

What would you do if a convoy of 2,500 school buses, loaded with infants, passed you on the highway? Or if you went to a football stadium and the patrons were 100,000 little babies?

First, you would tweet to your 500 best friends about this freakish event. You would probably begin to take photos and upload to your favorite social media. And then your mind would kick into gear and you would start to ask,

“What is going on here?”



NO
MORE BAND-AIDS

A Science-Informed,
Two-(or More)
Generation Reset

By Janice M. Gruendel and Roderick Bremby

The answer may surprise you. If these two events had actually happened, you would quickly discover that these buses and stadiums filled with babies were active child welfare cases of substantiated “neglect.” If you kept digging, you would also learn that in 2013 our child welfare agencies managed about three times as many cases of substantiated neglect, just under 320,000, for children younger than six years of age.

You would also learn that the true number of young children impacted by conditions of scarcity, adversity, and risk is actually *much, much* higher in America today. How much is “much, much” in more data-sensitive terms? If neglectful behavior is defined as circumstances in which children’s basic needs for food, shelter, supervision, and care have not been met, then we could be talking about one in four young children across America.

What is the proxy data point here? These are young children living at or below the Federal Poverty Level (FPL). If we expand the proxy data point to include children living at or below 200 percent of FPL (a commonly accepted definition of “low-income” status), we are talking about nearly one in two

young children overall and more than six out of ten among families of color.¹

The Impact of Poverty, Chronic Stress, and Adversity

A decade ago, in 2006,² the federal Administration for Children and Families (ACF) identified poverty as an “underlying” risk factor in child neglect. In its 2012 guidance,³ poverty was identified as a “societal” risk factor, a category of risk that also includes lack of social support and neighborhood distress. Writing in 2010, noted child welfare policy leaders Joy Duva and Sania Metzger reminded us that, “When parents struggle to provide the day-to-day necessities of their children, they can feel anxious, depressed, fearful, and overwhelmed. The stress of living in harsh, deprived conditions can have a debilitating effect on parent capacities, resulting in inconsistent discipline, failure to respond to a child’s emotional needs, or failure to prevent or address a persistent risk to safety.”⁴

While ACF connects the dots between poverty and neglect, and Duva and Metzger connect the dots between poverty and parenting, the science of early brain development reveals the explicit linkages between poverty, parenting, and young child outcomes. Connecting these is a set of life conditions we have come to call “toxic stress.” Toxic stress and its fellow travelers—adversity and trauma—function as strongly negative influences on the child, the parent (or other primary caregiver), and the child–adult parenting relationship.⁵

In their edited volume *Consequences of Growing Up Poor*,⁶ scientists Greg Duncan and Jeanne Brooks-Gunn alerted us nearly two decades ago to poverty’s negative effect on children’s health and mental health, early childhood development and school readiness, K-12 academic performance, post-secondary completion, later workforce participation, and economic security. Now, an expanding body of developmental neuroscience reveals that living with stressors associated with poverty actually changes our bodies and our brains at the biochemical, synaptic, and genomic level.

Scientist Ross Thompson writes in *Helping Parents, Helping Children*, the 2014 volume of *The Future of Children*, that “The biological effects of stress undermine (children’s) ability to concentrate, remember things, and control and focus their own thinking,”⁷ all critical elements of executive functioning and self-regulation essential to successful functioning in school, work, and life.

Research has also shown that many adults living with chronic economic challenge experience other co-occurring stressors. These include low educational attainment, living as single parents, and experiencing residential instability, chronic health, and mental health challenges (including maternal depression).⁸ At the same time, research reveals the now well-documented, very long-term and highly negative impact of adverse childhood experiences (ACES) on children as young as three years of age. These impacts include developmental delays in the first three years of life along with substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality later in adulthood.⁹

Adverse childhood experiences include verbal, physical, or sexual abuse and/or physical and emotional neglect as a child, as well as living in a family with an incarcerated, mentally ill, or substance-abusing adult family member, experiencing domestic violence, or the absence of a parent because of divorce or separation. Adult caregivers who have experienced these circumstances as children are often challenged to provide the kind of reciprocal, responsive parenting relationships with their own young children that are needed to assure optimal early development, meet basic needs, and assure adequate care and supervision. And so the cycle continues.

Taking a Two-(or More) Generation Approach

Clearly, we cannot proceed on a public policy pathway in which one in two American children will grow up in circumstances that limit their mental, emotional, and physical health and



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age-appropriate development. There is simply no future in that for any of us.

Fortunately, we do not have to. In *Rethinking Young Child 'Neglect,'* we have argued that taking a science-informed, two (or more) generational approach to working with vulnerable families can improve life and learning outcomes for our children, dramatically improve the efficacy of our service provision and, over time, reduce its cost to taxpayers.

The brain science tells us that we should focus especially on the needs of young children because they constitute a significant portion of the child welfare caseload and because it is during a child's earliest years that "... their brains are growing the fastest and critical language, emotional, behavioral and early executive function skills are emerging and...adversity has its greatest negative impact." The brain science also tells us that "...we must focus on the primary caregivers of young children (usually but not always the birth parents) because it is within the context of the 'serve and return' interactions with their children that age-appropriate early brain development occurs."¹⁰

While attention to "two-generation" approaches has garnered much recent attention, its roots can be found in the settlement house movement of the 1880s where we worked to help whole families of immigrants become assimilated into our culture and grow out of poverty.¹¹ The federal government stepped in with Head Start in 1965, Early Head Start in 1994, and a series of other two-generation investments during this same period.¹² High-quality early education and home-visiting programs also had their beginnings during these years.

Two-generation frameworks focus on both the child and the parent, simultaneously, to the greatest extent possible.¹³ Common features of two-generation frameworks include adult education and post-secondary enrollment; sector and jurisdiction—specific workforce preparation, certification and skill building; economic supports; parenting supports; and high-quality early care and education, attention to child and adult health and mental health needs and challenges; and the

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development of peer and social capital networks.¹⁴

In the spring of 2014, the complete issue of *The Future of Children* was dedicated to a series of important research summaries of the impact of "two-generation mechanisms" on children's development.¹⁵ Summarizing these findings, Ron Haskins, Irwin Garfinkel, and Sara McLanahan offer a positive, but cautious perspective. We know that two-generation mechanisms (i.e., child and parental health, family assets, family income, parental employment, and child and parental education) work, but we should not expect dramatic gains from any one of them. Rather we can expect important cumulative effects through small gains in outcomes from each. Finally, as research proceeds we can expect that interventions based on these mechanisms will continue to improve.¹⁶

Time for a Reset

Substantiated child neglect comprises between 75 percent and 80 percent of the current child welfare caseload, and many of these families are known across our health, human service, and justice systems as well. Yet while the science of poverty, adversity, and stress ought to provoke important changes in the ways in which we serve these families, we continue to misdiagnose parental inability to provide appropriate care and supervision of young children as willful acts of omission or lack of cooperation or noncompliance.

It is time for a human service reset. Four core operating principles can guide us.

1. The early identification of child and adult challenges is the responsibility of all providers through the use of common tools and effective information exchange, followed by either direct service provision or a "warm handoff" to a receiving service or support organization.
2. Community supports and interventions are wrapped around the family as a whole. They encourage and support family decision-making and are committed to family engagement over a period that may extend for one or two years, or more. For providers, this reflects a significant shift in power from a service-driven system to a parent-led system.
3. Supports and services quickly focus on strengths and assets within the extended family and seek to build upon family and community protective factors with the goal of helping children and families become resilient. Investment is made in community health as well as in individual and family interventions.
4. Supports and services are delivered simultaneously as well as individually to the child and the parent or other primary caregivers and are integrated across service sectors to (a) decrease cognitive load on the consumer, (b) increase service effectiveness for the provider, and (c) maximize resource efficiency for the funder.

See *Band-Aids* on page 34

MCNEIL continued from page 11

P&P: Phil, do you have anything to say to that?

PB: It's really resonating with me, this notion that you can have control of your own finances because it's clear that one of the paths to self-sufficiency and financial success in life is financial acumen, right? It's learning how to manage.

JM: Another thing, what basically happened to me, I come from that old school. We don't want to be looked down upon, getting charity, but I did keep to my culture, or whatever, so I was always adverse to getting [assistance] from the government...but when my dad was dying, I could say that indirectly, that it was very helpful. My dad had cancer and then he passed away and he had to be on Medicaid and Social Security and they, the government, they paid for his funeral and everything else.

P&P: Let me ask you, from a policy, legislative, or bird's-eye view, what can be done to address these



I'VE ALWAYS BEEN THE SORT OF PERSON THAT'S BEEN SELF-RELIANT.

systemic events, occurrences, and issues within the health and human spectrum?

PB: I think that one of the primary things that can be done is defining the role of the caseworker, in a fully realized way...A lot of times, what Jeff or other people who interact

with human services experience, is a caseworker who is very limited to a particular program eligibility assessment as opposed to the kind of assessment work that really gets to the heart of what it is that Jeff needs, or a person needs, or also that gets to the heart of what you want. 📌

BAND-AIDS continued from page 15

We have spent decades trying to address behavioral symptoms of chronic poverty and adversity by “servicing” one parent or one child at a time. In America today, there is no more time for band-aids. We must reset agency policy, practice, and investment to address these challenges at the community level and at the population level. Taking a science-informed, two (or more) generation approach to help families and communities strengthen resilience and advance toward self-sufficiency can guide us. Our young children will benefit, our schools will benefit, our workforce will benefit and—when we remove the injury rather than covering it up—we can put away the band-aids, once and for all. 📌

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