

Children's Legal Rights Journal

Volume 30, Number 2

Summer 2010



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ABA Center on Children & the Law ♦ Loyola University Chicago School of Law
in cooperation with the National Association of Counsel for Children

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Children's Legal Rights Journal

Is published four times per volume by

William S. Hein & Co., Inc.

1275 Main Street

Buffalo, NY 14209

Telephone 800-828-7571

Indexed in:

Child Development Abstracts and
Bibliography

Current Law Index

Exceptional Child Education Resources

Current Indexes to Journals in
Education

Index to Legal Periodicals

Address subscription inquiries to:

William S. Hein & Co., Inc.

1285 Main Street

Buffalo, NY 14209

ISSN 0278-7210

Address editorial inquiries to:

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effectiveness in a meaningful way, focusing not on the failure of such individuals, but on the ways in which one can improve. Under the Blueprint, those schools that see growth in student achievement would be eligible for school credit, and the teachers that foster excellence would be eligible for incentives and rewards.

The proposal would require states to use annual tests and other indicators to divide the nation's nearly 100,000 public schools into several groups. Roughly 10,000 to 15,000 high-performing schools would be eligible to receive rewards or acknowledgment. Another 10,000 to 15,000 failing or struggling schools, which require varying degrees of vigorous state intervention, would receive funding and assistance, and approximately 70,000 schools in the middle would be encouraged to improve on their own.

IV. Adverse Reactions

While the Blueprint may seem like the proper legislation to follow NCLB, it has come under extreme criticism from many education-related groups.

The largest criticism is that there is too much top-down "scapegoating" of teachers and not enough collaboration. According to the National Education Association, the plan puts all of the responsibility for achievement growth on teachers and gives them absolutely no authority to operate outside the walls of the Blueprint Act. They also criticize the lack of funding allotted to a system that requires states to compete for resources.

In addition, other educational groups are expressing concern. The Association for Career and Technical Education agrees with the overall intent and focus of the Blueprint and is pleased to see that a focus on college and careers is incorporated into the plan; however, it suggests that additional discussion must be fostered regarding an acknowledgment that students need different educational options and multiple pathways in order to help realize their career goals. The National Association of Secondary School Principals feels as though the Blueprint is silent on funding for middle and high schools—a group of schools it claims have suffered from underinvestment. Many more groups feel and have expressed their concern that the Blueprint is "missing something."

V. Conclusion

For the first time in forty-five years, the White House is proposing a \$4 billion increase in federal

education spending, most of which would go to increase the competition among states for grant money and move away from formula-based funding.

The Blueprint for Reform emerges as lawmakers embark on a bipartisan effort to rewrite the 2001/2002 law. House and Senate committees have held hearings on the expansion of public charter schools and the lagging performance of U.S. students on international tests. Whether a bill can be passed before midterm elections in the fall remains uncertain. Still, the proposal adds to the growing sense that public education is on the verge of major change.

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Spotlight On: The Nurse-Family Partnership

By Elizabeth Demonte

The Nurse-Family Partnership (NFP) is a state-run public health initiative designed to support families through a home visitation program. The purpose of the NFP program is to foster long-term success for first-time mothers, their babies, and society.

Through the NFP, a trusted public health nurse is assigned to a first-time parent in a low-income family. NFP nurses are extensively trained and educated in maternal and child health, and are required to continuously advance their clinical nursing skills. The families which benefit from the NFP include those with first-time mothers, often with low incomes and sometimes with drug addictions. The newborns in these families are considered at-risk for certain health problems, in addition to abuse and neglect.

The first NFP program began in 1996, after thirty years of testing by David Olds, Professor of Pediatrics, Psychology, and Preventive Medicine at the University of Colorado in Denver. The program was first funded by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Since then, various private sources, namely American corporations, have contributed funding. A National Service Office for the NFP was established in 2003 in Denver, Colorado, which currently works to replicate the NFP throughout the United States.

The goal of the NFP is to build a trusting relationship between a nurse and mother so that her child receives better care and family functioning is improved. The nurse stays with the first-time mother starting early in her pregnancy until the infant is two years old. The nurse visits the mother at her home or in a safe place every week, before and after the pregnancy. If the father of the child is available, he may participate as well. During this time, the nurse works with the mother to improve pre-natal health and to provide quality child care during infancy. NFP believes it is crucial that the nurse visit the mother and child in their home during the child's first two years, because at that age the child is not in school and spends most of the time at home.

In a home where a first-time parent is unable to provide competent care, the nurse can make a significant difference in putting the mother and the child on the right track. The NFP encourages parents to set goals for economic self-sufficiency, including maintaining employment and continuing education. The nurse evaluates the health of the child throughout the duration of the partnership, assesses the safety of the home environment, gives advice to the parents on child development, and refers the family to other social services as needed.

The NFP is most effective when there is a strong bond between the nurse and the mother. In order to bridge the gap between the triad of child, parent, and state, programs such as the NFP are targeted at families that need support and guidance in child-rearing. For example, families that are

low-income, headed by a single parent, or have a mother who is addicted to drugs are entered into the program. Through the NFP, the families are empowered with the education and guidance to engage in good health and positive parenting practices. Ultimately, the goal of the NFP is to break the cycle of poverty by allowing mothers to teach their children skills for a successful future.

Research on family psychology indicates that children who grow up in positive family-functioning environments are more likely to become productive citizens who contribute positively to society. In addition, by directly supporting parents through the NFP, the state is effectively supporting children. Because children of tender years are highly vulnerable, the best time for the state to intervene is during pregnancy, in order to promote the birth of healthy children at an early stage.

The NFP is especially helpful in families where the mother has a substance abuse problem. Children are indirectly benefited by NFP first assisting parents with drug treatment, job training, and adequate pre-natal care. Meaningful assistance to parents by a skilled and trusted nurse will inevitably help children. Punishing drug-addicted women in the criminal court system is no longer considered the solution. In fact, providing treatment for these addictions before children are born can make the difference in having children who are in good emotional and physical health.

In circumstances where pregnant mothers are addicted to drugs, courts have concluded that the best way to encourage healthy parenting practices is for the state to educate mothers in pre-natal development, before an injury occurs. In these cases, the state should implement a prevention-oriented approach to preserving families. Criminalizing drug use any further may only serve to separate addicted women from the help they need. Rather, in order to ensure that women receive support to recover from drug and alcohol addictions, social support programs such as the NFP should be implemented.

The NFP is shown to have several positive effects. According to a study conducted on families where the NFP has been implemented, there is an 80% lower incidence rate of child abuse and neglect than in families who have not received the benefits of the NFP. The NFP has been shown to enhance children's health, improve family planning, increase rates of maternal employment, and decrease reliance on welfare and public aid by high-risk families.

There have been several other studies conducted which evaluate the efficacy of the NFP

program, specifically in New York, Colorado, and Tennessee. The New York study revealed that the NFP program has lasting effects on family health and safety. Children whose families were involved in an NFP program lived in homes with less safety hazards, had fewer injuries, and showed less behavioral problems. In addition, children in homes who had the benefit of the NFP made less visits to the emergency room; likewise, the mothers were more involved with their children. In the Denver, Colorado study, the mothers who were in an NFP program worked more than mothers who did not have a nurse visitation program and interacted more responsively with their children. Furthermore, infants who were visited by nurses were less emotionally vulnerable, showed less language delays, and had superior mental developments than those infants who were not visited by nurses. A similar study in Memphis, Tennessee, showed additional positive effects on the family. Children in homes that were visited by nurses had fewer injuries during the first two years of their lives than children in homes that did not receive the NFP.

The NFP program is a cost-effective solution to common problems presented in high-risk families. The NFP costs approximately \$8,700 per family, a low price to pay when compared to the millions of dollars spent every year adjudicating cases of abuse and neglect in the child welfare courts. By strengthening families where children are at risk for abuse and neglect, the state protects children from abuse and neglect in the future. This helps decrease the costs involved with investigating cases of child maltreatment, removing children from the home, and establishing foster care for abused and neglected children. In addition, with an NFP nurse's guidance, mothers are encouraged to set goals for family planning, including economic self-sufficiency. As families move out of poverty and into the possibility of economic self-sufficiency, overall societal costs will decrease. One study has determined that for every dollar invested in the NFP for high-risk families, five dollars are returned to society as a whole. As the NFP works to enhance the health of mothers and children, mothers will be better able to maintain employment and less likely to rely on welfare and public aid.

The recent passage of the Patient Protection and Affordable Care Act of 2010 by Congress has paved the way for future efforts to implement NFP programs in the United States. The legislation includes \$1.5 billion of mandatory funding over a five-year period for Nurse-Family Partnership programs in participating states. Entitled the

"Home Visitation Grant Program," the new legislation mandates that states conduct a needs assessment to determine the communities that are at high-risk for certain factors that link poverty with children's health issues. The needs assessments address each participating state's capacity to provide the required NFP services for each identified community. States are required to meet certain benchmark criteria for success, particularly in the areas of family self-sufficiency, maternal and newborn health, and school readiness and achievement.

Through the Home Visitation Grant Program, the NFP will be made available to at-risk families throughout the country. The NFP is designed not only to help individual families, but is also designed to lessen the costs on society from public health expenditures. As children in at-risk families receive better care, family functioning improves, and families are more likely to reach economic self-sufficiency. Competent child care in the home is likely to result in less public health costs for society in the long run.

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