

Parent Empowerment and Home Visiting: A Human Way to Fight Poverty, Strengthen Families and Improve Life Chances

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- Frederick Douglass



Foreword

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These words, from one of the most influential civil rights leaders in American history, express in simple and evocative terms the premise of our effort in this policy paper. If we can help children avoid the adverse impacts of poverty and insecurity, they will be far more likely to become flourishing and productive members of society. In turn, that means they will be far *less* likely to require remedial or corrective intervention by the state. So whether our goal is expressed in terms favored by liberals (“a more just society”), or conservatives (“more limited government”), addressing and solving social problems confronting children can move us forward together.

Here’s another way of putting it. If we want to sustainably reduce the *supply* of government - the complex web of agencies, programs, and the spending and taxes that keep it all going - the best thing we can do in the long term is reduce the *demand* for government, by tackling *at source* problems like crime, addiction, welfare dependency and educational failure. And so often (as we now know from the latest advances in neuroscience, developmental healthcare and other fields), the source of these and other costly social problems is to be found in the family and especially the early years of life. Indeed, to a much greater extent than is commonly appreciated, the source of many of the social problems we face is to be found *in the early days, weeks and months of life*.

That is the focus of this paper, in which we lay out analysis and a set of recommendations that we hope will command support right across the political spectrum. **For California, it represents an opportunity to bring together the best of what has been tried around the world, and the lessons learned, in a globally pioneering program to strengthen families, enhance life chances and abolish generational poverty by empowering every parent, regardless of economic circumstance or family structure, to raise their children in a stable, loving home.**

In this analysis, breaking the cycle of poverty is not achieved by government bureaucracy but individual humanity: parents learning the specific approaches and techniques that will help their children flourish, supported by trained and trusted coaches who are there for them where it helps the most, in the home. Government’s role is to facilitate rather than provide these human partnerships, ensuring high quality and universal access.

These issues were a major priority of my work in the UK government. In 2011 we launched the Troubled Families Program, which was then expanded to include a [Health Visitors program](#). In just a few years the project was estimated to have [saved taxpayers \\$1.8 billion](#) in the form of less involvement by police and social workers, fewer health and housing crisis interventions, and less of the welfare benefit

costs associated with high levels of unemployment and ill health. More importantly, these innovations are estimated to have significantly improved the lives and future prospects of over 100,000 people.

Of course these programs were not perfect, and I'm not suggesting they be replicated here. But I do believe this overall approach is worth pursuing, and that we have a great opportunity to learn from its successes, as well as its disappointments. And frankly, **a new approach is especially overdue in California, where despite our tremendous wealth and success on some measures, we have, shamefully, the highest poverty rate of any state in America.**

Underpinning the new approach we propose is awareness that poverty and disadvantage in the early years can cause lasting harm. Compared to the general population, children growing up in poverty suffer disproportionate trauma including witnessing or experiencing abuse, neglect, violence, crime, instability, addiction, divorce, malnutrition, homelessness and more. The connection between such Adverse Childhood Experiences (ACEs) and struggles later in life is well established. California's failure to more effectively fight poverty is harming generations of children and undermining our future.

Our modern understanding of the impact of Adverse Childhood Experiences on life outcomes began in the late 1990s through a [study conducted by Kaiser Permanente](#). For three years from 1995 to 1997 over 17,000 Health Maintenance Organization members from Southern California completed surveys regarding their childhood experiences and their current health status and behaviors. The results were striking: Adverse Childhood Experiences were associated with negative health outcomes in later life. The worse children's economic and social conditions, the more likely they were to experience ACEs.

While I was working on these issues in 10 Downing Street, I came across the work of Bay Area pediatrician [Dr. Nadine Burke Harris](#), the leading advocate for the recognition of ACEs - what she called "toxic stress" - in public health and other policy interventions. In 2012 Burke-Harris founded [the Center for Youth Wellness](#) in San Francisco, a pioneering project to develop "trauma informed health care." Nadine went on to be appointed California's first Surgeon General, in which capacity she led the work to incorporate ACEs into a wide range of policy including the [California Home Visiting Program](#) which is now active in 34 California counties.

This is a great start, but much more could be done. The potential of parent empowerment and home visiting to strengthen families, improve life chances, and fight generational poverty is still in its infancy. As we explain in this paper, we can have a transformational impact on millions of Californians, as well as reducing burdens on government and the taxpayer, with an ambitious new program based on the twin principles of universal access and decentralized delivery. And all in service to that age-old wisdom: *prevention is better than cure.*

For help preparing this paper I would like to thank Jason Bade, my co-author of the book "[More Human - Designing a World Where People Come First](#)," and the California Policy Center's Edward Ring, who is lead author on this and all of our policy papers.

Steve Hilton,

Founder, Golden Together

California, May 2024



Key Points:

- When accounting not only for household income and family composition, but also for available benefits and cost-of-living, California has [13.2 percent of its residents](#) living in poverty, the highest of any state.
- Using a “Real Cost Measure,” a standard developed to measure financial struggles that aren’t included in federal poverty statistics, [34 percent of California households](#) do not earn enough to cover basic living expenses.
- Neighborhoods with high concentrations of poverty have crime rates [seven times higher](#) than affluent neighborhoods, and around 30 percent of children in poverty are likely to engage in criminal activity in adulthood.
- Up until age five, a child’s brain has a high degree of so-called [neuroplasticity](#). The brain is still growing and adding cells, and forming its most defining neural pathways. How adults view the world and cope with challenges is largely determined in their first five years of life.
- Compared with the general population, children growing up in poverty are disproportionate victims of [Adverse Childhood Experiences](#) (ACEs), including witnessing or experiencing abuse, neglect, violence, crime, instability, addiction, divorce, malnutrition, homelessness and more.
- A groundbreaking Kaiser Permanente [study released in 1997](#) found a direct connection between ACEs experienced in childhood and negative health outcomes later in life.
- Parent empowerment and home visiting programs designed to identify and reduce ACEs have been effective in [New York City](#), [San Francisco](#), the [United Kingdom](#), and elsewhere [in the U.S.](#) and [California](#) where they have been tried.
- In 2015 UK Communities Secretary Eric Pickles estimated that the nation’s new [Health Visitors program](#) had already saved British taxpayers the equivalent of \$1.8 billion.
- Home visiting programs in California through the California Department of Public Health’s [Nurse-Family Partnership program](#) have limited reach. The [total number of children served](#) in fiscal year 2021-22 was just 1,854.
- According to the California Budget and Policy Center, the [estimated number of California children](#) eligible for subsidized child care is 2.2 million. It would be reasonable to expect all of these children to be at risk for ACEs, and therefore prime candidates for parent empowerment

and home visiting programs that would enhance their life chances as well as saving taxpayer dollars in the long term.

- The key to parent empowerment and home visiting programs is the human connection between a family, and a trusted advisor or coach. These partnerships can therefore be provided in a decentralized manner - not just through existing service agencies but also health clinics, faith organizations, schools and community groups.
- Ensuring universal, voluntary access to high quality parent empowerment and home visiting services has the potential to strengthen families and prevent family breakdown by lending a helping hand at those times when the pressure on relationships is greatest.
- In this way, parent empowerment and home visiting can help reduce overall public spending on lifelong social services by improving the chances for children to grow up to become flourishing and productive adults.



Introduction

The underlying principle of parent empowerment and home visiting is that if we can reduce instability and trauma in early childhood, especially for children growing up in poverty and experiencing associated Adverse Childhood Experiences (ACEs), that investment will result in a much reduced need for costly government intervention later in life. Done right, home visits by a trained and trusted parent coach will greatly improve a child's chances of living a flourishing and productive life, instead of repeating the cycle of poverty for another generation.

Parent empowerment and home visiting programs can be affiliated with traditional public, charter, parochial, or private schools. They can be delivered by government agencies, churches and other faith-based organizations, nonprofits, hospitals and healthcare clinics or community groups. Home visits can be facilitated according to many differing models and approaches which can compete to see which ones offer the most cost-effective and life affirming results. By using the latest technologies, the time and training of caseworkers can be optimized and accountability can be uniform and timely without requiring a huge oversight bureaucracy.

Of great importance is a commitment that participation by parents is voluntary, that access is universal, and a variety of choices will be available from competing programs. It is possible that the innovations that will come out of a diverse portfolio of competing programs will mean aspects of these support programs will appeal to families irrespective of their household income or neighborhood environment. **A parent empowerment and home visiting service that offers a coach who can help families improve their parenting skills, or assist with access and advice regarding healthcare, education, counseling, and other vital issues - even managing screen time! - is something that may be useful to any family.**

We believe a program of parent empowerment and home visiting can command support across the political spectrum by simultaneously advancing goals of a more just society and a smaller government. Investing in childhood success leads to productive adults who are far less likely to be dependent on public assistance or require costly government intervention. We also believe that by adopting the latest technologies, and establishing competing programs with decentralized administration and delivery, we can lower costs while ensuring high quality. Bringing the human connection of trained and trusted parent coaches into the homes of people coping with poverty and trauma can be decisive in helping them to improve their children's lives and break out of a generational cycle of misfortune.

If there is anywhere that an ambitious program of this kind could aim for truly transformational change, it is surely here in California.

The Reality of Poverty in California

California has the [highest poverty rate](#) in America. In a report released by the U.S. Census Bureau in September 2023, when accounting not only for household income and family composition, but also for available benefits and cost-of-living, California had 13.2 percent of its residents living in poverty, the highest of any state. If you add to that percentage those Californians who are [living near the poverty line](#) the rate rises to 31.1 percent.

A study published in 2023 by United Way corroborates these findings. Using a “Real Cost Measure,” a self-sufficiency standard developed to measure financial struggles that aren’t all accounted for in federal poverty statistics, the study found that [34 percent of California households](#) “do not earn enough to cover their basic living expenses.”

With poverty comes trauma. California holds the dubious honor of hosting [49 percent of all unsheltered homeless](#) in the nation. Neighborhoods with high concentrations of poverty have crime rates seven times higher than affluent neighborhoods, and around 30 percent of children in poverty are likely to engage in criminal activity in adulthood.

Quoting from a December 2023 summary of [poverty and crime statistics](#): “Young people living in poverty are seven times more likely to harm others or themselves. Incarceration rates in America are four times higher for high school dropouts than for those with further education. People who grow up in impoverished families are twice as likely to have been abused or neglected as children. Over 60 percent of U.S. prison inmates are functionally illiterate, having been victims of societal and cyclical poverty. Household poverty increases the odds of child maltreatment, which can later lead to crime, by nearly 60 percent.”

The connection is absolute: Poverty creates trauma, and trauma creates poverty. For children the statistics are unambiguous: they either develop skills to rise out of poverty, or they endure traumas that prevent them from ever achieving upward mobility and their true potential. **It is simply not acceptable that in a state with as much overall wealth as California, we tolerate life chances being stunted on the scale we see today.**

Childhood Trauma & Poverty

A concept crucial to developing a new approach to early childhood development is that of [Adverse Childhood Experiences](#), or ACEs. According to the U.S. Centers for Disease Control, ACEs are traumatic events that occur in early childhood, including abuse or neglect, witnessing or experiencing violence in the home or community, or having a family member attempt or die by suicide. ACEs also include “aspects of the child’s environment that can undermine their sense of safety, stability, and bonding,” such as substance abuse, mental health problems, instability due to divorce or separation, or household members being incarcerated. ACEs also arise from malnutrition, homelessness or unstable housing, and other environmental factors.

Our modern understanding of the impact of Adverse Childhood Experiences on life outcomes was greatly furthered in the late 1990s through a [study conducted by Kaiser Permanente](#) in partnership with the Centers for Disease Control. During nearly three years from 1995 to 1997 “over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.” The findings were unambiguous: the more ACEs experienced in early childhood, the more negative health and well being outcomes experienced in adulthood. The study also found that populations living in adverse social and economic conditions were more likely to experience ACEs.



[Dr. Nadine Burke Harris](#), who in 2019 was appointed California's first Surgeon General, has been a leader in promoting better understanding of the role ACEs - what she also refers to as "toxic stress" - have on the physical and mental health of children and how that carries into their adult lives. As a pediatrician, she has observed how prolonged exposure to trauma and toxic stress affects a child's immune system, hormones, and developing brain, with potentially permanent impact. The evidence she gathered was based on working in one of California's most difficult neighborhoods, the Hunter's Point district of San Francisco

When Burke-Harris set up her clinic in 2012, she already knew that being poor is not good for anyone's health. It's difficult to eat right; sleep is often disrupted; getting exercise is hard. But even these basic challenges that come with poverty didn't explain the problems she was seeing among her patients - conditions like asthma, learning disabilities, and behavioral issues - far in excess of what was normal for young children. She began to wonder whether these conditions were somehow connected to the challenging circumstances in which these children lived. What if her patients' health problems were actually symptoms of something deeper, something more structural in their lives?

Answering this question led Burke-Harris to the research conducted by Dr David Williamson and Dr. Robert Anda, the epidemiologists who published the [Kaiser Permanente study](#) in 1997. If children are exposed to ACEs, or toxic stress, over a prolonged period of time, the brain adapts to be in a constant state of alert. Stress hormones like cortisol are continuously being pumped into the body. During the first five years of a child's life, failure to inhibit stress hormones can cause the architecture of their still-developing brain to end up on permanent alert.

There is biological evidence that underscores the importance of striving for early childhood stability. Up until the age of five, a child's brain still has a high degree of so-called [neuroplasticity](#). During early childhood not only is the brain still growing and adding cells, but they are forming their earliest and most defining neural pathways. Which is to say that during the first five years, a human brain is wired in ways that will affect how someone perceives the world and copes with challenges for the rest of their lives.

The significance of neuroplasticity in early childhood, the fact that everything children experience in their first years of life is building the foundations of their character for the rest of their life, means that if programs were in place to ensure those foundations are sound, funding that program would yield a tremendous return on investment for society. The concept of ACEs provides a framework upon which to focus these programs and measure their success. But first it is worth contrasting this approach - and the new opportunities it offers - with the past approaches that have failed.

What We're Doing Isn't Working

As it is, even though hundreds of billions of taxpayer dollars have been spent over the last few decades, state funded programs to lift Californians out of poverty have not reversed the trend. In 1980 the poverty rate in California was [10.2 percent](#). In 2000 it was [12.9 percent](#). By 2020 it had risen to [13.2 percent](#), where it remains today.

This long-term trend of worsening poverty statistics in California are in spite of massive spending. In the upcoming fiscal year for 2024-25 the [proposed state budget](#), when taking into account all funds, includes \$161.1 billion for health care services and \$48.6 billion for social services. These are just the two biggest examples of state spending to alleviate some aspect of poverty, but all these programs share a common and fatal flaw. They provide benefits - health care, supplemental food assistance, rent subsidies - but they don't offer families struggling with poverty, especially families with young children, an opportunity for real transformation. The organizing principle is bureaucracy, not humanity. Because these programs so often lack a personal, human touch, they treat the symptoms of poverty, not its roots.

The same may be said of attempts to reduce income inequality. California's low income working families collect earned income tax credits averaging [\\$6 billion per year](#). And California has raised its minimum wage to among the highest in the nation at [\\$16 per hour](#); for fast food workers it is \$20 per hour. But again, these programs treat the symptoms. If they worked in any kind of sustainable, long term way, poverty rates in California would be getting better not worse.

Parent empowerment and home visiting programs are designed to break free of these failures. But they have never been implemented at the scale necessary to break the multi-generational cycle of poverty. Partly it is because even though politicians and the public are realizing the critical importance of early childhood, that hasn't yet translated into compelling demand for a change in approach. That reluctance can also be attributed to a widespread skepticism regarding government programs in general, and the daunting cost of creating new programs or expanding existing ones.

But today there is a convergence of promising new approaches that haven't been tried. Either they violated conventional wisdom, threatened entrenched bureaucracies, or the technology wasn't ready. And the advocates for new approaches may not have made the point strongly enough that investing in early childhood can more than pay for itself by reducing the subsequent lifelong need for public assistance.

Parent empowerment through home visiting is the missing piece. That's why we propose a new and ambitious program, decentralized in delivery but with universal access, to offer parents trained and trusted coaches to offer specific practical help, in the home, with the wide range of challenges involved in raising children. The focus of the program should be to reduce adverse childhood experiences, and while universally available it should be targeted to serve low income families.

Successful Programs To Date

A pioneer in bringing a more human approach to fighting poverty is David Olds, currently a professor of pediatrics at the University of Colorado. After graduating from Johns Hopkins University in the 1970s, Olds worked at an inner city daycare center with preschool children who had already been emotionally and physically damaged from their parents' struggles. He wanted to help these children and realized that the best chance of giving them a better start in life was to help them even earlier, when they were babies or even before they were born.

Olds developed a program that built supportive relationships between trained nurses and at-risk young mothers. Over the next few years, Olds tried this approach and in each case the results were the same: not only were the children's health and lives improved, but their parents' lives as well moved in a more positive direction.

In the U.S. [the Nurse Family Partnership](#) (NFP) program is now operating in 40 states and since 1996 has served nearly 400,000 families. With a mission to “keep children healthy and improve the lives of moms and babies,” NFP works by having specially trained nurses regularly visit young, first-time moms, starting in pregnancy and continuing until the child reaches the age of two. These new mothers “develop a close relationship with the nurse who becomes a trusted resource they can rely on for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for them both.” But this program, while enormously successful in its own terms, has only reached a small fraction of more than [120 million children](#) born in the U.S. since 1996, or the [roughly 15 million](#) during that period who were born into poverty.

The California Department of Public Health is one of the 40 states participating in the federal NFP program. California's [Nurse-Family Partnership program](#) primarily relies on federal funding. The program describes itself as “designed for overburdened families who are at risk for Adverse Childhood Experiences (ACEs), including child maltreatment, domestic violence, substance use disorder and mental health related issues. Home visiting gives parents the tools and know-how to independently raise their children. It's a preventive intervention focused on promoting positive parenting and child development. Home visits by a trained professional during pregnancy and in the first few years of life improves the lives of children and families. Giving children a solid start in their first few years of life increases the opportunity for a brighter, more prosperous future.”

But California's program, just like the federal program it is a part of, has severely limited reach. The [total number of children served](#) in fiscal year 2021-22 was just 1,854. To put this in perspective, according to the California Budget and Policy Center, the [estimated number of California children](#) eligible for subsidized child care is 2.2 million. It would be reasonable to expect all of these children to be at risk for ACEs, and therefore prime candidates for parent empowerment and home visiting programs that would enhance their life chances as well as saving taxpayer dollars in the long term.

An interesting application of a personalized approach to eliminating poverty is the [Promise Neighborhoods Institute](#) (PNI), and its centerpiece project and inspiration, the Harlem Children's Zone. PNI defines itself as “federal place-based initiative striving to turn neighborhoods of concentrated poverty into neighborhoods of opportunity.” With funds from the U.S. Department of Education and matching funds from state and local sources, PNI has launched projects in [38 “Promise Neighborhoods” in 18 states.](#)

One of the pioneering organizations that inspired PNI and which has served as a key partner in its national expansion is the [Harlem Children's Zone](#), founded to “innovate a series of place-based, cradle-to-career services designed to systematically break the cycle of intergenerational poverty.”

How the Harlem Children's Zone began exemplifies the power of individuals committed to the success of children, one child, and one neighborhood at a time. [From its origin](#) as a truancy prevention program serving one block in Harlem in 1970, its mission expanded in 1990 when it grew from a safe destination for children after school into an organization offering comprehensive support to children and families. Today the Harlem Children's Zone encompasses a 97 block area covering Central Harlem and beyond, serving tens of thousands of children and adults, including [top-performing charter schools.](#)



One service the Harlem Children's Zone offers is The Baby College, serving parents, caregivers, and children up to the age of 3. Their nine week course for expectant parents, new parents, and caregivers teaches participants the stages of cognitive, emotional and social development for babies and toddlers. Graduates leave the course with parenting knowledge and confidence to successfully navigate "the ins and outs of early childhood development."

Harlem Children's Zone also offers Early Head Start, a "year-round, home-visiting program for expectant mothers and children ages 0-3." The home visitors themselves are graduates of an enhanced program at [The Baby College](#), and are led by a point person trained in social work, early childhood education, and healthcare. The Harlem Children's Zone project incorporates additional programs ranging from preschool all the way through its charter high schools. But it all begins with providing resources including home visits to expectant parents and parents of newborns.

In the United Kingdom the Troubled Families Program, its development led by Steve Hilton (as senior advisor to the prime minister), was launched in 2011 and included a [Health Visitors program](#) that within four years had served over 100,000 people. In 2015 the UK's communities secretary Eric Pickles estimated the program had already saved British taxpayers \$1.2 billion pounds (about \$1.8 billion dollars) on a government investment of 448 million pounds. Quoting from the [March 2023 report on the program](#), which is now renamed the "Supporting Families Program":

"A Troubled Families Outcome Plan (TFOP) set out what each local authority and its partners considered to be the indicators of eligibility and successful outcomes against the program's six headline problems (crime and antisocial behavior; poor health; domestic violence and abuse; children who need help; poor school attendance and worklessness). On average, families spent an estimated nine months in the TFP. Once progress had been made, a typical 'step-down' process involved looking again at a family's goals, highlighting areas of achievement and areas to improve."

[Subsequent evaluations](#) of the UK's Troubled Families program indicate ongoing returns in the form of savings on social services greatly outweighing program costs. By the 2020s some of these programs were being funded based on a direct connection between reduced social services in the areas covered, a clear demonstration of their success in helping children and families while shrinking government.

As previously noted, in the U.S. [the Nurse Family Partnership](#) (NFP) program is now operating in 40 states and since 1996 has served nearly 400,000 families by having specially educated nurses regularly visit young, first-time moms, starting in pregnancy and continuing until the child reaches the age of two. The California Department of Public Health is one of the 40 states participating in the federal NFP program. The innovative Center [for Youth Wellness](#) in San Francisco, Nadine Burke Harris's pioneering project, develops trauma informed health care.

But all these US-based programs have limited reach. The Nurse Family Partnership has touched over 400,000 families - but that accounts for a fraction of the roughly 15 million children born into poverty in America since the program began in 1996. California's version of the program reaches an even smaller

proportion of families. In 2022 the program served less than 2,000 of the estimated 2.2 million Californian children living in poverty.

How can these successful programs be expanded? How can they be structured to actually be self-supporting, if not revenue-generating based on successful outcomes reducing lifelong dependency on government services? What innovations and lessons learned from efforts to date can be leveraged to design a program that will serve all Californian families and young children? In our recommendations we offer some suggestions.

Elements of a New Approach

One of the most compelling criticisms leveled against government programs to eliminate poverty and childhood trauma is that they grow government bureaucracies and burden taxpayers while often yielding results that are not only ineffective but even counterproductive. The problem with many social programs, so the argument goes, is that the main winners are the administrators that oversee the programs, as they churn out reports and lobby for still more funding whenever the programs fail to deliver desired results. *But if early childhood programs could be rendered effective, they would shrink overall government spending.*

This is the conservative case for programs that focus on early childhood development. The equation is simple enough. By investing in programs that improve the home and school environment for young children, they will be far more likely to grow up as flourishing and productive members of society, therefore saving the state the burden of providing a lifetime of public assistance or intervention.

Here are the elements of a new approach to helping children and breaking the multi-generational cycle of poverty:

Personal Home Visits

At the heart of any new approach to addressing early childhood development and fighting poverty is the presence of one caseworker (or in more human terms, “coach”), who provides a human point of trusted contact with a parent and family. These trained coaches provide practical and emotional support when and where it is needed and appreciated the most - in the home. They become a physically present and reliable part of a family’s life, much like a long term family doctor. They empower parents with the mindset, skills and techniques that will enable them to raise their children in a stable and loving environment that maximizes their potential and their life chances.

This is a world away from what families living in poverty in California typically experience today. Instead of a warm, human connection they are generally confronted with dozens of bureaucracies, each addressing some aspect of their lives or “needs.” Interacting with this plethora of agencies, each with its own offices and officials and websites and procedures, with their vast, seemingly capricious and endlessly changing array of application forms and entry requirements, can be bewildering to anyone. For a person coping with poverty and trauma, the complexity becomes a prohibitive deterrent.

Instead we propose a person - **a human being!** - someone who is trained to perform two basic roles. First, and most important, they become a friend and coach to the family, knowledgeable and able to help parents with the basics: nutrition, sleep, hygiene, health, the logistics of getting children off to school in the morning properly prepared, helping them with homework, dealing with pregnancy, infant

care, and child care. Second, they can serve as an indispensable guide to help them navigate the labyrinth of agencies and institutions.

Many people might assume, wrongly, that much of this is “obvious”, or readily available elsewhere. But this is plain wrong. First of all, social and family fragmentation means that the traditional ways in which humans have passed down parenting knowledge and expertise - grandparent to parent, through the community and so on - have been disrupted. And while it is true that recent years have seen an explosion in the ‘parenting’ market - books, videos, online tutorials and so on - much of this is only accessible to families who can afford to pay for it. But most importantly, the most clear and concise book, the most brilliant online course, can never substitute for the impact of someone actually standing next to you helping you to do it. This is particularly true in homes suffering the disruptive effects of individual or neighborhood poverty and dysfunction.



Cultivating a personal relationship puts the human touch in place of the bureaucratic machine. Any new approach that aims to successfully change the landscape of poverty and early childhood trauma must start by restoring this humanity.

Flexible Design and Universal Access

Parent empowerment and home visiting programs will focus on helping parents, but we recommend a dynamic framework that will ensure multiple program designs are available, differing in order to meet specific priorities of individual parents. Some may focus on helping families develop parenting skills, or cope with sources of trauma and instability, conflict resolution, or finding access to healthcare or quality education, or any combination of these services. Programs will be as narrow or comprehensive as families need, and as we will describe, these programs will have overlapping service areas and compete with each other. Everyone will have access to these programs, and everyone will have several options from which to choose.

For example, a family expecting a child could choose a program with a coach who will visit every day during the first two weeks of infancy, weekly for the first two months, monthly for the first two years, and quarterly at least until pre-school.

A core principle governing the programs is that they are opt-in and voluntary, while being universally available. There is a stigma that can be associated with accepting benefits offered by government or private charities. By making these programs available to everyone, that stigma is reduced.

Decentralized Delivery

A decentralized approach can have many aspects, all of which combine to save money while also fostering a more rapid evolution towards best practices. Implementing universal home visits can be initiated through legislation, and can be structured in a way that establishes broad common objectives, but diversifies both the sources of funding and models for implementation.

To begin with, the program should be structured so that home helpers can be employed by the government, but also by private for-profit or nonprofit entities. Funding can be made available through vouchers as well as through charitable contributions and in-kind contributions of personnel or resources from private entities. The certification process can also be decentralized by borrowing from the means by which charter schools can earn accreditation in many states: it can be granted by a city, county, or state government, or by an accredited university or state or local board of education. In a

similar manner, home helpers can earn certification through review by a variety of credible institutions including those in education, health care, or government social services.

By decentralizing the delivery of parent empowerment and home visiting services, this program can avoid the imposition of an expensive new bureaucracy. The primary institution to which parent coaches are affiliated and accountable could be a charter school, or a homeschool network, a church, a charitable nonprofit, a healthcare network or community clinic, or a government agency.

Leverage New Technologies

The potential of new communications and AI technology to transform and fundamentally improve social programs is vast. Sadly, until now the complexity of bureaucracy has somehow managed to expand even faster than the ability of technology to manage it. That should come as no surprise. But it doesn't have to be that way. We are one civilizational heartbeat away from having AI programs that really work. Imagine dealing with an AI generated voice that is orders of magnitude more helpful than the maddening voice activated menus that trigger millions of people every day into shouting "let me speak to a human being!" into their phones, usually to no avail. If any place in the world can be first to use AI to solve that problem forever, it's California.



Using AI, or just using the increasingly sophisticated algorithms that are already ubiquitous, can serve as a cost-effective tool to help train potential parent coaches and home visitors. Many of the technical elements of their training can be automated, reducing the need for an expensive training bureaucracy, and freeing up the human trainers to focus on instilling the personal relationship skills so crucial to developing effective home visitors.

It is easy to overstate the impact and potential of AI, but nonetheless AI may finally accomplish what technology so far has failed to do, which is shrink government bureaucracy. AI, along with preexisting online resources, is going to make the experience of education, telehealth, nurses assistant, and life training in general far more effective. A family coach will be able to focus on building the human relationship with parents, while relying on technology-driven resources to help evaluate situations and offer useful advice and support.

A good example of how AI has the potential to positively impact child development and bring effective resources into every neighborhood is in education. Interactive learning has been around for a long time. Personal computers began appearing in classrooms in the 1980s, and their use rapidly evolved from being platforms for students to learn how to write code to hosting software that offered tutorials on virtually any subject. Interactive learning with presentations followed by test questions, and so-called 'gamified' learning where students are incentivized to increase their competencies are examples of primitive AI. These programs, while interactive, operated on pre-established rules and algorithms with predetermined responses depending on student input. Modern generative AI is a paradigm shift.

Today it is possible for learning programs to tailor experiences to the individual needs and abilities of young children. An example of a start-up company successfully utilizing the latest advancements in AI to offer educational resources to children is [Mentava](#), whose first suite of products targets K-12 students whose schools no longer offer advanced placement courses. Even without AI technology, educational tools available online are already in widespread use, with excellent products available and tailored to students regardless of age, ability, or income. AI will make these products even more effective and even more individualized. But education is just an example of a sector where digital technology, online access, and now AI are furthest along.

It will be possible to use AI systems to cost-effectively evaluate the performance of individual home visitors as well as the performance of the many competitive parent empowerment and home visiting programs. The labor intensive process of correlating critical family outcomes - everything from truancy and educational achievement to every manner of ACEs, employment, family status, etc...using AI all of this can be gathered and compiled with almost no human involvement. We have the tools today to conduct performance assessments without creating a monstrous bureaucracy.

Navigating the Transition to Parenthood

The birth of a child, while an occasion for joy, is also the beginning of a major disruption to the relationship of the new parents. A 2019 [study in the U.K.](#) found that "a third of relationships suffer serious problems in the months following a baby's birth with a fifth ending permanently during the first year." An [earlier study](#) conducted by researchers at Texas A&M University and the University of Denver also reported that "parents showed sudden deterioration following birth on observed and self-reported measures of positive and negative aspects of relationship functioning."

The challenges that face children later in life because they grew up in a broken home are [well documented](#). Children with divorced parents have lower grades and are twice as likely to not finish high school. Among prison inmates serving long-term sentences, 70 percent grew up in broken homes. Children of single parents are more likely to have mental health issues, they are twice as likely to attempt suicide, and they are more likely later in life to hold low paying jobs.

The problem is compounded when new parents are also coping with poverty. It should come as no surprise that divorce rates are directly [correlated to income](#); the lower the household income, the higher the percentage of divorces. The stress that living in poverty places on couples is magnified when children are born. One of the most important ways we can help break the cycle of poverty is to help couples navigate the stress of becoming new parents.

There is a huge opportunity here. It's far too easy, and inaccurate, to suggest that learning how to properly feed a baby, or put a baby to sleep, are skills that can be learned by watching a YouTube video. Within financially secure, stable and intact families, typically these skills are either handed down from grandparents or siblings, or the parents have the time to learn from classes online or offline. But when the household environment is disturbed already by the adversity caused by poverty, the presence of someone offering practical help in your home can make a decisive difference. This distinction becomes obvious when considering how athletes train. There are myriad online resources to teach athletic skills in any imaginable sport, but nobody questions the necessity of human coaches for sports.

When a baby is properly fed it will sleep for hours instead of crying all night. Learning how to accomplish this is a skill that young parents learn. By helping new parents acquire this skill, it is possible to tilt the overall experience of being a new parent to one of positive emotions and wellbeing. A baby that is fed and rested projects a contagious happiness. Dr. Alexandra Harrison, a psychologist with the Harvard Medical School, has called these interludes "[magic moments](#)," writing that "Starting in infancy, infant smiles generate activity in the dopamine reward systems of an adult's brain. Identification with the freedom and creativity of a child in the "magic years" brings pleasure to adults privileged to observe their play."

Home visits to help expectant parents and new parents learn these basic parenting skills can overcome the disruption that comes with a newborn, turning the experience into one that strengthens relationships instead of ending them. The benefits are then felt everywhere, in the enhanced stability of the household itself and the community it is part of, and in the improved prospects for the lives of the babies themselves.

Recommendations

1. The Governor of the State of California, in partnership with relevant executive branch agencies, should establish a vision and year-by-year goals for the achievement of universally accessible parent empowerment and home visiting services for every family in California, starting with those at or under the California Poverty Measure (CPM).
2. The first step should be a feasibility and implementation study, including funding estimates and estimates of savings to other government programs as a result of the parent empowerment and home visiting programs at various levels of uptake.
3. Home visiting programs should be licensed under a decentralized system of quality certification, with authorization obtainable from a diverse list of qualified organizations, including cities, counties, state agencies, an accredited university, or state or local board of education.
4. Similarly, home visiting program operation licenses should be available to a diverse range of organizations including new and pre existing ones dedicated to providing home visiting services, or under the management of public school districts, charter schools, parochial schools, private schools, hospitals and health clinics, faith-based organizations, community organizations and government social service agencies.
5. The Governor will specify the broad objectives of parent empowerment and home visiting programs and set specific guidelines for accountability. These criteria will measure the collective progress of each organization against a baseline score assessed for each family prior to commencement of home visits.
6. These standardized measuring criteria will be common to all participating organizations and will constitute the basis for funding and ongoing certification.
7. Private funding of home visiting programs will be incentivized through performance based awards of government matching funds.
8. California parent empowerment and home visiting programs will be required to be universally available.
9. Family participation in home visiting programs will be voluntary.

Putting it all Together

It is easy to dismiss programs designed to help families, especially when they are government administered. The legacy of failed programs and government bloat that typifies all too many social programs can give rise to cynicism. Much of this is warranted. Many publicly funded social programs have turned out to be mainly beneficial to the bureaucracies that run them, and instead of preventing poverty have perpetuated it.

These criticisms, however, ignore the potential for innovation to deliver different and better results. They ignore the fact that while many social programs are dismal failures, others are success stories that can be built upon. And most of all, they ignore the fact that as a society, especially one as wealthy as California, where we boast about being “the world’s fifth largest economy”, we have a moral obligation to address the poverty in our midst that shames us every day.

Despite pouring vast resources into the war on poverty, we have been losing. Poverty in California is persistent and growing. Eliminating the spectre of generational poverty is a multifaceted challenge. It involves lowering the cost of housing, as we discuss in depth in our policy paper [Universal Housing Affordability](#). It involves creating economic opportunity for all and lowering the cost of living, the topic of our policy paper on improving [California’s Business Climate](#).

But there is something deeper, and in many ways more important. We have to tackle the causes of poverty as well as its symptoms. And as we investigate those causes, we inevitably come to the conclusion that what happens in those early and fragile first days, weeks, months and years of a child’s life can set the course for the rest of their life.

Are we content to leave those life chances to chance? To ignore the obvious truth that poverty, whether at the individual or neighborhood level, can make it almost impossible for parents, on their own, to create the kind of environment that will help their children flourish and thrive? Do we ignore the obvious truth that every parent, regardless of economic status or family structure, could do with some help every now and again?

That would be an abdication of responsibility and a denial of opportunity.

We believe that we can - and now must - craft a vision for universally available parent empowerment and home visiting services that move far beyond traditional government interventions by replacing bureaucracy with humanity. In this way, we can strengthen families, improve life chances, and finally break the cycle of generational poverty that is such a jarring repudiation of the California Dream.

