

# **THE TOUGHEST JOB:**

## ***IMPROVING PARENTING PROGRAMS FOR WESTCHESTER FAMILIES IN NEED***



**February 2009**

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## Executive Summary

Since 2006, Westchester Children's Association has studied parenting programs for parents with children from birth to age 6 in Westchester County. The study's focus has been on publicly funded programs that serve the most vulnerable families in the child welfare system. These parenting programs are one of the most prescribed services by both the Family Court and the Department of Social Services. The aim of this report is to describe existing services and service gaps, examine best-practices in the field, and recommend ways to strengthen and improve the services available to vulnerable Westchester families.

The information on which our recommendations are based was obtained from the following:

- surveys of service providers
- interviews with community stakeholders including Westchester County's Department of Community Mental Health, Department of Social Services (DSS), and Department of Health
- meetings with the Supervising Family Court Judge and a Special Referee to the court
- an advocacy breakfast, focused on best practice in parenting programs, with Dr. Richard Barth, Dean of the School of Social Work at the University of Maryland
- a roundtable forum with service providers
- a review of evidence-based parenting programs

As a result of these efforts, WCA determined that programs providing parenting support are funded through a variety of sources, including government grants, Medicaid, private foundation grants and individual donations, and that the models or approaches used by parenting programs vary as much as the agencies themselves. We classified the programs according to their focus, which included education/literacy, health/medical, child abuse/neglect, and mental health, and then further classified them as remedial or prevention programs. In our study of remedial programs for parents who have abused or neglected their children we found that:

- **Evidence-based programs are not generally available in Westchester**
- **Evaluations of existing programs do not measure progress toward preventing further child abuse and neglect.**
- **The Family Court does not routinely receive reports from service providers nor is there a mental health professional available to the Court**
- **There are insufficient services for certain populations such as mentally ill parents, Spanish speaking clients, teen parents, fathers, grandparents and other kin care, and parents with a combination of needs (mental health, disabilities, substance abuse)**

- **According to provider agencies, families often do not attend parenting programs regularly as prescribed**

## **Recommendations**

- **Increase use of evidence-based models** by providers of parenting programs. The county should consider giving funding priority to those parenting programs that utilize models that have worked successfully elsewhere, or to programs that incorporate the essential elements of a successful model in their program. WCA recommends phasing in the requirement of evidenced based models.
- **Develop an effective evaluation tool** to identify preferred outcomes for parenting programs. The County could convene a Task Force/work group involving DSS staff, service providers and Family Court personnel to reach a consensus on the intended outcomes of parenting programs. The Task Force should also identify or develop effective tools to measure progress toward these outcomes. All publicly funded programs should be required to include a plan to help parents achieve these outcomes. Follow-up with parents should be funded as part of any parenting program.
- **Regular service provider reports should be provided directly to the Family Court**, as well as to DSS. Providing reports directly to the Court will allow Family Court Judges to make better-informed decisions.
- **Assign and budget for a Mental Health Coordinator** to the Family Court. This new position, similar to the Education Coordinator already in place, would be the repository of information about existing services and would educate and advise the Family Court Judges about these services.
- **Expand the capacity** of parenting programs in the county to serve special populations, such as families in Northern Westchester and young teen mothers. It is also especially important to support relatives caring for children at risk of placement, since children cared for by kin, whether in or out of the formal foster care system, generally have better outcomes than those in non-kin foster care. In addition, the capacity of agencies to provide culturally competent and bilingual services needs to be expanded.
- **Include support funding for child care and transportation in program budgets** to allow parents to attend program sessions on a regular basis. In addition, program sessions should be scheduled at times that meet the needs of working parents.

## Introduction

- *A mother abandons her two young children, leaving the father responsible for their care. He has limited child development knowledge having grown up in the foster care system himself. He is referred for parenting classes after using excessive corporal punishment on his son.*
- *A middle age mother with cognitive disabilities has taken a course on parenting and understands that she needs to provide nutritional meals for her growing 4 year old son. She sits and watches a chicken cook in the oven while her son lets himself out the door. He is found wandering in the park across the street.*
- *A 15 year old gives birth and is ordered by the Family Court to attend parenting classes to help her develop an attachment to the child because a neglect report was made by the local health clinic. She is currently living with her 18 year old boyfriend who is suspected of dealing in drugs.<sup>1</sup>*

Parenting is the process of raising and educating a child from birth until adulthood. For some, parenting is so difficult that their children may become the subject of child welfare investigations. When it is determined that parents are unwilling or unable to provide adequate parental care for their children, government has the responsibility to step in. Parenting programs, also known as parent education or parent training, may be ordered by Family Court judges for families who are the subject of Child Abuse and Neglect charges.

This report focuses on services available to parents of young children who are involved in the child welfare system in Westchester County. Its aim is to describe existing services and service gaps, examine best-practices in the field, and recommend ways to strengthen and improve the services available to vulnerable families in the county.

## Background

The impetus for this report arose from the Westchester Children's Association's (WCA) recent work on early childhood mental health and social/emotional development.

- In 2005, WCA published the results of a multi-year study titled, *No Time to Lose: Rethinking Mental Health Services for Westchester's Children*. The report examined the mental health needs of children in Westchester County and put forth several recommendations for change.

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<sup>1</sup> Above stories are compiled from actual Family Court cases

- In March 2006, WCA sponsored a presentation by Dr. Jack Shonkoff, Chair of the National Scientific Council on the Developing Child, at WCA's Advocacy Breakfast. His presentation emphasized the strong relationship between young children's social and emotional development and their cognitive and physical development. The Council has uncovered significant evidence that extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse and family violence disrupt brain architecture and increase the risk for stress-related physical and mental illness.
- In 2006, acting on a recommendation from our report, WCA developed the bilingual parent-education booklet, *Pay Attention! A Guide to the Well-being of Children Birth to Six*. It has been widely distributed through early childhood programs.

Our focus on the emotional and social development of young children logically led us to ask the question, "What kinds of parenting support and education programs are available in Westchester County for parents of young children, ages 0 to 6?" To answer this question, we surveyed 52 programs and discovered that the parenting programs offered in the county run the gamut from informal parent gatherings in church basements to DSS subcontracted parenting classes.

To begin to make sense of the variety of programs available, we classified the programs according to their focus, which included education/literacy, health/medical, child abuse/neglect, and mental health, and then further classified them as remedial or prevention programs. These classifications were based on the way responding agencies described their programs, i.e., focused on language development/communication, school readiness/literacy, pregnancy prevention, supports for teen parents, permanency, supports for mothers and keeping children out of foster care.

Based on the results of these surveys, WCA's earlier work on early childhood mental health and on the vulnerability of the population, WCA's Research and Advocacy Committee opted to focus further study on county-funded parenting programs serving parents of children six years old and younger. This was deemed to be an appropriate focus since publicly-funded programs for at risk children should be held to a high standard of public accountability and thus are an appropriate subject for discussion, advocacy and monitoring/oversight.

The report and recommendations that follow are a result of this three year undertaking to determine how best to serve parents of young children who are most in need of society's support.

## **Methods**

WCA utilized several approaches and activities to learn about existing parent education services, gaps in service, and model programs. More detailed results of these processes are available upon request.

### **Survey of service providers:**

The Research and Advocacy Committee of WCA began its investigation in the fall of 2006 with a broad focus on all parenting programs in Westchester County. Building on previous WCA

surveys of mental health providers (2004) and of early childhood services (2006), we sent surveys to 52 agencies who had previously identified themselves as having parenting programs. Twenty (20) of these programs returned the survey, including most of the large social service and mental health agencies in the county. In addition, we telephoned all of the Westchester County hospitals known to provide maternity services to determine if they provide parenting services to new mothers.

**Interviews with stakeholders:**

In addition to the mail and telephone surveys, we interviewed a number of key community stakeholders from Westchester County’s Department of Community Mental Health, Department of Social Services (DSS), and Department of Health, as well as personnel from local school districts and community mental health agencies.

**Meetings with Supervising Family Court Judge and Special Referee to the Court:**

Committee members met twice with Supervising Family Court Judge Kathie Davidson. The goal of the initial visit was to find out how the court made parenting program decisions and to share *Helping Babies from the Bench: Using the Science of Early Childhood Development in Court*, a video about an evidence-based, court-supported parenting program. The second visit was a follow-up to discuss the video, parenting programs and the need for a mental health professional in the Family Court. WCA staff met with Special Referee Charles Devlin, who was conducting a study about communication and coordination between service providers and the court.

**Public education:**

In March 2008, Dr. Richard Barth, Dean of the School of Social Work at the University of Maryland, delivered a presentation at WCA’s annual Advocacy Breakfast on current best practices in parenting programs. The Breakfast was attended by approximately 100 social service and health professionals, educators, child advocates and other interested community members. In his presentation, Dr. Barth identified four essential components of effective parenting programs:

- Parenting problems should be assessed
- Parents should be taught
- Parents should apply newly learned skills with their children
- Parents should receive feedback.

**Roundtable Forum:**

A follow-up to Dr. Barth’s presentation was held in April in the form of a roundtable discussion with a group of more than 20 provider agencies, as well as staff from the Department of Social Services.

**Review of Evidence-Based Parenting Programs:**

WCA’s Research and Advocacy Committee also reviewed the literature on parenting programs to find out if some types of programs have been researched and found to be more effective for



parents involved in the child welfare system. Approaches to prevention or treatment that are based in theory and have undergone scientific evaluation are known as “evidence based”<sup>2</sup> programs in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. Our review of the evidence-based practice literature and Dr. Barth’s presentation identified the following resources and programs:

- The California Evidence-Based Clearinghouse for Child Welfare identifies the following programs as well-supported effective practices for parents involved with public child welfare systems:
  - The Incredible Years
  - Parent-Child Interaction Therapy (PCIT)
  - Triple P – Positive Parenting Program
- Several medical-model programs were also identified, including:
  - Nurse Family Partnership Model
  - Healthy Families Programs

According to the Washington State Institute for Public Policy estimated costs for evidenced-based options for reducing involvement in child welfare system can range from \$2,100 to \$15,600 per participant. *See Attachment 2*

In addition, the Committee viewed the DVD *Helping Babies from the Bench: Using the Science of Early Childhood Development in Court*. The committee found this video to be a powerful example of an evidenced based model in practice in Florida and New Orleans available through the family court system.

## **Findings: What exists in Westchester?**

WCA’s study illuminated the current array of parenting programs and also revealed gaps in service and areas in which programs could be strengthened to better serve vulnerable families.

- **Westchester has a diverse array of parenting programs.**  
Parenting programs in Westchester are very diverse. Half (10) of the programs that responded to our surveys serve families with specific needs such as serious behavioral and emotional problems, children at risk of being placed in residential placement or foster care, low income families, teen parents, and Spanish speaking families.
- **Parenting programs are one of the most prescribed services by both the court and DSS.**  
Families with children who have been removed and placed in foster care are often required to attend parenting programs. Parents of children in foster care often have severe personal

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<sup>2</sup> Evidence- based practices builds on a foundation of scientific research while honoring the clinical experience of child welfare practitioners, and being fully cognizant of the values of the families served.

problems of their own, such as, mental illness, cognitive impairments, or substance abuse problems. Families whose children are at risk of placement or those who voluntarily seek services may also be referred to parent education programs.

According to the Westchester's Department of Social Services (DSS), the county has 31 preventive service contracts with service providers, three of which are primarily focused on parenting. Many of the other programs provided through county contracts also provide some parenting education as a supplement to other services (i.e. substance abuse treatment). Of the 1,600 children receiving preventive services in the county, 596 are under seven years of age, and approximately 260 of these children reside in families receiving parenting services.

- **A number of innovative programs in Westchester are integrating parenting programs with other services to improve outcomes for children who are not necessarily involved in the child welfare system. For example:**

*First Steps/Primer Pasos* is an early childhood programs that helps lessen the “achievement gap” in Ossining. Through a unique partnership among the Ossining school district, Phelps Hospital and private funders, new parents are contacted in the hospital by a nurse-educator. Families are referred to needed services and invited to participate in a family literacy enrichment program throughout their child's early childhood (birth to school age).

*Parent Child Home Program-WJCS* The PCHP uses a research-based home visiting model in which families with children ages 2 and 3, who are not participating in early childhood programs due to isolation, poverty, lack of transportation, language and literacy barriers, are visited twice weekly for up to two years. The Home Visitor encourages verbal interaction activities that develop language and early literacy skills, and models reading and playing. PCHP operates in White Plains, Mt. Vernon and New Rochelle and helps parents discover their role as their child's first and most important teacher.

- **Agencies providing parenting support are funded through a variety of sources, including government grants, Medicaid, private foundation grants and individual donations.**

More than half (12) of the survey respondents receive some sort of government money including grants and/or DSS contracts.

- **The models or approaches used by parenting programs vary as much as the agencies themselves.**

The largest group of survey respondents (8) indicated they provide a variety of program activities to parents using an interdisciplinary staff of social workers, educators and trained coordinators. Other models described by respondents included in-home services (3) and case management (2). Two county-wide agencies, the Mental Health Association and Family Ties of Westchester, reported using evidence-based practice models in some programs.

Andrus Community Services reported utilizing the evidenced-based Healthy Families model in one Mt. Vernon community. The program provides free, voluntary home visiting services to families, and offers linkages to community resources, information on child development,

health and family support. Healthy Families focuses on family strengths and utilizes those strengths to promote positive parent-child interaction and health/development activities.

## **Findings: Issues Identified**

- **Evidence-based programs are not generally available in Westchester and existing preventive parenting programs do not provide an opportunity for parents/caregivers to practice newly learned skills with their children.**

The only evidenced-based model to prevent child abuse and neglect that has been fully implemented in Westchester is Healthy Families. Other programs may use parts of an evidenced-based curriculum but do not replicate an evidence-based program completely.

One of the issues resulting from failure to use evidence-based models is that parents lack the opportunity to practice their newly acquired parenting skills with their children. It is important to implement interventions that are evidence-based and informed by best practices. For example, Dr. Barth described the Parent Child Interaction Therapy (PTIC) model. This approach provides parents with the opportunity to learn, practice and master specific skills to decrease and manage unwanted behaviors, and to build their children's social and emotional competence. Evidence based practice includes components such as in-home training, parent-child interactions, and modeling by a trained therapist.

- **Evaluations of existing programs do not measure progress toward preventing further child abuse and neglect.**

Eleven of 20 survey respondents reported that their parenting programs are evaluated, while four reported no evaluation of the program occurs. Through Philliber Associates, an evaluation consulting firm, Westchester County departments collect only descriptive data for the programs they fund. Information such as attrition rates and pre and post intervention test scores are collected, but program completion is not linked to re-entry into foster care or new substantiated abuse and neglect reports. Agencies who attended the roundtable indicated that they do not make routine follow-up calls to parents/caregivers who attend their program. In other words, there is no attempt to link program services to the program goals of preventing child abuse and neglect or children from entering foster care.

- **The Family Court does not routinely receive reports from service providers nor is there a mental health professional available to the Court.**

Judge Davidson informed the committee that she does not routinely receive reports from service providers and that provider information is sent to DSS only. Therefore, most of the case information rests with the DSS as the contracting agency, not with the Court that must make decisions about returning children to families. A second consequence of this lack of information is the Court's lack of familiarity with existing parenting programs. One outcome of the committee's initial meeting with Judge Davidson and viewing the DVD *Helping Babies from the Bench: Using the Science of Early Childhood Development in Court* was Judge Davidson's decision to learn more about local parenting and child care programs.

Judge Davidson also acknowledged that the Court lacks expertise about the mental health issues presented by both parents and children. When presented with educational issues, there is an educational consultant available to the Court to answer any questions about the education system. Unfortunately, a mental health professional is not available to the Court to answer mental health questions.

- **There are insufficient services for certain populations.**

Survey respondents, interviewees and roundtable participants all noted insufficient service is provided to particular groups of parents. Although half of the survey respondents (10) indicated that their programs serve families with specific needs—such as teen parents, Spanish-speaking families, families with children at risk of out-of-home placement—our informants identified an ongoing need for more services to special groups. These included:

- Mentally ill parents
- Spanish speaking clients
- Teen parents
- Fathers, grand parents and other kin care
- Programs to work with parents with a combination of needs (mental health, disabilities, substance abuse)
- Services in Northern Westchester

- **According to provider agencies there are currently impediments to implementing successful parenting programs:**

**Parent engagement:** Convincing referred parents/caregivers of the need to attend parenting classes is often difficult. Court mandates may make parents resistant to attending a program.

**Parent retention:** Many providers in the roundtable discussion spoke of the high drop-out rate from parenting programs. Retention may be more difficult for parents who work, have transportation difficulties and have child care issues. The location of a program and hours of operation can also make it difficult for parents to complete a program.

**Expense:** Some evidence-based practices and home-based models can be labor intensive and expensive to operate. Most evidenced models require extensive staff training.

## **Recommendations**

For families in the child welfare system, parenting programs are often the primary intervention for family preservation and reunification. However, there is little evidence available to support that the parent education provided in Westchester improves parent functioning and reduces child maltreatment. It is critical to know what works for families and which interventions have the best likelihood of successful outcomes so that children are not subjected to repeated incidents of maltreatment.

The issues identified in our study of parenting programs in the county are many and complex. To address these issues, based on our understanding of the resources available in Westchester, the Research and Advocacy Committee developed the following recommendations:

- **Increase use of evidence-based models** by providers of parenting programs. The county should consider giving funding priority to those parenting programs that utilize models that have worked successfully elsewhere, or to programs that incorporate the essential elements of a successful model in their program. WCA recommends phasing in the weighting of the evidence-based element in the RFP process, but, within a few years, the county should require any parenting program receiving public funds to use evidence-based models. In 2007, the State of Washington's Institute for Public Policy found that the use of evidence-based models reduced child welfare expenditures, improved children's educational performance and potentially reduced crime-related costs. Evidence-based services also cost less per child than other child welfare services, especially out-of-home placement, according to estimates from at least 10 states. Westchester County currently spends \$776,766.00 for parenting programs, at an average cost of \$2,615.00 per child.
- **Develop an effective evaluation tool** to identify preferred outcomes for parenting programs. The County should convene a Task Force/work group involving DSS staff, service providers and Family Court personnel to reach a consensus on the intended outcomes of parenting programs. The Task Force should also identify or develop effective tools to measure progress toward these outcomes. All publicly funded programs should be required to include a plan to help parents achieve these outcomes. Follow-up with parents should be funded as part of any parenting program.
- **Regular service provider reports should be provided directly to the Family Court**, as well as DSS. Providing reports directly to the Court will allow Family Court Judges to make better-informed decisions.
- **Assign and budget for a Mental Health Coordinator** to the Family Court. This new position, similar to the Education Coordinator already in place, would be the repository of information about existing services and would educate and advise the Family Court Judges about these services.
- **Expand the capacity** of parenting programs in the county to serve underserved populations, such as families in Northern Westchester and young teen mothers. It is also especially important to support relatives caring for children at risk of placement, since children cared for by kin, whether in or out of the formal foster care system, generally have better outcomes than those in non-kin foster care. In addition, the capacity of agencies to provide culturally competent and bilingual services needs to be expanded.
- **Include support funding for child care and transportation into program budgets** to allow parents to attend program sessions on a regular basis. In addition, program sessions should be scheduled at times that meet the needs of working parents.

## Conclusion

When children are victims of abuse and neglect, or at risk of such maltreatment, government agencies are mandated to work with their families to remedy the conditions that have led to such harms. Of the limited types of services available to support families as they attempt to address these issues, parenting education is used most frequently. When parenting education services are court-ordered, successful program completion is almost universally cited as a prerequisite to the return of children to their parents care and dismissal of court dependency. However, there is almost no evidence to support the assumption that parent functioning is improved and child maltreatment is reduced just by completing a parenting program, especially a program that has not been subject to evaluation of its effectiveness.

To assure the best possible outcome for vulnerable children, it is imperative that we do a better job of helping parents become more effective at parenting their children.

- Public agencies that purchase services on behalf of vulnerable families should be more selective in the programs they fund and more realistic about the actual costs of effective programs.
- Agencies that provide parenting education should be more rigorous in identifying and implementing programs with demonstrated ability to produce meaningful outcomes.
- All of us should be more willing to invest in measuring and monitoring the impact of parenting education programs on child wellbeing.

It is only through nurturing interactions with consistent caregivers that young children develop their social, emotional and cognitive capacities. Investments in improving at-risk parents' ability to nurture their young children will produce long term positive dividends for the children, their families, and for our communities.

## **Attachments**

- 1. Survey questions**
- 2. Roundtable Participants**
- 3. Cost/Benefit chart(s) from Washington State Institute on Evidenced Based Programs**
- 4. Promising Parent Education Programs**
- 5. Bibliography**

## Survey Questions

- 1. Who is served? Demographic & Geographic**
- 2. How is the program funded?**
- 3. What is the framework of the program—practice model or activities?**
- 4. Is there follow-up with former enrollees?**
- 5. What are the goals?**
- 6. Is there an evaluation process, and if so, what is it?**
- 7. How do parents learn about your program?**
- 8. What are the gaps in services to parents?**



## Roundtable Participants

April 3, 2008

	<b>Name</b>	<b>Organization</b>
<b>1</b>	Margery Arsham	WCA Advisory Council
<b>2</b>	Bobbi Baker	Children's Center for Learning H.S., and WJCS
<b>3</b>	Karen Blumenthal	Student Advocacy
<b>4</b>	Jenean Castillo	Westchester Institute for Human Development
<b>5</b>	Patrice Cuddy	WJCS
<b>6</b>	Kelly Darrow	MHA of Westchester
<b>7</b>	David Daykin	Independent Consultant
<b>8</b>	Betsy Dwyer	Westchester County DSS
<b>9</b>	Jean Hastick	DSS Child Welfare Program and Policy
<b>10</b>	Anita Haywood	Children's Center for Learning
<b>11</b>	Iva Jenkins	The Guidance Center
<b>12</b>	Sandra Jenkins	Exchange Club Child Abuse Prevention Center
<b>13</b>	James Kaufman	FSW
<b>14</b>	Basia Kinglake	DCMH
<b>15</b>	Marybeth Munier	Northern Westchester Shelter
<b>16</b>	Betty Mutschler	Family Ties
<b>17</b>	Bhavana Pahwa	White Plains Youth Bureau
<b>18</b>	Yvonne Prescod	EPIC-Every Person Influences Children, Inc.
<b>19</b>	Cheryl Rubino	The Guidance Center
<b>20</b>	Susan Schefflein	United Way of Westchester and Putnam
<b>21</b>	Nancy Smith-Ivy	Children's Center for Learning
<b>22</b>	Ann Spindel	WCA Databook Advisory Committee

**Evidence-Based Options for Reducing Involvement in the Child Welfare System:  
What Works, and Benefits & Costs**

**SECTION 1: BENEFITS**

Washington State Institute for Public Policy Estimates as of July 2008	Benefits (Per Participant, Present Value, 2007 Dollars)			
	Benefits to Program Participants	Benefits to Taxpayers	Benefits to Others	Total Benefits
<b>PREVENTION PROGRAMS</b>				
Chicago Child Parent Centers	\$13,427	\$12,041	\$13,692	\$39,160
Nurse Family Partnership for Low-Income Families	\$8,936	\$8,112	\$9,938	\$26,986
Parents as Teachers	\$3,153	\$1,403	\$794	\$5,350
Other Home Visiting for At-Risk Mothers and Children (see description, p. 16)	\$2,016	\$666	\$327	\$3,009
Healthy Families America	\$1,697	\$520	\$220	\$2,437
Iowa Family Development and Self Sufficiency Program	\$0	\$0	\$0	\$0
<b>INTERVENTION PROGRAMS</b>				
Intensive Family Preservation Service Programs (Homebuilders® model)*	\$2,059	\$4,883	\$932	\$7,875
Parent-Child Interaction Therapy (Oklahoma)	\$4,105	\$1,297	\$567	\$5,968
Dependency (or Family Treatment) Drug Court (CA, NV, NY)	\$704	\$1,653	\$444	\$2,801
Intensive Case Management for Emotionally Disturbed Youth	\$0	\$0	\$0	\$0
Other Family Preservation Services (non-Homebuilders®)	\$0	\$0	\$0	\$0
SAFE Homes (Connecticut)	\$0	\$0	\$0	\$0
<b>ADMINISTRATIVE POLICIES</b>				
Family Assessment Response (Minnesota)	\$817	\$419	\$190	\$1,425
Flexible Funding (Title IV-E Waivers in North Carolina and Oregon)	\$545	\$277	\$125	\$947
Subsidized Guardianship (Illinois)	\$0	\$0	\$0	\$0

**SECTION 2: PROGRAM COSTS**

Washington State Institute for Public Policy Estimates as of July 2008	Program Costs (per participant, present value, 2007 dollars)	Costs for Comparison Group (per participant, present value, 2007 dollars)
<b>PREVENTION PROGRAMS</b>		
Nurse Family Partnership for Low-Income Families	\$8,931	\$0
Chicago Child Parent Centers	\$8,124	\$0
Other Home Visiting for At-Risk Mothers and Children (see description, p. 16)	\$5,368	\$0
Healthy Families America	\$4,267	\$0
Parents as Teachers	\$3,841	\$0
Iowa Family Development and Self Sufficiency Program <sup>^</sup>	\$0	\$448
<b>INTERVENTION PROGRAMS</b>		
SAFE Homes (Connecticut)	\$15,631	\$9,910
Dependency (or Family Treatment) Drug Court (California)	\$3,772	\$0
Intensive Family Preservation Service Programs (Homebuilders® model)*	\$3,484	\$385
Other Family Preservation Services (non-Homebuilders®)	\$3,164	\$350
Parent-Child Interaction Therapy (Oklahoma)	\$2,240	\$1,234
Intensive Case Management for Emotionally Disturbed Youth	\$2,120	\$0
<b>ADMINISTRATIVE POLICIES</b>		
Flexible Funding (Title IV-E Waivers in North Carolina and Oregon)	\$0	\$0
Family Assessment Response (Minnesota) <sup>^</sup>	\$3,823	\$5,149
Subsidized Guardianship (Illinois) <sup>^</sup>	\$29,773	\$34,727

<sup>^</sup>These programs cost less up front than services as usual

## Evidence-Based Options for Reducing Involvement in the Child Welfare System: What Works, and Benefits & Costs

### SECTION 3: BENEFITS AND COSTS

Washington State Institute for Public Policy Estimates as of May 2008	Total Benefit-to-Cost Ratio (per participant)	Total Benefits Minus Costs (per participant)
<b>PREVENTION PROGRAMS</b>		
Chicago Child Parent Centers	\$4.82	\$31,036
Nurse Family Partnership for Low-Income Families	\$3.02	\$18,054
Parents as Teachers	\$1.39	\$1,509
Iowa Family Development and Self Sufficiency Program	Not computed	\$448
Healthy Families America	\$0.57	-\$1,830
Other Home Visiting for At-Risk Mothers and Children (see description, p. 16)	\$0.56	-\$2,359
<b>INTERVENTION PROGRAMS</b>		
Intensive Family Preservation Service Programs (Homebuilders® model)*	\$2.54	\$4,775
Parent-Child Interaction Therapy (Oklahoma)	\$5.93	\$4,962
Dependency (or Family Treatment) Drug Court (CA, NV, NY)	\$0.74	-\$970
Intensive Case Management for Emotionally Disturbed Youth	Not computed	-\$2,120
Other Family Preservation Services (non-Homebuilders®)	Not computed	-\$2,814
SAFE Homes (Connecticut)	Not computed	-\$5,721
<b>ADMINISTRATIVE POLICIES</b>		
Subsidized Guardianship (Illinois)	Not computed	\$4,954
Family Assessment Response (Minnesota)	Not computed	\$2,751
Flexible Funding (Title IV-E Waivers in North Carolina and Oregon)	Not computed	\$947

### SECTION 4: OTHER PROGRAMS FOR WHICH BENEFIT-COST FINDINGS WERE NOT ESTIMATED FOR THIS REPORT

Program	Comment
Abuse-Focused Cognitive Behavioral Therapy (AF-CBT)	This program has only one rigorous evaluation that was based on a very small treatment group (n=25).
Circle of Security	To date, this program has not undergone a rigorous evaluation.
Early Hospital Discharge and Intensive In-Home Follow-Up for Low Birthweight Infants (Pennsylvania)	This program has only one rigorous evaluation that was based on a very small treatment group (n=39). The authors found no significant effects that we could monetize, although the program itself saves money over standard treatment.
Early Intervention Foster Care (MTFC-P)	This program has only one rigorous evaluation, and we are unable to estimate the cost of its implementation at this time.
Family Connections (Maryland)	No rigorous evaluations of this program have been published to date, although a randomized trial is currently underway.
The Family Connections Study (Canada)	This program has only one rigorous evaluation, and we are unable to estimate the cost of its implementation at this time.
Family to Family (New Mexico)	We were able to code outcomes for only one evaluation of this program, and we are unable to estimate the cost of its implementation at this time. However, a randomized trial is currently underway.
Family Group Conferences	This program was evaluated in two very different settings, and we are unable to estimate its cost at this time.
Family Group Decision Making (California)	This program has only one rigorous evaluation, and we are unable to estimate the cost of its implementation at this time.
Family Therapy	This program has only one rigorous evaluation that was based on a very small treatment group (n=18).
LEARN (Local Efforts to Address and Reduce Neglect)	This program has only one rigorous evaluation, and we are unable to estimate the cost of its implementation at this time.
Mockingbird Family Model (Constellations)	No rigorous evaluations of this program have been published to date.
Multidimensional Treatment Foster Care (MTFC)	Although several evaluations have measured the impact of MTFC on future crime, no evaluations have been published on the program's impact on objective child welfare outcomes.
Multisystemic Therapy (MST)	Although MST has been evaluated with respect to its effects on crime, child welfare outcomes have not been measured. However, a randomized controlled trial with physically abused adolescents and their families is currently underway.
Project KEEP	This program has only one rigorous evaluation, and we are unable to estimate the cost of its implementation at this time.
Project SafeCare/Project 12 Ways	No rigorous evaluations of this program have been published to date, although a randomized trial is currently underway.
Promoting First Relationships	No rigorous evaluations of this program have been published to date, although a randomized trial is currently underway.
Structured Decision Making (Michigan)	This program has only one rigorous evaluation, and we are unable to estimate the cost of its implementation at this time.
Triple P – Positive Parenting Program (South Carolina)	This program has only one rigorous evaluation, and we are unable to estimate the cost of its implementation at this time.

\*We have presented a single benefit-cost analysis for Homebuilders®-style Intensive Family Preservation Service Programs here. In our meta-analytic table, we presented effect size estimates in three ways: (1) for IFPS programs focused on reunification of children already placed out of home, (2) for programs focused on preventing children from being removed from home, and (3) for all IFPS programs. The benefit-cost estimates were nearly identical for the reunification and prevention programs, so we have summarized them here.

## Promising Parent Education Programs

<b>Promising Programs for Parents At Risk or Indicated for Child Maltreatment</b>			
<b>Child's Dev Stage</b>	<b>Program Description</b>	<b>Outcomes</b>	<b>Contact</b>
Prenatal to 3 years	<p><b>Home Visitation.</b> Prevention and early intervention program that typically targets families at-risk of or in early stages for child maltreatment. Program content varies but is typically based in the families' home and seeks to achieve the following objectives: establish a relationship of trust between the professional home visitors and the family, promote maternal-infant attachment, improve parental adoption of health promoting behaviors, promote positive parenting practices, reduce parental stress and improve maternal mood, reduce child abuse potential, and promote the use of community and neighborhood support systems to assist families.</p>	<p>Improved parenting competence<sup>134</sup> and parenting efficacy;<sup>135</sup> Improvement in home environment.<sup>136</sup> Promoted use of non-violent discipline<sup>137</sup> and reduction in parenting stress<sup>138</sup> Fewer child maltreatment reports<sup>139</sup> Decreased injuries from partner violence in the home and linked families with resources;<sup>140</sup> Improved maternal mood adjustment<sup>141</sup></p>	<p>Ruth A. O'Brien, Ph.D., RN                      Kempe Prevention Research Ctr. for Family &amp; Child Health                      1825 Marion Street                      Denver, CO 80218                      (303) 864-5210 Fax: (303) 864-5236  <a href="mailto:obrien.ruth@tchden.org">obrien.ruth@tchden.org</a></p> <p><b>Website:</b>  <a href="http://www.strengtheningfamilies.org/html/programs_1999/12_PECNHVP.html">http://www.strengtheningfamilies.org/html/programs_1999/12_PECNHVP.html</a></p>
Preschool	<p><b>The Incredible Years.</b> Targets parents with preschool-aged children. The program teaches child-directed play skills, positive discipline strategies, effective parenting skills, strategies for coping with stress, and way to strengthen children's pro-social and social skills. The training is offered either in weekly 2-hr sessions for 8 to 9 or 12 week sessions</p>	<p>Reduction in harsh, negative, inconsistent &amp; ineffective parenting; increase in supportive, positive parenting<sup>142</sup></p>	<p>Carolyn Webster-Stratton, Ph.D.                      Director, Parenting Clinic,                      University of Washington, 1411 Eighth Avenue West, Seattle, WA 98119                      Phone and Fax: (206) 285-7565;                      Toll-Free Phone and Fax: (888) 506-3562                      Email:  <a href="mailto:incredibleyears@comcast.net">incredibleyears@comcast.net</a>  <b>Website:</b>  <a href="http://www.incredibleyears.com">www.incredibleyears.com</a></p>
0-5 years	<p><b>Project SafeCare.</b> Targets parents with children between birth and 5 and have been reported for physical abuse or neglect. In-home service up to 24 weeks designed to improve parenting skills in infant and child health care, home safety and cleanliness, and parent-child interactions to reduce future occurrences of maltreatment.</p>	<p>Improved ability to identify children's health symptoms &amp; seek treatment;<sup>143</sup> Increased use of planned activities &amp; parent training techniques; positive parent behaviors; improvement in home safety;<sup>144</sup> Reductions in home hazards maintained at 4-month follow-up<sup>145</sup> Families who completed all three training components less likely to recidivate.<sup>146</sup> High levels of program satisfaction<sup>147</sup></p>	<p>John R. Lutzker, Ph.D.                      Executive Director                      Marcus Institute                      1920 Briarcliff Road, Atlanta, GA 30329                      404-419-4000                      404-419-4505 (FAX)</p>

## Promising Parent Education Programs

<b>Promising Programs for Parents At Risk or Indicated for Child Maltreatment</b>			
<b>Child's Dev Stage</b>	<b>Program Description</b>	<b>Outcomes</b>	<b>Contact</b>
Preschool	<p><b>Special Social Support Training Project (SSST).</b> Targets low-income mothers (age 25-42) with preschool children who are involuntary CPS clients at high risk for child maltreatment.</p> <p>12-week program is based within a therapeutic nursery school; seeks to strengthen pro-social attitudes and skills needed to build more satisfying relationships with friends, neighbors, and family.</p>	<p>Increase in social network size &amp; quality of contacts; increased satisfaction with social support, increased duration of interactions &amp; % of daily contacts with friends; <sup>148</sup>More daily contact with professional service providers, higher % of daily contact with people in the community; <sup>149</sup>High levels of program satisfaction reported<sup>150</sup></p>	<p>Madeline L. Lovell, MSW, Ph.D., Director, Social Work Program Department of Society, Justice, &amp; Culture Seattle University 900 Broadway, Seattle WA 98122 206-296-5387; <a href="mailto:mlovell@seattleu.edu">mlovell@seattleu.edu</a></p>
2-7 years	<p><b>Triple-P Positive Parenting Matrix.</b> Targets parents at risk for child maltreatment. 12-week group-administered program is based in a clinical setting supported with telephone consultation; seeks to reduce parents' negative attributions for children's behavior and reduce risk factors for child maltreatment.</p>	<p>Greater parental self-efficacy; short term improvement on measures of negative parental attributions for child's misbehavior &amp; unrealistic parental expectations; Lower levels of dysfunctional parenting; less relationship conflict; Less parental distress; Short term improvement in potential for child abuse; High levels of consumer satisfaction, lower levels of disruptive child behavior. No significant long-term benefits for children reported<sup>151</sup></p>	<p><b>Website:</b> <a href="http://www.triplep.net/">http://www.triplep.net/</a> Email <a href="mailto:contact@triplep.net">contact@triplep.net</a> Ph: 61 7 3236 1212 Fax: 61 7 3236 1211 Address: Level 3, 424 Upper Roma Street, Brisbane, QLD, 4000, Australia PO Box: 1300 Milton, Qld, 4064, Australia</p>
5-11 years	<p><b>Family Connections Program.</b> Targets at-risk families with children who have no current CPS involvement but exhibit risk for child neglect and abuse. Community-based psychosocial, early intervention seeks to promote the safety and well-being of child and families through family and community services, professional education and training, and research and evaluation.</p>	<p>Increase in appropriate parenting attitudes &amp; satisfaction with parenting; Reduction in parenting stress; Decrease in parent's depressive symptoms, drug use, and child's behavioral problems reported<sup>152</sup></p>	<p><b>Website -</b> <a href="http://www.familyconnections.org/index.htm">http://www.familyconnections.org/index.htm</a></p>
4-13 years	<p><b>Parent Education vs. Parent Involvement.</b> Targets parents of emotionally/behaviorally disturbed children removed from the home and placed in residential care. 6-month intervention is based in a residential treatment facility for disturbed children to resocialize parents to more competent parental roles through monitored interaction with their children.</p>	<p>Increase in the movement towards reunification<sup>153</sup></p>	<p>Paul Carlo, Ph.D, MSW, Director, USC Center on Child Welfare USC School of Social Work University Park Campus Montgomery Ross Fisher Building Los Angeles, CA 90089-0411 <a href="mailto:nraman@usc.edu">nraman@usc.edu</a></p>

## Promising Parent Education Programs

<b>Promising Programs for Parents At Risk or Indicated for Child Maltreatment</b>			
<b>Child's Dev Stage</b>	<b>Program Description</b>	<b>Outcomes</b>	<b>Contact</b>
Individualized	<b>Multisystemic Therapy Training (MST) and Parent Training (PT).</b> Targets abusive and neglectful families. MST is an 8-week individual and tailored family treatment based in home or in clinic, and uses joining, reframing, and prescribed tasks designed to change interaction patterns. PT is an 8-week group treatment based in clinic, and focuses on instructing both parents (when available) in human development and child management techniques to develop parents' capacity to increase positive parent-child interactions and to reduce aversive child behavior.	Improvements in the restructuring of parent-child relations; increased the responsiveness of neglectful parents; Reduced overall stress; Decreased parental psychiatric symptomology; reduction in severity of identified problems; decreased maltreated children's passive compliance <sup>154</sup>	Marshall Swenson, MSW, MBA MST Services, Inc. 710 J. Dodds Boulevard Mount Pleasant, SC 29464 Phone: (843) 856-8226 x11 Fax: (843) 856-8227 Email: <a href="mailto:marshall.swenson@mstservices.com">marshall.swenson@mstservices.com</a> <b>Website:</b> <a href="http://www.mstservices.com">www.mstservices.com</a> or <a href="http://www.mstinstitute.org">www.mstinstitute.org</a>
Not specified	<b>Social Network Intervention Project.</b> Targets neglectful parents with at least 1 child in the home. Case management based program is monitored by a social worker trained in a specialized approach to increasing the social networks of the families, from 2-23 months	Increases in age appropriate expectations, empathic understanding of children, & role reversal attitudes; Improved parenting skills; Increased social networks <sup>155</sup>	James M. Gaudin Jr., Professor The University of Georgia School of Social Work Athens, GA 30602 Phone (706) 542-5454 FAX (706) 542-3282 E-Mail Address: <a href="mailto:JGAUDIN@UGA.CC.UGA.EDU">JGAUDIN@UGA.CC.UGA.EDU</a>
Not specified	<b>Parent Training Program.</b> Targets emotionally abusive and neglectful parents through weekly sessions covering: 1) developmental counseling, 2) improving parent-child interactions, 3) managing children's and parent's problematic behavior. Program consisted of individual work and a 10 session, 2-hour group meeting.	Reduction in stress and state anxiety; Reduction in frequency of emotionally abuse behavior <sup>156</sup>	Dorota Iwaniec Director of the Institute of Child Care Research, Queen's University of Belfast 5a Lennoxvale, Belfast, BT9 5BY Tel: 028 90 975428 Fax: 028 90 687416 Email: <a href="mailto:d.iwaniec@qub.ac.uk">d.iwaniec@qub.ac.uk</a>

## Promising Parent Education Programs

<b>Promising Parenting Programs for Substance Abusing Parents</b>			
<b>Child's Dev Stage</b>	<b>Program Description</b>	<b>Outcomes</b>	<b>Estimated Costs</b>
3-8 yrs	<b>ADVANCE.</b> Targets families with children who have a history of misconduct and a clinically significant number of behavioral problems. 26-week program that combines video training with weekly group meetings with a therapist in a clinical setting. Goals are to improve personal self-control, communication skills, problem-solving skills, and strengthen social support and self-care. The ADVANCE program is used in conjunction with a basic parenting program.	Improved problem solving; Improved family relations and family functioning; Improved communication; Improvements in child behavior <sup>157</sup>	Carolyn Webster-Stratton, Ph.D. Director, Parenting Clinic, University of Washington, 1411 Eighth Avenue West, Seattle, WA 98119 Phone and Fax: (206) 285-7565; Toll-Free Phone and Fax: (888) 506-3562 Email: <a href="mailto:incredibleyears@comcast.net">incredibleyears@comcast.net</a> Website: <a href="http://www.incredibleyears.com">www.incredibleyears.com</a>
<16 yrs	<b>Relational Psychotherapy Mother's Group (RPMG).</b> Targets heroin-addicted mothers with children up to 16 years of age. 24-week program is designed to be an "add-on" treatment to methadone maintenance counseling at methadone clinics. This developmentally informed, supportive, nondirective psychotherapy group treatment seeks to address psychosocial vulnerabilities, and facilitating optimal parenting, among at-risk mothers.	More positive psychosocial adjustment; <sup>158</sup> Greater involvement with children; <sup>159</sup> Improvement in parent-child relationship; <sup>160</sup> Improved affective interaction; Lower levels of risk for child maltreatment; <sup>161</sup> At 6 month follow-up post-treatment mothers showed greater improvements in level of opioid use; <sup>162</sup> As maternal interpersonal maladjustment increased, parenting problems improved for RPMG mothers and remained the same or worsened for mothers in standard drug counseling <sup>163</sup>	Suniya S. Luthar, PhD Associate Professor of Psychology and Education, Teachers College, Columbia University Director of Child & Family Research, the APT Foundation, New Haven, CT Email: <a href="mailto:S/504@Columbia.edu">S/504@Columbia.edu</a>
<b>Promising Culturally Specific Parenting Programs</b>			
Preschool	<b>The Incredible Years BASIC Program.</b> Targets parents from minority ethnic backgrounds raising children in low-income, under sourced communities. 12-week program is based in day care centers that seeks to reduce parents' coercive discipline strategies and to decrease child conduct problems in classrooms.	Increases in parenting self-efficacy; Positive effects for parent behavior; parents used more positive and less directive behaviors with toddlers; reduced use of coercive discipline strategies <sup>164</sup>	Carolyn Webster-Stratton, Ph.D. Director, Parenting Clinic, University of Washington, 1411 Eighth Avenue West, Seattle, WA 98119 Phone and Fax: (206) 285-7565; Toll-Free Phone and Fax: (888) 506-3562 Email: <a href="mailto:incredibleyears@comcast.net">incredibleyears@comcast.net</a> <b>Website:</b> <a href="http://www.incredibleyears.com">www.incredibleyears.com</a>

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## **NOTES**

## **WCA is grateful to the following who shared their time, information and insights with us...**

### **Agencies Participating in Survey:**

Andrus Community Services  
Child Abuse Prevention Center  
Child Care Council of Westchester  
EPIC  
Family Services of Westchester  
Family Ties of Westchester  
The Guidance Center  
Mental Health Association of Westchester (MHA)  
Nepperhan Community Center  
New Rochelle Parent –Child Center  
Northern Westchester Counseling Services  
Open Door Family Medical Center  
Parents Place  
Parenting Programs of the Archdioceses of NY  
Port Chester Carver Center  
RSHM Life Center  
Touchpoints Parenting and Family Life Program  
Westchester County Department of Health  
Westchester County Department of Social Services  
Westchester Institute of Human Development (WIHD)  
Westchester Jewish Community Services (WJCS)  
Yonkers Community Action Program (YCAP)

### **Interviews/Conversations:**

Jackie Boissonnault, MHA  
Lorraine Chun, Assistant Commissioner, Westchester County Department of Health  
Patrice Cuddy, Program Director, Westchester Jewish Community Services  
Judge Kathie Davidson, Supervising Judge, Family Court 9th Judicial District  
Judge Charles Devlin, Special Referee  
Betsy Dwyer, Child Welfare Manager, Westchester County Department of Social Services  
Jean Hastick, Program Specialist, Westchester County Department of Social Services  
Basia Kingslake, Westchester County Department of Community Mental Health  
Zoila Tazi, Principal, the Roosevelt School, Ossining

**Thank you.**

Westchester Children's Association works to ensure that all children are healthy, safe and prepared for life's challenges.

.....

Since 1914, WCA has been an independent, knowledgeable and effective voice for Westchester's children.

WCA helps Westchester's children by:

- Informing legislators, policy-makers and the public about children's needs
- Advocating for policies and programs that work for children
- Mobilizing communities to raise their voices on behalf of children
- Building coalitions of organizations and individuals to improve children's lives

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