
CHAPTER 3:
STRONG, NURTURING FAMILIES

Key Benchmarks in this Chapter:

Family poverty

Prenatal care

Child care

Child abuse and neglect

Ready for school at age 5

Key Chapter Topics:

Characteristics of Strong, Nurturing Families

Family Diversity

Self-sufficiency and Access to Resources

 Causes and consequences of inadequate resources

 Strategies to increase self-sufficiency

 Model strategies to build self-sufficiency

Access to Social Support

 Value and adequacy of social support

 Support groups and formal support

 Family resource centers

Positive Emotional Climate

 Characteristics of a positive emotional climate

 Commitment to nurturing care

 Positive communication patterns

 Coping with stress, conflict resolution and problem-solving

 Family identity and diversity

 Severe parental conflict, divorce, and domestic violence

(over)

Positive Parent-Child Interactions

Attachment and nurturing care

Positive interactions, family routines, and time

Constructive guidance and discipline

Parent involvement in children's activities and settings

Effective family support and parent education

CHAPTER 3:

STRONG, NURTURING FAMILIES

Families remain the most important social institution in the nation. With adequate resources, supportive relationships, and a positive emotional climate, families can create nurturing environments that are necessary for children's healthy growth and development. Yet many families face economic, personal, and social stresses that hinder their ability to provide nurturing and care for their children.

Economic stress, substance abuse and mental health issues, divorce, and single parenthood compound the challenges that many families face in raising children (e.g., Hay & Jones, 1994; National Research Council [NRC], 1993). Even among families who do not face these challenges, the pace and demands of everyday life create obstacles to a positive family life.

Strong, nurturing families exist in all forms, at all economic levels, among all cultural, racial, and religious groups, and in all geographic locations. Despite this great diversity of style of life, strong, nurturing families are characterized by four qualities:

- self-sufficiency and access to basic resources;
- effective access to social support;
- positive emotional climate;
- positive parent-child interactions and guidance.

Each of these qualities can be divided into several components. For example, family self-sufficiency and access to basic resources includes a family's ability to obtain:

- stable, adequate income and employment;
- adequate education for adults and children;
- physical and mental health care;
- shelter, nutrition, transportation, and other basic needs.

Nurturing families exist in all forms, at all economic levels, among all cultural, racial, and religious groups.

Strong, Nurturing Families

Effective access to social support includes a family's ability to:

- find, use, and create community resources when needed;
- use support from an “informal network” of family members, friends, peers, and others.

Maintaining a positive emotional climate includes a family's ability to:

- communicate clearly and openly;
- resolve conflicts effectively and without violence;
- express affection and provide consistent, nurturing support to all members, including parents;
- create a positive family identity;
- be free from the negative effects of alcohol, drug abuse, and emotional disorders;
- be free from sexual, physical, and emotional violence and oppression.

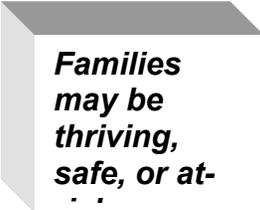
Finally, high quality, positive parent-child relationships and interactions includes the family's ability to:

- provide positive, age-appropriate guidance for children and youth, including realistic rules and expectations;
- cooperate with child-rearing partners.

Relative to each of these qualities, families may be considered to be thriving, safe, or at-risk (Young, Gardner, Schorr, & Bruner, 1994).

- *Thriving families* are growing and contributing to their own and their communities' well being.
- *Safe families* are secure and have the potential to move forward.
- *At-risk families* cannot meet their families' needs and the growth potential of all family members is minimal.

Because personal and social well-being are related to basic safety and security, families who are thriving in the arena of self-sufficiency, are



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more likely to be doing well in the other arenas. Families who lack basic resources are more likely to be challenged in their ability to utilize social support, provide nurturing care, and a positive emotional climate.

It is critical to remember, however, that *all* families experience both success and challenges. Families who are thriving in one arena may be at-risk in another.

- Domestic violence, sexual abuse, and poor guidance practices occur in families of *all* socio-economic classes.
- Positive parenting and nurturing care can be provided by very low income families.
- Family well-being in each arena can change over time, as resources and abilities grow or decline.

From this perspective, all prevention and intervention strategies must identify and build on family strengths and support families to effectively address the current challenges they face.

Family Diversity

In the United States, mainstream ideas and norms for parenting, values, attitudes, and other family practices center around White, nuclear, heterosexual, middle-class family life (Coontz, 1992; Garcia Coll, Meyer, & Brillion, 1995; Dilworth-Anderson, Burton, & Turner, 1993; Patterson, 1992). Diverse families are expected to take on these norms ignoring their race, ethnicity, or sexual orientation.

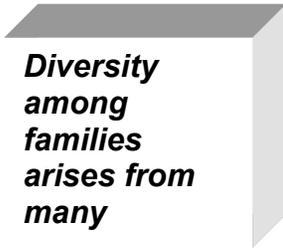
When diverse families are compared to White families, they are often perceived as inferior or at-risk (for summary see Garcia Coll et al., 1995). Children in diverse families are at-risk of being labeled almost automatically as less successful than White, middle class children (Shartrand, 1996).

Diversity among families arises from many sources. Families of color, families headed by lesbian and gay parents, and other “minority” families face different social, economic, ethnic, and cultural realities than families in the dominant culture. These differences require prevention and intervention programs to utilize culturally-variant perspectives that involve responding to:

- traditions, rituals, and values;



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Strong, Nurturing Families

- poverty and socio-economic challenges faced by many diverse families;
- oppressive forces and stresses; and
- complex realities of existence (Garcia Coll et al., 1995; McAdoo, 1993).

For example, families of color often teach their children to take on both the dominant cultural norms *and* their own cultural heritage. This adaptive behavior is used to promote positive self-concepts in children, to protect them against racism and other forms of discrimination, and to support functioning in the larger society. Service providers working with diverse families must:

- create a safe space for families and children to explore other approaches to family life; and
- expect all families members to be successful (Shartrand, 1996).

Caution must always be used when making general statements about various groups.

Diversity within diversity. Caution must always be used when making general statements about various groups. Often there is more diversity *within* a group, than across groups. Service providers and researchers recognize this diversity and avoid replacing one set of stereotypes with another.

For example, a negative, deficit-based stereotype about Black families is that most are welfare dependent. A more positive stereotype is that most “take care of their own.” Neither is true for all Black families who vary in socio-economic status, family forms, religious orientations and other ways. Information about the general patterns that characterize a group can be very useful to guide interventions but should *not* dictate expectations for individual families.

Ethnically diverse families. What patterns can inform practice with various ethnic family groups?

Native Americans represent 2% of the total American population. Among Native Americans, family life is often rooted in spirituality and community. Traditionally, native people value harmony with nature, mythology, current issues and needs, respect for the elders and for traditions, centrality of family and tribe, humility, and sharing prosperity (Garcia Coll et al., 1995).

- Extended family and community provide social support in the form of parenting, advise giving, and sharing of traditions.
- Parenting practices range from permissiveness to authoritative. For example, some Navajo children do not have to ask their parents about when to eat or sleep; they do so when they are hungry or tired. In contrast, other Native parents often utilize more rigid parenting methods to get a child to comply with their wishes.
- Mastery of various developmental and self-sufficiency skills are often pursued through storytelling, experiential learning, and involving children in all aspects of family life.
- Native American children may learn values such as humility, not drawing attention to oneself or preserving traditional ways. These values may be very useful in interaction with the Native culture, but may pose challenges for a child's academic, social, and economic success in the larger society (Dilworth Anderson & Marshall, 1996; Garcia Coll et al., 1995).

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African Americans represent around 12% of the population in the United States; about 96% are descendants of African slaves. Despite the disruptive force of slavery, African Americans, like Africans, maintain strong ties to the community. These ties include extended family and “fictive kin” – nonrelatives who assume the role of family members. Other common characteristics of African American families and their parenting practices are:

- Use of oral traditions to transmit knowledge, rituals, values. Oral traditions help to develop positive self-concepts and family identity.
- Use of extended family, community and fictive-kin ties to create a sense of “belongingness” and support.
- Confirmation of identity and worthiness through spirituality. In most communities, spiritual or religious practices serves as an important center for social support.
- Respect for ones’ elders and their contribution to a positive family emotional climate and community, and

African Americans typically maintain strong ties to family and community.

Strong, Nurturing Families

- Pride in ones' culture and ones' skills in dealing with the dominant culture (Dilworth-Anderson & Marshall, 1996; Garcia Coll et al., 1995; McAdoo, 1988).

The dominant parenting style among African-American families has been rule-oriented and strict, often with the use of physical punishment. This approach has been used to protect children from unsafe communities, racism and other forms of discrimination, and to develop the behaviors needed to survive interactions with the dominant culture (See Garcia Coll et al., 1995).

Today, the use of a strict parenting style is strongly associated with lower socio-economic status. As families gain affluence and move to safer communities, parenting practices tend to become less restrictive. Strong, fundamental spiritual foundations also contribute to firm, directive parenting styles among African-American families (Garcia Coll et al., 1995; McAdoo, 1988).

Latino families are influenced by diverse cultural, environmental, economic, and socio-political factors.

Latino families comprise approximately 8% of U.S. population. Latino families often identify themselves according to their geographic origins -- "my family is from Mexico" or "my family is from Puerto Rico." Most Latino families speak Spanish but differing dialects mean that families from one country or region may not understand those from another. In short, Latino families are influenced by diverse cultural, environmental, economic and socio-political factors. Thus, service providers must recognize the wide variations in language, traditions, and values exist among Latinos (Vega, 1990).

Despite these variations, *most* Latino families share strong emotional and values commitment to family life. Largely due to economic needs, gender-roles have become less rigid, moving away from the male as provider and the female as caregiver, to more egalitarian positions. In general, Latino families:

- tend to reside in a cluster of extended kin households and gain satisfaction from maintaining these ties;
- are responsive to the needs of family members and employ extended family networks as a resource for solving problems;
- balance personal dignity with a strong sense of relatedness and respect for others; and
- take pride in their cultural origins and preserve traditions (Garcia Coll et al., 1995).

Latino families tend to be warm and nurturing toward children, with especially indulgent, permissive attitudes toward the very young. Latino families value children who are dutiful, courteous, and respectful toward adults. Children are encouraged to master social skills and show self-respect and dignity when interacting with others (Vega, 1990).

Parenting-styles are relaxed, consistent with values of familial interdependence rather than encouraging independence and individuation. Parents, siblings, extended family members, and significant friends share the parenting responsibilities (Garcia Coll et al., 1995).

Asian American families, approximately 3% of the U. S. population, are another prominent group of families. Like Latinos, Asian-American families are very diverse and have roots in China, Japan, Korea, Vietnam, Cambodia, Thailand, the Philippines, Laos, Samoa and other Asian countries and cultures.

Family life and parenting tends to be patterned around spiritual principles such as humanism, self-discipline, order, and respect for the wisdom of the elders. Other values and traditions that influence family life and parenting are:

- maintaining parental control and close ties to family;
- fulfilling family obligations including formal and informal support;
- valuing hard work, discipline, and education;
- respecting cultural and family traditions; and
- avoiding overt conflict (Dilworth-Anderson, 1996; Garcia Coll et al., 1995).

Overall, there is a strong achievement-orientation and family centralism in most Asian American families (Garcia Coll et al., 1995).

Parenting is modeled after teaching. Parents are apt to be nurturing and permissive, especially with infants and young children. When children are between three and six years of age, Asian American parents are less indulgent and their expectations shift to increasing appropriate behaviors. Responsibilities, achievement, self-control, emotional maturity, and politeness are strongly held parental expectations (Garcia Coll et al., 1995).



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Families of color are the best sources of information about themselves.

In summary, recognition, respect, and flexibility in dealing with families of color can only exist where there is a general understanding of how different cultural, ethnic, economic, and socio-political factors influence the patterns of life and emotional climate within families. The best sources of information on these factors are families and respected community leaders. Both need strong voices and leadership positions in efforts to support ethnic families.

Families headed by lesbians and gays. Individuals who are lesbian and gay often do not disclose their sexual orientation in order to protect themselves and their families from discrimination. Whether their friends, co-workers, or relatives know it or not, there are 1.5 to 5 million lesbian mothers, 1 to 3 million gay fathers, and 6 to 14 million children being raised by lesbian or gay parents (Falk, 1989; Patterson, 1993).

As with ethnically diverse families, families headed by lesbian and gay parents are often viewed as socially deviant and pathological. In fact, the problems faced by these families are largely influenced by social and political factors (Hare, 1994; Patterson, 1992). Major concerns of lesbian and gay parents are social stigma and legal (Hare, 1994; Patterson, 1992). Recognizing the legal, social, and parenting concerns encountered by these families is essential.

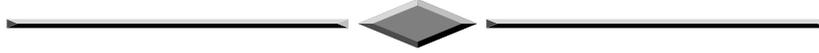
In order to promote healthy, nurturing families warrants a better understanding of families headed by lesbian and gay parents. Three important facts are:

Heterosexual families and families headed by lesbian and gay parents are more similar than different.

- while differences do exist, heterosexual families and families headed by lesbian and gay parents are more similar than different;
- children of lesbian and gay parents are *not* at greater risk of being sexual abused; and
- these children develop appropriate cognitive, social, moral, and psychological skills at the same rate as children reared by heterosexual parents (Patterson, 1992).

Parenting among families headed by lesbian and gay parents may involve large support networks that include partners, friends, ex-spouses, and others (Patterson, 1992; Hare & Richards, 1993). Children are more likely to accept their parent's sexual orientation when they learn of this orientation prior to adolescence. In addition, children better adjustment to their parent's sexual orientation when the family has a supportive network that views the family as normal (Patterson, 1992).

In the rest of Chapter 3, research is reviewed that further illuminates the characteristics of strong, nurturing families and strategies to support families to achieve these characteristics.



**Family Self-Sufficiency and Access to Essential Resources:
Measurable Interim Outcomes**

Adult literacy and other basic skills.	Access to health care, dental care, and family planning.
Education credentials (high school diploma, GED, other).	Access to transportation.
Job skills for local market.	Child support payment and assurance.
Affordable, adequate housing.	Family resource management skills.
Affordable, accessible child care.	

Research Linkages

Causes of Inadequate Family Resources

Decreasing family income. In the 1980's and early 1990's, despite modest growth in the nation's economy *most* families experienced substantial decreases in real income. While the wealthiest families experienced a substantial increase in real income (12%) and net worth, poor- and middle-income families experienced stagnating or decreasing real income (Schorr, 1992).

Adjusted for inflation, the median family income (the point at which 50% of the group is above the line and 50% are below), *declined* by 7.4% in the 1980's (Council of State Governments, 1993). Declines occurred in both single-and-two parent families and were particularly steep for young families and those headed by high school drop-outs. Inflation-adjusted median income dropped by over 34% between 1973 and 1992 for families headed by a person under the age of 30 (Children's Defense Fund [CDF], 1994). By 1992, half of all young families in America lived on less than \$18,420 per year.

Several factors account for this economic decline:

- declining numbers of high paying manufacturing employment;
- increasing employment in low-wage service jobs; and

The median family income declined by 7.4 percent in the 1980's.

- increasing numbers of adults involuntarily employed in temporary or part-time jobs that offer few or no benefits (e.g., United States Department of Health & Human Services [USDHHS], 1996; Shapiro & Parrot, 1995).

One result of the decline in real income levels has been a dramatic increase in family and child poverty. Today, *almost* one quarter of all young children live in poverty (USDHHS, 1996). In addition, the growth of poverty among children is also attributed to the increased number of single-parent families headed by women and the lack of child support payments.

The working poor. Employment is no guarantee of freedom from economic strain. The single greatest reason more families did not fall even further behind economically in the 1980's was the massive entrance of women into the labor force and the creation of the two-wage earner family.

Because of the declining value of the minimum wage, many parents work full-time but still live below the poverty level. In fact, almost two-thirds of poor families with children have at least one wage earner, even if the person is only able to find work part-time or seasonally (Korbin, 1992). Stated differently, 2 millions adults worked full-time in 1991 and remained poor. An additional 7.2 million adults worked full-time or part-time for at least part of the year but remained poor (Levitan, Gallo, & Shapiro, 1993). Increases in the minimum wage will help many of these families but will *not* eliminate their economic struggles.

Single parenthood and child support. Single parenthood is the leading cause of poverty for women and children. Almost 2/3 of the families who move into poverty do so because of divorce or single parent births (Harris, 1991).

Inadequate child support from non-custodial parents further contributes to child poverty among single-parent homes. Among never married women with children, less than one in four have established paternity and less than 20% of those receive any child support. People are almost *twice* as likely to regularly pay used car loans than child support payments (Harris, 1991).

Among divorced families, only about half of awarded child support payments are made, including payments that are partial or irregular. Because of the loss of parental income (generally the father's), *divorce is a leading cause of child poverty*. When non-custodial parents fail to make support payments, their children often end up poor and/or on welfare. Although increased child support payments will not bring all families out of poverty (e.g., Seltzer & Meyer, 1995, November), child support can significantly improve children's economic well-being (Kost, Meyer, Corbett, and Brown, 1996).

Employment is no guarantee of freedom from economic strain.

People are twice as likely to regularly pay used car loans as child support payments.

A child's well-being involves more than the economics of child support. Non-custodial parents who fail to provide financial support often lack emotional attachment to their children, as well as job and life skills. For such parents, increases in economic support are likely to follow increases in job and life skills *and* connections with their children (e.g., Minnesota Parents' Fair Share, 1995).

Consequences of Inadequate Family Resources

Adequate family resources are essential to families' well-being, stability, and self-sufficiency. Economic strain, especially prolonged poverty, can have devastating consequences for children and families. Families who face prolonged poverty more often experience:

- social stress and lifestyles characterized by multiple crises;
- inadequate prenatal care, health care, and dental care;
- inadequate transportation;
- poor housing and neighborhoods; and
- hunger and malnutrition (e.g., Hay & Jones, 1994; NRC, 1993).

Children in poor families. Cognitive and social development in poor children tends to be lower than in children from higher income families. Poverty increases the risk of child abuse especially among single, young mothers (CDF, 1994). Health problems, school failure, juvenile crime, substance abuse, and teen pregnancy are more likely among children in poor families (Dryfoos, 1990).

Substance abuse. Although alcohol and other drug abuse occur at all income levels, substance abuse is more common among the poor who see little future opportunity. In turn, alcohol and drug abuse reduce the employability of adults and are associated with higher rates of child abuse and domestic violence (CDF, 1994).

Teen parents and poverty. Poverty is both a cause and consequence of teen motherhood. In fact, teen motherhood is most common among young women who live in poverty. Teen mothers frequently fail to complete a basic educational program, obtain adequate job skills, or find stable employment. Nationally, 25% of women who enter welfare as teen mothers receive welfare for over 10 years (Harris, 1991). Approximately half of Oregon women who receive Aid to Families with Dependent Children (now

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Poverty is both a cause and consequence of teen motherhood.

Temporary Assistance to Needy Families – TANF) are, or were, teen mothers.

Strategies to Improve Self-Sufficiency

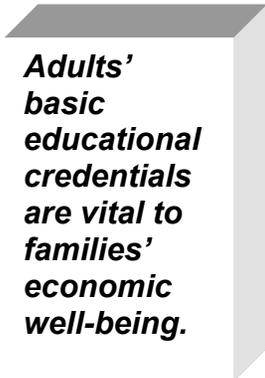
Strategies to improve family self-sufficiency must address the causes and consequences of poverty and economic stress. To be healthy and self-sufficient, families require:

- basic skills (reading, writing, math, communication)
- basic educational credentials (high school diploma, GED, and others)
- skills for local jobs;
- access to quality child care;
- access to stable housing and other basic resources;
- access to health care, including care for mental health, substance abuse, or other issues that limit employability; and
- access other services as needed (Corbett, 1995; Harris, 1991; Levitan, et al., 1993; Schorr, 1992).

Government policies can contribute to improving the lives of low-income families and children. Governmental interventions that contribute to self-sufficiency include policies that expand educational access, maintain adequate wage and benefit standards, reduce tax burdens on low-income families, create jobs, and link welfare and work (Corbett, 1995; Levitan, et al., 1993; Schorr, 1992).

Basic skills and credentials. The ability to read, write, do mathematical computations, and communicate are essential to survival. Without these skills, adults cannot economically provide for themselves or their families. Many of these adults are unable to read to their children or complete basic living tasks without frustration and failure.

In addition, adults' basic educational credentials are vital to families' economic well-being. Among high school drop-outs, unstable employment and low wages are most common. For example, in Oregon the median annual income of high school graduates is \$25,000 compared to only \$18,000 for non-high school graduates (Oregon Employment Department



Adults' basic educational credentials are vital to families' economic well-being.

[OED], 1995). Adults' basic skills and educational credentials are critical to family self-sufficiency.

Education alone is not sufficient to assure successful work preparation.

Basic education alone is not, however, sufficient to assure successful work preparation. In particular, although high school graduation increases employability, it rarely results in long-term employment with salaries above the minimum wage. Because minimum wage employment leaves families in poverty, additional education or job training are critical to financial security. At all educational levels, earnings are higher in jobs that require qualifying training or credentials (OED, 1995).

Skills for local jobs. Jobs skills for local markets are essential. It is *local* employment rates and wage opportunities that move families out of poverty and into stable economic self-sufficiency. For example, research in the state of Washington indicates that for every 1% increase in the local unemployment rate, the likelihood of returning to welfare within 18 months of leaving, was increased by 9% (Lidman, 1995).

Access to child care. Parents cannot work or attend school without reliable, safe child care. Young parents need increased access to affordable, high quality care for infants, toddlers, and young children. School-age children need before and after school care and opportunities for play and supervised schoolwork. Access to child care is essential to the economic sufficiency of most families (e.g., Bowen & Neenan, 1993; Robbins, 1988).

Quality child care is essential for the healthy growth and development of children.

While access to child care is important to family economic self-sufficiency, *quality* child care is essential for the healthy growth and development of children. Quality child care has positive influences on children's language, cognition, and socio-emotional development. Furthermore, quality child care is strongly associated with improved language skills among children, including ethnic minority children (e.g., Burchinal, Roberts, Nabor, & Bryant, 1996; Cost, Quality, and Child Outcomes Study Team, 1995). (See further discussion in Chapter 9, Caring Communities and Systems.)

Housing, transportation, and other resources. Low-income families need basic resources; many also need assistance with resource management. For example, 72% of poor families spend more than 30% of their income on housing compared to 17% of non-poor families (USDHHS, 1996). Many poor families live in neighborhoods that have limited or inadequate resources, higher crime rates, and fewer jobs opportunities (Hay & Jones, 1994).

Thus the *ability to manage* very limited resources is critical. Although many poor families are very effective at managing their very limited resources, consumer education and resource management skills may be very useful. For example, basic money management and budgeting skills can increase the percentage of families who are able to stretch food budgets, including food stamp resources, to cover the entire month (Oregon State University [OSU] Extension, 1996).

Substantial numbers of low income families experience *severe housing problems*. Homeownership is strongly related to overall family income. Among families who owned their homes, only 5% were low income families (USDHHS, 1996). Owned and rental housing for poor families is often inadequate, crowded, and located in unsafe neighborhoods. These issues create great hardships including emotional and physical insecurity, as well as health and nutritional problems (Hay & Jones, 1994).

Among low-income families in Oregon, *housing costs* are typically the largest single budget expenditure; finding and keeping housing is a constant struggle. In 1990, almost 60% of Oregon families with incomes below the median spent over 30 % of their income on housing; very low-income families spend 50% or more on housing. The problem is particularly profound for large families. Despite these challenges, federal support for low-income housing has been reduced by 80% over the past 12 years (Child Welfare League of America [CWLA], 1994).

At its most extreme, limited housing resources can lead to *homelessness*. Homelessness or the threat of homelessness creates great stresses for adults and children. Nationwide, children make up 30% of the homeless (CWLA, 1994). The percentage of Oregon's children who are homeless is not clear, but at least 53,000 people in Oregon were homeless at some time during 1992 (Oregon Progress Board, 1992, p. 46).

Finally, poor families often lack the *transportation or other resources* to move or commute long distances to seek work. Daily commutes require reliable, affordable transportation and extended hours of child care. Effective, affordable transportation must link families with work, school, child care, health care, and other services.

One remedy to the issue of transportation and jobs, is *enterprise zones* that bring jobs *to* local communities. Enterprise zones are collaborations between private businesses, financial institutions, governments, and urban communities. In the late 1980s, states with enterprise zones created 180,000 jobs and \$9 billion in private investments (Kemp, 1990). For example, in Detroit, local automotive companies pledged 3,200 jobs and \$1.8 billion while banks pledged \$17 million for loan investments to enterprise zones (Riposa, 1996). While enterprise zones were first designed to

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17% of children in Eastern Oregon do not have health insurance.

economically revitalize urban areas, the principles of collaboration between businesses, financial institutions, the governments, and local communities can be applied to any community.

Health care. Social, geographic, and economic access to health care are critical to families. Nationally, the need for health care has drawn some families to welfare to cover the basic health needs of family members. About 13% of all U.S. children under the age of 18 were not protected under a health care plan in 1995 (USDHHS, 1996).

In Oregon, the Oregon Health Plan has reduced the number of uninsured families and children. The percentage of children without health insurance coverage dropped from 20% in 1990 to 8% in 1996. However, in eastern Oregon counties this rate is much higher, around 17% (Oregon Progress Board, 1997). About half of these Oregon children live in homes where their parents have *declined* coverage – possibly because of costs.

Adequate health care insurance coverage allows parents' to provide regular and continued care of family members, including prenatal care, well-child visits, immunizations, and other preventive and curative care. For example, *insurance coverage increases prenatal care and other preventive care* which allows for the early discovery of health or physical problems, improved birth outcomes and health care cost outcomes.

- Approximately 79% of all Oregon mothers had prenatal care in the first trimester.
- Ethnic minority mothers, and teen mothers were the *least* likely to receive comprehensive prenatal care. Eighty-two percent of white, 71% of African American, and 61% of Hispanic mothers received prenatal care in the first trimester (Oregon Health Trends, 1996).

In Oregon's Healthy Start program, more than 90% of children in higher risk families are immunized in the first two years of life, compared to 67% of Oregon two year olds. Among Healthy Start families, over 90% have regular preventive medical care and over 85% never use costly emergency room care (Pratt et al., Katzev, & Henderson, 1996). This demonstrates that, with active support, poor, high risk families can be effectively served with increased access to health care and health care insurance coverage.

Model Strategies to Build Self-Sufficiency

Family and child advocates including the Commissions on Children and Families (CCF) play important roles improving family self-sufficiency.

Advocates, educational institutions, governments, business, industries, and families must collaborate to ensure that all families have access to:

- basic and advanced education for adults;
- child care;
- adequate housing;
- nutrition, and transportation;
- health care; and
- economic development.

Several specific programs have been demonstrated to build family self-sufficiency; these include:

- Oregon's *highly* successful *JOBS, JOBS-Plus, and other employment related programs.*

Contact:
Oregon Department of Human Resources
Adult and Family Services (AFS) Program
Salem, OR 97310

- Oregon State University Extension Service
Family Development and Resource management Program
Milam Hall
Corvallis, OR 97331
(A wide range of booklets and other learning materials on budgeting, resource management, credit, nutrition, and other issues related to self-sufficiency.)
- Oregon Adult Basic Education and Adult Literacy.

Contact:
Sharlene Walker
Office of Community College Services
255 Capitol Street NE
Salem, OR 97310
(503) 378-8648 – X368

Specific programs have been demonstrated to build family self-sufficiency.

- *Living in Family Environments (LFE)*. LFE trained and supported mothers on welfare to provide foster care to children with developmental disabilities. Many families left welfare as a result of this employment and the non-institutional care of the foster children improved. Administered by the Michigan Department of Mental Health and Social Services.

Contact:

Mounir W. Sharobeem, President
Judson Center
4410 W. Thirteen Mile Road
Royal Oak, MI 48073-6515
(810) 549-4339

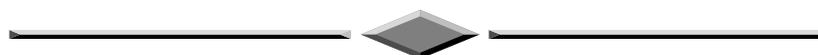
- *Minnesota Parents' Fair Share Program (MPFSP)*. This program works with noncustodial parents to increase their abilities to find and keep jobs, make child support payments, improve parenting skills, and build and maintain relationships with their children. The private-public partnership involves the federal, state, and county government and has raised the rate of child support payments from 23% to 84% for participants. The program was selected as a winner of the Innovations in State and Local Government Awards in 1994.

Contact:

Kathleen Sweeney, Assistant Director
Anoka County Job Training Center
1201 89th Avenue N.E., Suite 235
Blaine, MN 55434
(612) 783-4800

- Several other model programs are outlined in two reports from the national Governors' Association. These reports outline principles to increase family self-sufficiency through education, job training, service integration, and other activities:

McCart, Linda. (1992). Investing in Family Self-Sufficiency and Developing Innovative Programs to Support Families. Washington, DC: National Governors' Association. [NGA, 444 North Capitol Street, Washington, DC 20001-1572.]



**Family Access to Effective Social Support:
Measurable Interim Outcomes**

Accessible social support resources.	Adequacy of informational support.
Adequacy of social contacts and emotional support.	Access to emergency help with child care and other family needs.
Support group participation.	

Research Linkages

Value of social support resources. Having “someone to turn to” for advice, moral support, and tangible help increases family’s ability to be strong and nurturing (Deal, Dunst, & Trivette, 1994; Smith, Cudaback, Goddard, & Myers-Wall, 1994; Thompson, 1995). Utilization of social support:

- guards against the intensity of psychological distress;
- reduces depression rates;
- lowers stress levels;
- decreases loneliness; and
- promotes more positive self-concepts (Thompson, 1995).

In contrast, weak social support has been linked to depression, a sense of parental incompetence, and frustration with the parenting role (Cutrona & Troutman 1986; Teti & Gelfand, 1991). Social isolation, especially when combined with high levels of stress and multiple problems, hinders families from becoming a strong, nurturing unit (Cochran & Niego, 1995).

Social support can take many different forms, ranging from emotional comfort to tangible aid:

- emotional support and encouragement helps one feel better;
- informational support provides advice;
- companionship guards against social isolation; and

Having “someone to turn to” for advice, moral support, and tangible help increases family’s ability to be strong and nurturing.

- concrete or instrumental support provides direct aid with transportation, child care, meals, household purchases, and other monetary or material concerns (e.g., Cochran & Niego, 1995; Deal et al., 1994; Thompson, 1995).

Social support can be especially important during stressful life experiences such as a sick child, loss of a job, or the death of someone who acted as a support to the family. At these times, effective social support offers tangible aid, reduces the intensity of negative emotional reactions, and increases feelings of self-esteem and self-efficacy (Deal, Dunst, & Trivette, 1994; Smith et al., 1994; Thompson, 1995).

Effective social support demands active listening skills and a willingness to “be there” for another without a particular agenda

Effective social support demands active listening skills and a willingness to “be there” for another *without* a particular agenda (Bloom, 1996). Social support resources may actually *increase* stress if the support that is offered is intrusive or otherwise negative (Cochran & Niego, 1995).

- For example, teen mothers are particularly vulnerable to having their parental choices and authority undermined by grandparents or others who “take over” parenting relationships (e.g., Smith, et al., 1994).
- In contrast, strong, nurturing families exist when grandparents and parents are prepared for their new roles, boundaries are clear and unmistakable, and mutual support and respect are maintained (for summary see Kornhaber, 1996).

Adequacy of social contacts and emotional support. Social economic status and other group characteristics can constrain or expand social support resources. Families with higher levels of income and education tend to create larger support resources by going beyond family relationships. For example, working outside the home gives middle-class mothers additional contact with individuals, information, and other social support resources. In contrast, impoverished families gravitate toward relatives for support, these families generally perceive themselves as having less companionship and practical support than more economically secure families (e.g., Cochran & Niego, 1995).

In general, when a family’s social support resources are adequate, children experience:

- more positive peer relationships and social skills;
- higher levels of happiness; and
- better school adjustment; and

- less resistant, avoidant, and anxious behaviors (Cochran & Niego, 1995).

These positive outcomes for children may be related to the fact that mothers with strong support resources are less stressed and therefore are better able to attend and respond to the needs of their children (Cochran & Niego, 1995; Pierce, Sarason, & Sarason, 1996).

In turn, adults who have had positive childhood social support experiences more effectively *use* the social support they receive than do adults who lack a good childhood support base (Korfmacher, Adam, Ogawa, & Egeland, 1997; Pierce, Sarason, & Sarason, 1996). Thus, the childhood experience of growing up on a home with adequate social support provides benefits throughout life.

Support group membership. Support groups, unlike purely informal or formal support resources, are *created* to address a specific need or interest common to all members. Social support groups bring together people who share similar experiences or needs, ranging from caregiving of children or elderly parents, drug use, school issues, recreational needs, or other issues (e.g., Thompson, 1995).

Support groups can provide emotional *and* instrumental aid to their members and may be especially important for persons with few “naturally occurring” supports. Support groups provide information, share stressful and joyful events, share tasks and duties, and provide material resources. By building positive personal relationships, social support groups can contribute to the psychological and physical health of families (Pierce, Sarason, & Sarason 1996; Ryan & Solky, 1993).

An important aspect of support groups, as well as many informal friendships and family relationships, is the “*helper – therapy principle.*” When people help others who are similar to themselves, but who are currently less well-functioning, both the helper *and* the helpee gain (Bloom, 1996). Thus, both new parents and more experienced parents gain from mentoring relationships and support group participation.

Formal support. To address complex family needs and promote self-sufficiency, formal or professional support is essential. For example, many families need assistance to find employment with a living-wage, enter an education or job training program, and access health or dental care. Friends and family alone can rarely met these needs.

Mothers with strong support resources are more able to support their children.

Social support groups bring together people who share similar experiences or needs.

When informal and formal support resources are adequate, families reach their ultimate level of functioning.

The formal support resources that are most often used by families are:

- Public and private schools at all levels;
- Adult basic education and vocational training programs;
- Health and mental health providers, clinics and hospitals;
- Public agencies including employment, welfare, housing, social and legal services;
- Substance abuse, domestic violence, and other programs that promote long-term life changes;
- Emergency, crises, or disaster relief programs; and
- Recreational and creative programs (Dunst, Trivette, & Deal, 1994).

Easy access to formal, professional support promotes the well-being of families. When informal *and* formal support resources are adequate, families reach their ultimate level of functioning and children receive the nurturing care that they need.

To facilitate access to formal support and informal support, many communities have developed Family Resource Centers.

Family resource centers. To facilitate access to formal support *and* informal support, many communities have developed Family Resource Centers (FRC). Family Resource Centers can take many forms and be located in different settings, including schools or community centers. The essential principles of all Family Resource Centers are to:

- remove geographic, cultural, economic, and procedural barriers to accessing services and supports;
- encourage families to identify and utilize supports to meet their unique needs;
- provide a welcoming, non-stigmatizing single point of entry to support networks that build on families' strengths and local resources;
- advocate for and create a continuum of support for all families by combining informal and formal support networks.

Examples of FRC activities include parent involvement in their children's school and learning, parent resource libraries, parent education workshops and support groups, comprehensive assessment and referral networks, crisis intervention, counseling services, mediation and conflict resolution, early intervention for higher risk families and children, preschool and extended school day programs, adult education and family literacy efforts, and other supports. Effective family resource centers are locally-based, comprehensive, nonstigmatizing, accessible structures that offer prevention, early intervention and treatment and rehabilitation services.

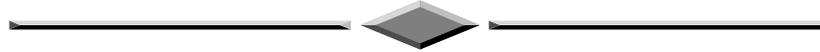
Passed in 1993, Oregon legislation (HB2004) established Family Resource Centers as a focus for locally delivered family supports and services. As a result, many counties have created family resource and service centers. For information about family resource and service centers, contact:

- David Anderson
Oregon Commission on Children and Families
530 Center Street
Suite 300
Salem, OR 97232
(503) 373-1283
- Joyce Epstein
Center on School, Family, and Community Partnerships
Johns Hopkins University
3505 N. Charles Street
Baltimore, MD 21218
([Family Center Guidebook](#) and videotape on family centers.)
- Larry Decker
Community Education
Florida Atlanta University
777 Glades Road
Boca Raton, FL 33431-0991
(561) 367-3599
<http://www.fau.edu/divdept/coe/comm-ed/fauced.htm>
(Information on Family Centers and other school-based parent involvement efforts.)
- Family Resource and Youth Services Centers
275 East Main Street – 6th floor West
Frankfort, KY 40621-0001

Effective family resource centers are locally-based, comprehensive, nonstigmatizing, accessible structures that offer prevention, early intervention and treatment and rehabilitation services

Strong, Nurturing Families

- National Parent/Teacher Association (P.T.A.)
National Standards for Parent/Family Involvement Programs
<http://www.pta.org/pta/issues/pfistand.htm>
(Describes the rationale, standards, and quality indicators for parent/family involvement efforts.)



**Family Emotional Climate:
Measurable Interim Outcomes**

Sense of control over life events	Effective skills for coping with stress
Positive family identity	Anger management and conflict resolution skills
Family commitment to and nurturance of each family member	Family time and routines
Positive communication patterns	Protection from domestic violence
.	Effective support for children during parental conflict and divorce

Research Linkages

Characteristics of a Positive Emotional Climate

A number of factors contribute to the development of strong, nurturing families. Besides having access to material resources and social support, families need a positive and healthy emotional climate. A healthy emotional climate reflects a family's ability to:

- create a positive family identity;
- provide appropriate nurturing care to all members;
- use positive communication patterns;
- constructively manage stress;
- utilize appropriate conflict resolution and prohibit family violence; and
- support children reliably, including during divorce (Dunst, Trivette, & Mott, 1994; Smith, Cudaback, Goddard, & Myers-Walls, 1994; Trivette, Dunst, Deal, Hamer, & Propst, 1990).

**Families
need a
positive and
healthy
emotional
climate.**

When parents see little connection between their behaviors and the outcomes of their lives, the emotional climate in the family is rarely healthy or nurturing (Schafer, 1993). In contrast, confident and secure

parents feel a sense of control over their lives, and believe that they can solve family issues and create a fulfilling life.

Family Identity

Traditions, rituals, values, and shared activities are vital in the creation of family identity.

Traditions, rituals, values, and shared activities are vital in the creation of family identity. Parents also transfer family identity to children through cultivating spiritual and moral values. Family identity helps to shape and define acceptable, appropriate behaviors, and priorities for all members including children (e.g., Dunst et al., 1994; Leffert et al., 1994; Trivette et al., 1990; Uzgiris & Raeff, 1995).

How can parents facilitate the development of a strong family identity and shared values? To provide children with a strong, positive familial identity, families must:

- spend regular, positive and frequent time together, including shared meals, playtime, worktime, walks, and other interactions;
- respond age-appropriately to a child's needs;
- create an atmosphere of care and concern;
- assure that family goals and espoused values are congruent with activities and practices;
- maintain consistent yet flexible boundaries; and
- encourage individual *and* collective thinking (Dunst et al., 1994; Leffert, 1994; Trivette, 1990).

Parents who act in these ways promote the overall well-being of the family, as well as transfer important social values to their children (Leffert, et al., 1994).

Diverse family forms. When families take “non-traditional” forms it is especially important that children be supported to create a positive family identity. Few American families match the “traditional” image of two married-for-the-first-time parents, dad in the workforce, mom at home, and two kids; in fact, few families ever did match this image (Acock and Demo, 1994; Coontz, 1992). Today the most common family forms include:

- single parent, female-headed families;

- two parent families; and
- step-families.

In each of these family forms, *all* adults are typically in the paid labor force. Other common family forms include grandparents rearing grandchildren and gay and lesbian families. Family forms differ by parental age, ethnicity, economic status, and educational level.

Given this range of family structures, families and children can greatly benefit from a positive, sensitive view of family diversity. One resource for helping children to understand family diversity *and* to create a positive view of their family is:

- *NonTraditional Families: A Guide for Parents*, EC 1412 Oregon State University Extension Service, October 1992.

For this and other extension publications on families contact your local county extension agent or Extension Communications, OSU, 422 Kerr Administration Building, Corvallis, OR 97331-2119, (541) 737-2413.

Commitment to Nurturing Care

Every family member needs respect, admiration, and encouragement. For families to flourish, marital partners need to show affection, support, and commitment to each other. Children need nurturing care from parents and other adult caregivers; siblings need love and acceptance from each other (Galvin & Brommel, 1991).

Parental relationships. The parental relationship is a central influence on family emotional climate. Further, mothers' marital happiness is related to their children's positive socio-emotional adjustment and overall well-being. Not surprisingly, marital conflict detracts from children's adjustment and well-being (Acock & Demo, 1994).

Greater marital satisfaction is associated with:

- frequent interactions and positive affection;
- good communication patterns;
- accurate understanding of one's partner and a willingness to comply with each other's requests;

Families and children benefit from a positive, sensitive view of family diversity.

Marital happiness is related to children's adjustment and well-being.

- a sense of well-being;
- satisfaction with work and housework arrangements;
- the ability to *de-escalate* negative emotional expressions during quarrels and to successfully resolve major conflicts (Glenn, 1990; Gottman & Krokoff, 1989; Noller & Fitzpatrick, 1990).

Parental nurturance is one of the best indicators of successful development in children.

Characteristics of distressed marriages include hostile disagreements, defensiveness, poor communication skills, withdrawal from interactions, and escalation of negative emotions during disagreements (Gottman & Krokoff, 1989; Noller & Fitzpatrick, 1990).

Parent-child relationships. In addition to nurturing their own adult partner relationships, parents must provide nurturing care to children. Parental nurturance is one of the best indicators of successful development in children. Nurturance means providing love, support, acceptance, affection, and warmth. In short, children who feel accepted and loved by their parents are receiving the nurturing care necessary for their healthy growth and development (Belsky, 1984; Smith et al., 1994). Nurturing parents provide children with positive role models and thus establish a path toward competent, healthy adulthood.

Children's behaviors and temperament characteristics (e.g., high activity, low adaptability, negative mood), effect both the overall family emotional climate and parental nurturance (Bee, 1989; Brody, Stoneman, McCoy, & Forehand, 1992; Dunn, 1993; Stoneman, Brody, & Burke, 1989). Children with difficult temperaments are usually more demanding, have defiant behaviors, and struggle more with familial relationships. Difficult, temperamental children are more likely to receive more family criticism and hostility.

All nurturing care provides love and acceptance.

On the other hand, child with more compliant, easy temperaments may lower family stress and more readily elicit nurturing care. The "easy" child provides, and elicits, affectionate, soothing, and other positive responses (Morisset, 1993; Smith et al., 1994). Recognizing that children's temperaments, behaviors, and needs differ, nurturing parents respond differently to each child, *but all nurturing care provides love and acceptance.* (Parental nurturance is further discussed in the final section of this Chapter.)

Sibling relationships. Conflict and negative behaviors between siblings significantly affect the quantity and quality of family interactions (Schvaneveldt & Ihinger, 1979). Sibling conflict is the *most* common family problem that brings parents to seek help from professionals (Dunn, 1993). Families who have more than one child, and at least one child with

an active emotional temperament, are likely to experience more daily family conflict, and a lower level of marital satisfaction (Stoneman et al., 1989) than other families.

Sibling conflicts are exacerbated when children perceive differential parental treatment (Brody, Stoneman, & Burke, 1987a; Brody et al., 1992; Stocker, Dunn, & Plomin, 1989). In particular, parental responses to sibling quarrels can increase or decrease aggressive sibling interactions (Dunn & Munn, 1986; Kendrick & Dunn, 1983). Parent's attempts to prohibit sibling quarrels are *rarely* effective in reducing conflict (Kendrick & Dunn, 1983). In contrast, when parents *mediate* sibling quarrels and *assist* children to learn resolution skills, children's conflicts and perceptions of differential treatment are generally reduced (Dunn & Munn, 1986; Ozretich, 1995).

Parents' attempts to prohibit sibling quarrels are rarely effective in reducing conflict.

Positive Communication Patterns

Strong, nurturing families are characterized by clear, open, and frequent communication. For infants, effective communication relates to a parent's ability to attend to a baby's crying, fussing, and head-turning. As children move from infancy to school-age, nurturing parents move toward more sophisticated types of communication patterns. When parents use positive language, provide encouragement, give hugs, show acceptance, and render emotional and physical safety, children develop appropriately (Leffert, Benson, & Roehlkepartain, 1997). *At all ages* effective family communication strategies include:

- exhibiting respect for all family members;
- stating clear objectives or expectations for behavior
- setting clear, consistent limits or boundaries;
- recognizing and rewarding positive behavior with words and affection;
- allowing freedom for exploration while appropriately monitoring children's behaviors and activities;
- promoting the expression of opinions and emotions by all family members;
- using appropriate humor to reduce fear and other uneasy feelings;

Strong, Nurturing Families

When parents effectively communicate, children mature into competent, well-adjusted adults.

- displaying warmth and cooperation;
- managing anger and expressing negative feelings appropriately; and
- encouraging involvement of all family members (Asner & Coie, 1990; Jaffe, 1991; Karnes et al., 1988; Smith et al., 1994).

When parents are able to effectively communicate, children are more likely to:

- develop appropriate language patterns;
- acquire strong cognitive abilities;
- learn social and psychological skills; and
- mature into competent, well-adjusted adults (Leffert, et al., 1997, January; Smith et al., 1994).

In contrast, families with poor communication patterns have relatively low levels of overall interaction, ignore positive behaviors, respond primarily to negative behaviors, or give inconsistent messages. These families' daily lives tend to be highly unpredictable; as a result, the physical and emotional needs of children are often neglected. *Children raised in families with ineffective communication patterns are less able to:*

Families with poor communication patterns ignore positive behaviors.

- identify and appropriately express feelings;
- establish positive self-concepts;
- develop social skills and peer relationships;
- cultivate effective decision-making skills; and
- avoid social and behavior problems including substance abuse and delinquency in adolescence (e.g., Asner & Coie, 1990; Greenwald, 1990; Hawkins et al., 1992; Jaffe, 1991; Trivette, 1990).

Overall, positive family communication is a critical factor in the development of strong, nurturing families.

Effective Skills for Coping with Stress

Family life and parenting are stressful. Even among the strongest families, stressors arise that can strain relationships. These stressors include a range of events and circumstances including mundane daily tasks, marital difficulties and conflicts, parent-child conflicts, work-related stressors, resource difficulties, and role transitions, including childbirth and health conditions (Luster & Okagaki, 1990).

A family's ability to manage these and other stressful circumstances is critical to family well-being. Because stressors exist in all families, to be strong and nurturing, families must effectively respond to stress. Effective responses to stress may involve four coping strategies:

- direct action to *eliminate the stressor or reduce demands* on the family - for example, a family could decide to cut back at work or volunteer efforts while children are very young;
- direct action to *acquire additional resources* to respond to demands - for example, a family could take a class to learn how to manage a child's difficult behavior or trade child care with another family in order to find uninterrupted time for household tasks or other activities;
- direct actions to *reduce the negative physical and emotional effects* of stress - for example, exercise and discussions of problems are both effective mechanisms; and
- *reappraisal or "reframing" of the situation* in order to make it more constructive, manageable, or acceptable - for example, a family may focus on what they have learned about patience and commitment during a prolonged illness of a family member or lower their expectations for household maintenance (McCubbin, Thompson, & McCubbin, 1996).

Families often use more than one of these coping strategies at the same time. For example, a family who is responding to the problems of a chronically ill child may cut-back at work, ask for help from friends and relatives, learn more about the illness, exercise daily, discuss their feelings with others, and focus on the positive aspects of the situation.

It is particularly important that families utilize social support to alleviate stress (Crnic & Acevado, 1995; Smith et al., 1994). Asking for and accepting assistance buffers stress. Families who are isolated or have limited contact with social support networks are often highly stressed or

Because stressors exist in all families, to be strong and nurturing, families must effectively respond to

Problem-solving effectiveness is strongly correlated with parental warmth.

troubled families. During stressful times, supportive networks assist parents to:

- hold positive perceptions of themselves and their children; and
- maintain consistent parenting and routines (Smith, et al., 1994).

Conflict Resolution and Problem-Solving

Family emotional climate is affected by a family's ability to resolve the everyday problems and conflicts that *all* families experience. Family problem-solving effectiveness is strongly correlated with parental warmth (Rueter & Conger, 1995; Vuchinich, Wood, & Vuchinich, 1994). For instance, children often need reassurance when expressing opinions that are the opposite of those held by one or both parents. Parents exhibit warmth by:

- using "I" statements such as "I know this is difficult, but we are interested in what you have to say";
- utilizing appropriate anger management skills; and
- giving hugs and other kind responses.

Family problem-solving is strengthened when family members are able to manage their anger, express their affection for one another, listen to each other, believe that solutions are possible, and compromise *without* resentment (Galvin & Brommel, 1991).

Effective family problem-solving and conflict management also involves a family's ability to:

- openly communicate, especially when conflict exists;
- clearly define the problem or conflict, viewing it from *all* family members' perspectives;
- encourage and respect each member's feelings and opinions;
- avoid emotional and physical violence and hostility;
- identify one or more causes of a problem without casting blame or "scapegoating" one family member;

- develop a number of alternative solutions and decide on a solution that is acceptable to all concerned;
- implement the solution for an agreed upon trial period; and
- repeat the problem-solving process if the first solution proves inadequate after the agreed trial period (Forgatch, 1989; Galvin & Brommel, 1991; Rueter & Conger, 1992; 1995; Vuchinich, et al., 1994).

Family problem-solving is impaired by the presence of a hostile family member, whether a parent or child (Rueter & Conger, 1995). Families with strong facilitation skills can moderate this problem. These families communicate more skillfully, and develop better solutions from a larger number of alternatives than do other families (Reuter & Conger, 1992).

Families can learn more effective problem-solving and conflict resolution skills. For example, one resource for increasing anger management skills is a parent training program entitled RETHINK. This 12-hour program has been demonstrated to be effective in reducing anger and violence, and increasing positive parenting. (See Chapter 6 for more information).

Severe Parental Conflict, Divorce, and Domestic Violence

No review of family emotional climate is complete without a discussion of severe parental conflict and divorce. Severe interparental conflict puts children at serious risk for emotional and behavioral problems. Whether conflict occurs in a stable marriage, or before and after parental separation and divorce, is less important than is the fact that severe conflict exists especially over a prolonged period (Amato, 1993, Hetherington et al., 1982).

- Parental conflict and divorce are among the most common and severe family stresses children can experience.
- In at least half of families in which there is severe family conflict, spousal abuse and child maltreatment also occurs (Strauss & Gelles, 1990).

Severe family conflict, whether or not it leads to divorce, often overburdens children. Overburdened children become responsible for their own upbringing, are psychologically responsible for a parent, or are the targets of parents' continuing conflict (Wallerstein, 1985; Wallerstein and Blakeslee, 1989). In short, severe family conflict damages all family members especially when it is prolonged.

Families can learn more effective problem-solving and conflict resolution skills.

Severe family conflict, whether or not it leads to divorce, often overburdens children.

Divorce. For many families severe conflict leads to parental separation and divorce. Almost half of all children born since 1970 have experienced (or will experience) parental divorce (Wisensale, 1992).

- Among children, divorce predicts negative outcomes in academic achievement, behavioral conduct, psychological adjustment, self-esteem, social relations, and parental affection (Amato, 1993; Amato & Booth, 1996; Morrison & Cherlin, 1995; Pedro-Carroll, 1997).
- Among teens and young adults, the negative outcomes of severe family conflict and divorce include higher rates of dropping out of high school, earlier marriage, unmarried childbirth, and marital disruption (Pedro-Carroll, 1997).
- Boys' behaviors appear to be particularly vulnerable to the effects of parental divorce. Many boys show more sustained noncompliant and aggressive behaviors, extended difficulties in peer relationships, and poor school achievement, as long as 2 to 3 years after divorce (Hetherington, 1991; Hetherington, Cox, & Cox, 1985).

Almost half of all children experience parental divorce.

The negative effects of divorce arise in large part from the social and emotional disruptions that children experience during divorce. The greater the number of disruptive life changes the greater the decrease in children's well-being, including academic achievement, behavior problems, psychological adjustment, and self-esteem (Amato, 1993).

Disruptions following divorce often include changes of residence, schools, pets, friends, caregivers, and income level. Following divorce many children live below the poverty level within the following five years (Acock & Demo, 1994; Morris & Cherlin, 1995). In fact, economic losses among custodial parents are strongly associated with lowered levels of child well-being, including increased behavior problems (Amato, 1993, Amato & Booth, 1996; Morrison & Cherlin, 1995; Tschann, Johnston, Kline, & Wallerstein, 1989).

Diminished parenting abilities, continued interparental conflict (Morrison & Cherlin, 1995), and parental loss of control and punitiveness also impair children's positive adjustment to divorce (Portes, Haas, & Brown, 1991). Compared to married mothers, divorced mothers generally have more difficulty with parenting, being affectionate, communicating well, being consistent, making maturity demands, and controlling their children (Amato & Booth, 1996; Hetherington et al., 1982; Wallerstein & Kelly, 1980). Divorced mothers' relationships with their sons tend to be more

Economic losses are strongly associated with lowered levels of child well-being.

problematic, involving more negative sanctions and less positive feedback, than these mothers' relationships with their daughters.

Several factors can help protect children from the potentially negative effects of parental conflict and divorce. Among these protective factors are:

- A strong close relationship with at least one custodial parent (Amato, 1993; Hetherington et al., 1982; Tschann et al., 1989).
- The custodial parents' positive adjustment following separation or divorce (Amato, 1993; Hetherington, Cox, & Cox, 1982; Pedro-Carroll, 1997; Wallerstein & Kelly, 1980).
- Insulation of children from severe interparental conflict by keeping children physically separated from conflicts and by avoiding verbal degradation of one parent by the other,
- Maintenance of high quality parenting behaviors, and
- Reduction of disruptive family changes, including assurance of adequate economic support for the custodial family (Amato, 1993; Hetherington, Cox, & Cox, 1982; Pedro-Carroll, 1997; Wallerstein & Kelly, 1980).

Following divorce, contact with the noncustodial parent contributes to positive child adjustment *only* when that contact does *not* involve increased conflict between the co-parents (Acock & Demo, 1994; Amato, 1993).

Because divorce affects so many families with children, many interventions have been developed to minimize its potentially negative effects. For example,

- The *Children of Divorce Intervention Program (COPID)* is a school-based intervention for children in kindergarten through eighth grade; age appropriate adaptations are made for each grade level (Pedro-Carroll, 1997). *COPID* provides a supportive group environment, teaches skills to cope with the stresses of divorce, clarifies children's misconceptions about divorce, and helps children to identify and express their feelings about divorce. *COPID* has been demonstrated to significantly improve children's behavior and abilities including reduced anxiety and moodiness, and increased communication skills, acceptance of change, and age-appropriate behavior (Pedro-Carroll, 1997;

Several factors can help protect children.

Contact: J. Pedro-Carroll, University of Rochester, Rochester, NY).

Domestic violence. Domestic violence affects at least one quarter to half of all American families (Hampton et al., 1993). Violence ranges from emotional abuse to life-threatening beatings to homicide. In fact, most murders occur within families and national surveys indicate that at least 16% of families have experienced at least one incident of physical violence in the previous 12 months (Hampton et al., 1993).

Domestic violence affects at least one quarter to half of all American families.

Domestic violence occurs in families of all income levels, races, and forms; violence is most common, however, among families who are economically stressed, exposed to violence as children, and socially isolated. Because families of color disproportionately experience these hardships, violence may be more common among them (Asbury, 1993).

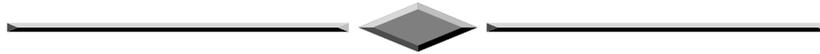
Domestic violence has its roots deep in our culture and will not be easily removed. Nevertheless, leading researchers have identified several steps to end family violence.

- Eliminate norms that legitimize and glorify violence, including physical punishment of children, widespread gun use, and violent media;
- Reduce violence-provoking stressors including poverty, inequality, and inadequate support for large sections of the population;
- Integrate families into a network of supportive kin and community relationships that reduce isolation, protect survivors from repeated violence, and sanction perpetrators;
- Eliminate the sexist character of society in which women and children's inequality makes violence possible; and
- Break the cycle of violence in the family by eliminating children's exposure to violence including harsh physical punishment (Gelles, 1993)

These massive steps will require both fundamental changes in society and the development of specific resources to prevent and intervene in violence. Such supports include rape and domestic violence shelters, advocacy, services for the survivors of violence and effective sanctions for perpetrators of violence. In addition, prevention of violence requires that girls and women come to see themselves as independently worthy of

respect and well-being, and that all children, youth, and adults learn, and use, effective conflict resolution and anger management strategies.

(Because domestic violence is strongly associated with child maltreatment, further discussion of domestic violence is found in Chapter 4, Child Maltreatment. Resources for teaching nonviolent conflict resolution and anger management are discussed further in Chapters 5 and 6.)



**Supportive Parent-Child Relationships:
Measurable Interim Outcomes**

Nurturing, responsive care.	Parental involvement in children's activities and settings.
Positive parent-child interactions.	Family routines and time together.
Authoritative guidance and discipline approaches.	

Research Linkages

Caregivers are the primary architects of children's first close relationships.

Supportive parent-child relationships begin during infancy with the attachment process. Attachment has been described as a strong and enduring bond --- a feeling of love --- that develops between children and the caregivers with whom children interact with most frequently. From these early interactions, children acquire security and a sense of trust in the reliability and predictability of others (Zigler & Stevenson, 1993).

Adult caregivers are the primary architects of children's first close relationships. Close emotional attachments provide a haven of security in times of danger and a secure base for exploration when danger is absent. Attachment relationships also form the foundation for positive social relationships with others. As a result of the attachment process, children form ideas about themselves and expectations for others' behavior (Ainsworth, 1989; Bowlby, 1988).

As they grow up, securely attached infants are more willing to venture forth and learn by exploring the environment. As young children, they tend to be more socially mature, more friendly, and more likely to have good relationships with other children. In contrast, preschoolers who had insecure attachments during infancy are likely to have less harmonious and more conflictual relationships with their playmates (Park & Waters, 1989).

Involved caregiving is marked by high levels of touching, engagement, conversation, and interactive joy.

Secure attachments are more likely to be formed when the mother (or other primary caregiver) provides nurturing care and is sensitive and responsive to the baby's social overtures, needs, and temperament. Infants with secure attachments experience what has been termed as "involved" in contrast to "routine" or uninvolved caregiving. Involved caregiving is marked by high levels of touching, hugging, holding, engagement, prolonged conversation, and interactive joy from caregivers (Isabella, Belsky, & von Eye, 1989).

Children may develop insecure attachments when parents are inconsistently nurturing, are slow to respond, are not affectionate, or are overly intrusive (Ainsworth, 1989). Insecure attachment relationships also may develop when parents have little social support or are under psychological strain. Parents who experience recurrent or chronic depression tend to be less appropriately responsive to their children and less likely to sustain positive interactions (Rutter, 1989).

Early intervention and family support services can make a difference in the quality of early infant attachment. Infants of depressed mothers who received home visitation and related support services were twice as likely to be securely attached as infants of depressed mothers who did not receive such services (Lyons, Connell, Grunebaum, & Botein, 1990).

Positive parent-child interactions

Parent-child relationships are mutually constructed as parents and children interact over time. Parents are the primary architects of these relationships, but children also actively contribute. Parent-child interactions differ with gender, age, and individuality and temperament.

Age-appropriate responses. Knowledge of child development enables parents to utilize age-appropriate parenting strategies that enhance the parent-child relationship. Children thrive when parents understand, and respond to, the cognitive, social, behavioral, and physical developmental of children at different ages. When parents are sensitive and responsive to children's level of development, positive parent-child interactions are much more probable (Bredelcamp, 1987).

Characteristics of positive interactions. Regardless of individual differences, positive parent-child interactions are characterized by sensitivity, responsiveness, reciprocity, and stimulating environments. These encourage children's healthy development. In contrast, development is constrained or limited by patterns of insensitivity, unresponsiveness, intrusiveness, and domination (Thomas, 1996).

Sensitivity and responsiveness refer to a parent's ability to recognize and correctly interpret their child's cues, signals, and other forms of verbal and non verbal communications. Responsiveness is circular; both parents and children are reading and responding to cues given by the other.

Social support, early intervention, and family support services can make a difference in the quality of early infant

When parents are sensitive and responsive to children's level of development, positive parent-child interactions are much more probable.

Strong, Nurturing Families

Children in homes with sensitive, responsive parents are better apt to:

- build strong, quality parent-child relationships later in life;
- find and build other sensitive, responsive relationships as result of parenting modeling;
- develop secure, trusting attachment relationships; and
- have higher cognitive skills (McGovern, 1990; Thomas, 1996).

Positive parent-child interactions are characterized by common patterns of sensitivity, responsiveness, reciprocity, and support.

Reciprocity, another prominent dynamic in parent-child interactions, refers to mutual give and take. Parents and children respond or react to each other; they learn to adopt, modify, and change their behaviors according to the interpretations of the other behaviors (Barnard & Martell, 1995; Thomas, 1996).

Healthy parent-child interaction is further promoted when parents provide children with a visually and verbally *engaging environment*. Such environments have appropriate and stimulating materials and allow children to explore *despite* the messiness or inconvenience to parents.

By allowing children to explore the environments around them, parents enable children to build competence, confidence, and other skills that promote their healthy growth and development (Isabella & Belsky, 1991; Thomas, 1996).

In sum, sensitive, responsible, and non-intrusive parents help children to develop:

- a sense of control;
- high self-esteem;
- inquisitive minds, perseverance and a variety of skills; and
- good peer relationships, prosocial skills, and empathy (Maccoby, 1980; Smith et al., 1994; Thomas, 1996).

In contrast, *intrusive parents* give a child *too much stimuli* that often serves the parent's needs, interests, and the like. *Over stimulation* ranges from giving unwanted, unnecessary advice, help, or interactions when a child is struggling or makes an error (McGovern, 1990). Other intrusive behaviors include parents continually trying to play, give toys, or do other

Sensitive, responsive, and non-intrusive parents help children to develop well.

things in an attempt to get the child's attention (Maccoby, 1980; Thomas, 1996).

Dominance, like intrusiveness, hinders healthy parent-child interaction. Dominating parents restrict a child's activities and expressions in order to maintain their power and authority (Maccoby, 1980). In some cases when a child does not follow the parent's directive, physical punishment is used in order to get the child to comply. When parents (or other caregivers) dominate or intrude on children, children and parent-child relationships suffer.

Family routines. Positive parent-child relationships are grounded in family routines and time spent together (McCubbin, Thompson, & McCubbin, 1996). Family routines are repetitive patterns of schedules and behaviors that guide daily, weekly, and yearly activities of family members. Routines can be related to such simple patterns as putting the dishes in the sink after breakfast to complex parental strategies for guidance and discipline. *Routines do not mean rigid time schedules but rather predictable order of events or activities.*

- Regular routines are important for the healthy social and behavioral development of children. A recent survey of parents with children under 3 years found that only about half (51%) have set routines that include meals, naps, and bedtimes. Regular routines are least common among single parents and among lower income families (Young, Davis, & Schoen, 1996).
- Children develop a strong sense of security from routines. By learning the sequence and ways in which activities usually take place, what is expected of them, and what to expect of other family members, children gain a sense of control.
- Children benefit from gradual transitions between activities, and a reminder ahead of time that a change will soon take place.
- Bedtime routines and rituals assist in making transitions easier for both children and parents.



**Children
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strong sense
of security
from routines.**

For many families, routines involve daily and weekly chores such as housework or yard work. Children who are given age-appropriate opportunities to participate in these chores and do "real work," not only learn essential life skills but also develop a sense of importance and belonging in the family (Werner, 1995).

Regular routines increase a sense of family organization, accountability, strength, and solidarity as well as provide stability and continuity during times of stress (Boyce, Jensen, James, & Peacock, 1983; McCubbin, Thompson & McCubbin, 1996). In addition, family routines often serve as rituals that promote a sense of family identity and help build a sense of family cohesiveness (Boyce et al., 1983).

Strong families spend quality, unhurried time

Family time. Strong families spend quality, unhurried time together (Daly, 1996). Young children, especially, need parents who have the time and resources to establish and maintain a close securely attached relationship. It takes time to establish such a relationship in infancy, and to nurture and maintain it throughout succeeding years (Zero to Three, 1992).

Tending to children's physical needs is important, but so too is tending their needs for unhurried attention, especially in early childhood. Older children also need unhurried continuing care by loving parents and other adults. When parents and other stable caregivers are involved in children's lives, providing them with regular focused time and attention, children learn that they are valued and worthwhile (Daly, 1996).

It is particularly challenging for families to create unhurried time in modern society where life is often characterized by long commutes, lack of social supports, and parents in the labor force. Among low income families, the stresses of daily work and home management threaten unhurried time. Among middle class families, the threats to unhurried family time may arise from too many "opportunities" for lessons, sports, and other activities for parents and children (Daly, 1996).

Families need support to define situations in which children experience unhurried time.

Families need support to define situations in which children can experience unhurried time. Strategies that may be helpful include:

- eating meals together at least several times a week;
- playing with children in activities of *their choosing* or doing other fun activities together most if not all days;
- watching television together and discussing what is seen;
- involving children in family work around the home in age-appropriate ways;
- selecting child care providers and other caregivers who can provide unhurried time; and

- most importantly, making family time a priority for parents and children.

The solutions to creating greater unhurried time for children also involve actions outside the family. For example, family friendly workplace policies, including longer paid parental leave, flextime, and other strategies would improve this situation (Galinsky, 1995). (See Chapter 9, “Family Friendly Workplaces” for further discussion.)

Finally, unhurried time for children can come not only from parents but from other adults as well. Child care providers, grandparents, neighbors, teachers, and other adults who will sit down and *be with children* are essential.

Constructive Guidance and Discipline

A delicate balance exists between parental nurturance/acceptance and parental control/strictness. *At all ages*, the most effective child guidance and discipline strategy is “authoritative” parenting. *Authoritative parents:*

- Offer warmth and affection to their children;
- Expect mature but age-appropriate behavior;
- Use praise and positive reinforcement to guide children’s behavior;
- Encourage give-and-take by listening to children’s point of view and respecting choices and decisions that children have been allowed to make;
- Use commands and sanctions *when necessary* to firmly and consistently enforce limits, rules and standards;
- Encourage children’s independence and individuality while recognizing the rights of both parents and children (Baumrind, 1989).

At all ages, the most effective child guidance and discipline strategy is “authoritative” parenting.

Authoritative parents are more likely to rear children who have:

- self-control and positive self-concepts;
- a belief they can succeed;
- good social skills; and

Some parenting styles cultivate a poor emotional climate.

- competent decision-making skills (Greenwald, 1990; Putallaz & Helfin, 1990; Karnes, Johnson, & Beauchamp, 1988).

On the other hand, some parenting styles result in a poor emotional climate in families and hinder the development of children. Among the most *ineffective* parenting styles are:

- Rigid or controlling parents who are very demanding and restrict children's expression of opinions, emotions, and needs; these parents often become abusive toward their children (Greenwald, 1990; Putallaz & Helfin, 1990; Rogosch, Cicchetti, Shields, & Toth, 1995).
- Indulgent, permissive parents who fail to set limits or appropriately monitor behavior but do express affection and love.
- Neglectful, permissive parents who have low levels of responsiveness and rarely demand anything of the child.

Children under the influence of permissive parents are often dependent and socially inept, have poor self-control, and face other developmental issues (Greenwald, 1990; Putallaz & Helfin, 1990; Rogosch et al., 1995).

Parenting style may be particularly important during times of conflict or when a child has a “difficult temperament.”

Parenting style is particularly important during times of conflict or when a child has a "difficult temperament." When parents respond to a non-compliant child by nagging (rigid parents), or by ignoring or disengaging emotionally (permissive parents), the child often increases negative behavior which, in turn, leads to heightened nagging or disengagement by the parent (Patterson, Cohn, & Kao, 1989). Authoritative parents are most successful with “difficult” children because these parents provide appropriate responses and love while they guide their “difficult” child to appropriately managing emotions (Rogosch et al., 1995).

Parent Involvement in Child-related Activities and Settings.

Activities. Parents facilitate healthy growth and development through their active involvement, supervision, and creation of positive settings and activities. For example, parents and other caregivers can structure a *variety* of positive play activities. Activities range from face-to-face interactions, object-focused activities, and pretend or symbolic pastimes.

- *Face-to-face interactions* involve parents and children in a range of activities from cooing, talking and listening, making funny faces, singing, and other joint activities.

- *Object-oriented activities* involve the use of toys, games, or other materials.
- *Symbolic pastimes* include imaginary play and developing games and stories that represent shared meanings (for further discussion see Uzgiris & Raeff, 1995).

When parents model and frame different forms of activities and play, they promote healthy growth in their children at all ages. Encouraging different forms of activities and play assists children to develop:

- socially appropriate behaviors and communications;
- more sophisticated language and cognitive skills;
- competent peer relationships; and
- identifying specific gender roles (Uzgiris & Raeff, 1995).

Involvement. Parent involvement in child care and school-related activities is vital to healthy growth and development in children. When parents are involved in their children's child care, school, and other activities, children show:

- higher levels of motivation;
- greater empathy to others;
- more achievement-orientation; and
- greater social and school success (Leffert, et al., 1997; Stevenson & Baker, 1987).

Effective Family Support and Parent Education

Family support and parent education cannot succeed as isolated efforts. Rather family support and parent education are most effective when they are linked to other support networks – education, recreation, childcare, health care, life skills training, and other supports. The National Resource Center for Family Support Programs (1993) notes that these programs are geared toward a common goal: *increasing the ability of families to successfully nurture their children.*

Parent involvement in child care and school-related activities is vital.

Parent education programs promote positive parent-child relationships.

Strong, Nurturing Families

Family support and parent education efforts are most effective when they include certain key elements.

- *First*, the goals for support and education programs should be clearly stated and communicated to parents and staff. Common goals for family support and parent education programs include:
 - building parent's self-esteem and understanding of their importance in the lives of their children and the importance of their as their child's first teacher;
 - expanding parents' knowledge of children's growth and development, health and safety, effective communication and problem-solving skills, *and* positive child guidance strategies and techniques;
 - facilitating the growth of formal and informal support networks for families; and
 - strengthening families by facilitating their access to needed social services and other community resources (Price, Cowen, Lorion, & Ramos-McKay, 1989; Weissbourd & Kagan, 1989; Zigler & Black, 1989).
- *Second*, effective family support and education programs “co-own” program content and processes with the families they serve.
 - Governing boards and advisory groups include significant numbers of parents who have previously, or are concurrently, being served by the program.
 - Input is regularly and actively obtained from participants and this input is incorporated within the program in appropriate and timely ways. All materials and verbal and behavioral interchanges value the strengths and expertise possessed by individual parents, especially with regard to their own children.
 - At the same time, effective family support and education programs recognize the knowledge and skills parents may gain from the program. Mutual respect should be the cornerstone of all program and participant interactions and communications (Connard, 1988; Price, et al., 1989; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

Mutual respect should be the cornerstone of all interactions and communications.

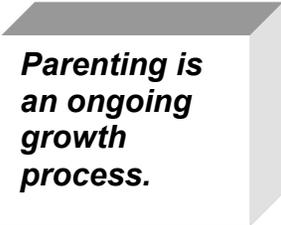
- *Third*, effective family support and parent education professionals are well trained, experienced in working with children and parents, and supportive of the program goals. They are warm and accepting toward both parents and children, sensitive to individual needs and concerns, willing to share program and classroom management with participants, and have strong facilitation and communication skills. Effective family support and education providers:

- view themselves as facilitators of learning rather than experts who know all of the answers;
- trust that participants (both parents or children) will learn from each other as well as from program curriculum;
- are trained in parent support and education processes and techniques; and
- model positive parenting skills.

In addition, providers should be adequately compensated and meet regularly for the purposes of collaboration and mutual support (Price, et al., 1989; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

- *Fourth*, family support and parent education programs must recognize the long-term nature of personal growth and behavioral changes. Because parenting is an ongoing growth process, the most effective programs:

- are comprehensive;
- involve more than one member of the family including both parents and children;
- extend for periods of several years;
- are process-oriented and participant-centered;
- provide opportunities for social interaction and for practicing new skills in supportive environments; and
- use peers as advocates, coaches, instructors or tutors when appropriate (Connard, 1988; Price, et al., 1989; Weissbourd & Kagan, 1989; Zigler & Black, 1989).



**Parenting is
an ongoing
growth
process.**

Strong, Nurturing Families

- *Fifth*, the most effective family support and parent education programs are responsive to, and respectful of, the cultural and social characteristics of the families and communities they serve.
 - Regular program evaluation, needs assessments, and participant feedback help program staff tailor content to group strengths and cultural values.
 - Parents learn best when program content is relevant to their current needs and life experiences (Connard, 1988; Price, et al., 1989; Weissbourd & Kagan, 1989; Zigler & Black, 1989).
- *Sixth*, programs establish connections with community organizations, employers, and schools for the purposes of collaboration and continuity of support for families and children (Connard, 1988; Price, et al., 1989; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

Resources. Many organizations are dedicated to building effective family support and parent education. National resources include:

- The National Center for Family Support Programs
Family Resource Coalition
200 S. Michigan Avenue
Suite 1520
Chicago, IL 60604
(312) 341-0900
(Excellent materials and guidelines.)
- National Extension Family Education Model (NEFEM, 1994).
Kansas State University
Manhattan, KS 66506
(This model identifies the essential components of effective parenting *and* describes dozens of specific parent education curriculums.)
- Harvard Family Research Project (HFRP)
38 Concord Avenue
Cambridge, MA 02138
(617) 496-4304
(*Excellent publications on family support and education programs.*)

- Avance' Family Support and Education Program
301 South Frio, Suite 310
Sa Antonio, TX 78207
(210) 270-4630
(This program has successfully served Latino and at-risk populations for over 20 years. Services include Parent-Child Education Program, Even-Start Family Literacy, home visitation, child abuse and neglect intervention, and national training. Other examples of effective programs for Latino families are reviewed in: [Supporting Latino Families](#) by Angela Shartard. Available from the: Harvard Family Research Program [HFRP]). (See above.)

Some Oregon resources for effective family support and parent education include the following:

- Oregon Commission on Children and Families
530 Center Street
Suite 300
Salem, OR 97310
(503) 373-1283
- Oregon State University Extension Service
Family Development and Resource Management Program
Milam Hall
Corvallis, OR 97331
(541) 737-1014
or
Local County Home Economics Agents
- Oregon Family Resources Coalition
PO Box 764
Salem, OR 97308-0764
(503) 588-2292
- Family Resource Departments located at most Oregon Community Colleges
- Oregon Association for the Education of Young Children
PO Box 1455
Tualatin, OR 97062
(503) 234-0887

Strong, Nurturing Families

Table 3-1
Oregon's 1997 Benchmark Indicators^a Related to OCCF Wellness Goals: Strong, Nurturing Families

	1990	1995/96	2000	2010
INCOME, POVERTY, & HOUSING BENCHMARKS				
✓ • Per capita personal income as a percentage of the U.S. per capita income (#14) ^b	92%	95%	100%	110%
• Percentage of Oregon workers (age 16 and older) employed in a job that pays wages of 150% or more of poverty (for a family of 4) (#17)	5%	45%	50%	60%
✓ • Percentage of Oregonians with incomes below 100% of the Federal poverty level (#57)	11%	12%	11%	9%
• Percentage of Oregonians without health insurance (#58)	15%	11%	9%	4%
• Number of Oregonians that are homeless on any given night (#59)	---	6,141	5,196	5,196
• Percentage of current court ordered child support paid to families (#60)	50%	68%	72%	80%
• Percentage of low income households spending more than 30 percent of their household income on housing (including utilities) (#78)				
a. Renters	59%	60%	55%	55%
b. Owners	38%	45%	32%	32%
CIVIC PARTICIPATION BENCHMARKS				
• Percentage of Oregonians who feel they are a part of their community (#35)	---	41%	45%	60%
HEALTH BENCHMARKS				
• Percentage of babies whose mothers received early prenatal care (beginning in the first trimester) (#44)	75%	79%	90%	95%
• Percentage of families for whom child care is affordable (#51)	---	67%	70%	75%
• Number of child care slots available for every 100 children under age 13 (#52)	14	16/20	21	25
PROTECTION BENCHMARKS				
✓ • Number of children abused or neglected per 1,000 persons under 18 (#54)	11.2	9.9	8.8	6.5
• Percentage of infants whose mothers used: (#56)				
a. Alcohol during pregnancy (self-reported by mother)	5%	3%	2%	2%
b. Tobacco during pregnancy (self-reported by mother)	22%	18%	15%	12%
DEVELOPMENTAL BENCHMARKS (No baseline or targets are yet established)				
• Percentage of children entering school "ready-to-learn" (Developmental Benchmark #13)	---	---	---	---
• Reported incidence of spousal abuse per 1,000 (Developmental Benchmark #25)	---	---	---	---

^a Oregon Shines II: Updating Oregon's Strategic Plan, 1997; Oregon Progress Board.

^b Benchmark number in Oregon Shines II

✓ Key Benchmark to be tracked by Progress Board

Bold = Benchmark tracked by OCCF 1995-97