



Building Partnerships for Stronger Communities: A Historical Perspective

The Smith family members moved often due to difficulty paying rent and utilities. Because of frequent problems at home, the father, James, often missed work as a supermarket butcher, resulting in inconsistent paychecks.

His wife, Elise, a high school graduate, did not work outside the home. Health problems, her limited education, and a shortage of affordable child care prevented her from maintaining employment.

James and Elise's three children — 7-year-old Matt, 6-year-old Jill, and 4-year-old Maggie — were struggling as well. Matt frequently displayed aggressive behaviors, which was causing problems at school; Jill was diagnosed with Down's syndrome but was not receiving follow-up services; Maggie was experiencing sibling rivalry and speaking very little. All of the children had frequent colds and respiratory illnesses.

The family had already received the maximum emergency utility assistance from a local crisis response agency. James and Elise used a combination of paychecks and food stamps, to put food on the table.

Elise's chronic asthma and the children's illnesses had been treated at the local emergency room because the family did not have insurance to cover office visits with a primary physician. Neither Jill nor Maggie had up-to-date immunizations.

Elise frequently left Matt in charge of his siblings while she slept. She rarely had the energy or desire to cook meals for the family. The school guidance counselor asked to meet with James and Elise to discuss Matt's behavior.

James was the family's sole source of transportation, as Elise didn't have a driver's license. He frequently missed work to transport family members to scheduled appointments. His employer told him that if he missed one more day of work, he would be dismissed. The outlook for the family was grim.¹

System Reform: Improving Life for Pennsylvania's Children and Families

This family's situation is not unique. The needs of Pennsylvania's families are complex and rapidly changing.

While working outside the home and possibly continuing their own education, parents are making meals, washing clothes, maintaining the home, arranging for child care, taking their children to doctor's appointments, attending school functions, and helping their children with homework. In addition, parents are attempting to protect their children from the hazards of smoking, mature television and Internet content, drugs and alcohol, teen pregnancy, and sexually transmitted diseases.

The pressures and challenges are compounded for single-parent families because a second parent is not available to share the burden. Because there is only one income in single-parent families, these families tend to be at the lower end of the income scale.

The state, its counties, and service providers share the goal of ensuring that all Pennsylvania children and their families are healthy, educated, self-sufficient, and living in safe homes and communities. In the past, public family support systems often operated in isolation from one another. Services were fragmented, inflexible, and distant from the lives of those who were being served. To successfully address the complex and ever-changing needs and challenges of Pennsylvania's families, the state, its counties, and local communities have begun to examine and rethink the way public family-support services are delivered, coordinated, and managed.

State intervention alone will not produce desired results. While supported at the state level, solutions must be fashioned at the community level. This was the motivation for Family Service System Reform (FSSR) in Pennsylvania.

“The current federal and state service delivery system for children and families, based on a multitude of separate funding streams and uncoordinated, narrowly targeted categorical programs, fails to address the broader needs of the child, family, and community. The current over-regulated system emphasizes short-term crisis management over prevention or long-term solutions, and fails to adequately evaluate the results of programs for families and communities.”²

Facts at a Glance

- Over 25% of Pennsylvanians are children under 19 years of age.³
- Children raised in one parent households have increased from 20.1% reported in 1990 to 25.1% in 1999.⁴
- In 1999, 7.8% of Pennsylvania's families were living below the poverty level.⁵
- In 1997, one in six (447,900) of all Pennsylvania children under the age of 18 were living in poverty.⁶
- The number of child deaths per 100,000 decreased from 36.3 to 33.1 from 1997 to 1999.⁷
- The number of children abused or neglected decreased from a peak of 3 cases per thousand in 1992 to 1.7 cases per thousand in 2000.⁸
- From 1997-1998 to 1999-2000, the percentage of children in full day kindergarten increased from 25.9% to 28.8%.⁹
- The number of eligible children receiving health insurance through the state's Children's Health Insurance Program (CHIP) increased significantly from one child in 45 in 1999 to one child in 30 in 2001.¹⁰
- The number of eligible children receiving health insurance through Medicaid increased from one child in 4.4 in 1999 to one child in 4 in 2001.¹¹

History of System Reform in Pennsylvania

One of the first attempts at family service system reform was initiated in 1991 when the Pennsylvania Department of Education (PDE) piloted Family Centers in 13 of the state's public school districts. The Department was interested in developing a model early childhood initiative that was school-based and school-linked. Family Centers were seen as a new way of doing business, representing "a philosophy, a process, and a place."

The *philosophy* of the Centers is based on a common set of principles that allows each community to define its interests, needs, and priorities through local planning. This enables the Centers to utilize innovative, comprehensive, strength-based, and preventive strategies in working with families of young children. The *process* involves citizens, consumers of services, local government, and community providers working together on a local collaborative board to determine the community's needs and to organize and coordinate services to address those needs. The *place* is the Family Center itself, which often houses a broad array of services and is located within the neighborhood of the families to be served.

The number of state-funded Family Centers grew in 1992 with a second grant opportunity available to both schools and counties. In 1994-95, the concept of Family Centers was broadened to encompass a more comprehensive support initiative that addressed the needs of the whole family and included a stronger community-driven planning process. The administration of Family Centers was transferred from the Department of Education to the Department of Public Welfare (DPW). By fiscal year 2001-02, 48 centers directly funded with state dollars were serving 5,500 families and 10,000 children, and approximately 60 additional Family Centers had been developed using alternative funding sources such as government, schools, foundations and communities.

While school-linked Family Centers were and are an effective way to deliver services to children and families, they were just the first significant step in Pennsylvania's system reform process. In 1995, two events occurred on the state level that set the stage for subsequent collaborative partnership efforts and the state's system reform efforts over the next seven years.

First, DPW's Office of Children, Youth, and Families established the Family Service System Reform Initiative. The initiative was built upon lessons learned from the Family Centers. While guided by a similar philosophy and process, FSSR was not limited to a specific service agency or setting. It enabled counties to invest funds in the development of local collaborative infrastructures to bring people together across systems. Guided by a series of core principles and assumptions, the roles and functions of these local collaboratives developed as they began to assess local assets, identify needs and priorities, and leverage resources to strengthen service delivery in their communities.

Second, the Governor's Community Partnership for Safe Children was established by Executive Order. The "Children's Partnership" became a catalyst to encourage and support community-based, locally determined prevention practices and strategies. Through the Children's Partnership, the state focused on and invested in the Communities That Care initiative and the implementation of proven research-based programs.

In 2002, Pennsylvania elected Edward G. Rendell, Governor. Since taking office Governor Rendell has unveiled and endorsed several proposals

that demonstrate his personal leadership and commitment to improving the lives of Pennsylvania's children and their families.

Through Executive Order, Governor Rendell established the Governor's Cabinet on Children and Families. The purpose of Cabinet is to make recommendations to the Governor on ways to improve the delivery of services to children and families by making such services more responsive, efficient and effective. Comprised of Cabinet Secretaries, Commission Chairs and staff from the Governor's Office, the Cabinet has the power to:

- Review and evaluate state government programs and policies that affect children and families;
- Maximize coordination of child and family programs between and among state agencies;
- Recommend creation of new programs that affect children and families between and among state agencies;
- Identify measures to evaluate the efficacy of state government programs, in order to redirect, revamp, consolidate or eliminate such programs; and
- Work with foundations, local agencies/groups, community and religious leaders, researchers and other entities to carry out the purpose of the Cabinet.

The Executive Order also establishes a Commission on Children and families to assist and advise the Cabinet to:

- Identify policy, program and systemic barriers from effectively and efficiently serve the needs of children and their families; and
- Formulate remedies and solutions to identified problems.

Through the work of the Governor's Cabinet on Children and Families, continued focus will be placed on service system improvement and accountability.

A Place in the Community for Parents and Children

The Family Center is a place where parents and children come together to share, support each other, and learn about and benefit from their community's resources. Family Centers are designed to meet five key priorities:

- To promote positive child development through effective parenting, early intervention, and outreach services
- To support and preserve the family unit as the foundation for success of children
- To assure healthy development and health care services for children
- To provide a seamless, comprehensive, and easily accessed network of services for families
- To encourage economic self-sufficiency for families through adult education, training and employment

Family Centers produce positive results:

- Family dependency on public welfare and other entitlement programs decreases
- Education, employment, and economic self-sufficiency for parents increase
- More children and their families are linked to primary and preventive health care services
- Rates of childhood immunization increase
- More children needing early intervention evaluations are identified and referred for services
- Parenting skills and understanding of child development increase
- School readiness for children improves

Family Center services include:

- Parents as Teachers (PAT)
- Parent support and information groups
- Child health and development screenings
- In-home child development education
- Family activities
- Toy and book-lending libraries
- Information and help in getting other community services
- Information about finding employment, adult education, and literacy instruction

What Is Family Service System Reform?

- The *goal* of FSSR is to strengthen families.
- The *context* is the community in which families live.
- The *strategy* is to construct enduring community-wide, integrated service networks that build on family strengths, resources, and natural supports and address needs families cannot otherwise meet themselves.

Improving Outcomes for Children and Families

Rethinking and redesigning the way family programs and services are delivered, coordinated, and integrated is both a challenge and an opportunity. “The *challenge* is to develop a process of working together that is flexible enough to allow adjustments to new circumstances, while staying focused on long-term goals.”¹² The *opportunity* is to create more coordinated, efficient and effective systems for children and families.

Through FSSR there has been a major service delivery shift toward comprehensive and seamless family services in Pennsylvania. FSSR, by design, supports the development of a community-based infrastructure for system change and system enhancements. Service design and decision-making have been moved to the community level in order to promote community ownership of problem-solving, create more-flexible solutions, and utilize natural networks of support.

All people involved in the service system must have a voice in decision-making. This includes those who pay for the services (taxpayers and other providers of funds), those who provide the services (front-line staff), and those who use the services (consumers). Everyone has something to contribute, whether it is knowledge, skills, influence, authority, or resources. The collaborator’s membership must be diverse in order to ensure that its policies and programs are responsive to the full range of community needs.

FSSR is not intended to create new programs or services. Rather, it is intended to build upon existing resource capacity and strengthen communities and the families who live there.

FSSR collaboratives:

- Identify and work toward improved outcomes for children and families. Preventive services have been emphasized to assist families and

children in attaining positive outcomes and in reducing or avoiding the need for intervention services. In addition, measurable outcomes have been established to reflect the needs being addressed, and to ascertain whether new efforts result in improvements in child and family well-being.

- Improve the efficiency and effectiveness of service delivery through broad-based, cross-system coordination and integration. This requires a group of community leaders who wish to address shared problems as partners. Using a collaborative strategy, they establish common goals and agree to use their collective resources to achieve those goals.
- Leverage public and community resources to address priority concerns and provide oversight to ensure that funded programs draw upon evidence of what works.
- Improve accountability. There is an understanding that if available community resources are coordinated and specifically targeted to priority needs, the opportunities for improving outcomes are greatly enhanced. With the goal of improving outcomes, there has also been a commitment to using proven, research-based programs to address needs of children and families.

System change is a process. Building effective local collaborative partnerships requires an ongoing investment of time and resources. While much work has been done, much also remains to be accomplished. It requires that the state:

- Support and foster change by taking steps to coordinate policy development, programming, and evaluation. By reducing fragmentation at the state level, services at the local level can be streamlined.
- Provide incentives (e.g., local planning grants) to encourage local system leaders to act collaboratively.
- Provide training and technical assistance to assist communities as they move forward in this system reform efforts.
- Provide opportunities for local collaboratives to share their expertise and learn from one another. Research and share information about best-practices in family-support and proven, effective programs for positive child and family outcomes.