

***AN OPPORTUNITY  
FOR EVERY CHILD  
TO BECOME A  
PRODUCTIVE CITIZEN***

*by*

***Strengthening Wisconsin Families***



**WISCONSIN CARES, INC.**

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## **WISCONSIN CARES, INC.**

*Wisconsin Cares* is an organization of professionals representing law, medicine, education, social work, business, ecology, administration and other fields. Its members are interested in promoting the well-being of childrearing families.

Recognizing that children are every generation's hope for the future and that parenthood is the foundation of our society, *Wisconsin Cares* is dedicated to creating a family friendly environment in Wisconsin to foster the optimal development of all children by:

- building a comprehensive approach to strengthening families and creating family-friendly neighborhoods and communities;
- providing early assistance when a child's development is threatened or hindered by environmental, physical, mental or emotional factors;
- providing preventive and rehabilitative resources for child neglected and abuse; and
- encouraging innovative partnerships and collaborative relationships between public and private agencies; between state agencies; between political parties; and between families, schools, social agencies and professionals.

The mission of *Wisconsin Cares* is to work with other organizations and individuals devoted to fostering an environment in Wisconsin that maximizes the possibility that all children will become productive citizens by:

- identifying elements in policies and programs that mitigate against a systemic approach to providing optimal developmental environments for children;
- identifying innovative models that hold promise for improving the development and well-being of families in Wisconsin;
- making recommendations to public and private decision makers; and
- stimulating public awareness of impediments to the well-being of childrearing families in Wisconsin.

## Contents

<b><i>EXECUTIVE SUMMARY</i></b>	3
<b><i>PART I – A VISION</i></b>	
The Bases for a Child’s Right to Become a Productive Citizen a Productive	4
Strengthening Our Society and Economy by Valuing Parenthood	5
<b><i>PART II – THE CHALLENGE: STRUGGLING FAMILIES</i></b>	7
<b><i>PART III – A SOLUTION: STRENGTHENING FAMILIES</i></b>	8
Primary, Secondary and Tertiary Prevention	8
Voluntary and Special Interventions	8
Primary Prevention	9
Parenting Education and Family Resources	10
Family Resource Networks	10
Creating Healthy Environments for Children	11
Secondary and Tertiary Prevention	12
A State Family Policy Board	12
<b><i>PART IV – POSSIBILITIES IN WISCONSIN</i></b>	13
Family Resource Networks in Wisconsin	13
Home Visitation	14
The Cost of Home Visitation	17
The Role of Federal and States Governments	19
Evaluating Family Resource Networks	19
Recommendations for Action to Strengthen Families in Wisconsin	20
<b><i>CONCLUSION</i></b>	21
<b><i>APPENDICES</i></b>	22
<b><i>REFERENCES</i></b>	33

## EXECUTIVE SUMMARY

**Parenthood is the foundation and children are the lifeblood of our society.** The future of Wisconsin depends upon how well families and communities prepare our children for productive citizenship. The present view of childrearing in which parents largely bear the responsibility for nurturing their children and protecting them from risks to their growth and development needs to be broadened to include societal and community resources that strengthen families in order to promote the prosperity and continuity of our society.

**Our society has failed its Constitutional and moral obligation to promote thriving families, neighborhoods and environments in which all children can become productive citizens.** This failure has resulted in the well-known consequences of child neglect and abuse: school failure; drug and alcohol abuse; teen pregnancy, violence and suicide; juvenile delinquency; adult criminality and repeating the cycle of child neglect and abuse. Child maltreatment results from and escalates the decline of neighborhoods and communities. These preventable consequences result in enormous costs of special education, law enforcement, corrections, health care and human services.

**Our failure to strengthen struggling families undermines the integrity and economy of our state and nation.** It flies in the face of our core values: respect for individuals and justice, the importance of the family, concern for neighbors and competence in activities that affect other people. Thriving families contribute \$1.2 million to our economy for every child they raise. Struggling families cost our economy \$2.4 million for every child they neglect and abuse.

**Preventive investments in childrearing families must start before birth and continue throughout childhood.** The foundations for forming empathic relationships, language development and concentrating on learning tasks are laid during the first three years of life.

**Voluntary support for families is most successful with families that are both stable and economically secure.** Early interventions are needed with some parents to prevent family instability and economic insecurity. Interventions focused on the needs of family members are required for families that have neither stability nor economic security.

**Wisconsin Cares proposes organizing family resource networks with universal access and outreach for the parents of all children.** A family resource network should consist of a family resource center anchored in prenatal care in the health care system at one end to child protective services in the social service and court systems at the other end of a continuum of resources. Home visitation should be a part of postnatal health care, as are screening for congenital and metabolic disorders at birth and immunizations during the early years of life.

**Outcome markers are needed at successive stages in children's lives in order to evaluate the effectiveness of primary, secondary and tertiary prevention efforts for families.**

**Wisconsin Cares proposes creating a state Family Policy Board as a forum for connecting state and local, public and private agencies with the aim of strengthening families.**

**Wisconsin should ensure that all childrearing families have access to family resource networks. This is a realistic, attainable goal.**

## PART I - THE VISION

Why do we need a vision for children in Wisconsin? Most children seem to be doing well. Why should we be concerned about their futures?

We need an attainable vision for our children because:

- one-third of our state's children live in struggling families;<sup>1</sup>
- 140,000 children who have been neglected and abused in Wisconsin are ill-prepared for education and for productive citizenship;<sup>2</sup>
- the prosperity of our state depends upon productive citizens;
- productive citizenship depends upon education;
- education depends upon the readiness to learn; and
- the readiness to learn depends upon the quality of parenting children receive.

The Family Strengthening Policy Center of the National Human Services Assembly aims to make family strengthening a national priority by mainstreaming neighborhood-based, family-centered practices, programs and policies.<sup>3</sup>

The U.S. Constitution promises all children an opportunity to become productive citizens. That promise is denied to many of those who live in struggling families. We must honor that promise by realigning our priorities to ensure that all children have thriving families.

### **The Constitutional and Moral Bases for a Child's Right to Become a Productive Citizen**

As the producers, caregivers and guardians of the next generation, childrearing families are the foundation of our society. The Constitution and the Declaration of Independence acknowledge this fact. The framers of the Constitution had a vision for the future. They envisioned a *posterity* in which children would become citizens with equal opportunities to succeed in life and with freedom to act in their self-interests. They affirmed the birthright of children (*posterity*) to competent parenting and to the role of society in helping families fulfill that right for their children:

“We the People of the United States, in Order to establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves *and our Posterity*, do ordain and establish this Constitution for the United States of America.”

Creating nurturing and safe environments in which children can become productive citizens is essential for our nation and state to fulfill the Constitution's overall intent to "secure the Blessings of Liberty to ourselves and to *our Posterity*."

The Declaration of Independence clearly anticipated that a government later formed by the Constitution was necessary to achieve its vision for *posterity* because the freedom to act in one's self-interest creates inevitable conflicts between individuals:

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain inalienable rights, that among these are Life, Liberty, and the Pursuit of Happiness. – *That to secure these rights Governments are instituted among Men, deriving their just powers from the consent of the governed...*”

How do the “Blessings of Liberty” promised in the Constitution apply to children, who have gradually emerged from property to person status in our society?<sup>4</sup> The “Blessings of Liberty” can be more easily understood for adults than for children and adolescents, who are not ready to manage their own lives or to act in their own self-interests.<sup>5</sup> They can only achieve the “Blessings of Liberty” through thriving families, who can prepare them for productive citizenship.

The first “Blessing of Liberty” for children is the right to nurturing parenting. Children need

families, neighborhoods, communities and healthy environments to prepare them for becoming productive adults, when they can pursue the “Blessings of Liberty” on their own.

The second “Blessing of Liberty” is a child’s right to protection, a primary responsibility of families. Government has a positive role in supporting families’ efforts to protect their children and an intervening role when parents are not able or willing to fulfill that responsibility. The most obvious expression of the latter is when a governmental agency assumes custody or guardianship of a child, as it now does when children are adjudicated to be neglected or abused.

Beyond the Constitution, there is a moral basis for the right of every child to an opportunity to succeed in life in the United States as articulated since 1909 in a succession of White House Conferences for Children and Youth and Families and in numerous Bills of Rights for Children developed by religious, professional and lay organizations.

It is time to extend the Constitution’s vision of an opportunity to succeed in life to all of our youngest citizens. Even though all children do not succeed in school, we still expect that all children will attend school. Even though all parents do not succeed in rearing their children, we still should expect that all children will be competently parented.

**Strengthening Our Society and Economy by Valuing Parenthood**

Parenthood is the foundation of our society. It is the most important vocation in our economy. Without competent parenting that builds respect for others and a work ethic, children will not become the kind of citizens we need. Our society needs responsible citizens, who respect the law. Our economy needs producer-consumers. Without progeny who become productive citizens, no society can survive. Without consumers, our economy cannot prosper. There are compelling economic reasons for according parenthood the status it deserves in our society.

Parents clearly are responsible for the lives of their children. But they live in communities that more or less support their efforts. Some live in communities that frustrate or marginalize parenting. Most parents find that our society tends to undermine their efforts. The following table contrasts the present view of parenthood in which parents largely bear the responsibility for nurturing their children and protecting them from risks to their growth and development with a broader paradigm that calls attention to society’s obligation to support parenthood:

<b>PARENTHOOD – PRESENT</b>	<b>PARENTHOOD – A VISION</b>
PARENTS FEEL ISOLATED	COMMUNITIES SUPPORT PARENTS
PARENTS’ RESOURCES DETERMINE SUCCESS	EVERY CHILD HAS AN OPPORTUNITY TO SUCCEED
PARENTS EXPECTED TO PROTECT CHILDREN FROM RISKS	SOCIETY HELPS PARENTS PROTECT THEIR CHILDREN FROM RISKS
SOCIETY INTERVENES ONLY AFTER CHILD NEGLECT AND ABUSE	SOCIETY ACTS TO STRENGTHEN FAMILIES

This paradigm in which every child has an opportunity to become a productive citizen recognizes that children are vulnerable and that parenthood needs and deserves the support of our communities and society. There are compelling Constitutional, moral, humanitarian and economic reasons for fulfilling this vision for our nation.

The first step toward realizing this paradigm of societal support for parenthood is to publicly

recognize that support for childrearing benefits everyone. Families are social assets.

The second step is to build upon the ways in which our society now supports parents through non-governmental and governmental organizations. Private organizations support families by providing information, education and parenting resources. Federal, state and local governments assist families financially (public assistance, tax benefits and employment); educationally (schools and libraries); environmentally (pure water and protection from toxic materials); recreationally (parks and recreation programs); healthwise (public health and sanitation measures); socially (community activities); and vocationally (family-oriented work places and policies). The following table depicts the role of the private and public sectors of our economy in supporting childrearing families:

<b>FAMILY RESPONSIBILITIES</b>	<b>PRIVATE RESOURCES FOR FAMILIES</b>	<b>PUBLIC RESOURCES FOR FAMILIES</b>
<b>INCOME</b>	SELF-EMPLOYED EMPLOYMENT	DEPENDENT TAX DEDUCTION WELFARE TO WORK PAYMENTS
<b>HEALTH</b>	SELF PAYMENT INSURANCE OR HMO	MEDICAL ASSISTANCE BADGER CARE SOCIAL SECURITY INSURANCE
<b>EDUCATION</b>	PRIVATE SCHOOLS HOME SCHOOLING	PUBLIC SCHOOLS SCHOOL VOUCHERS
<b>CAREGIVING</b>	RELATIVE CHILD CARE HOME CHILD CARE CENTER CHILD CARE WORKPLACE CHILD CARE	TAX DEDUCTIONS WELFARE TO WORK SUBSIDIES
<b>STABILITY OF FAMILY</b>	GRANDPARENTS PRIVATE FAMILY SUPPORT	FAMILY RESOURCE NETWORKS CHILD PROTECTION SERVICES OUT-OF-HOME CARE

The third step is to identify the ways in which childrearing deserves more support at all levels of our society. Social support in return for service is used in the United States to reward citizens who contribute to the common good in vital ways. Social Security and the post-World War II GI Bill are prime examples. Families further the common good through the financial, emotional and time sacrifices they make in rearing our society's children. The broad constituency of parents and child advocates represented by a variety of intergenerational organizations should work together to create a society that adequately supports childrearing families because of the service they provide for all of us.

The fourth step is to correct the flaws in our public systems and funding streams that treat children as if they are free-standing persons. By definition a child is at the very least a part of a two-person unit: *child-parent*. Child-oriented programs that do not take the parent side of that dyad into account are unrealistically based and can increase stress on families and contribute to their breakdown. Among the most evident consequences of systems that treat children as free-standing units are the disconnection between parents and public schools; removing children from struggling families rather than helping their families; the lack of continuity and fragmentation of resources for children and families; and the confusing array of public and private programs that aim to prevent social problems by focusing only on children and adolescents.

In societies that stand the test of time, each generation sacrifices a degree of individual gratification for the good of those who follow, as did the generation that pulled us out of the Great Depression and freed and democratized European and Pacific nations in World War II. It is in the enlightened self-interest of all adults, even those without children, to recognize their responsibility to support families in raising the next generation.

## PART II – THE CHALLENGE: STRUGGLING FAMILIES

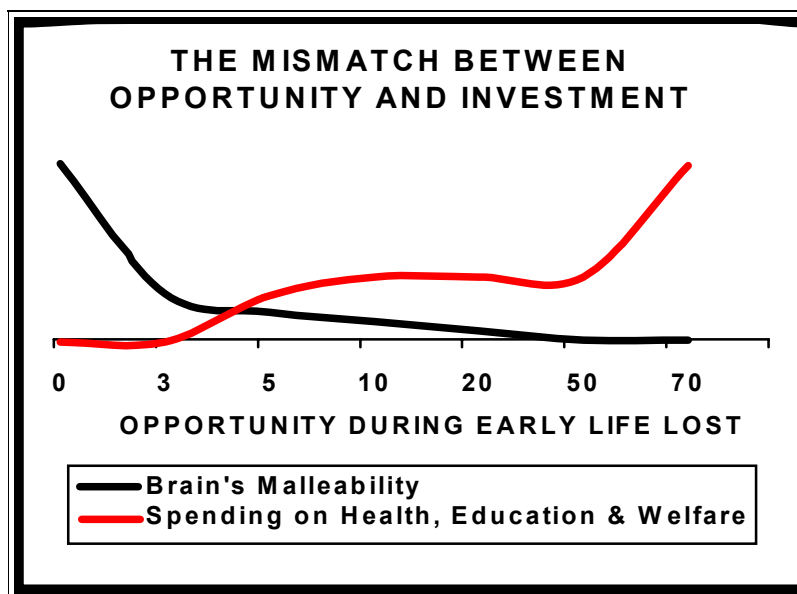
Why must we consider ways to strengthen families in our society? Why can we not assume that all children are being effectively parented? The answer lies in the fact that over 40,000 children are suspected and 8,000 are adjudicated as neglected or abused each year in Wisconsin.<sup>6</sup>

The incidence of child abuse and neglect in Wisconsin rose dramatically over the last three decades from 0.17 substantiated cases per 1000 children in 1970 to 7 cases per 1000 children in 2005. Although more efficient reporting systems are a factor in this rise, these figures represent a significant increase in the actual number of cases. Twenty percent of newborns – about 13,500 babies – are at risk for neglect or abuse each year. Many of those children will become violent, habitual criminal members of our society.

Our failure to strengthen struggling families threatens the integrity of our state and nation. It flies in the face of our core values: respect for individuals and justice, the importance of the family, respect for neighbors and competence in activities that affect other people. It results in school failure; drug and alcohol abuse; teen pregnancy, violence, delinquency and suicide; adult criminality; and welfare dependency. At least one in three abused children repeats the cycle of neglect or abuse, leading to an exponential rise in child abuse and neglect. It is unfair that one generation burdens the next with its failure to nurture and protect its children. The preventable consequences are the enormous costs of special education, law enforcement, corrections, health care and human services.

**Parents who raise a child to become a productive citizen contribute \$1.2 million to our economy. Parents who neglect and abuse a child cost our economy \$2.4 million.**<sup>7</sup> The economic repercussions of child neglect and abuse are enormous, but they pale in the light of the wasted lives, undeveloped talents and personal suffering caused by incompetent parenting.

Our priorities are misplaced. We concentrate public and private spending on existing social problems during the later stages of life rather than on preventing those problems by investing in the early years of life. The National Scientific Council on the Developing Child and CIVITAS, a prevention organization, illustrated the fiscal neglect of early life in this graph.<sup>8</sup>



We have learned from experience and research that greater efforts are needed to prevent violence in homes (child neglect and abuse and spousal abuse); violence in schools (from bullies to shootings); violence in neighborhoods; and smoking, alcoholism and drug abuse by all ages.

## PART III – A SOLUTION: STRENGTHENING CHILDREARING FAMILIES

### Primary, Secondary and Tertiary Prevention

Strengthening families is a preventive strategy. The word *prevention* deserves special attention because its meaning depends upon describing what is being prevented.

In the field of public health, *primary prevention* refers to *preventing a disease or condition from occurring*, especially through protective measures for persons or groups known to be “at risk.” Immunization against childhood diseases and laws requiring the use of seat belts and car seats are examples. The primary prevention of child neglect and abuse means insuring that children have competent parenting and that resources are available for parents to prevent child neglect and abuse from occurring. Primary prevention is the least expensive and the most effective form of prevention with the greatest short-term and long-term benefits.

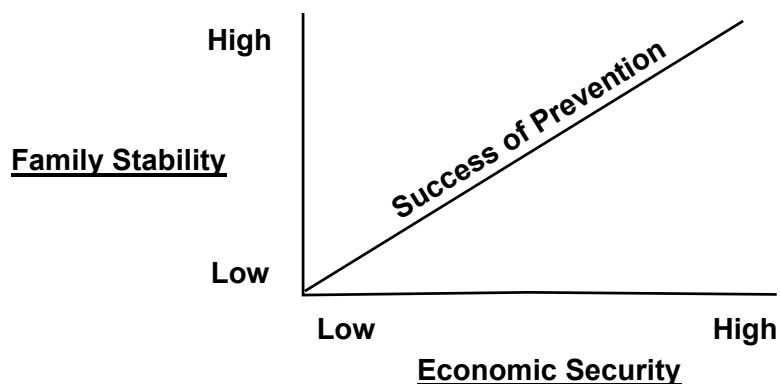
*Secondary prevention* refers to *early case finding* of affected individuals or groups followed by diagnosis and treatment so that the effects of a disease can be minimized. The secondary prevention of child neglect and abuse means identifying and helping children and families in which child neglect or abuse has occurred. Secondary prevention costs more and is not as effective as primary prevention.

*Tertiary prevention* refers to *rehabilitation that compensates for the debilitating aftermaths of disease or injury*. For example, heart surgery compensates for the effects of heart attacks. The tertiary prevention of child neglect and abuse means the treatment, education and rehabilitation of children who have disorders or disabilities resulting from neglect or abuse. Tertiary prevention is the most costly and the least effective form of prevention. However, it generates greater political support than primary prevention because it focuses on existing social problems. It also necessitates and sustains expenditures for services and institutions that increase the Gross Domestic Product.

### Predicting the Success of Interventions

All families have basic needs for food, shelter, clothing, housing, education and safe neighborhoods. Parents also should feel confident in their abilities to rear their children. When family instability and economic insecurity compromise these basic needs, the potential for child neglect and abuse exists. Neglect and abuse can impede, and even preclude, the fulfillment of a child’s constitutional and moral right to an opportunity to become a productive citizen.

Although there are other individual and social factors, family instability and economic insecurity are the most important predictors of the success of preventive efforts with families, as depicted in the following chart developed by sociologist S.M. Miller:<sup>9</sup>



This model shows that when there is family instability and economic instability (lows on the chart), voluntary preventive efforts are unlikely to be successful. Friedman,<sup>10</sup> Clark,<sup>11</sup> Hewlett and West,<sup>12</sup> and Yoshikawa<sup>13</sup> affirm this model.

The value of this model is that it predicts that parents who are at the greatest risk of neglecting or abusing their children are the least likely to benefit from voluntary interventions. Those who are the least at risk of child neglect or abuse are the most likely to voluntarily utilize family resources. The model calls for special early interventions with unstable, economically insecure families.

### **Primary Prevention**

Research on brain development affirms the long-standing clinical knowledge that preventive programs for children are most effective when they start before birth and continue throughout childhood. The foundations for empathy with other persons for learning language and for concentrating on learning tasks are laid during the first three years of life.

Primary prevention focuses especially on populations at risk for child neglect and abuse. The prevention of adolescent pregnancy, alcoholism, drug abuse and smoking all are related to helping adolescents avoid behaviors that interfere with their health and development and that are precursors of child neglect and abuse. Prenatal exposure to alcohol, drugs and smoking can damage babies so that they are difficult to care for and prone to neglect or abuse by their parents. After childbirth, the focus is on teenage parents, impoverished single parents, alcoholic and drug abusing parents, developmentally disabled parents, mentally ill parents and mothers who have been neglected or abused. The aim of primary prevention is to ensure that newborns have families that are willing and able to adequately care for them.

Because of the high rate of transmission of child neglect and abuse from one generation to another, parents who have experienced childhood neglect or abuse themselves, especially those with alcohol and drug addictions, deserve special attention. They are disposed to perpetuate the cycle and may need treatment for their addictions and personality disorders in addition to parenting education and training. Psychiatric treatment can result in lasting improvement in the parenting abilities of depressed mothers who are at risk for neglect or abuse of their children. A “nutritional” model for the primary prevention of child neglect and abuse is described in Appendix I.

We cannot solve all of our social problems at one time. Furthermore, a particular program may not work in all communities because each community is at a different stage of readiness for resource development. For these reasons, the metaphor of a jigsaw puzzle is appropriate with a picture as an end goal and with putting pieces together one at a time in order to achieve that goal. Still a vision of the whole picture is essential for assembling the puzzle.

Our whole picture is the vision of every child having a chance to become a productive citizen. The pieces of that picture need to be put together by different people in different systems in order to meet each child’s emotional, developmental, educational and health needs. Children should grow up in neighborhoods and communities that support families and education and that are free from violence. The earlier in the lives of children that we begin to put those pieces together the better are the chances that our vision will become reality. The extended family, friends, faith communities, childcare, health care, education and adequate income all affect child outcomes. The richer and more diverse family resource networks are, the better for children.

The efficacy and cost effectiveness of primary prevention family support programs have been demonstrated by numerous studies summarized by the American Academy of Pediatrics,<sup>14</sup> ERIC Digest,<sup>15</sup> the National Institute of Justice,<sup>16</sup> Olds,<sup>17</sup> and an issue of the *American Psychologist*.<sup>18</sup> Most of the evidence of long-term positive effects that reach into the adult years of life comes

from small-scale model programs that differ in significant ways from large-scale public programs that involve multiple bureaucracies.<sup>19</sup> For example, an evaluation of the federal Comprehensive Child Development Program found that more than just case management and coordination of services are needed to effectively support parents.<sup>20</sup> They need to be intensively involved in family-centered teams. Solid research justifies supporting families and shows how to do so most effectively.

### **Parenting Education and Family Assistance**

There are two basic approaches to strengthening families. One is education in the childrearing, homemaking and financial functions of parenting. The other is assistance in obtaining the resources families need to rear their children.

The goal of *parenting education* is to enhance parent-child relationships. In high school, it encourages adolescents to delay parenthood until they are prepared to handle its responsibilities. Alone or in conjunction with other programs for parents, parenting education and more intensive parent training aim to improve parenting skills, understanding of child development and learning techniques to reduce stress. They affect beliefs about children's abilities and about the value of effective childrearing practices. They are not likely to change parenting practices based on personality characteristics or socioeconomic conditions.

The goals of *family assistance* are to strengthen parents' capacities to draw upon available resources necessary for their own and their children's well-being and to create family-friendly environments. It helps families access community resources and develop their own personal support networks. It stimulates communities to organize family resource networks and to create and maintain family-friendly neighborhoods.

### **Family Resource Networks**

Primary prevention means providing all families ready access to individual, group and home-based resources during pregnancy and throughout childhood to prevent child neglect and abuse from occurring. This is analogous to screening all children for metabolic disorders at birth and immunizing all children prior to school. This can be done through family resource networks that span all systems that serve families and children, as illustrated in the following figure:



A family resource network brings together fragmented and discontinuous programs to meet each family's needs and resources. A family resource network should include public health nursing; home support; a family resource center; health & dental care; early child care & education; human services; faith communities; mental health care; respite services; job center assistance; smoking, alcohol and drug abuse prevention and treatment; domestic abuse services; housing assistance; legal services; child protection services; law enforcement; recreational resources; adolescent pregnancy prevention; and environmental health.

Family resource networks are needed for two principal reasons. First, the correlation between early child neglect and abuse and the lack of success in life is clear. Second, all parents need information about the effects of smoking, alcohol, medications and nutrition on their children and about environmental threats to the health of their children. Most appreciate help with parenting. For these reasons, all parents need resources in order to rear their children.

The present paradigm of waiting until suspected or actual child neglect and abuse are reported and investigated by professionals must be replaced by a paradigm that unites public and private resources for families before child neglect and abuse occur.

As it now stands, overburdened professionals deliver limited, specific services from agencies removed from the neighborhoods of their clients. A new paradigm would organize neighborhoods and communities to provide a network of primary, secondary and tertiary prevention resources coordinated by family-centered teams that involve family members in planning and implementing programs. It would focus on strengthening families so that they can assume responsibility for developing supportive networks for themselves whenever possible.

Examples of considerations involved in establishing family resource networks are available in the Appendices. Appendix III was prepared by the state of Oregon Center for Community Leadership to illustrate the levels at which communities can organize ongoing and new activities by networking, alliances, partnerships, coalitions and collaboration. Appendix IV depicts the Start Right planning model for Marathon County, Wisconsin. Appendix V depicts the Family Resource Center in Sheboygan Wisconsin.

## **Creating Healthy Environments for Children**

The fact that we all are literally bathed in toxic chemicals constitutes a form of child and adult abuse. Children have a right to expect that they will not be knowingly damaged by toxic substances in their environments. They are more vulnerable than adults to toxic substances, especially during pregnancy. Parents need to be informed about these hazards to their children's health.

All of us carry at least 250 toxic chemicals in our bodies. Philip Landrigan, director of the Center for Children's Health and Environment at Mount Sinai School of Medicine in New York, points out that fewer than 20% of the 70,000 synthetic chemicals to which children may be exposed have been studied for developmental toxicity.<sup>21</sup>

The American Academy of Pediatrics released its *Handbook of Pediatric Environmental Health* in 1999.<sup>22</sup> It details conditions, ranging from asthma to the sudden infant death syndrome, that may have environment causes. It highlights lead, mercury, PCBs, secondhand smoke and pesticides as known hazards to the health of children. Lead is a neurotoxin that can be especially dangerous to the developing nervous systems of infants and young children. Unless removed or covered it is a permanent hazard. The federal Environmental Protection Agency estimates that more than 12 million children living in urban environments are exposed to dangerous levels of lead.

Progress is being made. Lead has been banned from gasoline and paint. Some chemicals, such

Some pesticide tolerances have been lowered. There are restrictions on how many pounds of a particular chemical can be applied to a specific crop. Non-toxic pesticides, such as an orange peel extract d-limonene, are being developed. More emphasis is being placed on sustainable agriculture, including mixing crop species and the judicious use of chemicals. State agencies test water for purity on request. The federal government has established children's health centers at eight prominent universities to search for environmental causes of asthma, learning disabilities and other neurobehavioral disorders.

Still, many chemicals are being spread into our environment indiscriminantly. No one really knows the extent to which they adversely affect the health of human beings, especially children (see Appendix VI for more details). In the field of medicine, it is unethical to treat people with drugs or subject them to experimentation without their full and informed consent. It is time to ask whether questionable chemicals are necessary and safe. The burden of proof should fall on manufacturers to demonstrate the safety of products prior to their commercial use, as we do with medications. In addition, current agricultural practices, which rely on a constant flow of pesticides and fertilizers, should be questioned. Sustainable agricultural practices that preserve the quality of our water, air and land often are just as efficient and less expensive.

Our government, farmers, businesses, communities and parents are not adequately protecting our children from environmental harm. We seem to be doing a better job protecting the environments of endangered animal species than the environments of our children.

### **Secondary and Tertiary Prevention**

Secondary and tertiary prevention interventions are most effectively carried out by interdisciplinary family-centered teams that take into account the strengths and needs of family members and draw upon family resource networks. These teams reduce the fragmentation, duplication and lack of continuity of services for individual family members by focusing on the family as a whole (see Appendix II). Evaluation tools have been developed for evaluating the effectiveness of these teams.

Interdisciplinary family-centered teams have different names: Coordinated Services, Wrap-around, Integrated Services and Children Come First Teams. All approach families with multiple needs in the least-restrictive setting possible. They are based on family and community values. They are coordinated by local collaborative bodies that relate to the Wisconsin Children Come First Advisory Board. They help families deal with daily realities and assist families in crises. Roles of team members shift from coaches to empathetic participants. In these teams, children see adults interacting respectfully and constructively working out problems.

Wisconsin's Collaborative Systems of Care offers an interactive, two-day training program for service coordinators, parents and team members. They learn the basics of service coordination, team facilitation and team membership responsibilities.<sup>23</sup> The program focuses on developing an interdisciplinary team; building relationships with families; service coordination; team facilitation; strength-based assessments; and developing a Plan of Care – including Crisis Response Plans, conflict management and responsibility transition. Participants are equal partners and have ultimate ownership of the Plan.

In 2007, sixteen Counties in Wisconsin were certified for Coordinated Services Teams and Integrated Services Projects. National recognition was accorded Wraparound Milwaukee.<sup>24</sup>

## PART IV – POSSIBILITIES IN WISCONSIN

In the 1980s, Children's Trust Funds were established across the nation with the mission of preventing child abuse and neglect. With multiple streams of revenue, the Children's Trust Fund of Wisconsin funds Family Resource Centers for families, including those at risk for child neglect or abuse. In addition, Healthy Families, Parents as Teachers and other programs with screening, assessment, home visiting and referral components operate across the state.

At the present time, three-fourths of the local health departments in Wisconsin offer child development, health, nutritional and psychosocial support to families with children from birth to 5 years of age through home visits by public health nurses. Prenatal Care Coordination is available to almost half of at-risk Medicaid recipients at 145 sites.<sup>25</sup> These public health resources represent a solid foundation upon which to build family resource networks, ranging from providing educational materials to all parents to family preservation services for vulnerable families. However, all of these programs together reach only about one-quarter of Wisconsin parents with newborn children.

Organized family resource networks benefit individuals and society in the present and in the future by preventing violence, crime and welfare dependency through identifying and assisting parents with their social, economic, substance abuse, mental health and behavioral problems.

### A State Family Policy Board

Family resource networks need to be coordinated at both the state and community levels. A state Family Policy Board would provide a forum for connecting local family resource networks and state agencies and the legislature. (see Appendix VII) It would be a platform for organizing and connecting state agencies with missions that affect the lives of children, youth and families.<sup>26</sup>

The Family Policy Board model originally developed by the *Right From The Start Coalition of Wisconsin* is a paradigm for strengthening families through family resource networks. It would accord childrearing families representation in the structure of state government, as the Wisconsin Natural Resources Board does for natural resources and the University of Wisconsin Board of Regents and Wisconsin Technical College System do for advanced education

The Family Policy Board would provide a model for reinforcing and expanding private/public collaboration that now takes place around specific projects and programs. It would utilize existing personnel and require no additional state funding. It would enable localities and state government to better serve families in Wisconsin by:

- bringing together state agencies, private organizations, citizens, elected officials and representatives from local governments and services to influence state family policy making;
- removing barriers to innovation, collaboration and communication across state agencies;
- setting priorities for state agencies based on local needs;
- facilitating communication between state and local agencies;
- encouraging agencies with common purposes to pool the flow of state resources to localities;
- providing an ongoing forum to facilitate private/public collaboration.
- facilitating sharing best practice models.

### Family Resource Networks in Wisconsin

Community family resource networks should be universally available to the parents of all children from pregnancy through all of the childrearing years. A family resource network should consist of a family resource center anchored in prenatal care in the health care system at one end to

child protective services in the human service and court systems at the other end. At the primary prevention level, it should consist of a family resource center anchored in prenatal care in the health care system. At the secondary and tertiary prevention levels, it should consist of private family assistance programs and family preservation and child protective services anchored in the human service and court systems.

Wisconsin is in an ideal position to build on our existing family resources and to organize family resource networks throughout the state. Building family resource networks involves coalitions of appropriately separate services, integration of overlapping and fragmented services, augmentation of existing programs and filling service gaps by establishing new programs. (see Appendix II) These should all be planned and administered with parent participation {see Appendices III (state of Oregon), IV (Marathon County, Wisconsin), and V (Sheboygan County, Wisconsin) for community planning models}. The guiding principle should be enabling parents to have ready access to all of the resources they need to effectively rear their children as outlined in United Way of Dane County's Born Learning Plan.<sup>27</sup>

In 1997, the Wisconsin Prevention of Child Abuse and Neglect Act began home visitation programs for selected parents in three urban and six rural counties in Wisconsin with subsequent expansion. This program was a first step, but the need for home visitation throughout the state, as proposed in the Family Foundations Initiative, is high now. These resources should be made available as soon as possible to all parents in all communities throughout the state.

Wisconsin could take the experience of other states and over thirty counties in Wisconsin and organize comprehensive family resource networks that would offer home visitation to all families and family preservation and child protection services to the most at-risk families. A family resource network would permit an individualized approach by qualified professionals and paraprofessionals functioning in teams with families with differing needs throughout the time required by each family. Beginning this continuum of offerings for all parents in the public health context would remove the possible stigma of being identified as needing family intervention.

Delaying the state-wide implementation of family-strengthening programs means writing off thousands of children who now are at the greatest risk of neglect and abuse. We do not need pilot programs to demonstrate that the strengthening family approach is effective. The characteristics of effective programs are known now.

### **Home Visitation**

We now have twenty-five years of experience with home visitation programs intended to prepare parents for childrearing and aimed at reducing child neglect and abuse and other social problems. Extensive research conducted on a variety of voluntary home visitation programs reveals that in themselves they accrue only modest benefits for parents and children.<sup>28</sup> The fragmentation and lack of continuity of services in communities stand in the way of achieving the goals of home visitation programs.

The refusal and drop out rates for single focus, time-limited home visitation programs that are not integrated in family resource networks profoundly impair their effectiveness. Even the most effective voluntary programs do not sufficiently reach the at-risk population. At the national level, the initial refusal rate for Healthy Families America, one of the most effective models, is between 5 and 10%. Between 20% and 30% of those who initially accepted home visitation fail to successfully engage with the resources offered.<sup>29</sup>

The research clearly points to the need for integrated community and societal support for all parents, particularly those at the greatest risk of child neglect and abuse. To be successful, home visitation must be in the context of an organized family resource network.

The most successful home visitation programs are staffed by trained professionals and para-professionals. They have clearly defined structures; are maintained over sufficient periods of time; are effectively embedded in family resource networks; and involve parent participation in childcare, in planning and monitoring services and in helping each other. The cost-effectiveness of this kind of home visitation has been demonstrated by the Auditor General of Arizona.<sup>30</sup>

The benefits and cost savings of Wisconsin home visitation programs reflect national evaluations and begin during the first year. They were demonstrated by an evaluation of the St. Vincent Hospital Prenatal Care Coordination program in Green Bay; the Wisconsin Survey Research Laboratory Analysis of Prenatal Care Coordination; a Viterbo University study of Healthy Families-La Crosse; an evaluation of the Wisconsin Prevention of Child Abuse and Neglect Program; and an evaluation of the Wisconsin Prenatal Care Coordination program.<sup>31</sup>

Research clearly shows that primary prevention programs must be cast in both horizontal and vertical frameworks. They must be comprehensive at a particular time and continue over the length of time needed by particular families. Once the specific degree of need for each individual in a family is established, more specialized or intensive services must be integrated into that family's network. Case management and referrals are not sufficient. An appropriate model is the primary care physician who provides health care *and* integrates referrals for each patient.

Prevention efforts must be flexible and tailored to the needs of each family and community in order to generate the type of ownership and investment necessary to sustain efforts for the long term. It is just as important to build relationships among providers in a given community as it is to build relationships between individual parents and their children. Parents must be involved in planning family resource networks.

### **Universal Home Visitation**

Our challenge is to create a community, state and national context in which support for parenthood and for all new parents is the norm, removing the possible stigma of home visitation.

It is time to consider a universal child development system in which support by telephone or home visitation would be a part of routine postnatal health care as are screening for congenital and metabolic disorders at birth and immunizations during the first year of life unless contraindicated on religious grounds. Parents would have a voluntary publicly or privately funded home contact after the birth of a child. This could begin prenatally as well.

Follow-up telephone or in-person home visitation would be arranged at the time of birth. This is especially important since maternity hospital stays have been curtailed. If the offer is declined by parents who are found to be at risk of abuse or neglect, a public health nurse would visit the home to offer parenting help. If the visit is declined and there is statutorily sufficient evidence to suspect child neglect or abuse, a referral would be made to child protective service.

Initial home visits would focus on maternal, child and family functioning in the context of establishing rapport with parents. A "welcome wagon" of materials would be provided, as well as an orientation to resources both in general and specific to the needs of the family. An assessment would be made by the home visitation staff of the need for ongoing home visits of an educational or supportive nature as well as for referral to specific resources.

### **Objectives**

- Respect the privacy of families and the rights of parents.
- Support children's Constitutional and moral right to competent parenting
- Protect children's legal right to not be neglected or abused.

### **Home Visitation Program Content<sup>32</sup>**

Each community should assess its needs and organize its most appropriate home visitation program with the following principles in mind:

- Visits for those families facing the greatest challenges need to be intensive (at least once a week) with well-defined criteria for increasing or decreasing the service intensity.
- Visits must be made available for an extended period (three to five years) to achieve lasting behavioral change.
- Professionals and paraprofessionals should be culturally competent and acknowledge and respect the cultural differences of participants. Materials should be consistent with the religious, cultural, linguistic, racial and ethnic diversity of the population served.
- Confidentiality and the rights of parents must be respected.
- Services should be comprehensive, focusing on enhancing parent-child interaction and child Development and including Early Periodic Screening and Diagnostic Testing.
- At a minimum, each family should be linked to a medical provider to ensure timely immunizations and well-child care. Depending on their needs, parents may also be linked to additional professional and volunteer services such as Parents as Teachers; the Home Instruction Program for Preschool Youngsters; school readiness programs; child care; job training programs; financial, food and housing assistance programs; family resource centers; substance-abuse treatment programs; and domestic violence and homeless shelters.

### **Home Visitor Selection and Training**

- Home visitors should be selected on the basis of their ability to demonstrate a combination of the requisite personal characteristics (for example, compassion, ability to establish a trusting relationship and empathy) and a knowledge base as represented by specific academic degrees, employment portfolios or life experience (as with grandparents).
- All home visit program staff members must receive intensive training specific to their roles in the home visitation structure as defined by best practice standards. The *Reflective Practice Model* employed by the Portage Project in Portage, Wisconsin, is an example of helping home visitors move beyond “reflexive responses” to families and develop collaborative, trusting relationships with parents who are perceived as challenging.<sup>33</sup>
- Program staff should receive ongoing supervision so that they are able to assist families in achieving their objectives and also protect themselves from stress-related burnout.

### **Home Visitor Referral Guidelines**

The home visitor is a central component of a family resource network. When home visitors are identified with the health care system, a positive image is offered from which transitions to more treatment oriented and child protective services can occur as circumstances require. At the same time, the early identification of families in need of family preservation services necessitates ready access to child protective services with the support of courts when required.

Existing Wisconsin Child Abuse and Neglect statutes clearly define child neglect and abuse and the procedures to be followed by home visitors in making referrals and carrying out assessments and subsequent activities.

Child protective services need to be expanded so that they can focus on preventive activities with families in addition to dealing with actual cases of child neglect and abuse. System overload now makes it difficult for human service agencies to follow Child Abuse and Neglect Statutes.

### **Procedures for Referrals**

When a parent identified as at risk of child neglect or abuse declines the offer of home visitation, the reasons for declining should be evaluated by the home visitor. If that home visitor does not find a reasonable explanation, such as the lack of need or on religious grounds, a public health nurse should visit the home. If denied an opportunity to discuss parenting resources, the nurse should evaluate the situation and the possibility of establishing a trusting relationship with the parent.

If the nurse has “reasonable cause to suspect that the child in question has been abused or neglected or that a child has been threatened with abuse or neglect and that abuse or neglect of the

child will occur,” a referral to the county department of human services should be made in accordance with the “required to report” section of the Child Abuse and Neglect Statute [Children's Code, 48.981 (2)].

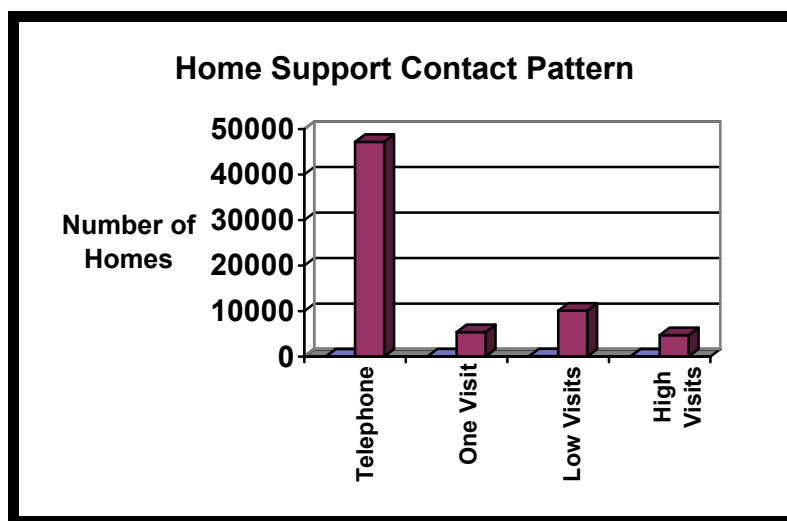
The early identification of families in need of family preservation services requires ready access to protective services for children with the support of courts when necessary. The county department of human services should have a prevention component that is able to carry out an evaluation of the home situation, including a neighborhood social worker when appropriate, as in the Joining Forces for Families program in Dane County (see Appendix VII).

If a child is determined to be at risk of neglect or abuse, the social worker should inform the parent of the expectations of the Child Abuse and Neglect Statute and offer informal family preservation services. If substantial risk of child neglect or abuse is suspected, an investigation should be carried out and family preservation services should be offered [Ibid, 48.245]. The failure of the parent to participate in, or benefit from, recommended services should activate a Child in Need of Protection or Services petition with the juvenile court [Ibid, 48.245 (7)]. Court jurisdiction should be assumed if a child is found to be at substantial risk of abuse or neglect [Ibid, 48.13 (3m) and (10m)]. (See Appendix VIII for a detailed referral outline.)

### The Cost of Home Visitation

What would it cost to establish and sustain the home visitation components of family resource networks in communities throughout Wisconsin?

In order to estimate the cost of the home visitation component of a family resource network, a model based on a gradient between a telephone call and intensive home visitation can be used. In the following model, 70% (47,165) of the parents would have a telephone call, totaling \$2,358,250; 8% (5,390) would have one visit, totaling \$1,347,500; 15% (10,107) would have an average of four visits, totaling \$10,107,000; and 7% (4,797) would have an average of twelve visits, totaling \$14,151,000. The total cost would be \$27,963,750. Much of this total cost is funded now at local levels.



In order to estimate how much of the home visitation and family resource components of

family resource networks are now funded and how much additional funding is needed, a survey of 47 programs for the primary prevention of child neglect and abuse in Wisconsin was conducted by the *Right From the Start Coalition* in 1999 and 2005. The survey revealed that, while the parents of 70% of newborns in Wisconsin live in communities with some form of family resource network, only 24% actually receive services.<sup>34</sup>

Of the total number of newborns, 22% were deemed to be at risk of child neglect or abuse (an average of higher urban and lower rural counties). Of those newborns at risk, the parents of 33% were offered home visitation. Of those offered home visitation, 15% declined. Of those who accepted home visitation, 14% dropped out during the first year.

The programs surveyed were asked how much additional funding they could realistically use to expand their programs in order to adequately serve their areas. In aggregate, they indicated they could use approximately \$4.5 million at that time. That amount would provide for 100% access to home visitation and family support resources for 70% of the newborns in the state. If the remaining 30% were to have similar access, establishing a full range of services would require an estimated additional \$5.6 million.

Currently in Wisconsin, parents of one-third of the at-risk births have access to home visitation programs. This shows that Wisconsin has a solid foundation upon which to build for the primary prevention of child neglect and abuse at this time. The existing programs are ready to expand, and initiatives for new programs can be mounted now.

California distributes a Kit for New Parents to 500,000 expectant and new parents each year at the cost of \$17.50 each. It consists of videos, a 60-page resource guidebook, topical brochures and a book to read with babies.<sup>35</sup>

### **Additional Funding Needed**

For \$10.1 million annually in sustainable funding, Wisconsin would be well on the road to being the first state to provide universal access and outreach of family resource and home visitation to all parents of newborns.

The Department of Corrections Budget for 2007-2009 is \$2.4 billion.<sup>36</sup> The Truth in Sentencing Act of 1997 requires the Department of Health and Family Services to include in the Department's biennial budget an amount equivalent to 1% or greater of the Department of Correction's annual budget to fund child abuse prevention efforts. This would make \$12 million available annually in addition to funding of the Prevention of Child Abuse and Neglect Act to stimulate the development of family resource networks throughout the state and to provide a permanent funding stream. These funds can be gained by reducing the prison population through effective community correctional programs rather than incarceration, which is not necessary for nonviolent offenders and is largely ineffective in rehabilitating offenders.

Mature corporations invest 5% of their annual revenues and our federal government invests 2.5% of the Gross Domestic Product in future development. Wisconsin could begin to honor its obligation to give every child a chance to succeed in life by earmarking annually at least the equivalent of 5% of its correctional budget in additional funding for family resource and home visitation services. Most of the costs of these networks would be funded by federal and local sources, private insurance, health maintenance organizations, fund raising, faith communities and service organizations .

With statewide primary prevention of child neglect and abuse programs embedded in family resource networks, we would be in a much better position to ascertain the true costs of the secondary and tertiary prevention components of family resource networks, which now are much higher than they need to be. The primary prevention of poliomyelitis virtually eliminated the secondary and tertiary care costs of that disease.

## **The Role of Federal and State Governments**

Fiscal shortfalls in the 1980s and early 1990s led many states to raise taxes and cut services to maintain balanced budgets. Revenues in most states remain slim, and many public priorities are underfunded now because of past and current cuts in funding. Although governments cannot strengthen families themselves, they can provide leadership in assisting communities to do so.

State governments now have greater responsibilities for shaping policies and designing programs than ever before. In addition to their traditional responsibilities for education and child protection, states are experimenting with welfare reform, federal child health insurance block grants and health insurance programs. Against this backdrop, many state budget designers are choosing between three options: building reserves for the future, investing in more effective programs or cutting taxes. These decisions will determine every state's ability to assist vulnerable populations now and in the future. Unfortunately, decisions made in the present are often made with little attention to long-range consequences.

State and federal departments need to find ways of collaborating with each other in promoting, facilitating and supporting community-neighborhood based family resource networks. State departments need to develop integrated biennial budgets around all programs that affect families and children. A state/ Family Policy Board could serve as a forum to exchange information and program models; promote local development; facilitate training and technical support for community programs; monitor the use of state and federal funds; assist the federal government in identifying successful programs, under-funded areas and trends in the state; and prepare annual reports to the Governor, legislature and public on the status of families and children.

A flexible model for dependable funding streams for family resource networks is needed that begins with integrating public health, family preservation and workforce development activities within a state Department of Family Resources. Modeling of integration, collaboration and coordination should be exemplified at the state level, including the Departments of Health and Family Services, Workforce Development, Public Instruction, Insurance, Justice, Corrections and other organizations, such as the Children's Trust Fund, Prevent Child Abuse Wisconsin, the University of Wisconsin Extension, Parents As Teachers, Head Start, Wisconsin Early Childhood Collaborating Partners and the Right from the Start Coalition. The Children's Trust Fund in particular stresses primary prevention, development, evaluation and replicating successful models.

The existing array of fragmented and discontinuous programs cries out for state leadership and assistance to localities in developing home visitation programs integrated in family resource networks.

## **Evaluating Family Resource Networks**

Evaluating family resource networks is important for monitoring ongoing programs and establishing cost effectiveness of the networks. Prenatal and early childhood interventions aim to increase children's cognitive, emotional and relational development; academic performance; and ultimate employment prospects. A plan for evaluating the effectiveness of these prevention efforts requires outcome markers that can be measured at successive developmental stages.

Experience has shown that a decrease in the rates of child neglect and abuse cannot always be used as a measure of the success of primary prevention programs. An increase in rates may not indicate higher levels of neglect and abuse, but may result from more effective case finding. These rates also are influenced by socioeconomic conditions beyond the scope of primary prevention programs.

The following list of markers illustrates the kind of measurements that can be made from readily available reports, such as WISKIDS COUNT distributed annually by the Wisconsin Council on Children and Families and other easily accessible sources.<sup>37</sup>

### MARKERS FOR EVALUATING FAMILY RESOURCE NETWORKS

<u>Prenatal &amp; first two years of life</u>	<u>School entry</u>	<u>Success in school</u>
Prenatal care rates Maternal mortality rates Congenital anomaly rates Low birth weight rates Birth rates of preventable handicaps Births less than 2 years apart Infant mortality Child death rates Immunization rates of 2 year olds Well baby care rates Emergency room visits for children Percentage of children supported by both parents	Child neglect and abuse rates Uncorrected vision and hearing defects Dental care Kindergarten readiness screening Child in need of protective services rates Foster placement rates Parental involvement in school Immunization rates of 5 year olds	Grade retention Dropouts Attendance Third grade reading and arithmetic achievement Eighth & twelfth grade assessment of basic academic skills Special education services Sexual activity rates Sexually transmitted disease rates Alcohol & drug abuse rates Smoking rates Juvenile delinquency rates Adolescent birth rates  <u>Adulthood</u>  Welfare dependency Unemployment Crime rates

### Recommendations for Action to Strengthen Families in Wisconsin

In order to create an expectation in Wisconsin that every child will have an opportunity to become a productive citizen, *Wisconsin Cares* recommends:

- **Seeking legislation to establish a Family Policy Board** at the state level to connect state and local collaboratives and coordinate the flow of funding for family resource networks.
- **Fully implementing the mission of the Brighter Futures Initiative** to strengthen families through family resource networks.
- **Create and expand state-wide family resource networks** in which access to home visitation and family resource components are parts of routine prenatal and postnatal health care. State funding should be provided for a portion of the cost to insure a sustainable funding stream.
- **Involving parents and youth in creating infrastructures** for planning and implementing family resource networks.
- **Expanding the scope of reimbursable health care to include postnatal home visitation.**
- **Sustainable state funding to expand county child neglect and abuse prevention and child protective services.**
- **Refining criteria for assessing the risk of child neglect or abuse.**
- **Accommodating juvenile court procedures** to form crisis intervention teams and deal expeditiously with child neglect and abuse cases.<sup>38</sup>

## CONCLUSION

Since World War II, our society has advanced dramatically on a variety of fronts. New medical techniques have saved and extended the lives of millions of persons. We placed men on the moon. But now states are spending unprecedented amounts of money on sending people to prisons while building new prisons. These prisons are monuments to our failure to strengthen struggling families – the most important antecedents of adult crime. We face the choice of continuing to spend large amounts of money on prisons that often create greater strife in our state or smaller amounts of that money on strengthening struggling families and improving Wisconsin's quality of life while reducing our tax burden.

With the growing interest in preventing environment pollution and illnesses, attention is being devoted to risk reduction. The range of unacceptable risks ranges from 1 in 10,000 for federally regulated drugs to 3 in 100 for factory-work injuries to 1 in 10 for lung cancer for smokers. In this perspective, the risk of damage to children by incompetent parents is at least 1 in 3. In this light, the risk created by struggling families to society is the greatest public hazard of all.

Our priorities are misplaced. We spend inordinate amounts of money on the later stages of life rather than on the critical early years, where there is a greater return on our investment. As a result, the effects of child neglect and abuse last throughout the lives of the victims, deplete their economic productivity as adults and impair the well-being of our state and nation.

Our failure to ensure that we have families and communities in which all children can become productive citizens is morally wrong and intellectually unsound. It mocks the Constitution. It is reckless politically, socially and economically.

Our society needs a paradigm that recognizes the benefit of thriving families to everyone. We must recognize the vulnerability of children and the importance of strengthening struggling families before child neglect and abuse occur. We must fulfill our society's constitutional and moral obligation to enable families to nurture and protect Wisconsin's children.

Wisconsin has an opportunity to make a modest and wise investment in home visitation and family resource networks to help parents; to prevent child abuse and neglect; and to reduce violence, crime and welfare dependency. This investment could begin the process of reducing the costs of special education, law enforcement, corrections, human services and health care by organizing family resource networks in all Wisconsin communities now. Wisconsin should give every child a chance to become a productive citizen. We owe it to ourselves and to all of our children to work toward this attainable goal.

At the end of the last century, Robin Karr-Morse and Meredith Wiley vividly declared the stakes for our society if we do not act to support our families now:<sup>39</sup>

If Rachel Carlson's image of a spring without song birds produced enough concern in the 1960s to generate widespread efforts to reduce the poisoning of the environment, then perhaps there is hope in the 1990s for preventing the poisoning of the human cradle. It is the sweetness and the vulnerability, the curiosity and the playfulness, the hopefulness and the innocence, the trust and the arms outreached purely to embrace or to help that is at stake in our times. We face not only the possibility of a spring without songbirds, but a future without people who care or notice the difference.

## APPENDIX I

### A “Nutritional” Model for Strengthening Families\*

Children need continuous “nutrients” commensurate with their stages of growth and development. These nutrients can be classified as *physical*, *psychosocial* and *sociocultural*. A child’s development is impeded if there are qualitative or quantitative shortages in these nutrients.

1) *Physical* nutrients include food, shelter, sensory stimulation, opportunities for exercise and the like. They are necessary for bodily growth and development and for the maintenance of bodily health, and protection from bodily damage, such as by infection, trauma or chemical poisons.

2) *Psychosocial* nutrients include stimulating children’s cognitive and emotional development through personal interactions with their parents, significant others in their families and with peers and older persons in schools, neighborhoods and communities. A child needs exchanges of love and affection, limitation and control (patterns of asserting or submitting to authority) and participation in shared activities. A healthy relationship is one in which each person perceives, respects and attempts to satisfy the needs of a child in a manner which conforms to their respective social roles and is in line with the values of the culture.

Inadequate provision of psychosocial nutrients will occur if there is little opportunity for children to build relationships with their parents and those who can satisfy their needs; if significant others do not perceive, respect or attempt to satisfy the children’s needs but only manipulate them to satisfy their own needs; or if intimate relationships are interrupted through illness, death, departure or disillusionment.

3) *Sociocultural* nutrients include those influences on development exerted by the customs and values of the culture and the society. The expectations of others have a profound influence on children’s behavior and on their feelings about themselves. If children happen to be born into an advantaged group in a stable community, their social roles and their expected progress will provide them with adequate opportunities for healthy personality development. On the other hand, if they belong to disadvantaged groups or unstable communities, they may find their progress blocked. They may be deprived of challenges and opportunities to the detriment of their development.

In addition to behavioral expectations which influence the complementary role relations of children with others, the culture – embodied in language, values and traditions – has a major influence on the way children perceive reality and on their attitudes and aspirations. The richer their cultural heritage, the more they will probably have been taught to handle complicated problems. The more supportive their community, the more likely they will have perceptual tools, problem-solving skills and a set of values to guide them in dealing with life’s challenges.

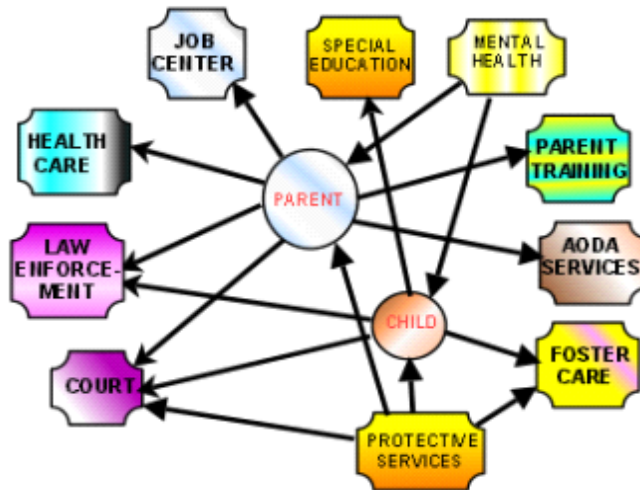
Children are not just passive recipients of these nutrients or passive victims of deficiencies in quality or quantity. From their earliest years, children’s individual characteristics significantly affect and alter their parents’, schools’ and communities’ interactions with them.

\* Adapted from Caplan, Gerald (1964) *Principles of Preventive Psychiatry*. New York: Basic Books, pp. 31-34.

# APPENDIX II

## INDIVIDUALLY vs. FAMILY ORIENTED SERVICES

### INDIVIDUALLY ORIENTED SERVICES



**FAMILY ORIENTED SERVICES**  
More and better communication, coordination, and collaboration



## APPENDIX III

### Oregon Center for Community Leadership

#### Community Linkages and Decisions

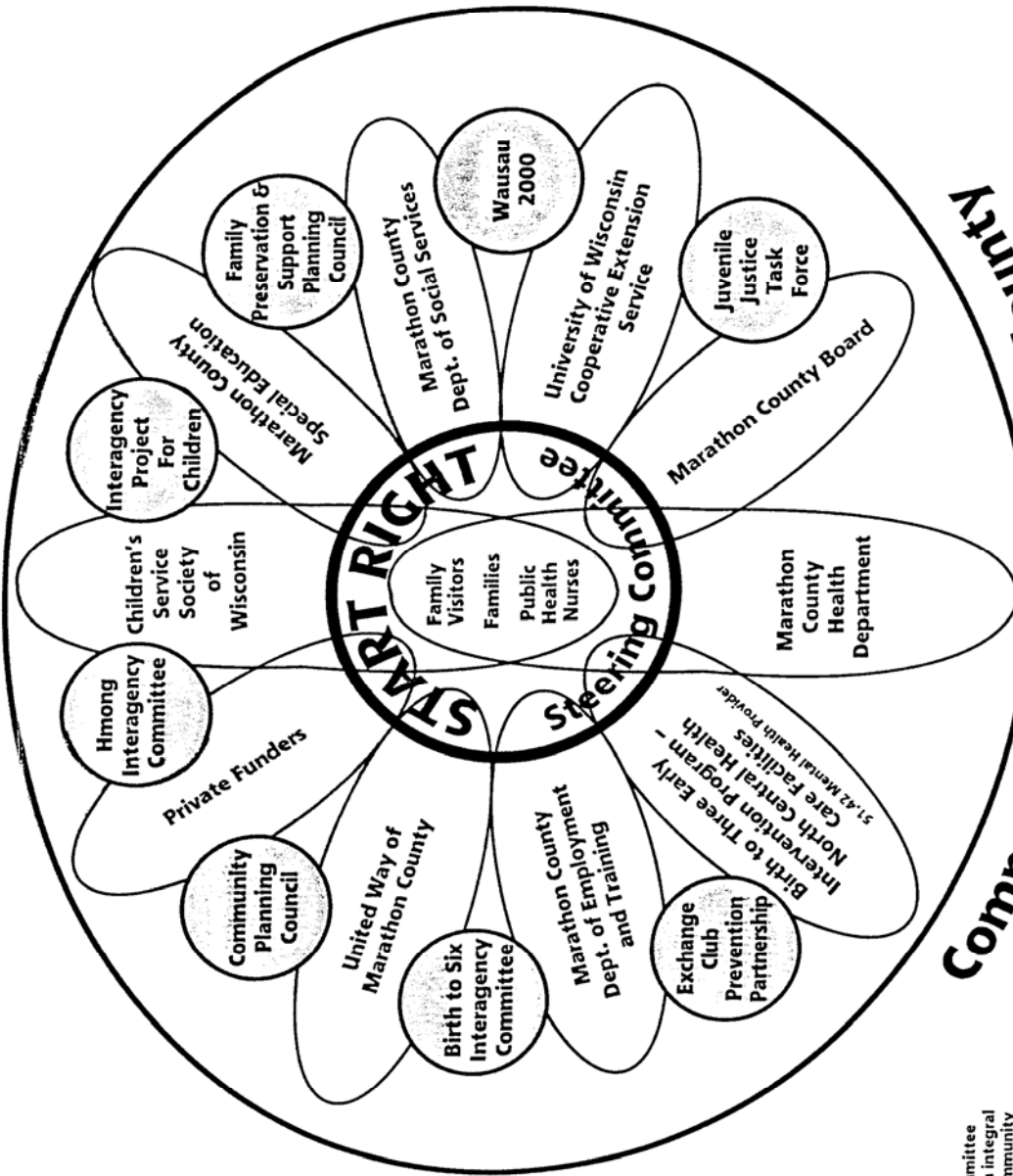
The structures of community relationships are described in this matrix. The matrix will assist organizations to determine where they presently are in a working interactive structure, and can be used to assist in the decision to move to a different level of collaboration as the purpose, structure, and process permit.

Levels	Purpose	Structure	Process
Networking	Dialog and common Understanding	Nonhierarchical - loose or flexible link	Low-key leadership
	Clearinghouse for Information	Roles loosely defined	Minimal decision making
	Create base of support	Community action is primary link among members	Little conflict
Cooperation or Alliance	Match needs and provide coordination	Central body of people as communication hub	Information communication
	Limit duplication of services	Semiformal links	Facilitative leaders
	Ensure tasks are done	Roles somewhat Defined	Complex decision making
Coordination or Partnership	Share resources to address common issues	Links are advisory	Some conflict
	Merge resource base to create something new	Group leverages or raises money	Formal communications within the central group
		Central body of people consists of decision makers	Autonomous leadership but focus in on issue.
Coalition	Share ideas and be willing to pull resources from existing systems	Roles defined	Group decision making in central and subgroups
	Develop commitment for a minimum of 3 years	Links formalized	Communication is frequent and
		All members involved in decision making	Shared leadership
Collaboration	Accomplish shared vision and impact benchmarks	Roles and time defined members	Decision making formal with all
	Build interdependent system to address issues and opportunities	Links formal with written agreement	Communication is common and prioritized
		Group develops new resources and joint budget	Leadership high, trust level high, productivity high
		Consensus used in shared decision making	Ideas and decisions equally shared
		Roles, time, and valuation formalized	Highly developed communication
		Links are formal and written in work assignments	

Source: Teresa Hogue, *Community Based Collaborations - Wellness Multiplied* (Oregon Center for Community Leadership, 1994). Reprinted with permission.

# APPENDIX IV

## START RIGHT COMMUNITY PARTNERSHIP



Each steering committee entity provides an integral role by linking community resources & information to the whole movement of strengthening Marathon County families.

This model represents the fluid & collaborative framework for the development, promotion & expansion of the Start Right Project.

## **APPENDIX V**

### **The Family Resource Centers of Sheboygan County Our Community's Commitment to Strengthening Families and Individuals**

#### **Home Visiting**

**Parents as Teachers for all first-time parents**

#### **Education**

**Parent to Parent Program**

**Positive Parenting**

**Love and Logic Program**

**How to Raise Your Child without Raising the Roof**

**Parenting Terrific Toddlers**

**Community guest speakers**

**Workshops on topics of interest**

#### **Information and Referral**

**Staff dedicated to helping obtain information and resources**

#### **Parent/Child Activities**

**Drop-in play groups**

**Dad/mom and child activities**

**Community events**

#### **Newsletters**

**Family Resource Center Catalog**

**Growing Together: birth to five**

**Parent and Child Scholastic: birth to five**

**Parents Still Make the Difference; Elementary, Middle, High School**

#### **Developmental Screening**

**Four-year-old screening partnership with schools**

**Vision screening for birth to three**

**Child Find Information Center**

#### **Socialization and Recreation**

**Family fun nights**

**Picnics and potlucks**

**Holiday celebrations**

#### **Resource and Lending Library**

**Parenting and child issue books**

**Informational videos**

**Article file**

#### **Satellite for Community Services**

**County health immunizations, WIC, lead screening**

**Site for community meetings**

**Family Resource Centers are sponsored by the Every Family Coordinating Council - a community organization that began in 1992 with over 118 community representatives. Its mission is to work toward meeting the needs of all children and families. Support for programs is provided through federal, state and local funds. (<<http://frc-sc.org/programs/BOD>>)**

## APPENDIX VI

### Environmental Hazards for Children

The federal Food Quality Protection Act of 1996 requires that the Environmental Protection Agency examine the safety of each pesticide and set tolerance levels that provide “reasonable certainty that no harm will come to children.” The National Academy of Science publication *Pesticide in the Diets of Infants and Children* reported in 1993 that infants and children were getting far too many pesticides in their diets, that children were more exposed to certain pesticides than adults, and that children were more vulnerable than adults to the adverse health effects of pesticides.<sup>40</sup> The study concluded that our children’s environment is infused with a variety of toxic chemicals:

- 1) pesticides used on our lawns and farms and in our homes, schools, offices, and daycare centers,
- 2) heavy metals, such as lead and mercury, in buildings and food, and
- 3) thousands of industrial chemicals in our air, soil, water and food.

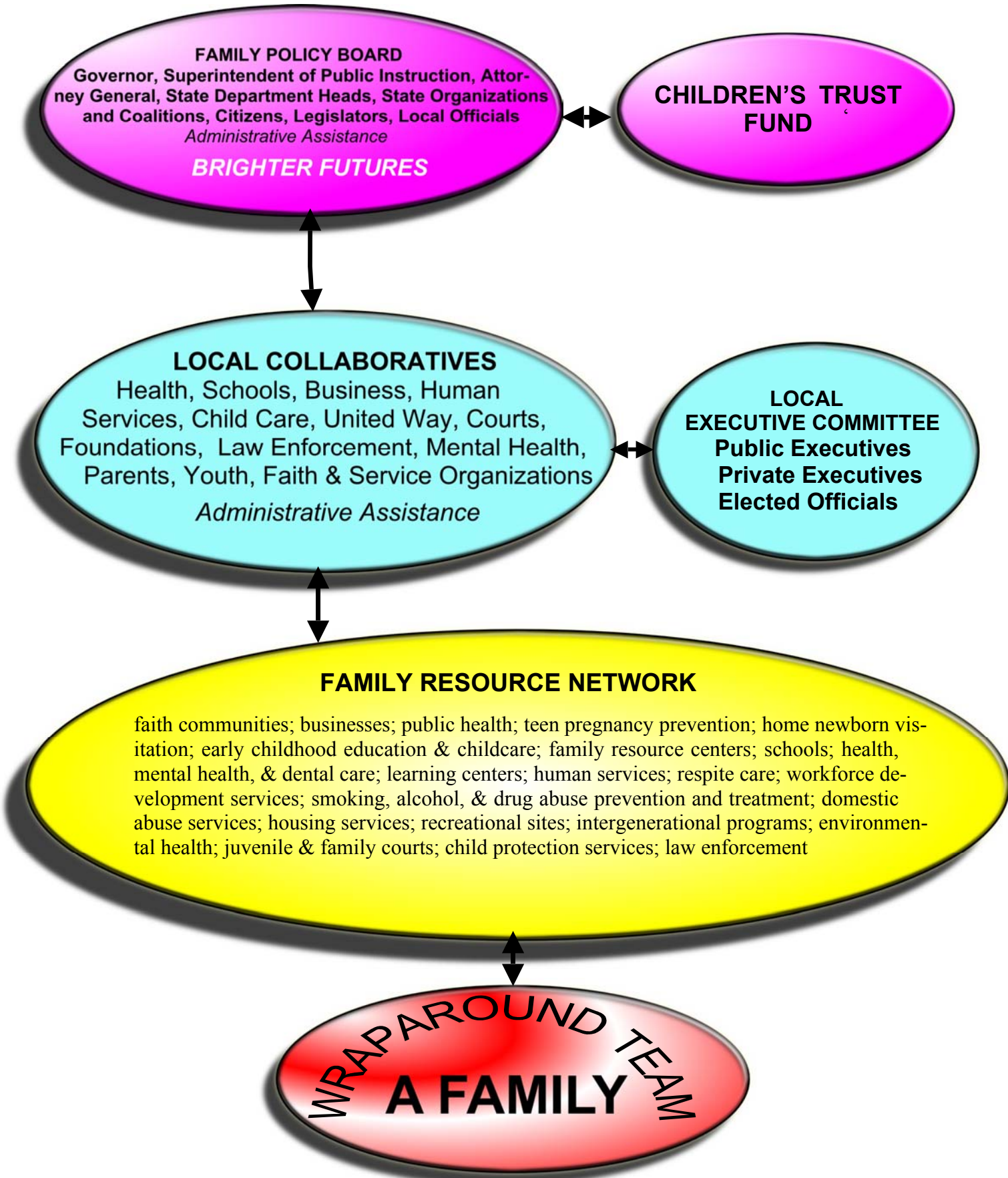
The study reported that prolonged exposure to certain neurotoxic compounds at levels that are probably safe for adults may be harmful to children. These neurotoxin levels could result in permanent loss of brain function if they occur during the prenatal and early childhood phases of brain development.

Theo Colborn found that many chemicals spread into our environment mimic hormones in both animals and humans.<sup>41</sup> These synthetic hormones can disrupt the hormonal balance that is so important to children’s normal growth and development and to their immune, nervous and endocrine systems. Infants and children receive a greater dose of whatever chemicals are present in air, food and water because, pound for pound, they breathe, eat and drink more than adults do. They also are affected by parental exposures before conception, as well as by exposure in the womb and breast milk.<sup>42</sup>

Evidence of the damaging effects of environmental chemicals on children is accumulating. For example, Elizabeth Guillette, a University of Arizona anthropologist, and her colleagues studied pesticides in two groups of young children in northern Sonora, Mexico.<sup>43</sup> One group lived in the upland where their parents were ranchers and used pesticides only a few times a year to control malaria. The other group lived in the lowlands where pesticides were used on crops forty-five times or more a year. The lowland families also tended to use household insecticides daily. The lowland children had difficulty drawing a simple stick figure of a human being. The upland children had no difficulty with this drawing. The lowland children had far less physical endurance and were more aggressive than upland children. The investigators could not be certain that the cause of these afflictions was farm chemicals, but the evidence points strongly in that direction.

In many regions, sperm counts are declining, birth defects are increasing to two to three percent of all live births and childhood cancers are rising. It is essential to gather reliable data on the extent and distribution of human exposure to a wide range of chemicals in the environment. Without exposure information, we are poorly equipped to detect causal exposure-disease relationships, monitor trends, recognize disproportionately affected communities and determine if interventions are effective. Similarly, improved surveillance of diseases is a fundamental requirement for recognizing disease trends and generating truly relevant and informed questions. Communities must be involved as equal partners to help define the questions being asked, to participate in analysis and interpretation of results and to disseminate research findings.<sup>44</sup>

# A STRUCTURAL MODEL TO STRENGTHEN WISCONSIN FAMILIES



## APPENDIX VIII

### Joining Forces for Families

*A Partnership to Change the Way Services Are Delivered to Children, Youth and Families in Dane County to Better Meet the Needs of Families and Community*

Joining Forces for Families (JFF) marshalls the combined talents and resources of the Dane County Human Services Department, law enforcement agencies, school districts, the City of Madison and Dane County Health Departments, United Way and neighborhood groups and residents. In various capacities, these groups are working together to ensure the success of children, youth, and families in schools, homes and communities by working toward:

- 1) changing the way community-based services are delivered so they are accessible, integrated, customer-focused and address local needs;
- 2) increasing efforts to intervene earlier and prevent problems before they occur;
- 3) supporting positive changes in families by encouraging families to be proactive problem solvers; and
- 4) encouraging residents to maintain healthy neighborhoods and communities by building on the strengths and capacities of residents, neighborhoods and communities.

#### **The Joining Forces for Families Teams**

The first step the partners took was to establish teams that focus on a targeted neighborhood or community, according to its middle school attendance area. Teams comprise a law enforcement officer, a public health nurse, a social worker representing the human services department, a school staff worker, representatives from the community, parents and others. Teams are usually housed in apartments in the neighborhoods they serve. The first three sites were established in 1993. By 1998, there were twenty-five teams in place serving every middle school attendance area within Madison and every school district in Dane County.

Most JFF teams work with a neighborhood in two different ways. First, they work collaboratively to address the needs of families and children who come to their attention. The needs could be basic, like finding transportation to school, or more complex, like developing an array of services and neighborhood supports to assist a mother better care for her children.

Second, teams work with the neighborhood to support residents' goals for making their neighborhood a healthy, safe place to live. That may mean helping sponsor a reading program for children at the local neighborhood center, working on an immunization clinic in the neighborhood or making sure that all school-aged children are registered for school. It also means communicating with funding sources, e.g., the county, the city of Madison, the schools, United Way etc., on what resource needs exist in a given neighborhood or community.

JFF teams, in conjunction with other partners, serve hundreds of families and work with neighborhood residents to support numerous events and initiatives identified as priority needs for the communities. Examples include:

- a successful reading program for school-age children
- numerous summer activities and field trips for children
- a fishing club
- job fairs

- immunization clinics with easy access for all residents
- school registration drives
- community get togethers
- apartment renovations employing residents to do the renovations
- a community center
- a youth center for middle school youth
- Safe Night programs
- mental health and alcohol and other drug abuse training for residents
- financial management counseling
- a middle school mentoring program
- peer mediation

### **Assuring that Needed Services are Accessible, Integrated, Customer-Focused and Address Local Needs**

JFF seeks to improve the effectiveness and delivery of services by using input from consumers on what works and what is needed. The teams work on three different levels toward this goal:

**On a family level**, teams provide services through a collaborative case management model in which team members bring their expertise and information to the table and work with families as an active participant.

**On a neighborhood level**, teams work with residents to identify what they want their neighborhoods to be and develop strategies to realize that vision.

**On a systems level**, teams use information gained through work with families and neighborhood residents to provide funders with information for making funding and program decisions that better meet family and neighborhood needs.

### **Increasing Efforts to Prevent Problems Before they Occur**

The JFF teams work on prevention and early intervention efforts that target whole neighborhoods and individual families. For example, free immunization clinics and school registration drives help many children from a neighborhood get ready to start school, preventing problems later on. Working with families to identify problems early and help obtain needed services can reduce the chances of child maltreatment or delinquency later on. That, in turn, reduces pressure on the system designed to address those problems.

### **Supporting Positive Changes in Families by Encouraging Them to be Proactive Problem Solvers**

Independence and self-sufficiency are essential to family health. Yet, even the most well-intentioned approach can foster increased dependence on a system, as opposed to independence from it.

The JFF teams actively engage families to plan for the services they need and set goals for improved family health. Team and family members are active partners in a task-centered approach to problem solving. This process encourages families to become independent by taking charge of their own lives and assuming responsibility for their own health and future direction.

### **Empowering Residents to Create Healthy Communities**

The partners selected sites for initial JFF teams based on the level of need demonstrated for particular neighborhoods and communities. They looked at crime and poverty rates, unemployment, incidence of child maltreatment, and other kinds of needs. The teams work actively with residents to.

initiate and implement projects that foster community health.

Each team works with a local resident advisory board or an existing neighborhood association to develop a vision of what the residents want for their neighborhood. Together, they implement the various activities involved in realizing that vision. For example, if residents identify high unemployment as a problem, the team works on bringing employment and training resource staff to the community. One neighborhood identified the lack of a nearby health clinic as a major problem, so team members worked on bringing some of the needed health services to the neighborhood and began exploring the possibility of getting a major medical provider to locate a clinic in the neighborhood.

Begun in 2004, the Early Childhood Initiative is a comprehensive home visiting and employment program designed to address the needs of families living in Allied Drive, a high-poverty Madison neighborhood. The program combines health assessments and prevention services, prenatal care, immunizations, parenting education and support, benefit and basic needs resources and employment related assistance including skill enhancement.

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## APPENDIX IX

### *Home Visitation Referral Outline*

#### **PRENATAL PERIOD**

##### **Educational Materials**

##### **Training**

##### **Counseling**

**Screening for risk** – Examples of criteria: social isolation; young; frequent moves or homeless; history of drug or alcohol abuse, personality disorder, or criminal behavior; history of personal abuse or neglect; lack of prenatal care; previous or current involvement with child protective services; previous termination of parental rights.

#### **BIRTH AND EARLY CHILDHOOD**

##### **Hospital**

Assessment of risk of child neglect or abuse.

Information regarding family resources and centers provided in hospital.

Home telephone call or visit offered.

##### **Home Visitation**

Telephone call or home visitation implemented.

Child development, parenting skills, health and safety advice, illness consultation, financial advice, nutritional guidance, clinical resource referral, emotional support, housing & employment assistance, child care guidance.

Intensity and duration of home visitation planned.

If initial home visit declined or home visitation terminated and there is statutory reason to suspect the danger of child abuse or neglect, *a public health nurse visit should be arranged.*

If home visitation is declined and grounds for suspicion of child neglect or abuse are found, *a referral should be made to the neighborhood social worker or to child protection service.*

##### **Family Preservation Services**

If preliminary social service evaluation suspects risk of neglect or abuse, an offer of family preservation services should be made, and information regarding the child abuse and neglect statute should be provided. If substantial risk of child neglect or abuse is suspected, *a referral to child protection services for investigation should be made.*

If family preservation services are not successful, *a Child in Need of Protection or Services petition on the grounds of danger of neglect or abuse should be initiated.*

##### **Juvenile Court**

If substantial risk of neglect or abuse is found, a Coordinated Services Team should be formed.

When required by statute, termination of parental rights should be expeditiously pursued.

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