

IMPROVING THE ODDS FOR AMERICA'S CHILDREN

Improving the Odds for America's Children

Future Directions in Policy and Practice

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*This book is dedicated to Marian Wright Edelman,
for inspiring us to use research as a tool
to advance practice, policy, and social justice
for all children in America.*

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CHAPTER 9

Beyond Child Protection

Helping All Families Provide Adequate Parenting

MICHAEL S. WALD

Policy makers, advocates, and researchers all agree that four major factors influence children's development: genes, the nature and quality of the economic and other resources provided to the child by parents and the state, neighborhood, and the quality of parenting the child receives.¹ Each of these factors affects the others. Over the past forty years, societal efforts to promote children's well-being and development have expanded significantly. Most of the attention has been on expanding access to, and improving the quality of, the nonfamily institutions that serve children, especially the health, child care, and education systems. There also have been increases in economic resources available to low-income families.² As the other chapters in this volume show, many of these efforts are helping children.

There has been far less attention, however, to improving parenting.³ Yet, especially with respect to protecting and promoting the *basic* physical, emotional, social, and cognitive development of children, parenting is of critical importance. I estimate that at least 20 percent of all children in the United States live in families where the parenting is highly problematic with respect to supporting their children's basic development. The only system with responsibility for addressing the needs of these children is child protective services (CPS), which is charged with responding to parenting that is legally defined as abusive or neglectful (maltreatment). Under most state laws, abuse and neglect are defined primarily in terms of physical harms to, or sexual conduct with, a child.⁴ CPS systems focus primarily on children who have already suffered, or are in imminent danger of suffering, threats to their safety due to parental actions. The primary goal of intervention is to prevent the recurrence of these threats, not to promote children's long-

term development. In most states, the majority of children reported to CPS are not brought under its jurisdiction or provided with any services.⁵

A variety of parenting programs and other support services are available to parents who seek them out, but no system has responsibility for trying to identify and help children whose emotional, social, or cognitive development is adversely affected by problematic parenting that does not fall within the definition of maltreatment. Voluntary services do not reach a significant proportion of the parents and children who need them the most, either due to lack of availability or the failure of the parent to seek or accept the services.

A new discussion is needed regarding government policies toward parenting. The current approach leaves far too many children at risk of injury during childhood and very poor outcomes in adulthood with respect to both economic well-being and mental health. In this chapter, I focus in particular on two outcomes for children that are central goals of public policy: safety during childhood, and the development of the skills needed to earn a *basic* living in adulthood. In order to substantially increase the likelihood that all children will attain these two minimum outcomes, it is necessary to reduce the scope of the child protection system and create a new system of services focused on improving parenting. Although these services would be voluntary, participation would entitle parents to economic and other benefits.

Outcomes

In order to develop and assess alternative policies toward children, it is necessary to identify the outcomes that government seeks to achieve through its policies and investments. The benefits and costs of alternative policies and investments in producing these outcomes can then be examined.

While government policies focus on helping children achieve many outcomes, four are especially important to policy makers and child advocates: safety during childhood, the ability to be self-sufficient in adulthood, economic “success” in adulthood, and equal opportunity for economic and social mobility.

Protection from physical and mental harm during childhood. One clear outcome relates to children’s health. The promotion of children’s basic health and

safety (including nutritional needs) is the goal of significant public policies and spending. While the focus generally is on access to general health care, maltreatment laws are designed to protect children from parenting that substantially impairs (or threatens to impair) their physical or mental health. Recent evidence indicates that the health or safety of at least 15–20 percent of all children is put at risk by parental conduct considered maltreatment at some point before they turn eighteen.⁶

Self-sufficiency. Most government policies regarding children primarily aim to help children acquire the academic and social/emotional skills considered necessary for economic success in adulthood, rather than to provide them with a particular quality of life as children. The minimum goal is to provide children with the capabilities needed to be self-sufficient during adulthood, usually operationalized as trying to minimize the number of children who will live in poverty as adults. While nearly half of all adults experience a period of living in poverty, at least 10 percent of adults in the United States are poor over an extended period of time during adulthood.⁷ Failure to graduate high school is the strongest factor leading to long-term poverty.

Economic well-being. A more expansive economic outcome is that each child attains the skills needed to earn a “middle-class” income. Defining middle-class income as three times the poverty level, Sawhill estimates that about 60 percent of children born in the United States now attain middle-class incomes by age forty.⁸ Earning a middle-class income generally requires attaining a postsecondary credential; in recent years, the need for higher education has become even greater.

Economic and social mobility. Another outcome is the elimination of differences in educational achievement and economic success in adulthood that are highly correlated with the income, race, or ethnicity of a child’s parents. This outcome often is framed in terms of closing the educational achievement gap, which is seen as necessary to increasing economic or social mobility. This goal does not require that children attain any particular level of well-being or economic accomplishment in adulthood; reducing the inequality of outcomes and, by implication, opportunity related to parental income or ethnicity is the target. Over the past thirty years, there

has been no progress in closing the achievement gap or promoting relative economic mobility, although most children are better off economically than their parents.⁹

Parenting and Outcomes

In developing options aimed at promoting these four outcomes, policy makers must decide how much to invest in services focused primarily on the child (especially schools and preschool), in policies that increase family income, in efforts at improving neighborhoods, and in services directed at improving parenting. While these approaches are not mutually exclusive, and all are needed, choices must be made regarding how much to invest in different alternatives since resources are limited.

Which of the above outcomes require a major focus on parenting? The need to focus on parenting is definitional with respect to protecting children from maltreatment, since the parent is causing the harm. There also are strong reasons to focus heavily on parenting in order to enable all children to reach young adulthood capable of being self-sufficient and avoiding poverty. Most children will achieve basic self-sufficiency in adulthood if they graduate from high school, do not give birth to a child before age twenty, do not engage in serious or repeated delinquent behaviors, and are not drug or alcohol dependent or suffering from significant mental health problems. Twenty to 25 percent of children do not enter adulthood having met all these milestones.¹⁰ The nature of the parenting a child receives appears to be strongly associated with whether the child engages in these behaviors or suffers from serious mental health problems.¹¹ To be sure, other factors, especially prolonged living in poverty and in neighborhoods with high violence and poor schools, may lead children to engage in these behaviors and/or drop out of school even when the child receives adequate parenting.¹² And programs that are not focused on parenting do help many children avoid problem behaviors and graduate from high school.¹³ But helping all children gain the skills and engage in the behaviors needed to achieve basic self-sufficiency in adulthood will require a focus on problematic parenting; without this focus, other approaches will be insufficient for many children.

The role of parenting is important, but less critical, with respect to helping children achieve the skills needed to attain a middle-class income. About 30 percent of all children graduate high school, do not give birth to

a child as a teen, but still do not get a postsecondary degree and thus are unlikely to earn a middle-class income. Unlike the children just discussed, most of these children receive basically adequate parenting. While family environment likely influences the academic attainment of many of these children,¹⁴ these families do not require the same types of intensive parenting services that are needed to alter the trajectories of children who do not graduate high school. Investing in high-quality preschool and K–12 education, plus offering these parents programs to help them provide cognitive stimulation to their children, is likely to be the most cost-effective way of helping more of these children attain a postsecondary degree, thereby increasing the likelihood that they will achieve a middle-class income. This is also the case with respect to promoting economic and social mobility.¹⁵

Thus, the parenting policies and programs I propose are designed to increase the likelihood that all children will have safe home environments throughout their childhood and acquire the skills needed to be self-sufficient in adulthood. A coordinated set of services is needed to support those families having, or likely to have, significant difficulty in providing the type of parenting needed if their children are to achieve these outcomes.

In developing any systemic approaches, it is important to have a reasonable idea of the extent of such parenting. I estimate that at least 20 percent of all children will experience seriously deficient parenting that will significantly affect their basic development at some point during their childhood; 10 percent of children will experience such parenting for an extended period. This includes both parenting that falls within the definition of maltreatment and other forms of parenting that are likely to substantially impair children's basic emotional, social, and cognitive development, as well as their health and safety.¹⁶

The starting point for any estimate is the number of children considered maltreated. In 2011, more than 6 million children (in 3.3 million families) were reported to CPS, which is more than 8 percent of all children in the United States. CPS agencies investigated reports involving over 3 million children. Almost 700,000 children (1 percent of all children) were found to have suffered from maltreatment as defined under various states' laws.¹⁷

These are annual numbers. Based on findings from several recent studies, 10–15 percent of all children born in the United States in 2000 will have substantiated instance of maltreatment at some point before they

turn eighteen.¹⁸ For children from poor families, that number goes up dramatically; for example, a recent study of all children born in California in 2000 found that approximately thirty-five born to native-born low-income mothers had been reported to CPS by age five.¹⁹ Numerous studies have found that children reported to CPS agencies are considerably more likely to evidence serious behavioral problems over time than are children from similar socioeconomic households and neighborhoods who have not been reported to CPS.²⁰

On the positive side, reports and substantiations of physical and sexual abuse have declined dramatically since 1994. However, neglect, which constitutes more than two-thirds of all reports, has not decreased. While neglect often includes some threat to physical safety, the core problem generally is highly chaotic, disorganized, nonresponsive, or emotionally hostile parenting. Such parenting can severely impair a child's ability to develop self-regulation, which is a "cornerstone of early childhood development that cuts across all domains of behavior."²¹

The number of maltreated children is a minimum estimate of the children experiencing highly inadequate parenting. A number of studies find widespread underreporting of parenting that constitutes maltreatment.²² In addition, some types of parenting that put children at a high risk of poor long-term development do not fall under the legal definitions of maltreatment.²³ Based on reports to CPS and other indicators, such as the number of children living in deep poverty and/or with highly depressed or substance-abusing parents, I believe that 20 percent is a conservative estimate.²⁴

State Involvement with Parenting

Prior to the 1960s, state agencies, other than schools, had very limited active involvement with families. During the 1960s, spurred by the "discovery" of the battered child syndrome, all states passed laws requiring physicians to report suspected cases of physical abuse to child welfare agencies. In 1974, Congress enacted the Child Abuse Prevention and Treatment Act (CAPTA), which offered states funds to deal with child abuse, provided that the state's reporting law included suspected instances of neglect and serious harm to a child's emotional well-being, in addition to physical abuse. This led to an enormous increase in reports. In 1967, approximately 10,000 cases of child

abuse or neglect were reported. This rose to nearly 300,000 cases in 1975 and, as noted earlier, to more than 3 million in 2011.

Although CPS practice is regulated by a number of federal laws, provision of services is a state or local function. There is great variation in quality within and between states around the nature and quality of services.²⁵ It is widely accepted that few systems are able to promote the long-term development of the children under CPS supervision.²⁶ There have, however, been improvements. Jane Waldfogel describes these in her chapter and proposes some directions for further improvement.

Even if CPS agencies are improved so that they meet the needs of children who are brought under their supervision, this would not address the needs of the parents and children in the 70 percent of reports labeled “unsubstantiated” following investigation, as well the needs of the families experiencing major parenting problems that are not reported to CPS. In recent years, many states have begun referring reported cases that involve less risky situations to voluntary services; this is generally referred to as differential response (DR). While it is too early to assess these efforts fully, this approach will not meet the needs of children in many of these families. DR does not create a *system* for helping families with multiple problems.²⁷ An effective system for working with multiproblem families requires a dedicated funding stream, clear mandates regarding outcomes, clear criteria for who is served, performance standards, accountability measures, regular monitoring, consistent data collection and evaluation, and effective professional development. It is highly unlikely that such a system can be developed under the auspices of CPS. Moreover, a maltreatment framework is not a useful way of conceptualizing the problem. In addition, DR does not involve primary prevention.

Other than CPS, all programs addressing parenting are voluntary. These programs are delivered at the local level. There has been substantial growth in the availability of one type of voluntary services: home visiting following the birth of a child. The federal government is now funding a large research demonstration project seeking to determine how to make these services most effective. At least one home visiting model has documented significant success in producing positive long-term outcomes for children.²⁸ There also has been some growth in the availability of voluntary parenting programs and services for parents experiencing difficulties in interacting

with their children.²⁹ Several research-based programs, such as Triple P and Incredible Years, appear to be reasonably effective for the parents who seek out these services.³⁰ Still, the availability and quality of services is highly variable, and attrition rates are very high in voluntary programs.

A new system is needed to support and *monitor* families suffering from multiple problems that seriously affect their capacity to provide adequate parenting. Developing such a system will not be easy, however. There is far too little recognition of the extent of highly problematic parenting. Many people remain suspicious of any government efforts to influence parenting other than addressing maltreatment. More public debate about alternative approaches is needed. Implementing services will be challenging. In particular, because most services for these families have been poorly funded, there is a shortage of qualified service providers; recruitment and training structures are needed. In addition, services to families are organized and funded in silos, usually related to a specific problem (mental health, substance use, etc.), even though families have multiple problems that often need to be addressed comprehensively. Many policy makers also believe that we do not know how to improve parenting and that current approaches are ineffective. Yet, there is now evidence that some programs do improve parenting.

Toward a New System of Support for (and Regulation of?) Parenting

Ensuring that all children live in safe homes and develop the capacities needed to become self-sufficient will require substantial changes in policies and resources devoted to helping multiproblem families improve parenting. At least three major alterations in policy are needed.

Restrict CPS to Only Providing Protection from Imminent Serious Harm

As noted above, most families reported to CPS are not brought under CPS jurisdiction. Given that many of the children in nonsubstantiated cases show long-term developmental problems, some commentators argue for more CPS involvement with these families.³¹ This would not be wise. To the contrary, there is a strong case for reducing the role of CPS and changing mandatory reporting laws. Fewer than 25 percent of substantiated cases involve physical or sexual abuse; in only a small portion of the physical abuse cases has the child been treated in a manner that caused, or significantly

threatened, bodily injury.³² Most reports involve neglect. While neglect may lead to severe physical harm, and even death, the primary threat to most of these children relates to their academic and emotional development over a long period of time, not their immediate physical safety.

CPS systems are not dealing effectively with cases of neglect that are currently in the system. I doubt that CPS could get the additional resources needed to work effectively with the 75 percent of families in investigated cases that do not receive supervision or services.³³ CPS must compete with schools, child care, and health coverage for funds. Each of these systems has politically powerful advocates. Support for services to these children is much more likely through the health or education systems, which also are far more attractive approaches to parents. Focusing CPS on situations with the threat of serious injury also increases the possibilities for better protecting and helping these children.

Build a System to Improve Parenting

While expanding CPS is not the right approach to helping children achieve basic outcomes, neither is relying on the disjointed, limited, totally voluntary approach to helping parents that is the current alternative. Even the piecemeal expansion of “evidence-based” parenting programs will not be sufficient to produce adequate outcomes for many children. Parents experiencing the types of problems—mental health, substance use, domestic violence, deep poverty—that are generally associated with highly disorganized or unresponsive parenting need an adequately funded, coordinated set of services, one ideally managed by a single agency that is accountable for outcomes. While such a system should not have the coercive powers of CPS, it should include active outreach and some monitoring of parental conduct, not just provision of services to parents who seek help.

My purpose in outlining what a parenting-support system might look like for parents with infants and young children is to generate discussion; I cannot examine in detail the many issues that must be confronted in developing a viable, cost-effective approach.³⁴

The system would build on a number of existing programs, including the Women, Infants, and Children Program (WIC), home visiting programs (HV), Early Head Start (EHS), Head Start (HS), and various evidence-based parenting programs (see figure 9.1).³⁵

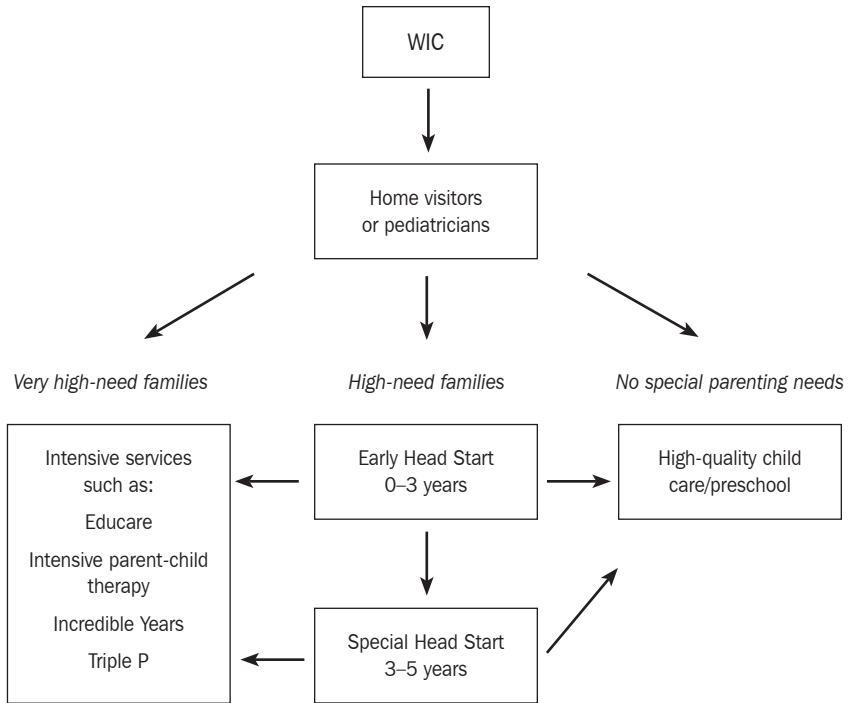
WIC and HV would be provided to pregnant women and new parents on a universal or targeted basis.³⁶ The issue of targeting is very difficult. Policy makers should approach investments in improving parenting with caution. Policies aimed at changing parenting are controversial and parenting programs are difficult to implement. Thus, major efforts to improve parenting should focus on those families for whom changing parental behaviors is critical to achieving the desired outcomes for the children. A targeted approach also is preferable from a cost and efficiency perspective, especially since the target population may vary for different services. However, targeting runs a very high risk of stigmatization, which would undermine any voluntary program. This is an area that needs careful discussion.

Home visiting would play a central role both in providing services directly and in monitoring the quality of parenting and helping parents access other services, beginning at the birth of a child. Many states are now expanding HV services, and there is a growing body of knowledge on how to make them more effective.³⁷ But states should not wait for the results of various experiments before establishing programs; rather, they should adopt a program and develop procedures for continuously improving the delivery system.

In addition to providing services directly, home visitors would recommend that the family follow one of three tracks for additional services.³⁸ In homes where the parenting is basically adequate, parents would be helped in finding high-quality child care and preschools designed to help prepare children for academic success in K–12 and higher education. A second track would be available to families that need more help with parenting and would include EHS and special HS programs that work closely with the parent, as well as the child. EHS would need to be redesigned and significantly expanded.³⁹ Finally, especially troubled families would be offered more intensive services, which might include full-day child care in special developmental centers (beginning at birth) and/or some form of parent-child therapy. Depending on local community resources, these services might be coordinated through a family resource or community health center.

There are other possible systemic approaches that might be less expensive and easier to implement. For example, Aber and his colleagues have suggested that pediatricians be at the center of the delivery system and that parents be encouraged to participate in two far less intensive parent-

FIGURE 9.1 Service system for parents



ing programs than home visiting.⁴⁰ But regardless of who does the screening, it must lead to services that are adequate to address the parents' and children's needs.

Create Incentives to Encourage Parental Involvement

There are a number of challenges, both political and practical, in designing and implementing a system of services that will adequately serve the target population. Two central issues are how to address the income needs of the vast majority of target families and how to get parents to engage in needed services. These need to be considered together.

Poverty, especially deep and persistent poverty, is a critical factor in the lives of many parents who struggle to provide adequate parenting. Reducing

poverty is a necessary aim for any approach to helping children achieve the desired outcomes. Coping with poverty creates major obstacles “to attentive and nurturant child-rearing.”⁴¹ Moreover, with more income, parents can invest in more resources for their children.⁴²

Current approaches to reducing poverty make addressing parenting more difficult. Poverty policy revolves largely around connecting all parents with jobs. This approach has had successes, but many parents are not able to connect to the labor force on a consistent basis and thus live in persistent, often deep, poverty. And the emphasis on work makes it more difficult for some parents to have the time or energy to engage in activities relating to improving parenting. There needs to be more flexibility in the Transitional Aid to Needy Families (TANF) program to allow parenting activities to count as “work” activity in families with children under three; other poverty-related programs also need to be modified to provide easier access and coverage.⁴³

But more than just reform of existing programs is needed. One possibility is the adoption of a children’s allowance for low-income families; most developed countries provide this to families as part of their social benefit system. The allowance would be made conditional on certain parental behaviors.⁴⁴ For example, the allowance might be obtained at pediatricians’ offices or during home visits and conditioned on regular pediatric visits or involvement with the home visitor. Other possible program models include New York City’s experiment in using Conditional Transfers to influence behavior.⁴⁵ A less extensive approach currently being tested is combining parenting education with “hard” services to parents. For example, there are job training and parenting education programs being offered in many localities throughout the country, generally in coordination with child care centers, including with both EHS and HS.⁴⁶

There are many challenges in developing a fair and effective system of implementation of contingent benefits.⁴⁷ But the plight of the children living with highly disorganized or depressed parents who are often far too unresponsive to their children’s needs demands new thinking. Income transfers alone are not likely to substantially alter the well-being of these children.⁴⁸ Given low engagement and high attrition rates in various programs, serious consideration must be given to adopting an incentive program focused on improving parenting.

Moving Forward

My aim here is to move the issue of parenting into a more central place in policy discussions regarding children. I have not analyzed the costs and benefits of investing in my proposed system versus other approaches (especially child-focused approaches) to reaching the same outcomes.

Clearly, my system would be expensive. Moreover, there is only limited evidence regarding the types of parenting programs that are likely to be effective, and for whom. It might be argued that these factors require a slow, cautious approach using experiments to test various alternatives. Several such experiments are now under way.⁴⁹ However, experimental research generally requires many years and often does not yield clear policy directions. There has been little progress over the past forty years in altering the situation of the worst-off 20 percent of children. Given the magnitude of the problem, I believe that policy makers should consider immediately adopting some version of the system I have outlined and then working to improve it over time. There is a moral imperative to help the most disadvantaged children and their parents *now*, both to reduce long-term social costs and to remedy long-term social injustices.⁵⁰ We cannot wait forty more years to address this.

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21. David S. Kirk and Robert J. Sampson, “Crime and the Production of Safe Schools,” in *ibid.*, 397–418.
22. Amy Ellen Schwartz and Leanna Stiefel, “Immigrants and Inequality in Public Schools,” in *ibid.*, 419–442.

Chapter 9

1. Jack Shonkoff and Deborah Phillips, eds., *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington, DC: National Academy Press, 2000).
2. There also have been various efforts at improving highly disadvantaged neighborhoods, although improving outcomes for children has not been the direct focus of most of these efforts. The federal government is now supporting a set of new place-based initiatives focused on improving outcomes for children modeled on the heralded Harlem Children’s Zone. See U.S. Department of Education, “Promise Neighborhoods,” www.ed.gov/programs/promiseneighborhoods.
3. One purpose of these other approaches, especially efforts to increase family income, is to facilitate better parenting; but there has been little investment in directly improving parenting.
4. Some state laws include emotional abuse and educational neglect, but only a small number of CPS cases involve these issues.
5. See Jane Waldfogel, “Child Protection and Child Welfare: Meeting the Needs of Vulnerable Children,” chap. 10 this volume.

6. This includes only substantiated reports. See Christopher Wildeman et al., “The Prevalence of Confirmed Maltreatment among American Children, 2004–2011” (paper in draft); Emily Putnam-Hornstein, Barbara Needell, Bryn King, and Michelle Johnson-Motoyama, “Racial and Ethnic Disparities: A Population-Based Examination of Risk Factors for Involvement with Child Protective Services,” *Child Abuse and Neglect* 37, no. 1 (2013): 33–46.
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12. See Eric Dearing, “The State of Research on Children and Families in Poverty: Past, Present, and Future Empirical Avenues of Promise,” chap. 14 this volume; Susan Mayer, “Revisiting an Old Question: How Much Does Parental Income Affect Child Outcomes?” *Focus* 27, no. 2 (2010): 21–26; Patrick Sharkey, *Stuck in Place* (Chicago: University of Chicago Press, 2013).
13. For example, over the past twenty years, teen births and juvenile crime have declined dramatically, and high school graduation rates have been rising since 2000, indicating that other investments are having payoffs.
14. Jane Waldfogel and Elizabeth Washbrook, “Early Years Policy,” *Child Development Research* (2011): 9–12; James Heckman, “Role of Income and Family Influences on Child Outcomes,” *Annals of the New York Academy of Sciences* 1136 (2008): 307–323.
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- Lives and Generations: The Potential for Change*, ed. P. Lindsay Chase-Lansdale, Kathleen Kiernan, and Ruth Friedman (Cambridge, UK: Cambridge University, 2004), 93–138.
16. It is not possible to determine very precisely the percentage of children that will experience highly inadequate parenting over an extended period during their childhoods; no longitudinal studies track this. For a fuller discussion of how I define highly inadequate parenting and reach this estimated percentage, see Michael S. Wald, “Beyond Maltreatment: Developing Support for Children in Multi-Problem Families,” in *Handbook on Child Maltreatment*, ed. Jill Korbin and Richard Krugman (Dordrecht, Germany: Springer, 2014).
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31. Elizabeth Bartholet, “Creating a Child-Friendly Child Welfare System: Effective Early Intervention to Prevent Maltreatment and Protect Victimized Children,” *Buffalo Law Review* 60 (2012): 1315–1365; James Dwyer, “The Child Protection Prentense: States’ Continued Consignment of Newborn Babies to Unfit Parents,” *Minnesota Law Review* 93 (2008): 407–492.
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33. Michael S. Wald, “Preventing Maltreatment or Promoting Positive Development—Where Should a Community Focus Its Resources?” in *Preventing Child Maltreatment: Community Approaches*, ed. Ken A. Dodge and Denise L. Coleman (New York: Guilford Press, 2009): 182–195.
34. Many of the issues regarding children over five are similar, but the types of systems needed to serve children ages 5–12 and teens have received little attention (except for teens in foster care) and are not covered here. There are some current efforts to put together comprehensive approaches. See, for example, Ken Dodge et al., “The Durham Family Initiative: A Preventive System of Care,” *Child Welfare* 83, no. 2 (2004): 109–128.
35. These are described in Wald, “Beyond Maltreatment,” 271–273.
36. WIC is already means-tested.
37. The Pew Charitable Trusts are working with a number of states on system improvement; see http://www.pewtrusts.org/our_work_detail.aspx?id=922.
38. This could be done using both risk assessment instruments and observations. While the initial assessment of parenting would be made by home visitors, other professionals working with children, including pediatricians and child care providers, also would be responsible for identifying parents needing greater support in parenting than they might be seeking or receiving.
39. The current focus often is solely on the child with the goal of promoting cognitive development. The focus should be on helping parents bond with their children and respond to them in ways that promote self-regulation.

40. Larry Aber et al., “From Birth to 3: A New Prevention Strategy to Improve School Readiness” (working paper, School Reform and Beyond, Center for Advancing Research and Solutions for Society, University of Michigan, Ann Arbor, March 2013); Thomas Dishion et al., “The Family Check-Up with High-Risk Indigent Families: Preventing Problem Behavior by Increasing Parents’ Positive Behavior Support in Early Childhood,” *Child Development* 79, no. 5 (2008): 1395–1414.
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42. Dearing, “The State of Research on Children and Families in Poverty.”
43. Olivia Golden et al., “Disconnected Mothers and the Well-Being of Children: A Research Report” (working paper, Urban Institute, Washington, DC, 2013).
44. Many states already impose conditions for receiving TANF, such as having children immunized or obtaining regular checkups for children. TANF provides basic support and should not be conditional.
45. James Riccio et al., *Conditional Cash Transfer in New York City* (New York: MDRC, 2013).
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49. There currently are experiments testing the effects of home visiting, expanded EHS approaches, preschool for all, and new approaches to delivering neighborhood services. These are summarized at <http://www.whitehouse.gov/issues/education/early-childhood>; “Promise Neighborhoods,” U.S. Department of Education www.ed.gov/programs/promiseneighborhoods.
50. Many of these parents were highly disadvantaged as children; in fact, many were in the child welfare system, which failed to help them. The challenges facing many

of these parents also are due, at least in part, to historic and current patterns of discrimination and misguided social policies. See, Sharkey, *Stuck in Place*, 5–7; Wald and Martinez, “Connected by 25,” 3. It is likely that somewhat more advantaged children will be the primary beneficiaries of child-focused versus parent-focused policies.

Chapter 10

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