Pre-K in Indiana
Preparing our Children for Success

Indiana Family Impact Seminars
A project of the Indiana Consortium of Family Organizations

Center for Families, Purdue University
Department of Family and Consumer Sciences, Ball State University
Indiana Association for the Education of Young Children
Indiana Association for Marriage and Family Therapy
Indiana Extension Homemakers Association®
Indiana Family Services
Indiana University School of Public Health - Bloomington
Indiana Youth Institute
National Association of Social Workers - Indiana Chapter
Purdue Extension Health and Human Sciences
Pre-K in Indiana:
Preparing our Children for the Future

Indiana Family Impact Seminar
November 18, 2014

SEMINAR AGENDA

9:00 a.m.        Seminar begins

9:05             *Indiana: Building Capacity for High-Quality Pre-Kindergarten for All Children*
                 James Elicker, PhD
                 Associate Professor in Human Development and Family Studies
                 Purdue University-West Lafayette

9:25             Q&A

9:45             *Early Childhood Education: Investing in the Future*
                 William T. Gormley, PhD
                 Professor of Public Policy; Co-Director of the Center for Research on Children in the U.S.
                 Georgetown University

10:05            Q&A

10:20            Legislative panel

10:45            Q&A

11:00            Closing remarks
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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.

*Pre-K in Indiana: Preparing our Children for Success* is the sixteenth 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:

**William T. Gormley, PhD**  
Professor of Public Policy & Co-Director of the Center for Research on Children in the U.S.  
Georgetown University  
Ph: (202) 687-6817  
Email: gormleyw@georgetown.edu

Dr. Gormley currently teaches courses on the policymaking process, federalism and intergovernmental relations, and children and public policy at Georgetown University and directs the Oklahoma pre-K project, which has evaluated the state-funded pre-K program in Tulsa, Oklahoma.

**James Elicker, PhD**  
Associate Professor  
Human Development & Family Studies  
Purdue University  
Ph: (765) 494-2938  
Email: elickerj@purdue.edu

Dr. Elicker teaches undergraduate and graduate classes in child development and early childhood education, has coordinated the Purdue early childhood teacher education major, and directed the university laboratory preschool. He also directs the external evaluation of Indiana’s Paths to QUALITY child care quality rating and improvement system.

For further information on the seminar contact coordinator Shelley MacDermid Wadsworth, Center for Families, Purdue University, 1202 West State Street, Fowler Hall, West Lafayette, IN 47907-2055  Phone: (765) 494-6026  FAX: (765) 496-1144  E-mail: shelley@purdue.edu

This briefing report and past reports can be found at Purdue’s Center for Families website: [http://www.cfs.purdue.edu/cff/policymakers/policymakers_publications.html](http://www.cfs.purdue.edu/cff/policymakers/policymakers_publications.html) and on the Policy Institute for Family Impact Seminars national website: [http://familyimpactseminars.org](http://familyimpactseminars.org) 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.
Indiana: Building Capacity for High-Quality Pre-Kindergarten for All Children

James Elicker, PhD, Associate Professor in Human Development and Family Studies
Purdue University-West Lafayette

Overview

Building Capacity in Early Childhood Care and Education for all Hoosiers--
• Features of a Strong Statewide ECE System
• Indiana’s Accomplishments
• Indiana’s Challenges-- Current & Future
Features of a High-Quality ECE System

- ECE Services are coordinated and aligned
- Evidence-based quality standards
- Performance is measured; Data used to inform, improve, innovate
- Families are engaged; ECE system is available to all families
- High quality, available, and affordable ECE services for all children
- Early learning system is cost-effective, builds on existing resources and strengths

Indiana: Strong State Leadership & Collaboration

- Office of Early Childhood and Out of School Learning
- Family Social Services Administration
- Department of Education
- Department of Health
- Indiana Association for the Education of Young Children
- Head Start
- Indiana General Assembly
- Indiana Association for Child Care Resource and Referral
- United Way
- Businesses
- Foundations
- Community coalitions
- Colleges, universities
Early Learning Advisory Committee

- Established by Indiana General Assembly in 2013
- 8 members appointed by Governor Pence
- Mission:
  - Assess availability, affordability, and quality of early childhood programs statewide
  - Make best practice recommendations for ways to improve and expand early childhood education
- Statewide needs assessment, service coordination, teacher preparation, early learning pilot programs

ELAC Definition of Kindergarten Readiness

“In Indiana we work together so that every child can develop to his or her fullest potential—socially, emotionally, physically, cognitively and academically. Through growth in all of these domains, the child will become a healthy, capable, competent and powerful learner.”
Indiana Foundations: Early Learning Guidelines

- Suggested skills for infants, toddlers, preschoolers → Kindergarten readiness
- Linked to Indiana Academic Standards in Elementary School
- Domains: Social, Physical Health/Growth; Arts; Language/Literacy; Math; Science; Social Studies
- Teaching/learning suggestions for parents and early childhood teachers

Indiana’s Child Care Quality Rating and Improvement System

- Research-validated quality rating system
- Highest voluntary participation rates in the U.S.A.
- Training/technical assistance for child care providers
- Data driven, continuous quality improvement
What is ECE “Quality?”

Teacher-Child Interactions

- Sensitive: responsiveness
  Support for:
  - Language/literacy
  - Cognitive development
  - Social-emotional development
  - Peer interaction

Family/Child Characteristics

Children’s Competence

School readiness: social-emotional, cognitive, and language/literacy skills

Caregiver-Parent Engagement & Communication

Contextual Factors: Setting, quality standards, community resources

Structural Features
- Caregiver qualifications and professional development
- Child-to-staff ratio
- Group size
- A focused curriculum
- Physical environment
- Schedules/routines
- Health, safety, and nutrition


Purdue Research Validation (2011): Overall Child Care Quality by PTQ Level

(Source: Elicker, Langill, Ruprecht, Lewsader, & Anderson (2011). Evaluation of “Paths to QUALITY” Indiana’s child care quality rating and improvement system: Final report. West Lafayette, IN: Center for Families, Purdue University.)
Purdue PTQ Evaluation: 2012-2016

• **Young Children:** Does participation in quality-rated child care lead to low-income children’s early learning, well-being, and readiness for school?

• **Child Care Providers:** What are the factors that lead to advancement-- or not?

• **Parents:** Are parents of young children aware of PTQ? Do they use it to inform their child care decisions?

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**Accessible Information for Indiana Parents**

• Strong statewide child care resource & referral network

• User-friendly, personal or online information

• Focus: How to recognize, find, and afford high quality early education and care
Indiana Early Childhood Teachers

- Goal: Developmentally-appropriate, effective education and care for all young children
- Core knowledge and competencies
- Career ladder for ECE teachers
- Financial support for teachers to advance their education (TEACH)
- Indiana early childhood teacher license
  Pre-kindergarten through Grade 3
  (Currently available: 14 Indiana colleges/universities)
- Indiana Early Childhood Higher Education Inventory (underway)

Current Challenges

- Ensure state-supported ECE programs provide safe, healthy, high quality services
- Ensure expanded ECE programs are of high quality
- Continue to improve PTQ quality standards
- Coordinate and integrate data systems
- Many children in unlicensed care of unknown quality
Future Challenges

• Continue to improve the birth to five ECE system
• Focus particular attention: development of children prenatal to 3 years
• Make sure Indiana ECE programs reach a critical “threshold of quality”
• Strengthen teacher preparation & development → compensate qualified teachers
• Finance a high quality ECE system using blended individual, community, state, federal, public, private funding sources

Resources

• Indiana Paths to QUALITY Evaluation Reports and Briefs. Purdue University Center for Families. www.cfs.purdue.edu/cff/publications/publications.html
Early Childhood Education: Investing in the Future

William T. Gormley, PhD, Professor of Public Policy;
Co-Director of the Center for Research on Children in the U.S., Georgetown University

EARLY CHILDHOOD EDUCATION:
INVESTING IN THE FUTURE

William T. Gormley, Jr.
Georgetown University
Family Impact Seminar
Indianapolis, Ind., November 18, 2014

“Today we're going to explore in paint how we feel when we're picked up late from preschool.”
THE CASE FOR EARLY CHILDHOOD INTERVENTION

- Brain Research – Children’s brains grow more rapidly from 0 to 5 than at any other time in life (new cells, new synapses)
- Brain maturation is a hierarchical process in which higher level functions depend on and build on lower level functions
- Early brain development has lifelong consequences

THE CASE FOR PRESCHOOL

- Children’s brains are like sponges – they can soak up huge quantities of information
- Teachers provide cognitive stimulation, emotional support
- Children become exposed to numbers, letters, and shapes ... and they learn how to socialize
- Learning begets learning, skill begets skill (Heckman)
TE THE CASE FOR HIGH-QUALITY PRESCHOOL

- Studies of day care centers and preschool show that quality matters
- High quality is especially important for disadvantaged children (e.g., vocabulary growth)
- We are becoming more sophisticated in our understanding of what quality looks like
- Effective interventions can reduce risks and improve the developmental outcomes of young children

Percent of National Population Enrolled in Pre-K

**Percentage of 4-Year-Olds Served by State Pre-K**

- **XX**: Not Reported
- **1 - 2%**: North Dakota, Minnesota, Montana, Vermont
- **3 - 10%**: Colorado, Maine
- **11 - 25%**: Idaho, Connecticut, New Hampshire
- **26 - 50%**: Nebraska, South Dakota
- **51 - 75%**: Oklahoma, Oregon
- **76 - 100%**: Arkansas, Georgia, Hawaii, Iowa, Kansas, Louisiana, Michigan, New York, North Carolina, Washington

*Source: Adapted from the National Institute for Early Education Research, The State of Preschool 2012*

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**FUNDING MECHANISMS FOR STATE PRE-K**

- **School Funding Formula**: New Mexico, Texas, Virginia
- **Other Funding Formula**: Alabama, Arizona, California, Connecticut, Delaware, Indiana, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Washington, West Virginia
- **No State Support**: Alaska, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wisconsin

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*Indiana Family Impact Seminar - November 2014 15*
RECENT STATE INITIATIVES

- Michigan – Governor Rick Snyder persuaded State Legislature to increase number of pre-K slots by about 25 percent
- Alabama – Governor Robert Bentley persuaded State Legislature to increase pre-K funding (49 percent)
- Legislative proposals to expand state-funded pre-K in California, Indiana, Kansas, Nebraska

RECENT LOCAL INITIATIVES

- San Antonio, Texas voters approved UPK initiative in 2012, supported by Mayor Julian Castro, funded by sales tax increase (1/8 of a cent)
- New York City Mayor Bill de Blasio established universal pre-K initiative in 2014, with financial support from New York state
- Seattle, Washington voters approved UPK initiative in 2014, supported by Mayor + City Council, funded by property tax increase
DOES PRE-K BOOST SCHOOL READINESS?

- Central focus – cognitive effects at kindergarten entry
- Additional focus – socio-emotional effects, executive functioning

Oklahoma Pre-K: Tulsa

- Oklahoma established UPK in 1998
- Funded through school aid formula
- Public schools are primary service providers, but other providers may establish partnerships with public schools
- Every lead teacher must have B.A. and must be early childhood certified
- Pay comparable to K-12 teacher pay
Mean Classroom Assessment Scoring System (CLASS) scores for Tulsa Public Schools pre-K classrooms (n = 71) and multi-state school-based pre-K classrooms (n = 241). *p < .05. **p < .01.
Mean Child Engagement scores from the Emerging Academics Snapshot (CE-EAS) for Tulsa Public Schools pre-K classrooms \((n = 71)\) and multi-state school-based pre-K classrooms \((n = 241)\). \(\dagger p < .10\). \(* p < .05\). \(** p < .01\).

**Effects of TPS Pre-K on Cognitive Development**
Effects of TPS Pre-K on Cognitive Development, in Months

Effects of TPS Pre-K by Free Lunch Status, in Months
Effects of TPS Pre-K by Race/Ethnicity, in Months

Effects of TPS Pre-K on Hispanics by Primary Language Spoken at Home, in Months
NEW JERSEY PRE-K

- Pre-K for 3s and 4s in high-poverty school districts mandated by state Supreme Court in Abbott v. Burke (1998)
- Now required in 35 school districts
- Mixed service delivery model, with public schools as conduit or provider (2/3s of students served by private providers)
- Every lead teacher must have a B.A. and must be early childhood certified
Effects of Pre-K on School Readiness, New Jersey (Abbott Schools)

Source: Wong et al. 2007, “An Effectiveness-Based Evaluation of Five State Pre-Kindergarten Programs”

Georgia Pre-K

- Governor Zell Miller and Georgia State Legislature enacted UPK for 4s in 1995
- Funded by state lottery
- Mixed services delivery system: 54 percent of children served by private providers, 46 percent by public providers
- Teacher credentials vary by type of service provider
Georgia Pre-K Participants v. National Norms


Massachusetts: Boston Pre-K Program

- Boston established UPK in 2005
- Run through Boston Public Schools
- Every lead teacher must have B.A. and must be early childhood certified
- Pay comparable to K-12 pay
- Strong emphasis on coaching of teachers
- Mixed service delivery model elsewhere
### Effects of Pre-K on School Readiness

**Massachusetts – Boston Public Schools**

**Effects of Boston Pre-K on Cognitive Development**

- **Vocabulary**: Effect Size $= 0.46$
- **Letter Awareness**: Effect Size $= 0.66$
- **Appears Irritable**: Effect Size $= 0.88$


### Effects of Pre-K Programs

**Massachusetts – Boston Public Schools**

**Effects of Boston Pre-K on Executive Functioning**

- **Working Memory (Test 1)**: Effect Size $= 0.24^{***}$
- **Working Memory (Test 2)**: Effect Size $= 0.24^{***}$
- **Inhibitory Control (Test 1)**: Effect Size $= 0.21^{***}$
- **Inhibitory Control (Test 2)**: Effect Size $= 0.28^{***}$
- **Attention Shifting**: Effect Size $= 0.11$

Do Pre-K Effects Fade Out or Persist over Time?

- Longitudinal Studies
- Benefit-Cost Analyses

**Estimation of Test Score Fadeout: Meta-Analytic Results and Power Curve Model**

![Graph showing effect size modeled with power curve and meta-analytic effect sizes over years since the preschool intervention.](image)

Head Start Effects: Sibling Comparison

Test Scores Effect Size

**Significant at the 5 percent level.
*Significant at the 10 percent level.

Head Start Long-term Effects: Sibling Comparison

Effect Sizes

***Significant at the 1 percent level.
**Significant at the 5 percent level.
*Significant at the 10 percent level.
Long-Term Effects of New Jersey Pre-K (Abbott Schools)

Figure 1. Pre-K Abbott Effects on NJASK by Years of Participation


Tulsa Results: Late Cohort

Late Cohort (2006-2007 K) Pre-K Program Effects

* p < 0.1; ** p < 0.05; *** p < 0.01
Tulsa Results: Late Cohort

Late Cohort Pre-K Program Effects by Gender

- Boys: Reading OPI and Math OPI
- Girls: Reading OPI and Math OPI

* p < 0.1; ** p < 0.05; *** p < 0.01

Long-Term Effects of Mature High-Quality Pre-K Programs

Benefit-Cost Ratios for Leading Early Childhood Programs

Long-Term Effects of Georgia Pre-K

Return for Each Dollar Spent on Georgia Pre-K


Ratio of Expected Adult Earnings to Costs, Tulsa Pre-K Program

Source: Bartik, Gormley, & Adelstein, 2012
Benefit-Cost Results:
Early Childhood Education Programs for Low-Income Three- and Four-Year-Olds

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<tr>
<th></th>
<th>Benefits</th>
<th>Costs</th>
<th>Benefits minus costs (net present value)</th>
<th>Benefit to cost ratio</th>
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<tr>
<td>State and district programs</td>
<td>$29,210</td>
<td>$6,974</td>
<td>$22,236</td>
<td>$4.20</td>
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<tr>
<td>Head Start</td>
<td>$22,452</td>
<td>$8,564</td>
<td>$13,888</td>
<td>$2.63</td>
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OBJECTIONS TO EXPANDING PRE-K

1. Evidence on pre-K effects is mixed
2. Pre-K effects “fade out” over time, thus eliminating long-term effects
3. NAEP scores in states with strong pre-K programs are disappointing
4. We cannot afford it
Objection # 1

• Objection: Evidence on pre-K effects is mixed
• Response: Evidence on short-term effects is strong, consistent, unequivocal. Participation in a high-quality pre-K program boosts reading and math skills.

Objection # 2

• Objection: Pre-K effects “fade out” over time.
• Response: Many of the leading studies show fade-out, as charged by critics, but also show long-term positive impacts on high school graduation rates, college attendance rates, adult earnings, and criminal justice outcomes.
Objection # 3

• Objection: NAEP scores in states with strong pre-K programs are disappointing
• Response: Some truth to that, but NAEP trends depend on lots of factors, including K-12 spending and growth in English language learner population.

Objection # 4

• Objection: We cannot afford to spend more money on pre-K
• Response: We cannot afford not to spend more money on pre-K. We are lagging behind other nations in educational outcomes. Our economic growth depends on regaining our educational supremacy. A strong pre-K program is an important first step.
CONCLUSION

- High-quality pre-K enhances cognitive development in the short run
- High-quality pre-K enhances socio-emotional development in the short run
- High-quality pre-K improves long-term adult outcomes
- High-quality pre-K is an excellent investment in the next generation

CENTER FOR RESEARCH ON CHILDREN IN THE U.S. (CROCUS) WEBSITE

- http://www.crocus.georgetown.edu
Assessing the Impact of Policies on Families

Family Impact Checklist: Using Evidence to Strengthen Families

Questions policymakers can ask to bring the family impact lens to policy decisions:

- How are families affected by the issue?
- In what ways, if any, do families contribute to the issue?
- Would involving families result in more effective policies and programs?

These questions sound simple, but they can be difficult to answer. The Family Impact Checklist is one evidence-based strategy to help ensure that policies and programs are designed and evaluated in ways that strengthen and support families in all their diversity across the lifespan. This checklist can also be used for conducting a family impact analysis that examines the intended and unintended consequences of policies, programs, agencies, and organizations on family responsibility, family stability, and family relationships.

Family impact analysis is most incisive and comprehensive when it includes expertise on (a) families, (b) family impact analysis, and (c) the specifics of the policy, program, agency, or organization. Five basic principles form the core of a family impact checklist. Each principle is accompanied by a series of evidence-based questions that delve deeply into the ways in which families contribute to issues, how they are affected by them, and whether involving families would result in better solutions. Not all principles and questions will apply to every topic, so it is important to select those most relevant to the issue at hand.

The principles are not rank-ordered and sometimes they conflict with each other. Depending on the issue, one principle may be more highly valued than another, requiring trade-offs. Cost effectiveness and political feasibility also must be taken into account. Despite these complexities, family impact analysis has proven useful across the political spectrum and has the potential to build broad, bipartisan consensus.

More detailed guidelines and procedures for conducting a family impact analysis are available in a handbook published by the Policy Institute for Family Impact Seminars at http://www.familyimpactseminars.org.
**Principle 1. Family responsibilities.**

Policies and programs should aim to support and empower the functions that families perform for society—family formation, partner relationships, economic support, childrearing, and caregiving. Substituting for the functioning of families should come only as a last resort.

How well does the policy, program, or practice:

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- help families build the capacity to fulfill their functions and avoid taking over family responsibilities unless absolutely necessary?
- set realistic expectations for families to assume financial and/or caregiving responsibilities for dependent, seriously ill, or disabled family members depending on their family structure, resources, and life challenges?
- address root causes of assuming financial responsibility such as high child support debt, low literacy, low wages, and unemployment?
- affect the ability of families to balance time commitments to work, family, and community?
Principle 2. Family stability.

Whenever possible, policies and programs should encourage and reinforce couple, 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. How well does the policy, program, or practice:

- **Strong**
- **Adequate**
- **Limited**
- **N/A**

1. Strengthen commitment to couple, marital, parental, and family obligations, and allocate resources to help keep the marriage or family together when this is the appropriate goal?

2. Help families avoid problems before they become serious crises or chronic situations that erode family structure and function?

3. Balance the safety and well-being of individuals with the rights and responsibilities of other family members and the integrity of the family as a whole?

4. Provide clear and reasonable guidelines for when nonfamily members are permitted to intervene and make decisions on behalf of the family (e.g., removal of a child or adult from the family)?

5. Help families maintain regular routines when undergoing stressful conditions or at times of transition?

6. Recognize that major changes in family relationships such as aging, divorce, or adoption are processes that extend over time and require continuing support and attention?

7. Provide support to all types of families involved in the issue (e.g., for adoption, consider adoptive, birth, and foster parents; for remarried families, consider birth parents, stepparents, residential and nonresidential parents, etc.)?
Principle 3. Family relationships.

Policies and programs must recognize the strength and persistence of family ties, whether positive or negative, and seek to create and sustain strong couple, marital, and parental relationships.

How well does the policy, program, or practice:

- recognize that individuals’ development and well-being are profoundly affected by the quality of their relationships with close family members and family members’ relationships with each other?
- involve couples, immediate family members, and extended family when appropriate in working to resolve problems, with a focus on improving family relationships?
- assess and balance the competing needs, rights, and interests of various family members?
- take steps to prevent family abuse, violence, or neglect?
- acknowledge how interventions and life events can affect family dynamics and, when appropriate, support the need for balancing change and stability in family roles, rules, and leadership depending upon individual expectations, cultural norms, family stress, and stage of family life?
- provide the knowledge, communication skills, conflict resolution strategies, and problem-solving abilities needed for healthy couple, marital, parental, and family relationships or link families to information and education sources?
## Principle 4. Family diversity.

Policies and programs can have varied effects on different types of families. Policies and programs must acknowledge and respect the diversity of family life and not discriminate against or penalize families solely based on their cultural, racial, or ethnic background; economic situation; family structure; geographic location; presence of special needs; religious affiliation; or stage of life.

How well does the policy, program, or practice:

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- identify and respect the different attitudes, behaviors, and values of families from various cultural, economic, geographic, racial/ethnic, and religious backgrounds, structures, and stages of life?
- respect cultural and religious routines and rituals observed by families within the confines of the law?
- recognize the complexity and responsibilities involved in caring for and coordinating services for family members with special needs (e.g., cognitive, emotional, physical, etc.)?
- ensure the accessibility and quality of programs and services for culturally, economically, geographically, racially/ethnically, and religiously diverse families?
- work to ensure that operational philosophies and procedures are culturally responsive and that program staff are culturally competent?
- acknowledge and try to address root causes rather than symptoms of the issue or problem (e.g., economic, institutional, political, social/psychological causes)?
Principle 5. Family engagement.

Policies and programs must encourage partnerships between professionals and families. Organizational culture, policy, and practice should include relational and participatory practices that preserve family dignity and respect family autonomy.

How well does the policy, program, or practice:

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- □ □ □ □ provide full information and a range of choices to families, recognizing that the length and intensity of services may vary according to family needs?
- □ □ □ □ train and encourage professionals to work in collaboration with families, to allow families to make their own decisions (within the confines of the law), and to respect their choices?
- □ □ □ □ involve family members, particularly from marginalized families, in policy and program development, implementation, and evaluation?
- □ □ □ □ affirm and build upon the existing and potential strengths of families, even when families are challenged by adversity?
- □ □ □ □ make flexible program options available and easily accessible through co-location, coordinated application and reimbursement procedures, and collaboration across agencies, institutions, and disciplines?
- □ □ □ □ establish a coordinated policy and service system that allows localities and service providers to combine resources from various, diverse funding streams?
- □ □ □ □ acknowledge that the engagement of families, especially those with limited resources, may require emotional, informational, and instrumental supports (e.g., child care, financial stipends, transportation)?
- □ □ □ □ connect families to community resources and help them be responsible consumers, coordinators, and managers of these resources?
build on social supports that are essential to families’ lives (e.g., friends; family-to-family support; community, neighborhood, volunteer, and faith-based organizations)?

consider the whole family (even if it is outside the scope of services) and recognize how family decisions and participation may depend upon competing needs of different family members?

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.


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 Fl Middleton Bldg, 1305 Linden Drive, Madison, WI 53706.

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


• Indiana Paths to QUALITY Evaluation Reports and Briefs. Purdue University Center for Families. www.cfs.purdue.edu/cff/publications/publications.html


• Center for Research on Children in the U.S. (CROCUS) website http://www.crocus.georgetown.edu
Sponsoring Organizations and Descriptions

The Center for Families at Purdue University 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.

Ball State University Department of Family and Consumer Sciences 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.

Indiana Association for the Education of Young Children’s (IAEYC) mission is to promote and support quality care and education for all young children birth through age eight in Indiana. Indiana AEYC 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 2,200 members represented through sixteen local chapters, and a budget of over $6 million dollars. Indiana AEYC supports early care and education professional development through the T.E.A.C.H. (Teacher Education and Compensation Helps) scholarship project, the Indiana Non Formal Child Development Associate (CDA) project and by conducting the largest statewide conference. Indiana AEYC also supports highest level of early care and education facilities by partnering with the Indiana FSSA/DFR/Bureau of Child Care to implement Paths to QUALITY™ and the Indiana Accreditation Project for over 820 early childhood facilities statewide.

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.
Indiana Extension Homemakers Association® exists 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.

Indiana Family Services represents families and respond to their needs by strengthening member agencies and creating alliances to promote excellence in advocacy and service for families throughout Indiana. 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.

Indiana University School of Public Health - Bloomington is dedicated to improving public health across Indiana through workforce development, community engagement, research, with teaching at the forefront of innovative public health education in Indiana. By reimagining public health through a comprehensive approach that enhances and expands disease prevention, the school is reshaping how parks, tourism, sports, leisure activities, physical activity, and nutrition impact and enhance wellness. Unique in the nation, our school’s multidisciplinary approach, history of community engagement, and emerging strengths in epidemiology, biostatistics, and environmental health bring new vigor and energy to the traditional concept of a school of public health. With nearly 3,000 students in an array of undergraduate and advanced degree programs and more than 130 faculty in five academic departments our faculty and students conduct research, learn, teach, and engage with communities across a broad spectrum of health, wellness, and disease-prevention topics. Learn more at: publichealth.indiana.edu.

The Indiana Youth Institute promotes the healthy development of Indiana children and youth by serving the people, institutions and communities that impact their well-being. It is a leading source of useful information and practical tools for nonprofit youth workers, educators, policymakers, think tanks, government officials, and others who impact the lives of Hoosier children. In addition, it is an advocate for healthy youth development on the local, state, and national level.

The mission of the National Association of Social Workers – Indiana Chapter 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.

Purdue Extension Health and Human Sciences 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. Health and Human Sciences Extension is a part of the mission of the College of Health and Human Sciences at Purdue University and the Purdue Extension Service.