

# ***AN ASSESSMENT OF EARLY CHILDHOOD PROGRAMS***



***WISCONSIN CARES, INC.  
and  
RIGHT FROM THE START  
COALITION OF WISCONSIN***

The following analysis was prepared to provide policy makers and professionals with a perspective for assessing early childhood programs through the eyes of children, families, and society.

## **Introduction**

Early childhood education and childcare understandably focus on children. This may be appropriate for thriving families who choose these experiences for their children. However, we cannot assume that child-focused early childhood education and childcare for babies and young children are all that thriving and struggling families need.

In *From Neurons to Neighborhoods*,<sup>1</sup> the National Academy of Science points out that families are the most important influence on child development regardless of the nature of out-of-home care their children experience.

Yet primary caregivers, usually parents, often are not seen as participants in early childhood education, especially in welfare-to-work programs. The focus is on a parent or on a child as individuals. Employment of a parent and high quality out-of-home care for a child are seen as the most important goals. In fact, for transitional welfare-to-work families, most of whom are struggling, success as a parent is more important to society for both humanitarian and economic reasons than success as an employee. Greater skills are needed for parenting than for entry-level employment. Parenting actually is a middle-management job that entails at least:

- responsibility for one or more persons;
- providing income;
- budget planning and management;
- procurement of food, shelter, and clothing; and
- advocacy for a child's education, health care, and safety.

Competent parenting depends upon a parent's personal qualities and time to carry out parenting responsibilities.

Competence as a parent is directly related to productivity as an employee. When parents struggle in handling their family responsibilities, their effectiveness as employees is compromised, and the education of their children is undermined.

The first months and years of life are vital not because they form an indelible blueprint for adult well-being, but because they set either a sturdy or a fragile base for what follows. Loving relationships in families promote the physical, cognitive, linguistic, social, emotional, and moral development of children. But families require supportive resources in their neighborhoods, communities, and work places. *Wisconsin Cares* and the *Right From The Start Coalition of Wisconsin* advocate voluntary home support for all parents of newborns and high quality early childhood education and childcare that involve families – the most important sources of loving relationships.

## **Home Visitation Programs**

Home visitation focuses on pregnancy and parent-child relationships during the early months and years of life and aims to foster thriving families.

### **Wisconsin Home Visitation Evaluations**

The following information on Wisconsin programs was derived from interviews with key personnel in each area in addition to their organizations' documents.

### **Prenatal Care Coordination**

An evaluation of the St. Vincent Hospital Prenatal Care Coordination (PNCC) program in Green Bay revealed that, when compared with mothers who did not participate, mothers who received home support had healthier babies with higher birth weights and were half as likely to require care in the newborn intensive care unit. The PNCC program saved more than \$250,000 in hospital costs during the 2½-year study.

The Wisconsin Survey Research Laboratory Analysis of Prenatal Care Coordination found that 99% of the participants said it was helpful in understanding pregnancy and taking better care of their babies; 93% said it was helpful in securing medical care; 96% said it was helpful with diet; 73% said it was helpful with smoking cessation; and 85% said it was helpful in reducing alcohol consumption.

### **Healthy Families**

An extensive evaluation of the Healthy Families-Walworth County intensive home visiting program conducted by Ann Keim of the University of Wisconsin Extension disclosed that, compared to nonparticipating families, participating families used more well-baby checkups, used less emergency services, had longer durations of breastfeeding, and made more rapid connections with needed community services.

Healthy Families-La Crosse offers home visitation to high-stress families of newborns. A Viterbo University study of 163 families revealed that child abuse and neglect reports were 1.2% compared to 9-14% nationally; 100% of the children received immunizations compared to 65% for non-participants; 100% received well baby care; no pregnancies occurred with unwed teenage mothers; and 99.5% improved their home environments. The cost savings were \$2 annually for each \$1 invested.

### **Wisconsin Prevention of Child Abuse and Neglect Program (POCAN)**

POCAN projects are located in nine counties and one tribe. A study was reported in 2004 of 236 families enrolled in POCAN during the fiscal year 2000. The evaluation found statistically significant improvements in family functioning and positive parenting practices among families in the program. Statistically significant improvements in total HOME scores were found between the assessments done at 6 and 12 months (increasing by 2 points or 6 percent) and also between the assessments done at 6 and 18 months (increasing by 2.5 points or 7 percent).

### **Prevention of Child Abuse and Neglect Program (POCAN)**

POCAN projects are located in nine counties and one tribe. A study was reported in 2004 of 236 families enrolled in POCAN during the fiscal year 2000. The evaluation found statistically significant improvements in family functioning and positive parenting practices among families in the program. Improvements in family functioning and positive parenting practices were assessed via client scores on the Home Observation for Measurement of Environment (HOME) instrument. Projects were required to administer the HOME to clients three times; i.e., when the child was 6, 12 and 18 months of age.

The greatest improvements were made between 6 and 12 months. Statistically significant improvements in total HOME scores were found between the assessments done at 6 and 12 months (increasing by 2 points or 6 percent) and also between the assessments done at 6 and 18 months (increasing by 2.5 points or 7 percent). Of the

individual dimensions of the HOME assessment, positive parenting practices relating to the availability of learning materials for the child showed the greatest improvements, improving by 1.2 points or 17 percent between 6 and 18 months. Positive parenting practices relating to the availability of learning materials for the child showed the greatest improvements, improving by 1.2 points or 17 percent between 6 and 18 months.

### **National Home Visitation Evaluations**

In 1990, the Comptroller General of the United States prepared a report on home visiting as an early intervention strategy to improve maternal and child health and well-being. It revealed that, compared to families not receiving these services, home-visited clients had fewer low birth weight babies, less cases of child abuse and neglect, higher rates of child immunizations, and more age appropriate child development. It concluded that home visiting had demonstrated its potential to reduce the need for more costly services. It also concluded that the success of home visiting programs depends upon connecting clients to a wide array of community services.

In 1999, the findings of recent home visitation evaluation studies were described in *The Future of Children*,<sup>2</sup> a publication of the David and Lucille Packard Foundation. The conclusions of the five review articles included in that issue have been used to both substantiate and challenge the efficacy of home visitation. For this reason, it is important to examine the interpretations of the conclusions of each of these reviews.

The most significant negative result was reported from an analysis of the data collected on the federally funded Comprehensive Child Development Program between 1990 and 1993. This study revealed that case management is a costly and ineffective way to carry out home visitation.

Two- to three-year evaluations of six sites of Hawaii's Healthy Start program, which has more than a 25-year history, revealed positive changes in parents and children at some sites and not at others. These evaluations showed that effective home visitation depends upon connections with an adequate family support network.

The Parents as Teachers program, which has a 20-year history, was evaluated in two sites in California, one of which focused on teenage mothers. These evaluations disclosed that home visitation must be of sufficient intensity to meet the needs of families in order to be effective.

Prevent Child Abuse America, promulgators of the Healthy Families Program since 1992, reviewed 18,000 at-risk families in 270 sites in 38 states and found a decrease in child abuse and neglect and an increase in positive parent-child interactions. This evaluation showed that home visitors must have sufficient personal capacities and training to work effectively with families.

The Prenatal and Infancy Home Visitation Program (the "Olds program") with home visits to at-risk families by nurses was studied over a 20-year period in Elmira, New York, and over a two-year period in Memphis, Tennessee. These evaluations confirmed other studies' findings that home visitation was beneficial for both parents and children when a part of a family support network. Improvements in parenting practices, attitudes, and knowledge take time to be translated into improved child outcomes. The Rand Institute estimated a cost-benefit of \$5.68 for each dollar invested.<sup>3</sup>

The Home Instruction Program for Preschool Youngsters (HIPPPY) has targeted the parents of 4 and 5 year olds for over 16 years in the United States. It was initially

developed in 1969 at Hebrew University in Israel. Evaluations show that the effectiveness of high-risk parents as teachers of their children depends upon their participation in group activities that support their work with their children.

In 2003 the Task Force on Community Preventive Services of the Centers for Disease Control and Prevention conducted a systematic review of scientific evidence concerning the effectiveness of early childhood home visitation programs. It concluded that the most effective programs for preventing child maltreatment are early childhood home visitation programs that are integrated in a network of supportive services.<sup>4</sup>

## **Conclusions**

The quality of home support programs determines their effectiveness. Existing program evaluations have contributed to developing outcome criteria for home visitation as described in Neil Guterman's book *Stopping Child Maltreatment Before It Starts*.<sup>5</sup> Principles for improving the effectiveness of home visitation programs are as follows:

- Home visitation must be a part of a community family resource network with integrated family preservation wraparound services including mental health.
- Case management is not an effective way to conduct home visitation.
- Home support must offer a continuum of services ranging from telephone calls to intensive home visitation sufficient to meet the needs of each family.
- Home visitors must possess interpersonal skills and have adequate training.
- Parents can promote the cognitive development of preschool age children.
- Voluntary home visitation programs cannot be expected to reach the most difficult at-risk families without specially trained home visitors and supportive informal and formal child protective services.

The home visiting field emphasizes connecting families with family support networks. The extended family, friends, faith communities, childcare, health care, education, and adequate income, all affect child outcomes – the richer and more diverse family support networks, the better for children.

## **Early Childhood Education**

Out-of-home childcare during early life takes place in family and center settings. Deborah Vandell, a University of Wisconsin-Madison expert on childcare, estimates that 10% of childcare is excellent, 30% is good, and the rest is fair to poor.

The most systematic research on the long-range effects of early childcare has been conducted on the center-based care of disadvantaged children. Three high-quality early childhood education programs for disadvantaged children with respected research protocols have shown favorable outcomes on educational and behavioral dimensions that incur special financial and social costs. They are the High/Scope Perry Study, the Abecedarian Project, and the Chicago Child-Parent Center Longitudinal Study.

### **High/Scope Perry Preschool Project**

The High/Scope Perry Preschool Study was conducted in Ypsilanti, Michigan, with the first wave of children attending in 1962. At the age of 27, 117 of the original sample of 123 were located, interviewed, and their public records reviewed. An age 40 analysis is currently underway.

The High/Scope preschool curriculum was offered for half-day sessions during the school year to three and four year olds with IQs between 70 and 85 randomly assigned to subject and control groups. All parents of the program children received 90-minute home visits once a week. The average annual cost for each child was \$14,716 in 2001 dollars. The cost-benefit to society was estimated to be a \$7.16 return for each \$1 invested in the treatment group.<sup>6</sup>

Compared to the subjects, controls showed the following average results at the age of 27:

- 100% higher usage of special education services (38% vs 17%)
- 24% lower high school graduations (54% vs 71%)
- 122% higher adult misdemeanor arrests (4 vs 1.8)
- 115% higher adult felony arrests (1.5 vs 0.7)
- 400% higher repeat criminals (35% vs 7%)

### **The Abecedarian Project**

The Abecedarian Project was conducted in Chapel Hill, North Carolina. 111 infants were in the original treated and control groups. They all were believed to be free of biological conditions associated with mental retardation and were "high risk" based on scores that included such factors as family income and maternal education. 104 were evaluated at the age of 21.

This full-time early childhood educational program extended from early infancy through the preschool years. Both the subjects and the controls received regular family support social services, low-cost or free pediatric care, and child nutritional supplements. Half of both treated and control groups received supplementary home-school educational support during their first three years in public school. The average annual cost of the early childhood educational program for all ages was \$11,727 in 2001 dollars.

The most significant findings at the age of 21 were that controls had 92% higher usage of special education services than subjects (48% vs 25%) and were 61% lower than the subjects in four-year college enrollment (14% vs 36%). Although not statistically significant, compared to the subjects, controls had:

- 4% lower high school graduation (67% vs 70%)
- 29% higher misdemeanor convictions (18% vs 14%)
- 50% higher felony convictions (12% vs 8%)
- 50% higher incarceration (21% vs 14%).

### **The Chicago Longitudinal Study**

The Chicago Child-Parent Centers for low-income families provide comprehensive evaluation, intensive family support, and health services. They offer half-day preschool at the ages of 3 to 4, half- or full-day kindergarten, and school-age services in linked elementary schools from ages 6 to 9 years. The Centers are established programs in the Chicago schools with Title I funding since 1967.

A fifteen-year follow-up of 989 Child-Parent Center children compared their outcomes with 550 children who received only regular preschool and public school without intensive family support during the years 1985 and 1986. The average annualized cost for each child for 1½ years of a half-day program during the school year for ages

three and four was \$4,717 in 2001 dollars. The cost-benefit to society was estimated to be a \$7.14 return for each \$1 invested in the subject children.

Compared to the subjects, controls had:

- 67% higher usage of special education services (25% vs 15%)
- 23% lower high school graduation (39% vs 50%)
- 49% higher juvenile arrests (25% vs 17%)
- 70% higher violent arrests (15% vs 9%)

The following comparisons are compromised by differences in definitions and methodology, but the quantitative differences appear to override these variations.

#### Follow-up Data on Three Early Childhood Programs

Program	Population	High School Graduation	Felony Arrests	Criminality	Special Education Services	Cost/Benefit (in 2001 dollars)
High/Scope Perry (age 27)	Subjects	71%	27%	Repeated arrests 7%	17%	Return on \$1 invested: \$7.16.*
	Controls	54%	36%	35%	38%	Per child cost: \$14,716
Abecedarian Project (age 21)	Subjects	70%	8%	Incarceration 14%	25%	Return on \$1 invested: \$4.00.**
	Controls	67%	12%	21%	48%	Per child cost: \$58,635
Chicago Child-Parent Centers	Subjects	50%	Violent arrests 9%	N/A	15%	Return on \$1 invested: \$7.10*
	Controls	39%	15%	N/A	25%	Per child cost: \$7,150

\*Reported by program. \*\*National Institute of Early Education Research

### Conclusions

There is general consensus that early childcare must be of high quality. Just as one should not give less than the effective dose of an antibiotic for less than the prescribed time, one cannot expect erratic childcare of low quality to be effective.

High quality early childhood programs clearly are beneficial both on humanitarian and economic dimensions. At the same time, their long-term success depends upon the childrearing skills of the children's families throughout childhood and adolescence.

Arthur Reynolds of the University of Wisconsin School of Social Work and Director of the Chicago Longitudinal Study emphasizes the importance of comprehensive family support services in the success of early childhood educational programs for the economically disadvantaged. According to Deborah Vandell, the influence of parenting on child development is pre-eminent even under circumstances of poverty, maternal depression, and long working hours. Most people living in poverty are employed full time and more.

The National Academy of Science holds that early childhood education should focus not only on literacy and numerical skills but on young children's emotional, self-regulatory, and social development in order to foster:

- curiosity, self-direction, and persistence in learning situations;

- the ability to cooperate with adults and resolve conflicts with peers; and
- the enhanced motivation that derives from feeling loved and competent.

These personal attributes are the most important factors in insuring success in school and in reducing the social and public costs of special education and antisocial behavior.

It is noteworthy that the less costly half-day early childhood education with parent involvement programs for three and four year olds of the High/Scope Perry Preschool Project and the Chicago Child-Parent Centers showed outcomes comparable to the more costly Abecedarian infancy through preschool program. The Rand Institute estimated the cost-benefit ratios for each dollar invested to be \$4.16 for the High/Scope Perry Preschool Project and \$3.50 for the Chicago Child-Parent Centers.<sup>3</sup>

The fact that the experimental subjects in each of these programs had higher than normative crime and special education rates suggests that had home visitation with access to integrated family and mental health services been available earlier and sustained longer the outcomes might have been even more favorable.

### **Commentary**

With the exception of the Home Instruction Program for Preschool Youngsters, home visitation programs do not emphasize cognitive learning opportunities as much as do early educational programs. Home visitation programs are family rather than child focused and aim to improve outcomes for all family members, such as parent-child attachment bonding, housing, and employment.

### **The Importance of Families**

There are good reasons to be concerned about public policies that focus on the cognitive development of children rather than on strengthening family relationships, which are more difficult to measure but are more important in the long range. The public interests are served by strong educational systems *and* by strong families. In fact, the educational success of children depends upon supportive families.

The National Institute of Health and Child Development funded study of 1,364 children evaluated the effect of day care.<sup>7</sup> It found that while beneficial the quality of child care was half as important as family factors in determining favorable outcomes.

Head Start, one of the oldest early childhood education programs, was designed to include parent education, health education, and parent involvement in center experiences. The follow-up of Head Start children revealed that the cognitive gains of children fade unless families have gained skills and attitudes that support their children's education. As a result, Early Head Start is committed to family support through home visitation.<sup>8</sup>

The Families and Schools Together (FAST) programs pioneered in Madison, Wisconsin, by Lynn McDonald for families with children between the ages of 4 and 13 has demonstrated that even an 8-week multi-family course can have significant impacts on children's educational and parents' vocational achievements.

### **Assessing Costs and Benefits**

Decision makers are interested in comparing the costs of programs to the benefits that might be expected to accrue from them.

*Cost-benefit* analyses are often conducted from the perspective of society at large. They include money saved and earnings and taxes lost. Examples are the cost-benefit ratings of the High/Scope, Abecedarian, and Chicago Child-Parent Centers programs.

The costs and benefits of a universal preschool program in California were estimated by the Rand Corporation in 2005.<sup>9</sup> Under the baseline assumptions of the research, there would be a \$2.62 net benefit for every dollar expended. This does not include potential benefits for the California labor force, the competitiveness of the economy, and economic and social equality.

*Cost-savings* analyses are restricted to the costs to the government or to a funding agency. Examples are the financial savings of the St. Vincent Hospital Prenatal Care Coordination and Healthy Families-La Crosse programs.

These kinds of analyses demonstrate that early childhood interventions are justified on fiscal grounds. Still because of the number of variables, different methodologies, and uncertainties involved in predicting future events, all of these cost analyses must be regarded as estimates and even speculations. Some experts suggest that intelligent deliberation reflecting commonly accepted values, such as the desirability of improving the quality of parenting and the quality of teaching, in addition to cost analyses is preferable to basing decisions solely on financial considerations.<sup>10</sup>

From the point of view of cost effectiveness, it is important to bear in mind the fact that high quality early childhood education is more expensive than high quality, intensive home visitation. Typical annual costs of the former are up to \$9,000 and for the latter up to \$2,500. The average annual costs of childcare in Madison, Wisconsin, are: family \$3,600 to \$7,800; center \$6,000 to \$9,000.

The Temporary Assistance for Needy Families program allows states to exempt single parents from work for up to twelve months after the birth of a child. The Wisconsin Legislative Fiscal Bureau estimated that modifying the work requirements of welfare-to-work parents so that they would be exempt from work for the first six months after a child's birth and be expected to work up to twenty hours a week for the second six months would save \$7 million a year.

### **Research Has Been on Center-Based Programs**

The fact that research on early childcare has focused primarily on center-based programs has eclipsed the role of family-based childcare in child development. An informal study of family childcare in a low-income neighborhood revealed that it offered unique supports to families, flexible hours, and informal mentoring of parents.<sup>11</sup> An evaluation of Head Start family and center child care revealed similar outcomes.<sup>12</sup>

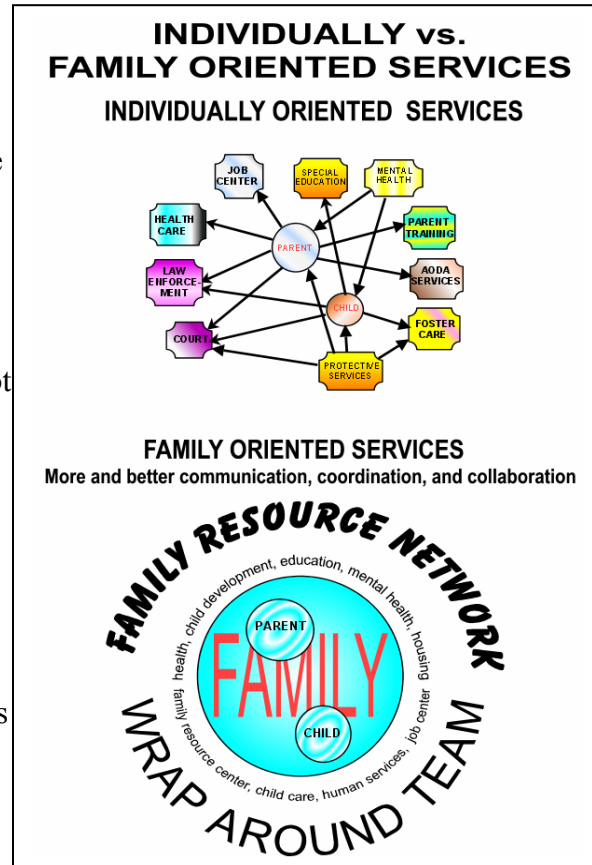
A kindergarten teacher commented: "Children come to school sad, mad, or bad. The problem is not that they cannot add." Warm hugs and parental bonding are more important than cognitive and academic skills in growing successful children. The personal qualities that make the most difference in the long range are less cognitive and more behavioral. Under optimal conditions less expensive affectionate care in a family setting can be preferable to more expensive cognitively oriented education in childcare centers. Many parents who can afford the cost prefer nannies over full-time childcare.

### **Integrated Services for Children and Families**

The lack of integrated mental health services for the families of young children accounts for much of the lack of success of early childhood programs. Dr. Jack Shonkoff, Chair of the Committee on Integrating the Science of Early Childhood and Dean of the Brandeis School for Social Policy and Management, points out that mental health systems for older children are broken and often do not exist for young children. We know

who the children of the one third of welfare recipients who cannot get and hold jobs are and what to do to help to them, but too often integrated services that "wrap around" families are not available for them. Dr. Shonkoff describes the fragmentation and lack of continuity of programs and services for children and families in the following examples:

- Services target individuals rather than families.
- Welfare programs are separate from childcare and parent education.
- Child protective services and developmental assessments are not connected; children are removed from their homes before, and too often without, full evaluations of them and their families.
- Traditional interventions do not fit parents' working schedules and do not take cultural diversity into account.
- Childcare and early childhood mental health services are unconnected.
- Evaluations of different programs are inconsistent.
- Competition between programs and services for limited funds interfere with collaboration.
- Programs continue beyond their usefulness.
- Agency needs conflict with family needs.
- The availability of categorical funding determines whether community treatment, hospitalization, or residential centers are used.



## Conclusion

The evidence is clear that parents lay the foundation for their children's success in life. Home conditions are more important than educational programs in determining whether or not children become productive citizens. Childcare and early childhood education programs should be seen as resources for families not as entities separate from families. Excellent educational programs cannot replace "good enough" parenting.

Preparing parents for childrearing before and after childbirth is the most important and cost-effective activity our society can support. The capacity for empathy that arises from having been loved in one's family underlies one's ability to learn in school and one's competence in the work place.

But child development does involve and affect everyone. There are components of child development that only families (attachment bonding and parenting), only

communities (supportive neighborhoods, childcare, and schools), only businesses (family friendly workplaces), and only government (tax and safety net provisions) can provide.

The National Academy of Science advocates that decision makers at all levels of government and business ensure that both public and private policies provide parents with viable choices for delegating responsibility for childcare during the early years of life. There is a pressing need to strike a better balance between options that support parents in caring for their babies at home and options that provide affordable, high quality childcare so that parents can be employed away from home or pursue an education.

We should not view children, especially young children, as freestanding units to be educated apart from their families. Home visitation, childcare, and early childhood education should be seen as supplements for parenting. The effectiveness of these programs for the children of struggling families depends upon the availability of integrated, wraparound family and mental health services.

If we are to maintain and improve our nation's quality of life, we must invest in the resources families need during the early years of childhood.

### References

1. Shonkoff, Jack P. and Phillips, Deborah A. (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.
2. Home Visiting: Recent Program Evaluations. *The Future of Children*. Spring/Summer 1999, Volume 9, No.1. Los Altos, California: The David and Lucille Packard Foundation.
3. Karoly, Lynn A., et al (2001) *Assessing Costs and Benefits of Early Childhood Intervention Programs*. Santa Monica, California: The Rand Institute.
4. Hahn, Robert A., et al (2003) First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. *Morbidity and Mortality Weekly Report* 52(RR14): 1-9. Center for Disease Control and Prevention: Task Force on Community Preventive Services.
5. Guterman, Neil B. (2001) *Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services*. Thousand Oaks, CA: Sage Publications.
6. Schweinhart, Lawrence J. (2003) Benefits, Costs, and Explanation of the High/Scope Perry Preschool Program. Presented at the Meeting of the Society for Research in Child Development, Tampa, Florida.
7. Effect Sizes from the National Institute of Health and Human Development Study of Early Child Care. Presented at the Biennial Meeting of the Society for Research in Child Development, April 1999, Albuquerque, New Mexico. NICHD Study of Early Child Care. *American Educational Research Journal*, 39, 133-164, 2002.
8. Love, J., et al (2002) Making a Difference in the Lives of Infants and Toddlers and their Families. Princeton, N.J.: Mathematica Policy Research, Inc.
9. Karoly, Lynn A. & Bigelow, James H. (2005) The Economics of Investing in Universal Preschool Education in California. *Rand Labor and Population Research MG-349-PF*. Santa Monica, CA: Rand Corporation.
10. Richardson, Henry S. (2000) The Stupidity of the Cost-benefit Standard. *Journal of Legal Studies*, 29: 971-1003.
11. Bromer, Juliet (2002) Extended Care: Family Child Care, Family Support, and Community Development in Low-income Neighborhoods. *Zero to Three*, 23 (2): 33-37.
12. [http://www.acf.hhs.gov/programs/core/pubs\\_reports/hseval/executive\\_summary\\_hseval.html](http://www.acf.hhs.gov/programs/core/pubs_reports/hseval/executive_summary_hseval.html)

# The Two Million-Dollar Man

*This typical story illustrates how prevention programs pay off.*

At the age of 48, John Jones became a \$2 million man. He did not win the Wisconsin lottery or become a millionaire. Instead, he has cost Wisconsin taxpayers more than \$2 million for his care and for society's protection.

John Jones spent 20 years of his adult life in correction institutions (most for burglary and robbery but also for violence) and more than three years of his adolescent life in training schools and residential treatment programs. His prison time cost the state \$625,000 (25 years at \$25,000 a year); his juvenile treatment cost an additional \$175,000. Probation services during the time John was not locked up were \$100,000. Court expenses for his prosecution and his appeals have amounted to more than \$200,000. Medicaid bills for his neurological disorders cost another \$100,000.

John Jones's mother did not have a high school diploma, and lived most of her life in poverty, sometimes on public assistance. When she gave birth, she had had no prenatal care. John's birth weight was low because of prematurity. John was hyperactive child and his home environment was chaotic. His mother was unable to control him by the time he was seven. John was abused by his stepfather and was a behavior problem in school. He

did not complete 10th grade, although he finally got a GED in prison, aided by a training grant in the prison school.

John estimates that, in addition to the cost to taxpayers, he has stolen \$300,000 in goods from Wisconsin residents. When not in prison, John fathered three children, one of whom has been in five foster homes and now is a candidate for the state training school. John may well have helped ensure that Wisconsin has a new generation of \$2 million-dollar men.

There were many points at which actions could have been taken that could have resulted in a better outcome for both John and society.

If John's mother had received prenatal care, she might have given birth to a normal baby. If she had received job training and placement, she might have provided an economically secure home.

If home visitation and early childhood education had been available, John might have started school on par with his class, more ready to succeed.

If primary health care had been provided while John was an infant and toddler, he may not have needed so much medical attention as an adult.

If John's family had had parenting education, he

might not have been abused as an infant and angry as a teenager.

Finally, if John had been encouraged, he might have completed high school and developed a career.

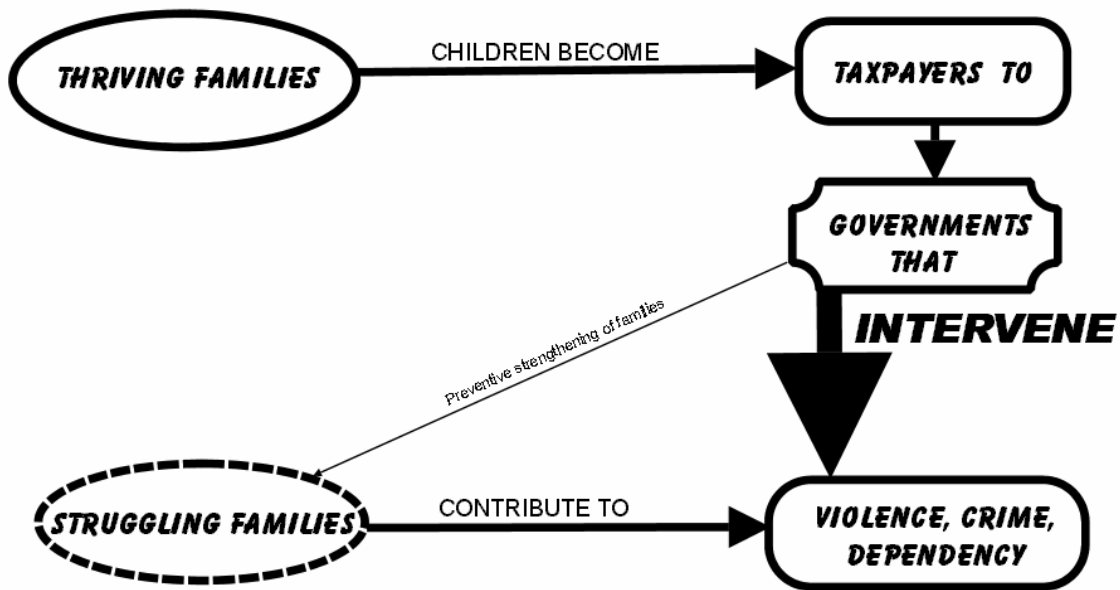
Preventive investments (in the thousands, rather than the hundreds of thousands of dollars) in the early years of John's life might have helped him become a contributing member, rather than a threat, to society. If he had earned the median income for his age group during this period, he would have paid more than \$100,000 in taxes. John would have contributed \$900,000 to the economy rather than draining society of these amounts. Most important, his children would be on a path to success, not dependency.

Adapted from the Center for Child and Family Policy: *Investing in Families, Prevention and School Readiness*. Des Moines, Iowa (1993).

## APPENDIX 2

### COSTLY INTERVENTIONS RESULT FROM FAILURE TO STRENGTHEN FAMILIES

Prevention vs. Intervention



In Wisconsin 26.0% of state and 45.0% of county expenditures are related to the consequences of struggling families. 0.1% of state expenditures are for strengthening families.

*Wisconsin Cares, Inc.*; Jack Westman, President; 1234 Dartmouth Road, Madison, Wisconsin 53705-2214; 608.238.0858; fax 608.238.4053; [jwestman@wisc.edu](mailto:jwestman@wisc.edu); <[www.wisconsincares.org](http://www.wisconsincares.org)>.

*Right from the Start Coalition of Wisconsin*; Amy Bakken, Chair; 6067 Sharonwood Lane, Stevens Point, Wisconsin 54481; 715.344.3230; fax 715.346.5570; [bakken@coredcs.com](mailto:bakken@coredcs.com).