
**CHAPTER 9:
CARING COMMUNITIES AND SYSTEMS**

Key Benchmarks in this Chapter:

Family poverty

Prenatal care

Immunizations

Child care

Ready for school at age 5

Teen pregnancy

Tobacco, alcohol, and other drug use

High school dropout

Juvenile crime

Key Chapter Concepts

OCCF System Goals

- Create a wellness orientation and system
- Create and encourage collaborative partnerships
- Establish community planning and decision-making
- Establish shared accountability for processes *and* outcomes

Child Care

- Preferences and need for care
- Affordability
- Quality indicators
- Helping families choose care

School-aged Children and Youth Supervision and Care

- Need and availability
- Quality indicators
- Self-care
- Youth activities

(over)

Family Friendly Workplaces
Work and family life
Family friendly workplace policies and programs
Supporting family friendly workplaces

CHAPTER 9:

CARING COMMUNITIES AND SYSTEMS

The Oregon Commission on Children and Families, and the 36 county commissions, are charged with development of strategies that support wellness among Oregon’s children, youth, and families. In the previous chapters, research was reviewed that can help communities to develop sound, empirically-based prevention and intervention efforts. Throughout this review, it was repeatedly demonstrated that the *best approaches* are:

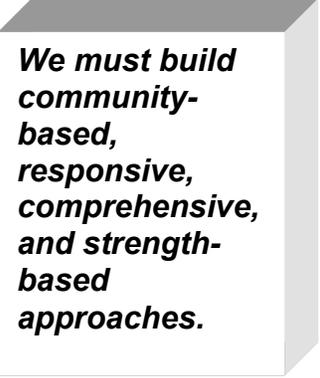
- *community-based, comprehensive, and individualized* efforts that bring together *many* players to address needs and build on resources;
- *long-term and responsive* to changing needs, resources, and conditions; and
- *focused on expanding the strengths* of children, youth, families, and communities.

These characteristics clearly demand that government, private agencies, advocates, and others who touch families’ lives, do business differently. Categorical, isolated, complicated, inaccessible, crisis-oriented services and systems are changing dramatically to reach Oregon’s goals of nurturing families, thriving children, positive youth, and educational success.

Systems change. All commissions are dedicated to building a stronger system for families through four vital “systems goals.” These systems goals are:

- Goal 1. Create a wellness system.
- Goal 2. Create and encourage collaborative partnerships.
- Goal 3. Establish effective community planning and decision-making.
- Goal 4. Establish shared accountability for processes *and* outcomes.

To reach each of these goals requires the strong commitment of communities, public and private agencies, all levels of government,



We must build community-based, responsive, comprehensive, and strength-based approaches.

funders, advocates, and the public. In addition, reaching these goals requires the focused effort of the state and county commissions. To this end, the commissions have adopted several action steps relative to each system goal.



Create a wellness system.

• **Action Steps to Goal 1: Create a Wellness System**

- 1: Develop and implement policies that build on family and community strengths and that promote a balanced continuum of supports and services for families and children of all ages.
- 2: Design a comprehensive system that incorporates community supports, prevention, intervention and treatment, and links current systems together; including community mapping.
- 3: Promote awareness and understanding of our diverse populations.
- 4: Integrate services and supports so that the wellness system is accessible to all children and families, including the development of community progress teams and Family Resource and Service Centers.
- 5: Provide funding and leverage for local and statewide initiatives that build on family and community strengths.

• **Action Steps to Goal 2: Create and Encourage Collaborative Partnerships**

- 1: Build and support collaborative relationships among all stakeholders at the community, county, state, and federal levels.
- 2: Coordinate support systems and services for children and families to avoid unnecessary duplication and improve system capacity.
- 3: Develop and leverage financial and other resources.

• **Action Steps to Goal 3: Establish Effective Community Planning and Decision-making**

- 1: Increase the diversity and number of individuals, children, youth, and their families participating in community planning and decision making, through community forums, cultural



Encourage collaborative partnerships.

competency, community progress teams and other mechanisms.

- 2: Increase the number of community organizations and local government entities involved and in support of community planning and decision making
- 3: Increase awareness, understanding, and advocacy for children and families issues among the general public and community partners/stakeholders.
- 4: Develop reliable local data and information collection resources to support informed community decision making, including community mapping and community indicators of wellness.

• **Action Steps to Goal 4: Establish Shared Accountability for Processes *and* Outcomes**

- 1: Establish a system of accountability that links OCCF objectives and system goals to research-based performance indicators, including interim outcomes, and benchmarks.
- 2: Maintain internal controls (accounting and administrative) to manage funding streams, contracts, programs and services, and initiatives.
- 3: Develop and utilize criteria and procedures to evaluate community-based planning and implementation; link goals and objectives to performance measures (benchmarks, interim indicators and outcomes) at the local level.
- 4: Report progress and performance to the local and state commissions, Governor, Legislature, communities, and other stakeholders.

**Community
planning
and
decision-
making.**

**Shared
accountability
for process
and
outcomes.**

In many ways assessing the success of this systems change effort is much more difficult than assessing the outcomes of specific prevention and intervention efforts. Nevertheless, the process of creating and tracking the activities and outcomes of systems change has already begun. Over the next several years, this process will continue to be developed, implemented, and refined.

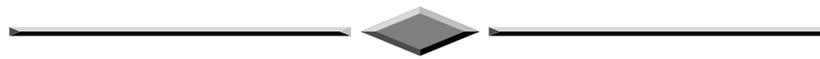
Community-wide efforts. One part of this process will be to examine the operation and effectiveness of particular community wide efforts to support families. Thus in the balance of this chapter, we focus upon three

Caring Communities and Systems

community-based efforts that are essential to the well-being of families, children, and youth. These are:

- affordable, accessible, and quality childcare;
- affordable, accessible, and quality care for school aged children and youth; and
- family-friendly workplaces.

While these do *not* capture all the dimensions of caring, supportive communities, they are essential, high-priority components in communities that value families, children, and youth.



**Accessible, Affordable, & Quality Child Care for Young Children:
Measurable Interim Outcomes**

Range of high quality, affordable child care.	Quality of:
Sliding fee scales or other “affordability” strategies.	• Physical environment and materials.
Parent’s knowledge of, use of, and satisfaction with, resource and referral system.	• Health, safety, and basic care routines.
Parental knowledge of quality child care characteristics.	• Provider-child guidance interactions.
Parent’s satisfaction with child care.	• Cognitive and language stimulation.
Skills and continuity of child care providers.	• Physical development stimulation.
Programs meeting national or other standards.	• Family support and interaction.
	• Provider-child ratio.
	• Provider training and supervision.

Research Linkages

The need for non-parental child care has increased dramatically over the past 25 years. Almost 60% of mothers with children under age 6 are in the work force and more than 75% of all school-age children have mothers who are working. In 1994, among Oregon families with children under age 13:

- 42.3% used paid child care for an average of 33 hours per week, spending an average of \$242 per month;
- 64% of Oregon children were in home-based or in-home care; and
- 29% of Oregon children were in center-based care.

The need for non-parental child care has increased dramatically.

Average monthly child care costs ranged from \$200 per child for center-based school age care to \$490 per child for group home infant care (Oregon Population Estimates & Survey Findings, 1994). Overall, “*child care is as necessary for most families as a car or a refrigerator, but infinitely harder to find and more expensive to buy*” (Clark, 1993, p. 1107).

Quality in-home care for young children is critical.

Preferences and needs for care. Families’ preferences for type of child care vary. For example, most parents prefer to place children in sites close to their home rather than sites that are close to work or on transportation lines (Belim, 1991). Among employed mothers with children under 5 years of age, home-based and in-home care are used most frequently and are especially preferred for children under the age of three (Kontos et al., 1995). *Thus, quality of home-based and in-home care for infants, toddlers, and pre-schoolers is especially important.*

A significant number of families are dissatisfied with their child care options often because the care they *really* need is not available (Kontos et al., 1995). Full-time care is more available than part-time care. Daytime care is much more available than evening, night, or weekend care. Because one care setting often does not meet families needs, many families use multiple arrangements. Over 25% of preschool children are cared for in more than one child care arrangement during the week.

A fuller range of quality care of all types is clearly needed (Atkinson, 1994; Clarke, 1993), including:

A fuller range of quality care of all types is clearly needed.

- full- and part-time options covering a 24-hour period;
- infant and toddler care;
- sick child care;
- before and after school care;
- care for special needs children;
- care for non-English speaking children; and
- respite care for stressed families.

Affordability of care. Affordability of care is a significant issue affecting choice of care. Although most parents cite quality as the most important consideration in selecting child care (Brayfield et al., 1993), parents actually *select* care based primarily on cost and geographic proximity, and only secondarily consider quality (Hofferth & Chaplin, 1994).

In Oregon, low income families spend an average of *37% of their income* on child care in comparison to 5% for high income families (Oregon Population Estimates & Survey Findings, 1994). Low-income families tend to receive lower quality child care, particularly when subsidies are not available to supplement parental payments. In short, lower and middle-income families are often priced out of the highest-quality care (Kontos et al., 1995; Whitebook et al., 1990).

Quality of care. Children's cognitive and social development are positively related to the quality of their child care experience (Howes et al., 1995). In particular, *high* quality care is associated with long-term beneficial effects for children, especially for children from low income families. In contrast to quality of care, the length of time in child care per day has not been related to child outcomes (Frede, 1995).

Quality of child care is affected by both the physical environment *and* the social-learning environment. Standards for accreditation address the key components of high quality care including the:

- Provider-child ratios and interactions.
- Cognitive and language stimulation.
- Physical development stimulation
- Provider training and supervision.
- Physical environment and materials.
- Health, safety, and basic care routines.
- Family support and interaction.

The average quality of care children received in center-based, home-based, and in-home (relative or non-relative) types of child care is approximately equal (Kontos et al., 1995). *Unfortunately, the quality of care in any setting is not uniformly high.*

High quality care is associated with long-term beneficial effects for children.

Standards for accreditation address the key components of high quality care.

- Nationally, less than 20% of center-based child care provides high enough quality to promote *optimal* child development and learning (Howes et al., 1995).
- Nationally, less than 10% of home-based and in-home child care settings provide *optimal* care and only 30% of settings provide even adequate care (Kontos et al., 1995).
- Nationally, almost half of infants and toddlers are cared for in settings that are less than adequate to support *optimal* development (Cost, Quality & Child Outcomes Study Team, 1995).

Quality child care is clearly dependent on the adults who provide care... education and training in early childhood are vital.

Quality child care is clearly dependent on the adults who provide care. *Education and training in early childhood* are better predictors of high quality care than are caregivers' previous experience with children (Howes & Hamilton, 1993; Kontos et al., 1995). Nurturing caregivers create safe, stimulating environments that help children learn as they play. Children are most likely to be securely attached to their providers and experience better cognitive development when the care they receive is *sensitive and responsive* (Kontos et al., 1995).

Children also greatly benefit by developing *stable* relationships with their caregivers over a period of time. For example, frequent staff turnover is associated with decreases in children's language competency and social development (Hofferth & Chaplin, 1994). Yet annual staff turnover in both home- and center-based programs is high (approximately 41% and 51%, respectively).

Among home-based and in-home care settings, the *single* best indicator of quality of care is whether or not the child care provider meets the state or national standards for accreditation (Kontos et al., 1995). Similarly, center-based care settings that comply with higher licensing standards provide the highest quality services (Howes et al., 1995). Unfortunately, higher standards tend to reduce availability and increase costs (Cost, Quality & Child Outcomes Study Team, 1995; Hofferth & Chaplin, 1994).

Other significant indicators of higher quality of care in *all* settings are:

- low staff-child ratios
- substantial staff education and training in early childhood
- higher average teacher wage rates

- low staff turnover and high administrative stability (Dombro, et al., 1996).

Despite the cost of child care to families, care providers' low wages and benefits increase turnover and jeopardize the quality of care (Brayfield et al., 1993; Whitebook et al., 1990). Regardless of income status, parents indicate they are willing to pay more for high quality child care (Hofferth & Chaplin, 1994; Kontos et al., 1995), but parent fees are usually inadequate to finance high quality child care services (Howes et al., 1995).

Care providers' low wages and benefits increase turnover and jeopardize the quality of care.

Helping Families Choose Care

Resource and referral systems can provide an important means of matching available places to parents with child care needs (Belim, 1991). Nationally, however, these systems account for less than one quarter of filled slots in home-based programs, and even fewer in center-based programs. More frequently, parents use recommendations from friends and other individuals to find child care (Belim, 1991).

Parents tend to *overestimate* the quality of their children's care, and parents' inability to recognize good-quality care lessens the demand for it (Howes et al., 1995). As a result, families need help to identify and choose the highest quality care. Thus consumer information on child care is essential to support family decision making.

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Effective consumer education should inform families about (Dombro et al., 1996):

- what quality child care and early education is;
- how to find quality child care and early education;
- how to work with providers to develop and maintain high quality.

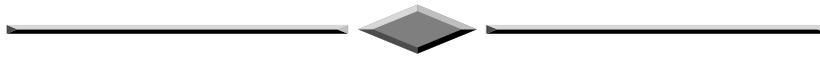
Most importantly, effective consumer education (Dombro et al., 1996):

- reaches parents at the "teachable moment" when they are looking for care, having a new child, entering the labor force or moving to a new community;
- reaches parents through a wide variety of media (TV, radio, newspapers, milk cartons), settings (doctors offices, WIC offices, schools, workplaces), and one-to-one communications (hot-lines, counselors, referral agencies, social service workers);

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- focuses on critical information and effective delivery of that information;
- creates opportunities for parents to see or experience quality child care through videos or tours;
- reassures parents that high quality care *is* possible and *is* good for their children.

(See the end of this next section on school-aged care for a listing of resources for childcare.)



**Accessible, Affordable, and Quality Care Options for School-aged Children and Youth:
Measurable Interim Outcomes**

High quality, affordable school age child care options.	Parent’s and children’s knowledge and use of self-care guidelines.
Sliding fee scale or other “affordability” strategies.	Parental knowledge of, use of, and satisfaction with resources for school age children/youth.
School-based child care options.	Children’s and youths’ social skills.
Children’s and youths’ unsupervised time alone.	Children’s and youths’ academic achievement.
Match between needs and resources for school age children/youth.	
Quality of school age and youth activities.	

Research linkages

School-age Children and Youth

Need and availability. The need for quality care and supervision does not end with entrance to school. More than 75% of all school-age children have mothers who work outside the home. Because the school day and parents’ work day are rarely synchronous, many school-age children and youth are unsupervised before and after school and during school vacations.

Children and youth who are left unsupervised tend to suffer. National studies have found that eighth grade students left unsupervised after school were more likely to do poorly at school or engage in risky behavior such as taking drugs and abusing alcohol than were peers who were supervised (Steinberg, 1991, 1993; Richardson et al., 1989). (Also see Chapter 6.)

Yet at least 30% of eighth graders spend at least two hours per day unsupervised with no constructive activities (Carnegie Council on Adolescent Development, 1992). Despite the need for supervision and positive activities for school aged children and youth, there is a national shortage of affordable before and after school-age and youth programs (National Study of Before-and After School Programs, 1993).

Children and youth who are left unsupervised tend to suffer.

The lack of school-age and youth programs is especially acute among lower and lower-middle income families. Most before- and after-school programs are dependent primarily on parent fees (National Study of Before- and After-School Programs, 1993), thus many lower income level students who could benefit from these programs are unable to participate.

Participation remains beyond the means of most low-income families.

Nationwide, only one-quarter of existing programs offer scholarships, tuition grants, or sliding fees based on family income and participation remains beyond the means of most low-income families (Children's Defense Fund, 1994). In addition to formal care or activities and programs, many parents use lessons, sports, and club activities to provide after school care as well as to expand their children's academic, physical, social, and cultural horizons. But these alternatives are less accessible to lower income families because of costs.

Quality school age care and activities. Quality programs must respond to school-age children's changing needs and provide a full range of options including:

- formal before and after school care and activities;
- sports and other extracurricular activities;
- clubs and interest groups;
- volunteer, leadership, and work activities;
- safe, effective self-care; and
- other options.

School-age children benefit from *flexible* programs that emphasize self-selected activities and are structured to respond to children's diverse interests. Caring, resourceful and experienced program staff are vital to provide meaningful activities and a warm, supportive environment that encourages children's growth. Children's participation in such quality care enhances self-esteem and social and academic competence (Kisker et al., 1990).

The needs of school age children and youth can be met by high quality home-based, center-based, school-based, and community-based programs. Nationally, one third of all school-age child care programs are based in schools. School-based care reduces transportation needs, improves affordability by subsidizing costs, and promotes continuity for children and youth (National Association of Elementary School Principals, 1993).

Characteristics of *high quality* before and after-school programs include (National Study of Before- and After-School Programs, 1993):

- warm, respectful, and trained staff;
- appropriate group size and staff-to-child ratios;
- regular, clear communication between program staff, parents, and school teachers and administrators;
- long-term senior staff member who is on-site and responsible for daily staff supervision and regular staff development;
- clean, adequate indoor and outdoor spaces;
- adequate materials, supplies and equipment that are interesting and developmentally appropriate;
- flexible scheduling; and
- a range of fun, educational, and enriching program activities (including rest, homework, play, and other activities) that meet individual needs and allow for choices.

Good communication between schools and after-school programs and activities are important. In most successful school-based programs, the school principal plays a key role by allowing full access to school resources, integrating the program into the school community, and problem-solving issues that inevitably arise when space is shared (National Study of Before- and After-School Programs, 1993).

Even when programs are not school-based, effective school and after-school communications are critical. For example, academic achievement and social functioning are higher among students in middle schools that emphasize coordination and cooperation with after-school activities (Jackson et al., 1993).

Further, *effective staff training* can improve the quality of school aged child care offered in all settings. Following staff development training, a school age child care programs can improve (Gore & Anderson, 1996). Effective school age child care programs:

- offer several activities or interest centers simultaneously to allow children increased choices based on interests or skills;

Effective training can improve the quality and outcomes of school aged child care.

- smooth transitions from one activity to the next;
- provide physical spaces and time for rest and quiet following an active school day;
- offer opportunities, resources, and staff support for homework and study;
- provide choice and balance individual and group activities;
- anticipate and redirect problem behaviors through active listening and consistent expectations and rules;
- use positive reinforcement and other positive behavior management approaches;
- involve children in rule-setting, activities planning and implementation, and other decision-making and leadership opportunities.

Self-care. Although some research suggests that children left alone before and after school may become more resourceful and independent, most research indicates less positive outcomes for children and youth who are unsupervised for *long* periods of time (Richardson, 1989; Steinberg, 1991, 1993).

Almost all children and youth spend some time in self-care.

Because almost all children and youth spend some time in self-care, however, all can benefit from training on self-care safety and activities (Seligson & Allenson, 1993). In addition, telephone or neighborhood contacts can provide regular and emergency connections to supportive adults (Richardson et al., 1989). Overall, outcomes for children are improved when the transition to self-care is gradual and controlled by the children and their families (Seligson & Allenson, 1993).

Youth activities. As children develop into young adolescents, providing age-appropriate activities is an increasing challenge. Nevertheless, high quality youth activities can reduce risk-taking behaviors and can have multiple, positive impacts on youths' social skills, behaviors, and academic performance. For example, high quality youth programs enable young people to (Cahill & Fruchter, 1993; Leffert et al., 1996):

- form positive relationships with peers and adults;
- enhance academic achievement;

- improve social skills and leadership;
- explore interests and master skills, including job skills; and
- contribute to their own well-being as well as to their peers and community.

Effective youth development programs have several important characteristics that have been supported by numerous studies and evaluations (see Leffert, Saito, Blyth, & Kroenke, 1996, for a review). The characteristics of effective youth development programs include:

- varied activities and opportunities to meet the diverse interests and needs of youth;
- involvement of families, peer groups, churches, community organizations, schools, businesses, and other institutions collaborative efforts;
- coordination, cooperation and collaboration between families, other activities, and schools;
- commitment to youth leadership and involvement in decision-making roles;
- opportunities for service and learning as well as fun and socialization;
- committed and well-trained workers who genuinely care about youth and who have the skills to support, guide, and advocate for youth;
- opportunities for involvement of older youth as leaders and volunteer or paid workers with younger participants; and
- physical and economic accessibility for *all* youth, including both males and females and those youth who are low-income, homeless, teen parents, or otherwise at risk.

Effective youth development programs include opportunities for service and learning as well as fun and socialization.

These characteristics can be found in many different types of programs from sports and recreation to service-learning, drop-in centers, youth clubs or organizations, work opportunities and career exploration (Leffert et al., 1996).

Finally, it should be remembered that there can be “too much of a good thing.” Youth who work or are engaged in extracurricular activities more than 10 to 15 hours per week during the school year often suffer academically (Steinberg, Brown, & Dornbusch, 1996).

Selected Child Care, School-age Care, and Youth Program Resources

Included here are some resources and organizations that can help communities build high quality, accessible child care, school-age care, and youth programs.

National Resources:

National Association for the Education of Young Children
Accreditation Standards
1509 16th Street NW
Washington, DC 20036-1426
(800) 424-2460

*Local Contact: Merrilee Haas, Executive Secretary,
Oregon Association for the Education of Young Children
P.O. Box 1455
Tualatin, OR 97062
(503) 234-0887*

Families and Work Institute
330 Seventh Avenue
New York, NY 10001
(212) 465-2044

National Association for Family Child Care
1331 A Pennsylvania Avenue NW
Suite 348
Washington, DC 20004
(800) 628-9163

National Association of Child Care Resource and Referral Agencies
2116 Campus Drive SE
Rochester, MN 55904
(507) 287-2220

National School-Age Child Care Alliance (NSACCA)
c/o Tracey Ballas
1742 Norwood Boulevard
Zanesville, OH 43701

Project HOMESAFE.

(Promotes community-based solutions to self-care issues.

Bibliographies and resources on school-age child care programs.)

Project HOMESAFE

American Home Economics Association

1555 King Street

Alexandria, VA 22314

(800) 252-SAFE

School-Age Notes.

(Newsletter for school-age child care workers and administrators;
covers issues related to school-age child care – developmental needs,
staff training, programming, and activities.)

School-Age Notes

PO Box 40205

Nashville, TN 37204-0205

Child Development Specialist: Rick Scofield

Phone: (615) 242-8464

School-Age Child Care Project.

(A center for information, research, and technical assistance on all
aspects of school-age child care. Offers training workshops and
institutes for those interested in starting or improving school-age
child care programs.)

School-Age Child Care Project

Center for Research on Women

Wellesley College

Wellesley, MA 02181

Phone: (617) 283-2547

Oregon Resources:

Home Alone and Prepared

(Video and materials for parent-child activities to assess readiness for
self-care and teach children safety and other skills; can be delivered
through schools, parent groups, or other community efforts.)

Oregon State University Extension Service

Alice Morrow

Family Development and Resource Management

Milam Hall

Oregon State University

Corvallis, OR 97331

(541) 737-1013

Caring Communities and Systems

Oregon Child Care Division

(Programs and policies on child care for the state of Oregon including employment related child care assistance.)

Janis Elliott
Child Care Division
Oregon Department of Employment
Salem, OR 97310

Oregon Commission on Children and Families

(Community-based programs and policies on child care.)

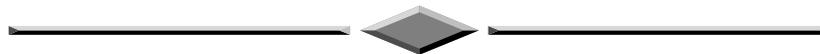
OCCF
Marian Smith
530 Center Street NE Suite 300
Salem, OR 97310
(503) 373-1283

Oregon Association for the Education of Young Children (OEAYC)

Merrilee Haas
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Tualatin, OR 97062
(503) 234-0887

Oregon Department of Education School Age Child Care Programs

Colleen Dyrud
School Age Child Care Program Specialist
SACC Project
Child and Family Studies Program
PO Box 751-PSY
Portland, OR 97207
(503) 725-8528



**Family Friendly Workplaces:
Measurable Interim Outcomes**

Reduced family work conflict.	Increased work productivity.
Increased family time.	Increased access to affordable, quality child care.
Reduced absenteeism, tardiness, turnover.	Increased workplace benefits to support families.

Research Linkages

Work and family life. Work has always affected family life. Historically, the separation between work and family lives was small. Most families members worked together and often lived at their workplace – the family farm. During the last century this pattern changed as families shifted from two parent, rural, farm families to urban, families with fathers working outside the home and mothers working in the home (USDHHS, 1996).

The pattern of the single wage earner family, however, has been declining dramatically since its peak in the early 1960’s. Since the 1940’s, women have been entering the paid labor force in increasing numbers:

- In 1940, only 10% of children had mothers in the labor force.
- In 1990 over 60% of children had mothers in the paid labor force.

The greatest recent increase has been in the number of mothers with children under 2 who work at least part-time outside the home (USDHHS, 1996).

Women entered the labor force for many reasons including greater access to education, opportunities for work, and desire for the satisfaction of work. Most importantly, however, women went to work to make money (USDHHS, 1996).

- Since the 1970’s, median real income has stagnated or dropped for most families; women’s entrance into the labor force is the single greatest reason the decline in real income has not been even greater.

Women went to work to make money.

- Today, one out of 8 American children in two-parent families would live in poverty if their mothers did not work outside the home.
- An eight-fold increase in divorce between 1960 and 1996, resulted in a massive increase in the number of female headed families; today, almost 50% of white children and 80% of black children will live in a single parent family at some point before age 18.
- Among Oregon's female headed families, 33% live in poverty compared to 18.2% of male headed families and 6% of two-parent families (OED, 1995). Most adults in poor Oregon families are in the labor force.
- Welfare reform efforts will bring more women, including young mothers, into the paid labor force over the next few years.

Most families face the challenges of balancing work and family issues alone.

Family friendly workplace policies and programs. Despite the changing nature of work and family life, most families must face the challenges of balancing work and family issues alone. Programs and policies that support working parents are still the exception in private industry and public service employment.

Among the work and family issues faced by working parents, the most frequently noted problems are (Galinsky, 1992):

- difficulty finding and keeping childcare;
- difficulty finding care for special needs children, including care for sick children;
- difficulty paying for childcare, especially among lower income families, where childcare costs often exceed 25% of family income.

The stresses of these issues affect the quality of family life *and* the quality of work production. Consider these facts,

- in a recent national survey, over one-third of employed mothers reported that a child had been ill in the previous month – over 50% missed work time to provide care (Hofferth, Brayfield, Deitch, and Holcomb, 1990);

- absenteeism, tardiness, and turnover are directly related to work and family conflicts – these cost employers in lost productivity (Galinsky, 1992);
- conflicts between work and family are related to higher level stress, more health problems, and lower productivity (Galinsky, 1992)

In contrast, when employers institute basic family-friendly policies, positive effects are visible for both employers and the employees.

Essential components of family-friendly workplaces are:

- basic health benefits for employees *and* their dependents;
- family leave policies;
- flextime or some other alternative work schedule;
- dependent care resource and referral (Johnson, 1992; Friedman & Gray, 1989).

Additional family friendly policies and programs include:

- employee assistance programs;
- on-site child care *or* other child care benefits;
- job-sharing and part-time work with adequate pay and benefits;
- flexible benefit packages;
- compressed work weeks;
- telecommuting and
- other benefits.

Family friendly workplaces benefit families and employers. For example, “flextime” offers workers a range of times for beginning and ending work, usually with a core time that overlaps with other workers. Flextime:

- reduces work-family conflict, reduces worker stress, and increases family time, and



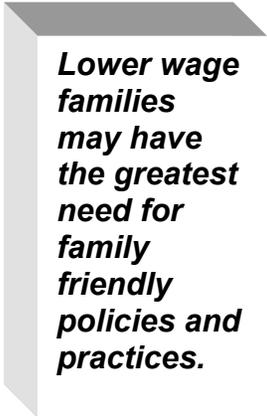
Family friendly policies benefit employers and families.

- reduces turnover, absenteeism, and tardiness and increases morale (Galinsky, 1992).

Reduced turnover is important particularly to businesses. It is much cheaper to provide flextime and other family leave than to replace employees (Galinsky, 1992), even in small businesses (Trzcinski and Albert, 1990). Despite their potential to improve the workplace and family life, however, few employers have fully developed family-friendly policies; among employers who do have policies, most have focused on childcare issues – an important place to start.

Supporting family-friendly workplaces. Advocates, employees, and employers who support family-friendly workplaces can be guided by the following ideas:

- Employers and families alone cannot solve societal problems – government must provide a strong infrastructure, including adequate benefit and wage standards, young child care, school aged care, and youth activities.
- Family friendly policies must move beyond corporations that employ the most educated, well-paid employees – lower wage families may have the greatest need for family friendly policies and practices.
- Employers can start with family friendly policies that remove obstacles to coming to work and can move to policies that promote family well-being.
- Government and service industries employ more people, especially women, than large corporations; yet government and service industries have far to go in developing more family friendly workplaces.
- Attitudes about what it means to be successful and to be a “good” employee must change along with policies – employees should be *encouraged* to use family friendly policies such as flex-time, employee assistance programs, and other resources.
- *Family friendly policies are not women’s issues* – they are issues of fathers, mothers, children, youth, communities, schools, and current and future employers.



Lower wage families may have the greatest need for family friendly policies and practices.

Family friendly workplaces will not be easy to create but the benefits are potentially enormous for employers, employees, communities, and most importantly, for children and youth.

Resources for Family Friendly Workplaces:

WOMEN'S BUREAU WORK AND FAMILY CLEARINGHOUSE

United States Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210
(202) 523-4486

The Work and Family Clearinghouse was established in 1989 by the Women's Bureau of the Department of Labor to provide information to employers seeking to develop work and family policies to address the issues of childcare and eldercare. Information is available in five option categories: direct services, information services, financial assistance, flexible policies, and public-private partnerships. The Clearinghouse produces two information folders. *Choices* provides overviews and a guide for employers to decision making on eldercare and childcare program options; the *Work and Family Resource Kit* contains a summary of the work and family conflict and discusses pertinent topics such as benefits, leaves, services, alternative work schedules, and dependent care options.

NEW WAYS TO WORK

149 Ninth Street
San Francisco, CA 94103
(415) 552-1000
Barney Olmsted & Suzanne Smith, Co-Founders and Directors

New Ways to Work is a not-for-profit research, training, and advocacy organization promoting flexible work arrangements. The Work and Family Project seeks to identify strategies for balancing work and family time. NWW publishes a resource book to assist managers in using the tools provided by NWW's consulting arm entitled *Creating A Flexible Workplace*. Other publications include *Work Times*, a quarterly newsletter, a mail-order library of handbooks, how-to manuals, and audio-visual materials.

THE CONFERENCE BOARD

845 Third Avenue
New York, NY 10022
(212) 759-0900
Fax: 212-980-7014

The Conference Board is a global business membership organization that seeks to improve the business enterprise system and to enhance the contribution of business to society. Executives are supported to explore and exchange positive business practices and policy issues through a variety of forums.

The Conference Board sponsored the *Work and Family Research Council* which produces a number of publications including *Linking Work-Family Issues to the Bottom Line*, which addresses the impact of work-family problems on absenteeism, turnover, and employee stress and the effects of on-site childcare, maternity leave, flextime, and employee assistance programs on productivity.

FAMILIES AND WORK INSTITUTE

330 Seventh Avenue
New York, NY 10001
(212) 465-2044
Fax: 212-465-8637

Founded in 1989, the *Families and Work Institute* is a not-for-profit research and planning organization dedicated to balancing the needs of families with the need for workplace productivity. The Institute's programming addresses the entire life-cycle of the family, maintains a commitment to both the public and private sectors, examines the effects of work on family life, the effects of families on work performance, and forecasts future trends.

The Institute operates a national clearinghouse on work and family life and publishes a many materials on the topics, including *The Corporate Reference Guide to Work-Family Program*, a 437-page volume ranking and profiling the work-family programs and policies of the largest Fortune 1000 companies in each of 30 industry areas.

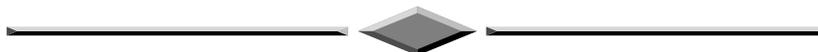


Table 9-1
Oregon's 1997 Benchmark Indicators^a Related to OCCF Wellness Goals: Caring
Communities and Systems

	1990	1995/96	2000	2010
INCOME, POVERTY AND HOUSING BENCHMARKS				
• 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) ^b	35%	45%	50%	60%
• Unemployment rate (civilian labor force, annual average) (#18)	5.5	4.8	5.0	5.5
✓ • 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 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%
EDUCATION BENCHMARKS				
• High school dropout rate (#22)				
✓ • Percentage of 8 th graders who achieve established skill levels (#23) ^b				
a. Reading	---	89%	92%	100%
b. Math	---	84%	89%	100%
• Percentage of 3rd graders who achieve established skill levels (#24)				
a. Reading	---	93%	95%	100%
b. Math	---	86%	90%	100%
• Percentage of high school students that have completed a structured work experience, including a practicum, clinical experience, community service learning, or school-based enterprise program (#25)	---	21%	65%	100%
• Percentage of Oregon adults (age 25 and older) who have completed high school or an equivalent program (#27)	85%	91%	94%	100%

Caring Communities and Systems

Table 9-1 (continued)

	1990	1995/96	2000	2010
HEALTH AND PROTECTION BENCHMARKS				
✓ • Pregnancy rate per 1,000 females age 10-17 (#43)	19.7	19.2	15	10
• Percentage of babies whose mothers received early prenatal care (beginning in the first trimester) (#44)	75%	79%	90%	95%
• Percentage of two-year-olds who are adequately immunized (#46)	47%	---	90%	90%
• Annual percentage of new HIV cases with an early diagnosis (before symptoms occur) (#47)	72%	78%	85%	98%
• 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
✓ • Percentage of 8th grade students who used: (#53)				
a. Alcohol in the previous month	23%	30%	26%	21%
b. Illicit drugs in the previous month	14%	22%	15%	12%
c. Cigarettes in the previous month	12%	22%	15%	12%
PUBLIC SAFETY BENCHMARKS				
• Overall reported crimes per 1,000 Oregonians (#64)	133.6	150.5	133.6	106.9
• Total juvenile arrests per 1,000 juvenile Oregonians per year (#65)	46.5	58.6	46.5	37.2
• Percentage of students who carry weapons (#66)	---	19%	15%	9%
• Percentage of counties that have completed a strategic cooperative policing agreement (#68)	---	31%	100%	100%
• Percentage of Oregon counties with the capability to respond to an emergency, and to assist communities to recover fully from the effects (#69)	50%	86%	94%	100%
CIVIC PARTICIPATION BENCHMARKS				
✓ • Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community, or nonprofit activities (#33)	---	---	35%	50%
• Percentage of Oregonians who feel they are a part of their community (#35)	---	41%	45%	60%

Table 9-1 (continued)

	1990	1995/96	2000	2010
DEVELOPMENTAL BENCHMARKS (No baseline or targets are yet established)				
• Percentage of children entering school “ready-to-learn” (Developmental Benchmark #13)	---	---	---	---
• Percentage of state agencies that employ results-oriented performance measures (Developmental Benchmark #19)	---	---	---	---
• Juvenile Crime Index (Developmental Benchmark #20)	---	---	---	---
• Total minority arrests as a percentage of the community population (Developmental Benchmark #21)	---	---	---	---
• Percentage of Oregonians with geographic access to health care (Developmental Benchmark #23)	---	---	---	---
• Percentage of Oregonians with a lasting developmental, mental and/or physical disability who are living in the community with adequate supports (Developmental Benchmark #26)	---	---	---	---

^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

