

## New Directions for Extension Family Programs

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*Living in today's complex world and facing pressures from outside and within has created a situation that finds many of America's families in stress. There are no boundaries, for such families exist in all segments of society — among the urban and rural, the rich and poor. What role can and should Extension perform to provide preventive measures that will enable families to cope with and avoid many stressful situations? The authors share findings from an in-depth study involving 30 Midwest families and discuss implications for programming in Extension to strengthen the quality of family life.*

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Extension professionals have increasingly changed their focus from giving information to more genuine concern for the problems families face. Youth programs have involved young people in human relations, drug education, and parent education. The expanded nutrition program gave Extension an entrée into families not reached before. In the effort to meet nutritional needs, Extension discovered other needs to serve.

The need to expand programs and reach wider audiences is still urgent. If Extension is to broaden the socioeconomic spectrum of its audience and noticeably increase participation, radical changes are

needed. Programming to meet the basic needs of humanity transcends current preoccupation with local cattle sales, cake decorating, and Christmas ideas. It becomes a unifying force for families being torn apart by basic problems of living.

The commitment to families was emphasized in June, 1966, by Margaret Brown, at that time director of Home Economics, Federal Extension Service. Speaking before the Home Economics Association, she interpreted the founding purpose of home economics as "creating an awareness and understanding and providing a knowledge that is basic for human development and family stability."<sup>1</sup>

Probably at no time in history have American families been so threatened by pressures from outside and within. Families are disrupted by divorce, delinquency, alcoholism, and other social and economic ills. The problem is so grave as to cause Dr. Urie Bronfenbrenner to say:

American families and their children are in trouble, trouble so deep and pervasive as to threaten the future of our nation. The source of the trouble is nothing less than national neglect of children and those primarily engaged in their care—America's parents.<sup>2</sup>

### **Families in Stress**

Families in stress are from all segments of society, urban and rural, rich and poor. Even families who respond to traditional programs often have more deep-seated needs than are met in a how-to-do-it class. The urgency of the need to assist families is illustrated by an in-depth study of 30 families, whose children were in a state mental hospital.<sup>3</sup> No one provided preventive help to these families — assistance that may have enabled them to cope with and avoid many stressful situations. These families had received some input from community agencies after stresses within the family became readily apparent and affected outsiders in the school and community.

Interviews with parents in the 30 families, all from rural areas in the Midwest, revealed that outside

help was needed if children were to successfully re-enter the home after treatment in a mental hospital. Although some family members had strengths that could be used in rehabilitation, most families were helpless in the face of myriad problems without some outside support.

Financial difficulties plagued many of the families. Three fathers had committed suicide, two were alcoholics, and several family members had been or were presently under treatment for emotional disorders. Several families had experienced not one, but multiple divorces or separations. Even two-parent families gave the appearance of stresses and strains in relationships within the family and the community. Foster families often had received children damaged by deprivation or abuse. Other parents had adopted children who had suffered emotional deprivation in early years.

Most families indicated they had little preparation for even the normal problems of family and child rearing. Several parents were products of an impoverished childhood. Frequently, schools were seen as part of the problem; occasionally, however, they were credited with being helpful and understanding of the children's problems.

Changes of residence and school districts were frequent, although most families had remained in the same general vicinity. Church activities were important for a few families, but most spent little time in church, school, or community activities. Families were seldom

reached by educational or recreational programs.

Many of the institutionalized children had been rejected or abused (sometimes by harsh physical punishment) by one or both parents, according to case records. Many children were unwanted. They arrived in the midst of marital discord, financial crisis, or problems with older children. They were of the wrong sex, or were fathered by the wrong man.

One mother, married and divorced three times and wanting to marry again, revealed that, as a child, she had been raped by her own father. She said, "I'm the one who should be in the hospital." She seemed to sense a need for help, but lacked information about where to find it.

Parents who had married at a young age to escape an unhappy home situation, only created more severe problems of their own. One mother receiving Aid to Families with Dependent Children had married at 16; her husband was 9 years her senior. She had finally separated from but hadn't divorced him because "that costs money." Her husband had a record of writing bad checks and was frequently in jail. At 29, she had three children to support. The oldest boy was being treated in a local guidance center, the middle child was institutionalized, and the youngest was being retained in kindergarten as "too immature."

This mother was concerned about her children and desperately

wanted to care for them properly. Although she had only an eighth grade education when married, she had attended classes and recently had passed the General Equivalency Degree test. A welfare worker was urging her to take a job, teachers were critical because she wasn't helping her children with school work, the guidance counselor complained that she often failed to get the oldest boy to therapy, and the deputy sheriff berated her as a negligent mother. Her children, left with a diabetic grandmother who couldn't keep up with them, got in trouble while she was attending class.

In addition, the family lived at the edge of town in low-cost housing and had no car. This small community had no public transportation. Nowhere could this mother find one person — or even one agency — to analyze the various problems she faced and help her get the services she needed. Is it any wonder she was confused and discouraged?

Our study revealed little hope for rehabilitation of children without support or counseling for the entire family and without a great deal of effort by various agencies in the community. Not only were the institutionalized children in trouble and in need of help, the whole family was in trouble. Families torn by poverty, lack of preparation for marriage, and the problems of child-rearing; families disrupted by divorce, alcoholism, suicide — these were the families the children came

from. Children who had been abused, neglected, shifted from one home to another, ridiculed or taunted by teachers and children in school; children who had run away, taken drugs, committed crimes, or withdrawn from contact with a hostile society; children for whom society had no other solution — these were the children who had been institutionalized.

### **Implications**

First, Extension staff are especially equipped to focus on family problems. Many have knowledge and training in child development, family relations, nutrition, management, consumer education, and other areas of concern to families. Home visits by nutrition workers have created an awareness of the complexity of problems faced by families and the need for a total approach to programming for families. Family members can become confused by conflicting advice from several agencies.

Rice, Ekdahl, and Miller stress the importance of coordinated efforts to prevent services from being “fragmented, time-limited, crisis oriented, and uncoordinated.”<sup>4</sup> Because of entry and rapport established through nutrition services and similar programs, the Extension professional may be able to provide a supportive or liaison role in helping families discouraged by negative experiences with other agencies. Extension personnel come to the home bringing help rather than criticism.

Second, Extension staff can give leadership in cooperative efforts among community resources. Though social welfare, public health, and Extension offices commonly are located near each other, often little communication exists among agencies about the families they serve. Extension can open lines of communication by supporting and sharing information with other agencies. It can refer families to particular agencies to obtain needed services. In some communities, a Council of Social Agencies has been established to discuss common concerns. However, more efforts need to be made to link the services together.

According to the Secretary of Health, Education and Welfare, Elliot Richardson:

This Administration is determined to build bridges between service agencies at all levels of government, to rid them of their petty jealousies and predilection for bureaucratic infighting, and to make them begin treating people with problems as just that—people . . . The Allied Services Act of 1972 soon to be introduced in the Congress will offer states and local governments both the tools and substantial incentives to achieve an integration of their currently fragmented services.<sup>5</sup>

Third, national priorities regarding children and families deserve emphasis in the program goals of Extension. These priorities have been established by such national agencies as the National Institute of

Mental Health, the Office of Child Development, and the Office of Economic Opportunity. The major recommendation of the Joint Commission on Mental Health of Children, Inc., is to establish "a national child mental health advocacy system."<sup>6</sup> This advocacy system calls for the creation of a President's Council of Advisers on Children and Youth, state commissions, local child and youth authorities (county, city, etc.), and neighborhood councils. The council also suggests "the need for supportive services to keep the family intact." Examples of supportive services are foster grandparents, day-care and preschool services, homemaker services, and home training programs for parents of young children.

Fourth, important as rehabilitative services are, an even stronger case exists for involvement of Extension personnel in prevention. The need for helping families in family planning, communication, child rearing, and other skills bearing on family stability is crucial. Extension staff members can provide family life education and help prepare young people for decision making based on current knowledge. This is being done with a segment of the youth; however, ways are still to be discovered for reaching those not involved in 4-H or young adult programs.

The importance of family life education and the need for more adequate training of personnel working with families in any capacity is beginning to be recognized.

Extension curricula for potential staff now include courses in human relations and family interaction processes. Subject-matter information can be acquired more easily than the skills and attitudes necessary for working with people from differing age levels and from various socioeconomic levels. In-service training may be necessary for people who entered the field without this preparation. Extension professionals need to give high priority to reading current literature on families.<sup>7</sup> More important than just reading such material, Extension staff can participate in the development of national family programs and priorities.

One guidance and mental health center serving rural Midwest communities recently hired a family life specialist. The specialist will develop and collect materials to use in family life education. He'll have training sessions specifically for Extension personnel. Staffs of family planning clinics are beginning to see that, in addition to birth control information, personnel need to know more about family relationships and needs of families. Home economists can serve as resource persons to clinic staffs; they may help develop cooperative programs for family life education.

Fifth, Extension staff must face the challenge of providing help to low-income families. Members of low-income families seldom participate in group activities, and attempts to get them to attend meetings are rarely successful. Reaching

them is a slow process. Training paraprofessionals to work with individual families or small clusters of neighborhood groups may be required. Much that has been learned about the use of aides or paraprofessionals in the nutrition program will provide guidelines for other programs.

Another source of help might be a corps of volunteers developed under the leadership of Extension staff. Stable families with knowledge of "parenting techniques" and skills in relationships might serve as sponsors for a family needing help, much like the summer visitation programs planned by church groups. This may offer the first exposure of such families to a different life style. The use of volunteers was endorsed by HEW Secretary Richardson when he said:

We must, I am convinced, turn to those people who are willing voluntarily to spend part of their time in helping others. To the degree this nation can enlist volunteers for important, necessary tasks, it will deal simultaneously not only with manpower needs but with costs.<sup>8</sup>

Sixth, the Extension professional needs to fill the gap caused by lack of appropriate mental health materials available to these families. We found that few parents had done much reading to try to understand a child's problems — in part because few materials on their reading level are available. More leaflets, with more pictures than reading, should be developed. This

points to the "reciprocal dependency which exists between Extension, teaching and research."<sup>9</sup> Only by cooperative efforts can new knowledge be made available to those who are most in need of it.

Seventh, although this study focused on families in stress, the need for programs to strengthen families exists in all types of communities and at all economic levels. In many communities, the Extension staff may find its role is one of working with others to develop a better quality of living in the community. As former Secretary of Agriculture Hardin states:

We have to make the whole of rural America more attractive, economically, culturally, and socially. We must expand opportunity not only for the 10 million farm people but for the other 45 million residents living in the countryside.<sup>10</sup>

## Summary

We have suggested that Extension professionals examine their programs to determine what contributions are being made to strengthen the quality of family life. New directions should include:

1. A reordering of priorities in services to families to include family life education, especially for those with present or potential difficulty. This may mean shifting funds and personnel away from "traditional" programs.

2. A reevaluation of professional competencies of Extension staff to take into account skills for providing the supportive services needed by individuals and families.
3. Training for new personnel in human development, interpersonal relations, group processes, etc., rather than in traditional programming.
4. A willingness to examine current alternate forms of families and life styles other than the nuclear family.
5. A willingness to help coordinate and integrate services through working with others involved in:
  - a. Family planning clinics.
  - b. Mental health centers.
  - c. Social welfare agencies.
  - d. Correctional and probation offices.
  - e. Legal Aid.
  - f. Day-care and Head Start centers.
  - g. Homemaker service programs.
6. A joint effort with other agencies in seeking state or federal funding for services in day-care, family planning, or mental health.
7. A liaison with colleges and universities to secure and develop more appropriate materials for use with families.
8. Involvement in securing and training volunteers and paraprofessionals to work with hard-to-reach families.

The need is urgent; the challenge is great. Will Extension shift its emphasis to meet this need?

#### Footnotes

1. Margaret Brown, "On the Side of the Angels" (address in San Francisco, California, June, 1966).
2. *The Report to the President, White House Conference on Children* (Washington, D.C.: U.S. Government Printing Office, 1971), p. 252.
3. This project is a contributing study to Kansas State Agricultural Experiment Station Project NC-90 (RRF 760), "Factors Affecting Patterns of Living in Disadvantaged Families," 1971.
4. Elizabeth P. Rice, Miriam Ek-dahl, and Leo Miller, *Children of Mentally Ill Parents* (New York, New York: Behavioral Publications, 1971), p. xi.
5. Elliot Richardson, Landon Lecture Series, Kansas State University, Manhattan, January 24, 1972.
6. "Action for the Mental Health of Children: The Joint Commission Report and NIMH Response," *Mental Hygiene*, LIII (October, 1969), 497-99.
7. Lee Rainwater, "Post 1984 America," *Society*, IX (February, 1972), 18-27; Herbert Otto, *The Family in Search of a Future* (New York, New York: Appleton-Century-Crofts, 1970); and Arlene S. Skolnick and Jerome H. Skolnick, *Family in Transition* (Boston, Massachusetts: Little, Brown and Company, 1971).
8. Richardson, Landon Lecture Series.

9. Eloise S. Cofer, "Interdependence of Research, Teaching, and Extension in Home Economics," *Journal of Home Economics*, LXIV (January, 1972), 32-35.
10. Clifford Hardin, *Government Executive* (Washington, D.C.: U.S. Government Printing Office, 1969), p. 32.