



The Legacy of Literacy

Indiana Family Impact Seminars

November 15, 2010

Sponsoring Organizations

Center for Families, Purdue University Department of Family and Consumer Sciences, Ball State University Family Service Council of Indiana Indiana Association for the Education of Young Children Indiana Association of Family and Consumer Sciences The Institute for Family and Social Responsibility, Indiana University Indiana Association for Marriage and Family Therapy Indiana Extension Homemakers Association® National Association of Social Workers – Indiana Chapter Purdue Extension, Consumer and Family Sciences Indiana Youth Institute

For a description of the organizations see pages 8 & 9.

Purpose, Presenters and Publications

Family Impact Seminars have been well received by federal policymakers in Washington, DC, and Indiana is one of several states to sponsor such seminars for state policymakers. Family Impact Seminars provide state-of-the-art research on current family issues for state legislators and their aides, Governor's Office staff, state agency representatives, educators, and service providers. One of the best ways to help individuals is by strengthening their families. Therefore, the Family Impact Seminars speakers analyze the consequences an issue, policy or program may have for families.

The seminars provide objective, nonpartisan information on current issues and do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.

The Legacy of Literacy is the thirteenth in a continuing series designed to bring a family focus to policymaking. The topic was chosen by the very legislators these seminars are intended to inform. This seminar features the following speakers:

This briefing report and past reports can be found at Purdue's Center for Families website: <u>http://www.cfs.purdue.edu/cff/policymakers/policymakers_publications.html</u> and on the Policy Institute for Family Impact Seminars national website: http://familyimpact seminars.org

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We hope that this information is useful to you in your deliberations, and we look forward to continuing to provide educational seminars and briefing reports in the future.



Assessing the Impact of Policies and Programs on Families

Family Impact Checklist

The first step in developing family-friendly policies is to ask the right questions:

- What can government and community institutions do to enhance the family's capacity to help itself and others?
- What effect does (or will) this policy (or proposed program) have for families? Will it help or hurt, strengthen or weaken family life?

These questions sound simple, but they can be difficult to answer. These questions are the core of a family impact analysis that assesses the intended and unintended consequences of policies, programs, and organizations on family stability, family relationships, and family responsibilities. Family impact analysis delves broadly and deeply into the ways in which families contribute to problems, how they are affected by problems, and whether families should be involved in solutions. Guidelines for conducting a family impact analysis can be found at <u>www.familyimpactseminars.org/fi_howtocondfia.pdf</u>.

Family impact questions can be used to review legislation and laws for their impact on families; to prepare family-centered questions or testimony for hearings, board meetings, or public forums; and to evaluate programs and operating procedures of agencies and organizations for their sensitivity to families. Six basic principles serve as the criteria of how sensitive to and supportive of families policies and programs are. Each principle is accompanied by a series of family impact questions.

The principles are not rank-ordered and sometimes they conflict with each other, requiring trade-offs. Cost effectiveness also must be considered. Some questions are value-neutral and others incorporate specific values. This tool, however, reflects a broad bi-partisan consensus, and it can be useful to people across the political spectrum.

Principle 1. Family support and responsibilities.

Policies and programs should aim to support and supplement family functioning and provide substitute services only as a last resort.

Does the proposal or program:

- □ support and supplement parents' and other family members' ability to carry out their responsibilities?
- provide incentives for other persons to take over family functioning when doing so may not be necessary?

- □ set unrealistic expectations for families to assume financial and/or caregiving responsibilities for dependent, seriously ill, or disabled family members?
- □ enforce absent parents' obligations to provide financial support for their children?

Principle 2. Family membership and stability.

Whenever possible, policies and programs should encourage and reinforce marital, parental, and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself.

Does the policy or program:

- Diprovide incentives or disincentives to marry, separate, or divorce?
- Diprovide incentives or disincentives to give birth to, foster, or adopt children?
- Istrengthen marital commitment or parental obligations?
- use appropriate criteria to justify removal of a child or adult from the family?
- □ allocate resources to help keep the marriage or family together when this is the appropriate goal?
- recognize that major changes in family relationships such as divorce or adoption are processes that extend over time and require continuing support and attention?

Principle 3. Family involvement and interdependence.

Policies and programs must recognize the interdependence of family relationships, the strength and persistence of family ties and obligations, and the wealth of resources that families can mobilize to help their members.

To what extent does the policy or program:

- recognize the reciprocal influence of family needs on individual needs, and the influence of individual needs on family needs?
- □ recognize the complexity and responsibilities involved in caring for family members with special needs (e.g., physically or mentally disabled, or chronically ill)?
- □ involve immediate and extended family members in working toward a solution?
- □ acknowledge the power and persistence of family ties, even when they are problematic or destructive?
- □ build on informal social support networks (such as community/neighborhood organizations, religious communities) that are essential to families' lives?
- □ respect family decisions about the division of labor?
- □ address issues of power inequity in families?
- lensure perspectives of all family members are represented?
- □ assess and balance the competing needs, rights, and interests of various family members?
- Diprotect the rights and safety of families while respecting parents' rights and family integrity?

Principle 4. Family partnership and empowerment.

Policies and programs must encourage individuals and their close family members to collaborate as partners with program professionals in delivery of services to an individual. In addition, parent and family representatives are an essential resource in policy development, program planning, and evaluation.

In what specific ways does the policy or program:

- D provide full information and a range of choices to families?
- □ respect family autonomy and allow families to make their own decisions? On what principles are family autonomy breached and program staff allowed to intervene and make decisions?
- encourage professionals to work in collaboration with the families of their clients, patients, or students?
- □ take into account the family's need to coordinate the multiple services they may require and integrate well with other programs and services that the families use?
- □ make services easily accessible to families in terms of location, operating hours, and easy-touse application and intake forms?
- prevent participating families from being devalued, stigmatized, or subjected to humiliating circumstances?
- □ involve parents and family representatives in policy and program development, implementation, and evaluation?

Principle 5. Family diversity.

Families come in many forms and configurations, and policies and programs must take into account their varying effects on different types of families. Policies and programs must acknowledge and value the diversity of family life and not discriminate against or penalize families solely for reasons of structure, roles, cultural values, or life stage.

How does the policy or program:

- □ affect various types of families?
- account for its benefits to some family types but not others? Is one family form preferred over another? Does it provide sufficient justification for advantaging some family types and for discriminating against or penalizing others?

- □ identify and respect the different values, attitudes, and behavior of families from various racial, ethnic, religious, cultural, and geographic backgrounds that are relevant to program effectiveness?
- acknowledge intergenerational relationships and responsibilities among family members?

Principle 6. Support of vulnerable families.

Families in greatest economic and social need, as well as those determined to be most vulnerable to breakdown, should be included in government policies and programs.

Does the policy or program:

- identify and publicly support services for families in the most extreme economic or social need?
- □ give support to families who are most vulnerable to breakdown and have the fewest resources?
- □ target efforts and resources toward preventing family problems before they become serious crises or chronic situations?

The Institute aims to strengthen family policy by connecting state policymakers with research knowledge and researchers with policy knowledge. The Institute provides nonpartisan, solution-oriented research and a family impact perspective on issues being debated in state legislatures. We provide technical assistance to and facilitate dialogue among professionals conducting Family Impact Seminars in 28 sites across the country.

The Policy Institute for Family Impact Seminars adapted the family impact checklist from one originally developed by the Consortium of Family Organizations. The suggested citation is Policy Institute for Family Impact Seminars. (2000). *A checklist for assessing the impact of policies on families* (Family Impact Analysis Series No. 1). Madison, WI: Author. The checklist was first published in Ooms, T., & Preister, S. (Eds.). (1988). *A strategy for strengthening families: Using family criteria in policymaking and program evaluation.* Washington DC: Family Impact Seminar.

For more information on family impact analysis, contact Director Karen Bogenschneider of the Policy Institute for Family Impact Seminars at the University of Wisconsin-Madison/Extension, 3rd FI Middleton Bldg, 1305 Linden Drive, Madison, WI 53706.

Phone (608) 263-2353 FAX (608) 265-6048 http://www.familyimpactseminars.org

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Sponsoring Organizations and Descriptions

The <u>Center for Families at Purdue University</u> focuses on improving the quality of life for families and strengthening the capacity of families to provide nurturing environments for their members. To accomplish this, the center works with four important groups whose efforts directly impact quality of life for families: educators, human service providers, employers, and policymakers. With informed sensitivity to family issues, these groups have the power to improve the quality of life for families in Indiana and beyond.

<u>The Department of Family Relations at Ball State University</u> includes a variety of majors from interior design and residential property management to nutrition and marriage and family relations. We offer courses in family relations, infant/toddler, child development, marriage, life-work management, family stress and family policy. Students are also required to take interdisciplinary coursework. In addition, students are required to complete a 400 hour internship at a family or child related facility which also includes government internships. Our curriculum has been designed to fulfill the academic requirements to become a Certified Family Life Educator (CFLE). CFLEs have received academic training in ten substantive areas related to the family, one of which is family policy, and are certified by the National Council of Family Relations, a professional organization.

The purpose of the <u>Family Service Council of Indiana</u> is to represent families and respond to their needs by strengthening member agencies and creating alliances to promote excellence in advocacy and service for families throughout Indiana. With 12 member agencies, the Family Service Council serves the citizens of nearly 60 Hoosier counties. FSCI member agencies offer a wide variety of programs, including counseling, sexual abuse assessment, homemaker services, children's programs, services for victims of domestic violence, as well as many other diverse programs for over 90,000 individuals, approximately 80 percent of whom are low income. These services are offered regardless of race, creed, or color on a sliding fee scale supported by local United Ways and governmental grants. Statewide, FSCI members employ approximately 1,000 people with various professional degrees and specific skills to assist clients in resolving their life issues. The total operating budgets for these member agencies range from \$220,000 to \$3.5 million.

The mission of the <u>Indiana Association for the Education of Young Children</u> (IAEYC) is to promote and support quality care and education for all young children birth through age eight in Indiana. IAEYC is the state's largest and most influential organization of early childhood care and education professionals and parents promoting and supporting quality care and education for all young children. Over the course of the last five years, the Association moved from operating on a \$60,000 budget with one part-time, paid staff working out of her home to an Association with 21 full-time and two part-

time staff, over 1,900 members represented through fifteen local chapters, and a budget of over 3.1 million dollars. The annual Indiana Early Childhood Conference regularly sees an attendance of more than 3,500 participants.

The members of the <u>Indiana Association of Family and Consumer Sciences</u> focus on an integrative approach to the relationships among individuals, families and communities as well as the environments in which they function. The association supports the profession as it provides leadership in: improving individual, family and community well being; impacting the development, delivery and evaluation of consumer goods and services; influencing the creation of public policy; and shaping social change. The Indiana Association is part of the American Association of Family and Consumer Sciences.

The Institute for Family and Social Responsibility is a joint venture of the Schools of Social Work and Public and Environmental Affairs designed to bring the resources of Indiana University researchers to the assistance of public policy makers on issues impacting Hoosier families. The Institute's mission is to bring together the resources of citizens, governments, communities and Indiana University to better the lives of children and families. Ongoing research projects have examined the impacts of welfare reforms, the efficiency of the township system of government, the adequacy of child support guidelines, community responses to the Temporary Assistance to Needy Families legislation, performance contracting for intensive family preservation services, and AIDS education for incarcerated youth. The Institute serves as the National Child Support Enforcement Research Clearinghouse.

The Indiana Association of Marriage and Family Therapy is part of the American Association of Marriage and Family Therapy. Since the founding of AAMFT in 1942, they have been involved with the problems, needs and changing patterns of couples and family relationships. The association leads the way to increasing understanding, research and education in the field of marriage and family therapy, and ensuring that the public's needs are met by trained practitioners. The AAMFT provides individuals with the tools and resources they need to succeed as marriage and family therapists.

It is the mission of the <u>Indiana Extension Homemakers Association®</u> to strengthen families through continuing education, leadership development, and volunteer community support. We share information on new knowledge and research with our members and communities, promote programs on developing skills and family issues, and we support projects which help children and families in today's world.

The mission of the <u>National Association of Social Workers – Indiana Chapter</u> is to promote the quality and integrity of the Social Work profession while supporting social workers in their mission to serve diverse populations and to ensure justice and equality for all citizens of the state.

<u>Purdue Extension Consumer and Family Sciences</u> provides informal educational programs that increase knowledge, influence attitudes, teach skills, and inspire aspirations. Through the adoption and application of these practices, the quality of individual, family, and community life is improved. Consumer and Family Sciences Extension is a part of the mission of the College of Consumer and Family Sciences at Purdue University and the Purdue Extension Service

<u>Indiana Youth Institute</u> promotes the healthy development of children and youth by serving the institutions and people of Indiana who work on their behalf. It is a leading source of useful information and practical tools for nonprofit youth workers. Secondary audiences include educators,

policymakers, think tanks, government program officials, and others who can impact the lives of Hoosier children. In addition, it is an advocate for healthy youth development on the local, state, and national level.

Why Indiana Needs to Support Early Literacy Development

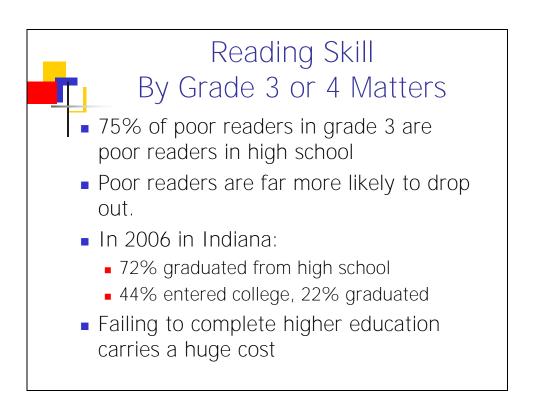
David Dickenson

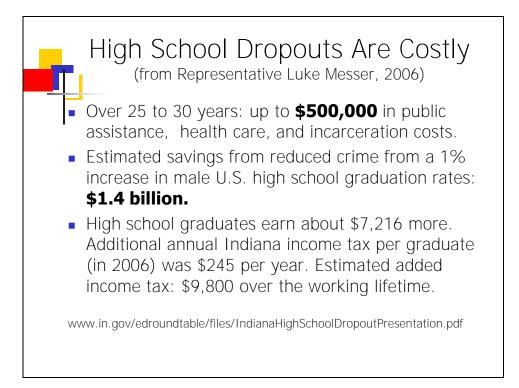
Chair and Professor Department of Teaching and Learning Vanderbilt University's Peabody College

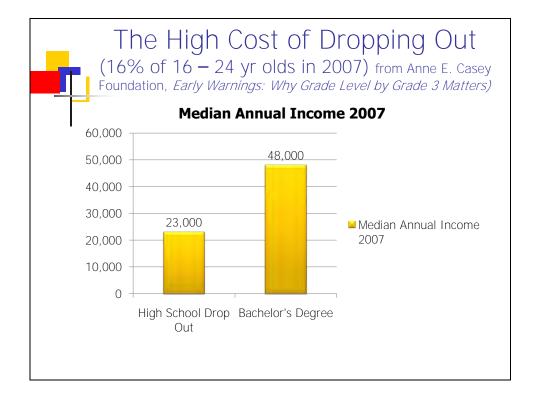


Economic Realities Require Effective Action

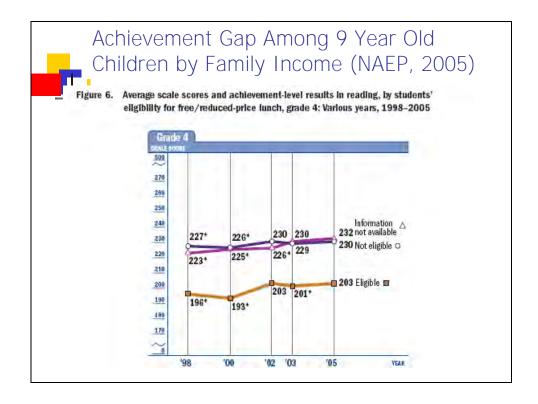
All segments of the population must be set on a pathway to educational success.







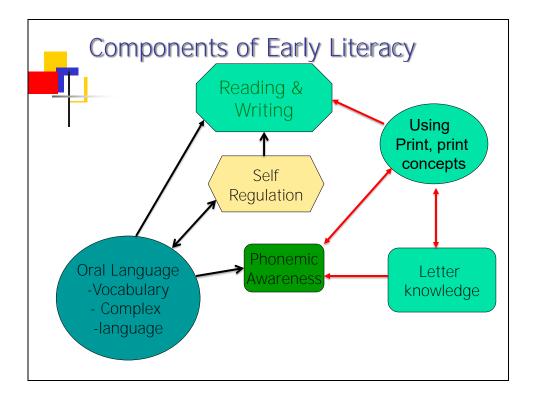


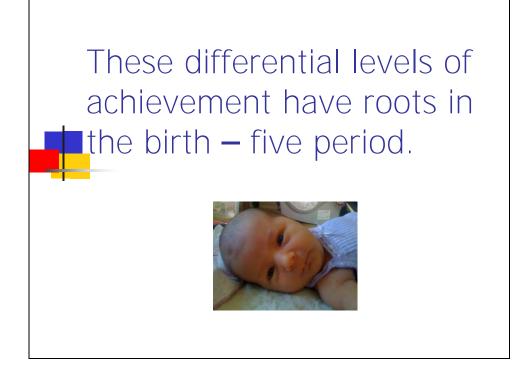


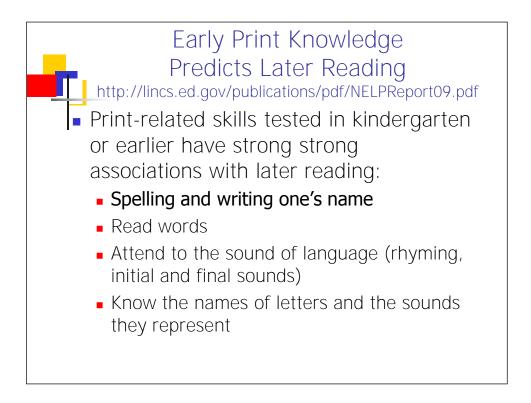
Below Basic					
DEIUW DASIC	Basic	Proficient & Advanced			
Indiana Scores					
32%	38%	31%			
32%	34%	33%			
36%	34%	30%			
32%	35%	33%			
30%	36%	33%			
National Scores from 2009 (public schools)					
34%	34%	31%			
	32% 32% 36% 32% 30% al Scores from	32% 38% 32% 34% 36% 34% 32% 35% 30% 36% al Scores from 2009 (public set)			

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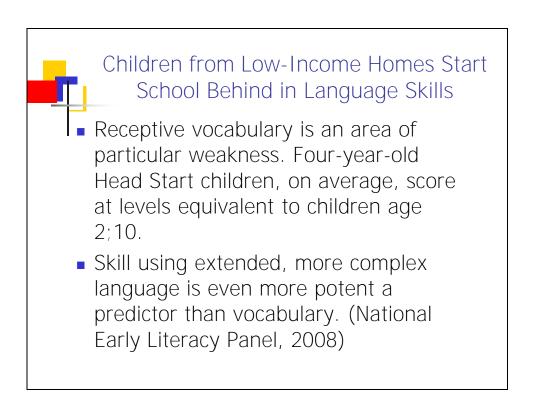




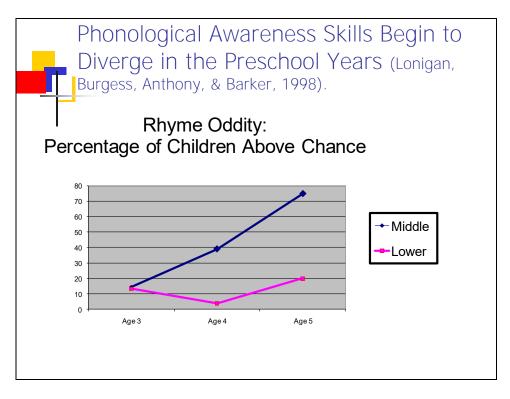


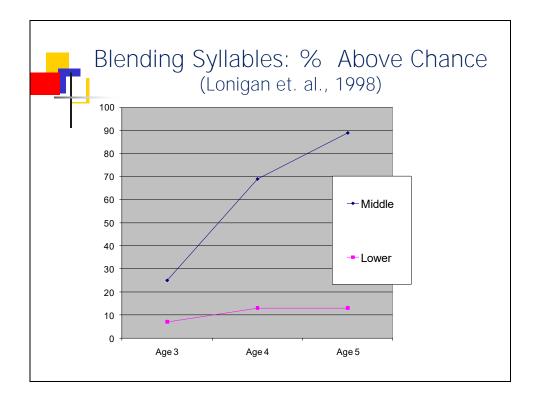






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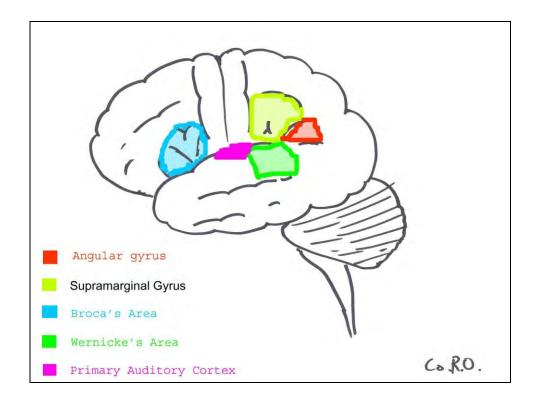


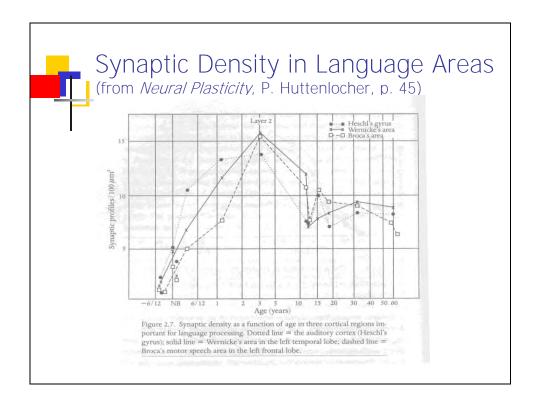


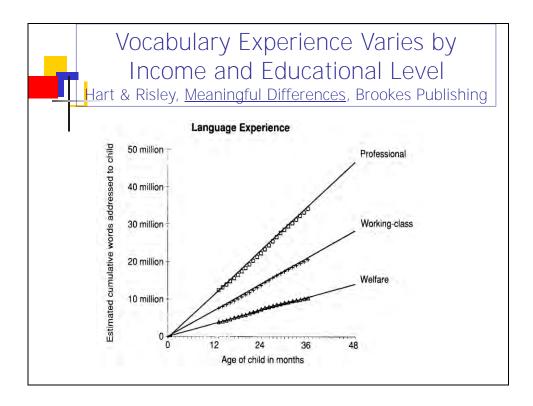
Language is a Self-Reinforcing System: Early Language Fosters Later Language Learning

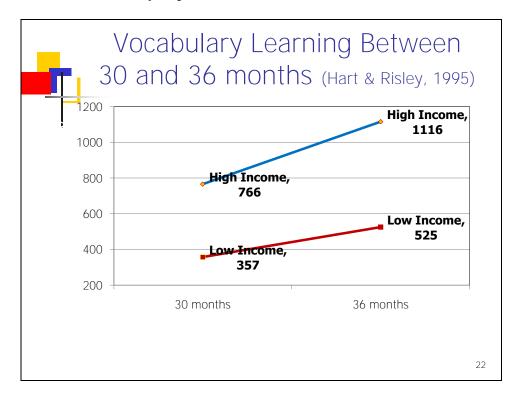


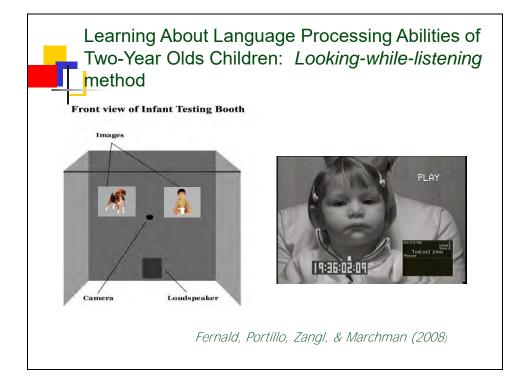
Parent support for language and the rate of growth is related to parental education and income.

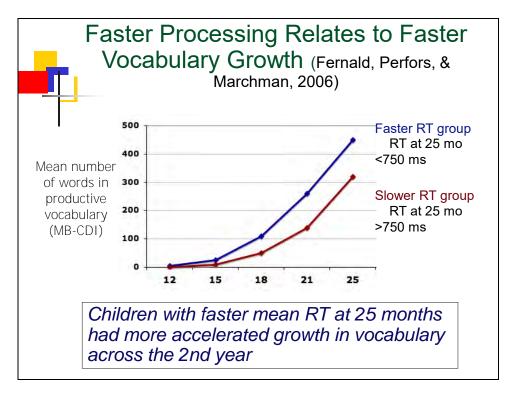


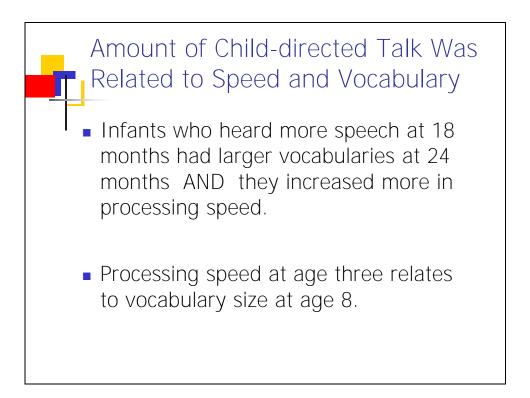




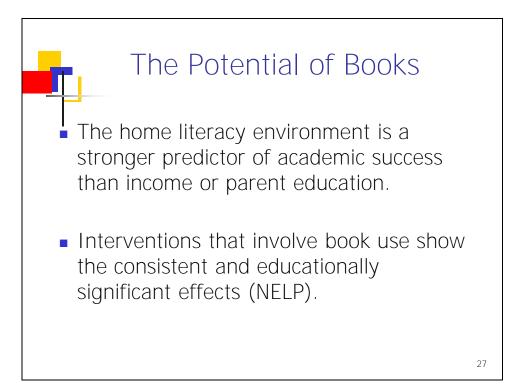




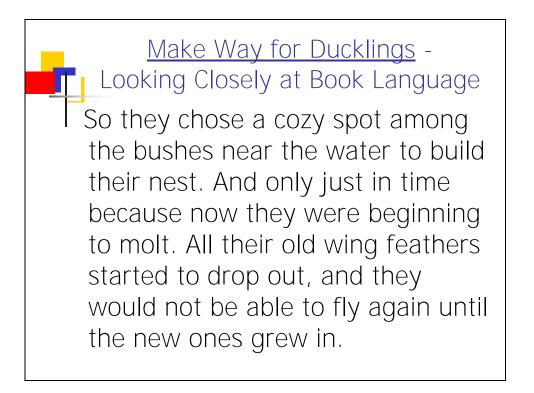


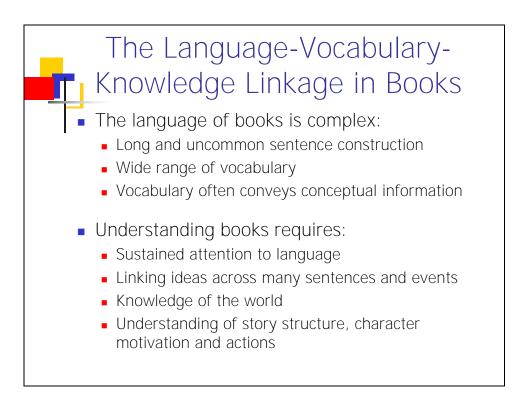


























Policy Options for Supporting Strong Early Literacy

Shelia Smith

Director of Early Childhood National Center for Children in Poverty Columbia University



Sheila Smith National Center for Children in Poverty

> Indiana Family Impact Seminar November 15, 2010





National Center for Children in Poverty (NCCP) is a national policy and research organization focused on low-income children and families. The Center is part of the Mailman School of Public Health at Columbia University. The three areas of NCCP's work are early childhood, health/mental health, and family economic security. The report of our QRIS survey findings will be available on our website later this summer: www.nccp.org

NCCP





- Researchers compared infants and toddlers in low-income families with non-poor families (families below and above 200% of the FPL). (Halle et al, 2009)
- Disparities show up at 9 months: Infants in low-income families lower on a cognitive assessment which includes exploration of objects, expressive jabbering
- Disparities are larger at 24 months: Infants in low-income families are lower on expressive and receptive vocabulary, listening and comprehension

NCCP

www.nccp.org

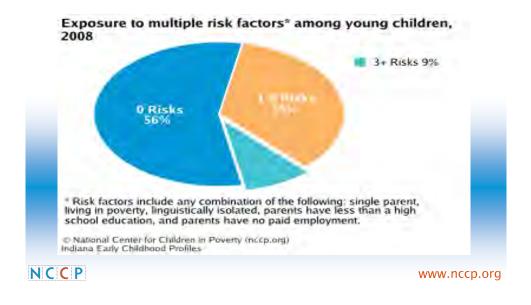
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- Low income plus additional risk factors: Are disparities larger? Additional risks included living in home where English is not spoken, being a racial or ethnic minority, and having a mother with limited education (no high school)
- Children are even more likely to have low cognitive/language skills at 24 months if they experience low-income plus additional risk factors compared to only being low-income

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- 11% of young children (0-6) are low income and have mothers' with limited education
- 4% of young children (0-6) are low-income and live in households without English speakers

ΝССΡ



- No single program or intervention will work
- Need to look a policies that help ensure supports for young children's literacy
 - across time (ages 0 to 8)
 - across settings (out of home care and education, primary health care setting, home)

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- Indiana is making important strides toward quality improvement with its Quality Rating Improvement System
- Impressive features
 - Specific features of quality that support early language/literacy beginning at Level 2
 - Provides a mentor to help settings move to next level
- Consider incentives for improvements in language/literacy supports even before low-rated programs move up

ΝССΡ





- Build on existing child care quality assistance system to reach more children in non-parent child care
- Indiana's 11 Child Care Resource and Referral agencies provide many child care settings with mentoring through the state's QRIS and assistance from infant-toddler specialists.
- Increase the capacity of the CCRRs to work with unregulated providers
 - On-site assistance to help providers engage in rich language interactions (everyday conversation and readalouds);
 - Provide language/literacy props and materials

NCCP



Group size and adult/child ratios affect learning opportunities

Recommended ratios:

- 4 yr. olds: one adult for every 8 children; group size 16
- 18 mo. old: one adult for every 4 children; group size 8

• Current ratios in Indiana:

- 4 yr. olds: one adult for every 12 children; group size is 24
- 18 mo. olds: one adult for every 5 children; group size 10

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- The Part C Early Intervention Programs provides education-related services to children age 0 to 3 who have developmental disabilities. States also have discretion to provide services to children who are at-risk of delays or disabilities
- Part C EI can be a major contributor to better literacy outcomes: Speech-language services; parent counseling; referrals to early childhood programs; address other family needs

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- Indiana's Part C Early Intervention Program, First Steps, provides services to children who are at risk of developmental delay due to a diagnosed condition (e.g., low birth weight, a medical condition)
- Some states are using assessments of risk that include family risk factors known to increase infants' and toddlers' risks of developmental delay, including language and cognitive delays that may cause later reading difficulties

ΝССΡ



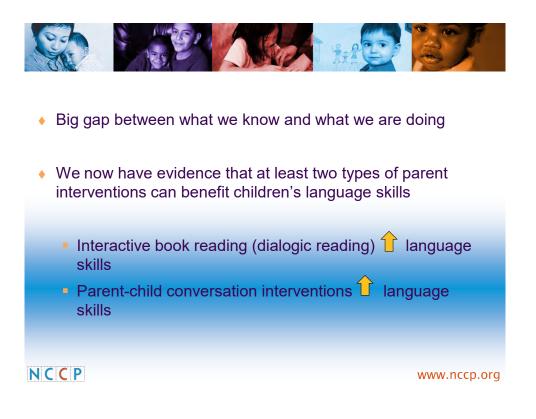


 Massachusetts includes family risk factors in determining El eligibility. Risk factors include maternal age at child's birth less than 17; maternal education less than or equal to 10 years; family lacks social supports; inadequate food, clothing or shelter, including homelessness

 Child risks factors include non-medical indicators, such as multiple trauma or losses, and interactional difficulties

• A child is eligible if four or more risks are identified

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 A frequently missed opportunity -- child care programs. Research shows parent-child dialogic reading plus a preschool setting that includes interactive reading has stronger impact on language than classroom intervention alone

 Ensure that the state's quality assistance providers (CCRRs) can help early childhood programs and homebased programs give parents specific guidance, books, and materials to support their children's early language/literacy growth

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- CCDF (Child Care Development Fund) quality set-aside for quality assistance activities
- Title I funds can be used for early childhood education, parent involvement, and family literacy, and other services that address barriers to children's learning

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- Home visiting: Requires intentional focus on training homevisitors to teach parents to use language supports during everyday conversation and book reading – without intentionality, effects on literacy may be weak or absent
- Indiana's Healthy Families America and Parents as Teachers have multiple goals. Important to assess the strength of training for early language development among home-visitors, visitors' skills in modeling language and encouraging language-promoting parent-child interaction, and the amount of visitors' focus on language interactions

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- Health provider-based interventions:
 - Reach out and Read: In child's primary care setting, volunteer models book-reading for parents and provides a book; pediatrician counsels parent on benefits of reading. Benefits found for home-based reading and children's vocabulary growth
 - Indiana has a large ROR program with 165,055 children served at 151 health care sites.
 - Work to make ROR universal! Serve all of Indiana's approximately 227,000 low income children below age 6. Monitor quality of modeling by volunteers

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- AAP has a developmental screening schedule; most states, including Indiana, have good records for performing screens
- Positive screens should be followed by referral for a full evaluation (referral to Part C in case of child under age 3) and to other appropriate programs such as Early Head Start and Head Start

 Investment in training and support to health care providers to follow-up with referrals is essential; recent research suggests rates of referral are low (King et al, 2009)

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- Use state planning entities Early Learning Advisory Council (ELAC) and Early Childhood Comprehensive Systems (ECCS) initiative – to develop a comprehensive state plan for early literacy
 - Look at ways to strengthen supports for early literacy across multiple programs and policies
 - Establish measurable benchmarks for progress (e.g., young children's access to early care/education settings that offer high quality early learning experiences, successful referrals across settings);
 - Focus on children at-risk

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- Two and a half year old Carl is in part-time care with neighbor while mother works a 25 hour a week job
- Neighbor is friend of family and very caring toward Carl, but caregiver also takes care of two infants (one is Carl's baby brother), and she doesn't have much time for individual conversation with Carl

 Carl's emerging language skills are weak, and not expected to develop well in this environment

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- Physician screen and referral
- Part C (language stimulation, parent counseling)
- Training for caregiver by CCRR infant-toddler specialist
- Transition to high quality early care or education program with strong supports for early literacy
- Transition to Preschool special education with supports provided in preschool setting

NCCP



For more information, please contact:

Sheila Smith, PhD Director, Early Childhood at NCCP

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