at http://www.cssp.org/reform/strengtheningfamilies/2014/The-Strengthening-Families-Approach-and-Protective-Factors-Framework_Branching-Out-and-Reaching-Deeper.pdf


5 Harper Brown, C. (September 2014)

6 Centralize referral linkages include, for example, Help Me Grow (http://www.helpmegrownational.org/), 2-1-1 resource hotlines (http://www.211us.org/) and child care resource and referral agencies (for example, Child Care Aware® http://www.childcareaware.org/).

7 Including Family Engagement standards in state Quality Rating and Improvement Systems is a good example of a strategy to adopt program standards and incentives that encourage a more intentional focus on providing supporting families and offering parenting support (see http://qrisnetwork.org/ for more information). Resources like the Head Start Parent, Family and Community Engagement Framework(http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework) and the Strengthening Families approach and Protective Factors Framework developed by the Center for the Study of Social Policy (http://www.strengtheningfamilies.net) are available to support state efforts in this area.

Hub strategies integrate supports for parents and children, such as housing and food assistance, child care and medical care. Educare schools (http://www.educareschools.org/) and Head Start programs (http://eclkc.ohs.acf.hhs.gov/hslc/hs/about) are examples of hub strategies.

Connecticut’s Child Development Infoline Service (http://www.ctunitedway.org/cdi.html) is a good example of an effective referral and recruitment path. Clinics providing services under WIC and pediatricians’ practices offer particularly good opportunities to reach depressed mothers of infants. Iowa’s 1st 5 initiative is a public-private partnership bridging primary care and public health services. The 1st 5 model supports health providers in the earlier detection of social and developmental delays and family risk-related factors in children from birth to age five and coordinates referrals, interventions and follow-up. For more information, visit the Iowa Child & Family Policy Center, http://www.cfpciw.org/en/issues/child_health_and_wellbeing.

The New Mexico Home Visiting Accountability Act of 2013 established the parameters of a statewide home visiting system that provides a common framework for service delivery and accountability across all home visiting programs and models operating across the state. The framework informs comprehensive standards that ensure high quality service delivery and continuous quality improvement. The standards include requirements that programs have procedures and practices in place to ensure that appropriate referrals and follow-up occur on a regular basis with participating families. The standards refer specifically to screening and referral to services, as needed, for a medical home for both mother and child, maternal depression, early intervention, domestic violence services, and referral to Child Protective Services when there is suspicion of child abuse or neglect. For more information, visit the New Mexico Children, Youth and Families Department’s home visiting webpage.

Policies that encourage involvement of fathers (or noncustodial parents) include, for example, actively including fathers in home visits and incorporating caseworker services into child support enforcement efforts. For more information on how child support enforcement can support fathers, see How The Child Support System Affects Low-Income Fathers from the National Conference of State Legislatures, http://www.ncsl.org/research/human-services/how-child-support-affects-low-income-fathers.aspx.

Examples of promising interventions include Project DULCE: Developmental Understanding and Legal Collaboration for Everyone in Boston, Fostering Hope: Concentrating Services in High Poverty Neighborhoods in Oregon, and the The Strong Start Study (Denver). These interventions were included in a recent evaluation project managed by the Quality Improvement Center on Early Childhood with funding from the federal Office of Child Abuse and Neglect:. For more information, visit http://www.qic-ec.org/.

See below for a definition of family strengths and discussion of a strengths-based approach.


Harper Brown, C. (September 2014)

For example, the Protective Factors Survey from FRIENDS National Resource Center for Community-Based Child Abuse Prevention; the Family Development Matrix and Parents’ Assessment of Protective Factors from the Quality Improvement Center on Early Childhood. (Will be available October 7, 2014)
20 The American Academy of Pediatrics encourages physicians to adopt a strengths-based approach as a strategy to help families build competencies. Adopting this approach means that the physician:

- acknowledges that parents are experts on their family and want to do right by their child.
- takes an active role in building parents' knowledge and encouraging mastery while providing good ideas on how to integrate new opportunities for competency into a family's daily life; and
- shares decision-making responsibility with families.

For more information, visit the American Academy of Pediatrics’ Strengthen Based Approach webpage.


23 Policies that promote families’ access to high-quality, year-long preschool experiences for children ages 0-5 include, for example, measures that: allow parents to retain child care subsidy benefits if they lose a job and are searching for employment, and extend TANF job search limits to at least 60 days to protect families in volatile or weak job markets; extend recertification periods and allow tiered income eligibility so that families continue to receive child care subsidies, cash assistance and other benefits even as income fluctuates or increases over time; align enrollment periods for Head Start, child care subsidy, and state pre-k to promote continuity of care and braided funding.

24 Delaware offers an example of a single online application system, https://assist.dhss.delaware.gov/, and aligned eligibility policies for Child Care Development Fund (CCDF), TANF, Supplemental Nutrition Assistance Program (SNAP), and Medicaid. According to a report from the Urban Institute, families applying for multiple benefits may be determined eligible once and go through only one review process for the entire package of benefits. Income eligibility is aligned across programs at 200 percent of the federal poverty level, and “household” is defined consistently across programs. If a family receives multiple benefits, the state synchronizes review dates across programs. Delaware has a 12-month eligibility period for all benefits. All programs use the same simplified report as SNAP for an interim 6-month review. For more information on these and similar efforts in other states, see Confronting the Child Care Eligibility Maze Simplifying and Aligning With Other Work Supports, Gina Adams, Hannah Matthews, The Urban Institute and CLASP, December 2013. http://www.urban.org/UploadedPDF/412971-confronting-the-child-care.pdf.

25 One example is the Pew Home Visiting Campaign: Model Policy Framework

The Pew Home Visiting Campaign recommends that, whether they are investing in one or multiple program models, states can assure accountability in two ways: 1. Monitoring program performance—such as how many families are receiving services, number of visits and attrition rates—to assess whether communities are executing selected models as designed and to identify and correct poor performers; and 2. Evaluating program outcomes—such as reductions in smoking, low birth weight and child abuse, and improved parenting skills and school readiness—to determine if home visiting is delivering promised results.

Pew is also working with several states and other stakeholders through the Home Visiting Data for Performance Initiative to enhance their data collection to ensure that their home visiting efforts are resulting in meaningful outcomes for participating families and children and a solid return on investment for taxpayers. Stakeholders are identifying common indicators that will be useful to improve program quality, build up the knowledge base, and most importantly, measure impact. Visit the Pew Home Visiting Campaign for more information.


28 Farrow & Schorr, p. 37.